Proposed Title: Innovative Methods for Assessing Energy Efficiency Behavioural Changes caused by Social Marketing Messages

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Conference Stream: Practical

Background & Objectives
Currently, the California Public Utilities Commission is funding a multi-million dollar evaluation of the Flex Your Power programme, which utilises mass media advertisements and other non-media efforts to help consumers understand the cause and effect between household energy use and global warming. This evaluation effort is one of the largest state-funded energy efficiency social marketing evaluation efforts ever commissioned. Opinion Dynamics Corporation has been charged with assessing the energy-savings impact of the Flex Your Power programme to determine its relevance in, and impact on, the California market—in other words, is Flex Your Power having an effect on Californian’s energy habits? Our team has been tasked to answer this question, while accounting for and teasing out the effects of other mass media messaging competing with Flex Your Power.

The Flex Your Power programme aims to educate California residents to adopt energy efficient practices and technology in their household as a way of reducing residential contribution to climate change. Primary target behaviours include the adoption of compact fluorescent lamps (CFLs) and energy efficient appliances, heating, and cooling systems.

Abstract Description
As a social marketing programme, Flex Your Power aims to raise California residents’ awareness on the impact of their household’s energy use on climate change primarily, through mass media messaging. In the California marketplace, Flex Your Power is one of several mass media campaigns competing for the attention of California residents. Currently, Californians are exposed to a number of mass media messages taking on the issue of global warming and energy efficiency. This messaging takes multiple forms, from the recent launch of other social marketing campaigns such as Al Gore’s ‘We’ campaign and the Environmental Defense Fund’s ‘Fight Global Warming’, to an influx of ‘green’ corporate messaging such as Pacific Gas and Electric’s ‘We can do it’ energy efficiency public relations campaign.

Charged with the task of evaluating the Flex Your Power programme’s impact to energy savings, Opinion Dynamics Corporation has to assess the effects of the Flex Your Power Campaign within this complex marketplace. We ask: in a marketplace with multiple programmes targeting the same audience with similar messages, how can we accurately determine the impact of the singular Flex Your Power effort?

This paper outlines innovative methods and technologies that Opinion Dynamics Corporation has employed to enumerate and examine the impact of competing influences on participants’ energy efficiency behaviour. We will discuss our use of quasi-experimental methods, such as structural equation modeling, and cutting edge technologies such as Integrated Media Measurement, Inc’s (IMMI) cellphone observation technology, and the multiple methods employed to holistically evaluate the programmes’ success.

Evaluation
Utilising the framework of the National Social Marketing Centre’s Benchmark Criteria and best practices in evaluation, this paper outlines how our use of innovative methods combined with tried and true evaluation techniques work synergistically to assess the impact of Flex Your Power’s programme messaging in a highly...
Tackling the fatal taboo: Use of virility products amongst the older Chinese male

Primary author: Dr Ada WY WONG
Other authors: Dr Chris KV CHAU, Dr Tina MOK, Dr Heston KWONG

CONFERENCE STREAM Practical

Background & Objectives
Between February and August 2008, the Department of Health (DH) of Hong Kong received reports of 70 poisoning cases involving 67 males admitted to the hospital for drug-induced hypoglycaemia, resulting in three deaths and two cases with residual neurological deficits. Investigation showed that the cases were related to the consumption of virility products that contained undeclared sildenafil and the hypoglycemic agent glibenclamide.

To prevent further poisoning cases from virility products of dubious sources by helping the older Chinese male to develop insight into the potential risks associated with the products.

Abstract Description
A territory-wide campaign against the use of virility products from dubious sources was developed using the social marketing approach based on the health belief model.

According to a previous survey, 5 per cent of people aged 65 or above had a history of consuming virility products other than western medicines (such as sildenafil). Telephone interviews with the cases using semi-structured questionnaires were conducted to study the epidemiological and socio-demographic factors. Patients were also invited for face-to-face interviews with clinical psychologist, Chinese medicine practitioner, pharmacist and public health physician to study their needs and beliefs.

All cases were Chinese male, mostly aged over 60 (about 70 per cent) with low education attainment (>80 per cent had primary education or below). While most have retired (65 per cent), some worked as construction site workers and lorry and taxi drivers. About half had multiple sexual partners (53 per cent) and 28 per cent frequently traveled to Mainland China and used commercial sex.

Risk-taking behaviour was driven by sexual needs while knowledge about the risk is lacking. Problem products were much cheaper than registered ones.

A multi-disciplinary taskforce including top management of DH was established to develop the strategic plan and coordinate actions of various services. The interventions were targeted at identified groups above, including relevant labour unions and clients of relevant government services.

Measures included:
- immediate announcement of details of the cases and warnings against the associated products
- interviews by various printed and electronic media to provide more information
- tailor-made announcements on television and radio, as well as trains, buses and border control points which were most frequently used by the audience segments
- dissemination of printed materials to outbound travelers, ‘at-risk’ occupations via labor unions and clients of clinics for sexually-transmitted/ HIV infections
- enhancement of promotion of sexual health among the elderly
- strengthened enforcement actions to minimize availability of problem products
- liaison with the health authority in Mainland China.

Evaluation
The impact of the campaign will be assessed in terms of its process, outputs and outcome to provide information for subsequent activities on the same subject.
Multi-agency work to improve the snacking habits of preschool children

Author: Carol Johnson-Eyre, ChaMPs Public Health network
Co-author: Tony Blis, ChaMPs Public Health network

Conference stream: practical

Background & Objectives
Social marketing was adopted by ChaMPs Public Health Network in Cheshire and Merseyside's in its 'Snack Right' project, to improve the snacking habits of children from deprived neighbourhoods across the two counties, in order to:
• gain a better understanding of the process of social marketing using the Total Process Planning model;
• gain social marketing skills to build capacity and capability in the NHS;
• make fruit a snack of choice among the target audience.

Description
Snack Right is a two-phase project funded by £263,000 from the Department of Health Communities for Health fund. The first phase took place in summer 2007. The second phase will begin in June 2008 and will be completed by autumn.

In phase one, the project worked with a food retailer and the Health Start welfare voucher scheme, as well as health professionals. The project manager also recruited more than 100 Snack Right 'ambassadors' to champion the intervention with parents and carers at local level.

Snack Right was delivered through 15 local events, mostly at local authority children’s centres, which encouraged preschoolers to try fresh fruit and vegetables as an alternative snack, using games and play bin a fun environment. They were supported by a media campaign and leaflets delivered to 113,000 homes. Aldi supermarkets delivered free fruit and vegetables to each event.

The events also promoted Healthy Start vouchers, worth between £2.80 and £5.60 a week. Initial data showed an increase in applications during the intervention.

50 events are planned in phase two, which will use a creative marketing intervention to sustain customer engagement and embed a health snacking habit among our target audience.

Evaluation
More than half of respondents reported awareness of the Snack Right intervention for phase one. However, evaluation showed evidence of confusion around healthy eating messages, and offered insights into the practicalities of measuring behavioural change.

Push Play – New Zealand’s approach to get more people, more active, more often

Chrissie Lahood and Jason Wells Y&R New Zealand Creative agency for SPARC, Sport and Recreation New Zealand
Presenter: Jason Wells

Practical Stream

Background & Objectives
Push Play, New Zealand’s national physical activity campaign, was launched in May 1999. This was New Zealand’s response to the US Surgeon General’s report in 1996, and concerns that New Zealand would follow the trend of the US towards increased health problems, particularly heart disease and obesity-related diseases. The campaign is managed by SPARC, with support from regional sports trusts and local councils. SPARC is the government agency promoting and supporting sport and physical recreation.

From 1999 until 2005, the campaign was largely run as an awareness campaign, focusing on the health benefits of being physically active for at least 30 minutes a day.

In 2002, SPARC undertook a review of Push Play to determine its success, and the steps necessary to turn awareness into action.

There was sufficient data in NZ to identify who was active and what they were doing. There was no data to ascertain why people were active and even more importantly why they were not.
‘Obstacles to Action’ was a piece of research undertaken in 2003 to identify New Zealanders’ attitudes and motivation towards physical activity and nutrition.

Obstacles to Action was used to segment the 46 per cent of New Zealanders not active enough to gain health benefits, the target group.

Six segment groups were identified within that target group. Three of those groups have been the target audience for Push Play since 2005.

The current objective of the campaign is to increase the physical activity levels of New Zealanders particularly those within the three identified target groups.

Abstract Description

Since 2005 SPARC has run three major Push Play campaigns: Activator, Push Play Nation 2006 and Push Play Nation 2007. SPARC has taken the key findings from ‘Obstacles to Action’ research to motivate insufficiently active New Zealanders to become more active more often, primarily for health benefits but also for associated benefits such as socialisation and community engagement.

This presentation will look at the key findings of Obstacles to Action, research characteristics of the identified segment groups and how the research has been integrated into the various Push Play campaigns.

Evaluation

SPARC has run a weekly continuous monitor since November 2004. The objective of this is to secure the trend data relating to Push Play, the effectiveness of the campaign and behaviour change it has contributed to.

Since 2002, awareness of Push Play has progressed from 72 per cent to 87 per cent; awareness of the 30 minutes a day message from 69 per cent to 81 per cent; and the target audience has reduced from 46 per cent to 23 per cent of the total population.

SPARC continues to evolve Push Play, and will run Push Play Nation 2008 from mid-September to early November, using results from the continuous monitor and focus groups to progress the campaign and level of support provided, to ensure more New Zealanders are more active more often.

Understanding the gap between people’s perceptions of their health and the reality to encourage behavioural change.

Primary Authors: Dannielle Vanpraag and Nikhil Shah, Experian

Conference stream: Practical

Background & Objectives

Both obesity and being overweight have a significant impact on an individual’s health. From increased risks of developing type 2 diabetes, to complications during child birth or coronary artery disease, obesity can ultimately lead to a decrease in life expectancy and an increase in costs to the NHS. Foresight experts put the current cost of obesity at approximately £4.2 billion with this cost predicted to double by the year 2050 if current trends continue.

Lifestyle plays a pivotal role in the incidence of obesity as Secretary of State for Health, Alan Johnson identifies, ‘The core of the problem is simple – we eat too much and undertake too little physical activity. The solution is more complex. From the nature of the food that we eat to the built environment through to the way our children lead their lives, it is harder to avoid obesity in the modern environment.’ By using Mosaic Public Sector we are able to develop an insight into the lifestyles of those that are overweight but that do not perceive themselves as such. This will allow us to form a picture of those most at risk of being or becoming overweight or obese and allow us to understand their habits, attitudes and barriers to behavioural change.

As a leading provider of data and analysis, Experian provides PCTs and SHAs with a sophisticated understanding of their population using Mosaic Public Sector. This household classification describes the lifestyles and behaviour of the population, from the likely level of smoking and type of diet, to recreational activities and preferred methods of communication. This enables PCTs and SHAs to segment the population to develop a targeted and consistent approach, and deliver the most relevant intervention via the most appropriate channel as part of the social marketing process. Measuring the gap between the perception and reality of the health of each Mosaic type is key to understanding where the customer is starting from.

continued...
The presentation will discuss the gap between people’s perceptions of their health and the reality around key health issues such as weight. It will address how this relates to wider attitudes around general wellbeing and how this has changed over time.

**Abstract description**
By combining Mosaic with the British Household Panel Survey (BHPS), we are able to analyse how perceptions of key health issues differ from reality. For example, which Mosaic types incorrectly believe that they are not overweight and what are the barriers to behavioural change? The perception-reality gap can be further explored by looking at contextual factors that may influence inaccurate self-perception. Trends in eating habits, dieting and food preparation may differentially affect the wellbeing and self-perception of different Mosaic groups. We can begin to assess the impacts of these factors using BHPS.

**Evaluation**
Using this insight into the attitudes, behaviours and characteristics of customers, PCTs have a consistent view of customers throughout the key stages of the total process planning model to ensure that there are clear actionable and measurable behaviour goals.

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**Intervention to increase breast screening uptake in Tower Hamlets**

**Primary Author Name:** Ellen O’Donoghue, Forster

**Background & Objectives**
Forster was commissioned by Tower Hamlets PCT in September 2007 to research and design a social marketing intervention to increase breast screening uptake and coverage amongst white British and Bangladeshi women aged 50 to 70 in Tower Hamlets.

Tower Hamlets has one of the lowest rates of breast screening in the country. The national target is 80 per cent, and national average 75 per cent; the rate in Tower Hamlets was just above 50 per cent in 2007.

The objective of the campaign was to increase this rate by concentrating on white women (who make up the largest ethnic group in Tower Hamlets, and among whom rates are low) and Bangladeshi women, who also make up a significant group in the area, and who also have low rates of breast screening.

**Abstract description**
The task was directly to engage two very hard-to-reach audience groups using an intervention that would attract and interest them without alienating other audiences. Two different but compatible routes emerged.

It became clear that the intervention for white women needed to be led by local women themselves who had been screened, while Bangladeshi women would respond better to a woman doctor, preferably with an Asian – or ideally Bangladeshi – background. Peer to peer, community-based work would also be essential.

The campaign would also require some service change: specifically bus trips taking Bangladeshi women to screening, and a Health MOT for white women, offering breast screening as part of a wider health check. This was piloted in two surgeries, offering an innovative service to women and encouraging them to take up their breast screening invitations, while giving them access to a comprehensive health assessment.

A complication of the campaign was that a direct call to action was not possible: women needed to respond to standard invitations sent out by their GP. Messaging was therefore designed specifically to make this clear in a simple way.

Stakeholder, media and marketing activity was devised firstly to raise awareness of the campaign and then specifically to tip the audience into action. For Bangladeshi women, close partnership working was required with a number of organisations and community centres, including Social Action for Health.

For white women, relationships were forged with local housing associations and amenities, including the Mecca Bingo hall and ASDA. Close relationships were developed with local media, who publicised the various stages of the campaign. Advertising was taken out in media and on bus shelters to drive awareness at the outset of the campaign.

**Evaluation**
At the end of the campaign, research was carried out surveying women aged 40 to 85 in Tower Hamlets. 94 per cent believed it was important women attend screening. 29 per cent awareness of the campaign was achieved in the target audience. A review of screening rates and post-screening feedback is in progress.
A Step Change for Health Improvement – The Social Marketing Approach in Hull

Emma Owen, Hull Teaching PCT

Conference stream: practical

Background & Objectives
We are an intelligence-led Public Health Directorate (with a track record of producing large scale surveys), actively applying social marketing principles in the drive towards world class commissioning. We will present our programmes of work at the conference, along with our initial research findings.

1. Training and development of staff (social marketing capacity and capability building especially in PCT public health provider services).
2. Key Public Health Programme (Obesity, Smoking, Alcohol, and Domestic Violence) scoping, development, implementation and longitudinal follow-up.

Abstract Description

Domestic Violence
We are developing a Domestic Violence Social Marketing Programme - the first of its kind in the UK – which looks at looking at perpetrators. We will be utilising some of the elements of the award winning Freedom for Fear project (Australia), complemented by the expert planning and implementation skills of the multi-agency steering group. We aim to launch the new service by September 2008.

Alcohol
Our alcohol programme is examining binge drinking in 14 to 24 year-olds using a social marketing approach, in order to develop services to change their behaviours.

Obesity
We are looking at obesity in Adults aged 40 to 65 using a social marketing approach, to develop and target services to change their behaviours. This is part of an overarching approach to reducing all levels of obesity at all ages in Hull, and will have a family friendly approach which will have impacts beyond the target group.

Smoking
We are also aiming to increase the number of smokers quitting via the PCT's stop smoking services. We will use a social marketing approach, first to gain insight into their behaviours, and then to respond to these insights by planning and implementing service developments and redesigns. We will use social marketing techniques to promote the service.

Evaluation
Work is ongoing, using market segmentation techniques to add to our demographic, and epidemiological targeting approaches in developing existing programmes of work.

Market research and consumer insight has already started, and further work is planned for the coming months. Results of the insight are, and will continue to be, used to inform practice and service developments. We are using distinctive social marketing approaches, having gained consumer insight through the use of tools such as focus groups and questionnaires. We are developing our marketing mix, developing services informed by consumer insight.

‘Knowing is better: exercises of preventive medicine’
A social marketing project for disease prevention at Modena philosophy festival

First author: Giuseppe Fattori, MD, Azienda Unitá Sanitaria Locale di Modena

Co-authors: Paola Artoni (MD), Simona Adalgisa Anna Giuliano (MA), Maria Monica Daghia (MA), Manuela Carobbi (PsyD), Michelina Borsari (MA).

Conference Stream: Practical

Background & Objectives
In the province of Modena, as in the whole of Italy, chronic diseases are the first cause of death. To reduce continued...
their spread, the Italian Government has launched the ‘Gaining Health’ programme, whose aim is to promote healthy lifestyles. The importance of prevention is also recognised by the National and the Regional Prevention Plans. In this context, health communication and social marketing are becoming part of the prevention strategies, and several experiences are developing.

Together with schools, fairs, vending machines, shopping centres, working places and local mass media, the philosophy festival is one of the settings where Modena Local Health Service promote health. It’s a nationally-known cultural and social event with about 120,000 visitors, which takes place annually in the province of Modena.

The target of the project is visitors to the festival. The main objectives are: to give citizens correct information about health and lifestyles (cognitive objectives); to increase citizens’ trust towards Health Services (affective objectives); and to create opportunities for citizens to carry out healthy lifestyles and check their health (behavioural objectives).

Abstract description
The 2007 edition of the philosophy festival was dedicated to ‘Knowledge’. During that event, Modena Local Health Service, together with two voluntary associations, ‘Gli Amici del Cuore’ (‘The Heart’s Friends’) and ‘Ilcestodiciliege’ (‘The cherry basket’), organised an innovative social marketing project for the prevention of chronic diseases: ‘Knowing is better: exercises of preventive medicine’. Nearby the places where the lectures of the greatest philosophers took place, health professionals and volunteers met the festival’s visitors to give them information and to carry out free medical examinations and tests. Two paths for health were proposed: one, for cardiovascular prevention, included measurement of weight, height, waist and blood pressure in association with dietetic and cardiological advices; the other, for cancer prevention, offered a breast examinations and/or information.

Evaluation
More than 800 citizens participated to the project. The study found that 36 per cent was overweight or obese; 14 per cent had waist measures that exceed the normal limits; and five per cent had high blood pressure. Thanks to this innovative experience, prevention was able to meet citizens in a friendly and more effective way.

For more information: www.ppsmodena.it/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/170

Meeting the Reproductive Health Needs of Young Married Couples in Urban India through the ‘Saathiya’ Trusted Partner Campaign.

Authors: 1) Gael O’Sullivan, MBA, Abt Associates Inc.  2) Lena Kolyada, MSc, Abt Associates Inc.

Conference stream: Practical application of social marketing

Objective
Demand for children immediately after marriage is high in India, yet this is coupled by an increasingly significant desire to space children more effectively. Short birth intervals of a year are common. The median age at marriage in Lucknow, Uttar Pradesh, is 18 for females and 21 for males; 66 per cent of 15 to 19 year-old females have had at least one pregnancy. Globally, youth cite the following reasons for not using contraceptives: they are not knowledgeable about family planning (FP); lack access; and lack decision-making power.

In India, chemists are a primary source of contraceptive resupply methods (condoms and pills) and youth prefer to obtain FP through the private sector. However, due to gender and cultural barriers, many young women are uncomfortable seeking FP information in crowded shops staffed mostly by men.

The objective is to improve contraceptive-seeking knowledge and behaviours among married youth aged 15 to 24 in socio-economic groups C and D in urban Lucknow, to prevent unintended pregnancies and reduce sexually-transmitted infections.

Abstract description
Saathiya’s integrated social marketing approach improves the supply of and demand for contraceptive services and methods through an expanded network of trained service providers and a marketing campaign targeted at married youth. Stakeholder analysis identified ISMPs (traditional medical doctors) as an appropriate adjunct
to chemists to meet young people’s needs. ISMP clinics are widely available, affordable and offer confidential counseling. Saathiya trained 300 chemists and ISMP doctors as Saathiya providers to improve their knowledge about adolescent reproductive health and strengthen their counseling skills.

In another supply side innovation, Saathiya partnered with four manufacturers to offer a ‘basket’ of methods appropriate for young people: condoms; emergency contraception; low-dose oral contraceptives; and CycleBeads.

On the demand side, audience research guided the development of campaign messages that motivate young couples and clearly communicate the benefits of FP. The name Saathiya, which means ‘trusted partner’ in Hindi, resonated strongly with the audience, as did the tag line, ‘A better start to a new life’. The integrated communication campaign includes: cinema slides; billboards; newspaper ads; radio spots; radio programmes; community events using a local theater group; in-store display and print materials; a website; and a new helpline service. The campaign officially launched in 2007 and initial statistics from the Saathiya helpline confirm that the campaign is reaching the intended audience. In the first four months of operation the helpline received about 4,000 calls from young men and women with questions about specific contraceptive methods, reproductive health concerns, and related matters. Over half of these callers have been referred to trained Saathiya providers for follow up services.

**Evaluation**

Programme evaluation measures include: a ‘mystery client’ survey; sales tracking; a client referral system; and helpline reports. A comprehensive baseline survey was conducted in the intervention city of Lucknow and the control city of Kanpur Nagar. Impact evaluation will be measured through an endline survey in both cities. Shifts in contraceptive knowledge, attitudes and practices among young married couples will be analysed, and the impact of various communication messages and channels will be assessed.

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**‘Young Scot: A Social Marketing Organisation’**

**Authors:** Gregor Urquhart MA(Hons) and Martin Raymond, MA(Hons), MEd(Hons), MBA, Dip Marketing.

**Practical Stream**

**Background & Objectives**

Young Scot is the national youth information and citizenship charity for Scotland. Set up in 1983, it provides young people, aged 11 to 26, with a mixture of information, ideas and incentives to help them become confident, informed and active citizens. It does this in a variety of formats, including books, magazines, online, and by phone, so young people can access information in a way they are comfortable with.

Young Scot has followed clear social marketing principles over its long history. The scope of its work is complex and so requires careful work plans and development. The organisation’s work is firmly rooted in identifying and satisfying stakeholder needs. This means meeting the requirements of young people, professionals, discounters, voluntary agencies and politicians, both local and national. Interacting with over 100 organisations, business and agencies, Young Scot takes stakeholder engagement to new levels and has had to develop innovative communication methods to maintain a dialogue with young people.

While advertising campaigns have been a marginal part of the mix, Young Scot has developed innovative partnerships with the media, including the successful national Young Scot Awards, run in conjunction with the biggest Scottish Sunday newspaper, Sunday Mail, and Lloyds TSB Scotland. Young Scot has also experimented successfully with new media opportunities including social networking sites, e-consultation, online focus groups, and text-messaging.

The most dynamic aspect of Young Scot has been a sustained focus on two-way communication with young people. It has maintained a relevant service by listening intently to what is needed and adapting the service to meet those changing needs.

Young Scot presents an instructive social marketing case study. There are few social marketing brands which have been developed over such a long period. Hastings’ (2007) notes the relative scarcity of long term brand building in social marketing. Young Scot has maintained a core brand image over 25 years, and the benefits of trust built up over a long period are enormous.

**Evaluation**

Young Scot has developed comprehensive evaluation and monitoring tools. It evaluates all events and training sessions, as well as conducting an annual ‘Young Scot survey’, which includes feedback from around continued...
5,000 young people from every local authority area in Scotland. Young Scot has also established in-depth local case study reports. These are specifically designed, detailed case studies carried out periodically in selected localities to understand the impact of Young Scot on young people and key stakeholders within communities and includes focus groups with school pupils, representatives from partner agencies, older young people and also a quantitative survey with local businesses. But Young Scot also faces many challenges. It is not a campaign; it does not have one single behavioural outcome and so evaluation is complex.

### Gathering Insight to inform a local Smokefree Homes Programme

**Primary Author:** Helen Harrison, Stoke-on-Trent Primary Care Trust  
**Conference Stream: Practical**

**Background & Objectives**  
Children exposed to other people’s tobacco smoke are at an increased risk of developing lower respiratory tract infections, decreased lung function, middle ear disease, sudden infant death syndrome and asthma (SCOTH 2004). Children are more likely to be exposed to secondhand smoke (SHS) in their homes (Akhtar et al 2007). Where cessation is not a viable or achievable option for parents, voluntary smoking restrictions in the home are the next most effective means of protecting children from SHS. However, despite the wealth of studies that have measured the effectiveness of interventions to encourage parents to implement smoking restrictions in the home, the current research base has, generally, found the reviewed methods to be largely unsuccessful (Roseby et al, 2002).

This poster presents qualitative research conducted to gain insight into the motivations and barriers to parents in Stoke-on-Trent in providing a smokefree home environment. The research has been conducted to inform the development of a social marketing programme of interventions to reduce childhood exposure to secondhand smoke locally.  
- To explore and understand the knowledge and perspectives of smoking in the home of parents residing in an area of Stoke-on-Trent;  
- to gain insight into the motivations and barriers to parents providing a smokefree environment in the home; and  
- to inform the development and implementation of a social marketing smokefree homes intervention in Stoke-on-Trent.

**Abstract Description**  
The research was conducted with smoking parents of primary school age children in a socioeconomically and health-deprived ward in Stoke-on-Trent. 24 parents (eleven males and thirteen females) took part in the four semi-structured focus group sessions.  
Knowledge and understanding from this research and the academic literature has been used to identify the target audience, behavioural goals and the blend of interventions to reduce childhood exposure to SHS in the home.

**Evaluation**  
The interventions informed by this research will be tested with the target audience prior to implementation and modified if necessary.

### ‘Be A Star’ – Breastfeeding initiation campaign

**Authors:** Steven Johnson, The Hub. Helen Johnson, The Hub  
**Conference Stream Practical**

**Background & Objectives**  
The UK has one of the lowest breastfeeding rates in the world, especially among families from ‘hard pressed’ groups and particularly among young white women from these groups.  
In this context, The Hub (a social marketing creative agency) was commissioned by Central Lancashire PCT, in collaboration with Little Angels (a third sector social enterprise offering community-based peer-to-peer continued...
support for breastfeeding mothers), to develop a social marketing campaign aimed at increasing breastfeeding initiation rates among ‘hard pressed’ groups in the Preston area.

The primary objective was to increase breastfeeding initiation rates among 16 to 24 year-old white mothers living in populations designated as ‘hard-pressed’ according to Acorn geodemographic classifications. A secondary audience of influencers (partners, peers and parents) was also highlighted as an important target group.

**Description**

Calling on a number of theoretical frameworks, the current project sought to increase initiation rates by tackling the complex socio-cultural framework surrounding the decision to breastfeed.

A robust partnership model was employed throughout commissioning, development and implementation of the campaign. A combination of three key private, public and third sector organisations, supported by an extensive support network, allowed the project team managed to deepen insights, maximise engagement and establish a highly effective feedback loop.

The resultant campaign sought to achieve its objectives by:

1. Developing a fully integrated communications campaign to reposition breastfeeding in the minds of the primary audience: to reconstruct the concept of breastfeeding as an expression of individuality or statement of strength – an act that is fashionable, glamorous and ‘cool’.
2. Mobilising real world interventions, via breastfeeding support networks, to authenticate this new conception of breastfeeding, gain buy-in and stimulate peer-to-peer transmission.
3. Establishing an online community surrounding the new concept to further stimulate peer-to-peer transmission and provide genuine, robust and highly accessible peer-to-peer framework.
4. Incorporating members of the primary target audience as figure heads of the campaign to establish affinity and boost authenticity.
5. Incorporating pro-breastfeeding parent, partner and peer ‘points of view’ into the communications to further legitimise the core message in the minds of the primary audience and encourage more positive attitudes among this key secondary ‘influence’ audience.
6. Subtly leveraging the cult of celebrity to trigger engagement and establish affinity with the audience.

**Evaluation**

Whilst a full NSMC evaluation is currently in the pipeline, interim results at the time of writing can be summarised as follows:

Breastfeeding initiation rates

**Preston, Lancashire:**
- Increase among primary audience from 52 per cent prior to launch to 63.64 per cent and 63.03 per cent respectively in the two months following launch.
- Increase among all women in the locality saw an increase of 5.5 per cent from 66 per cent to 71.5 per cent, suggesting a positive halo effect surrounding the main audience segment.

**Bolton, Greater Manchester:**
- Increase among primary audience from 65.1 per cent prior to launch to 79 per cent, 75.9 and 82 per cent respectively in the three months following launch.

Proxy measures:
- Three ‘stars’ (members of the primary target audience featured in campaign) became peer-to-peer supporters within six months of involvement.
- Overwhelmingly positive feedback via the blog (www.beastar.org.uk) for the inspirational nature of the campaign and the effectiveness of the peer support provision.
- 10,000 hits to the ‘Be A Star’ website and blog in the first six weeks of launch.
- Extensive media coverage, regionally, nationally and internationally
- Wide ranging stakeholder buy-in.
- Take up of campaign from eight more PCTs with numerous more interested and awaiting budgetary sign off.
- Use of the campaign as case study examples of best practice.
- Speaking engagements at international conferences.
Building Organisational Capacity with Social Marketing Principles and Approaches

Primary Author: James Ayers, Population Services International

Additional Authors: Dhaval Patel, PhD, MPH; Nicola Morgan, BA, MSC; Daun Fest, BA; Navendu Shakar, MSc, MPA; Saba Kahn, MSc., MBA; Clayton Davis BS; Amy Thomas, BA; Jen Christian BSFS, MPH

Background & Objectives
Ensuring the effectiveness and efficiency of Population Services International’s (PSI) social marketing (SM) interventions is critical to maximising the organisation’s health impact. This is a considerable challenge, considering that PSI has operations in more than 60 countries, employs more than 8000 people and works in such diverse health areas as HIV, AIDS, and malaria prevention, family planning, and child survival. Meeting this challenge requires the organisation take a structured approach to implementing and maintaining quality standards. The approach that PSI chose was a SM intervention targeted to staff in the form of a capacity building program called the Results Initiative (RI).

RI became one component of a regional HIV prevention project in eastern and southern Africa (ESA) funded by the Dutch government from August 2005 through July 2008. To date, 253 staff from 12 ESA PSI country programmes have participated.

• Behavioural Objectives: the use of specific research, marketing, operational and management tools at each participating PSI program, as measured by the RI management information system.
• Determinant Objectives: the increase in ACES at each participating PSI programme as measured by an external evaluator.

Abstract Description
RI used the following social marketing principles and approaches to build staff capacity:
• Audience Segmentation: by targeting specific staff in affiliate offices.
• Customer Orientation: through customer needs assessments and target involvement in programme design and promotion.
• Behaviour Goals: via the institutionalisation of specific research, marketing, operational and management systems and tools.
• Intervention Mix: which included distance learning courses; technical assistance; regional workshops; peer networking; cross-border exchanges and mini-grants.

An additional principle was followed: addressing the determinants of behaviour change (versus merely promoting the desired behaviour). Determinants were grouped into four categories referenced with the acronym, ACES – Ability and Confidence (skills, self-efficacy, knowledge and self awareness), Environment (tools and resources) and Support (assistance and guidance).

Evaluation
Mid way through the programme, an external evaluation was conducted that included in-depth interviews with 67 RI participants, PSI management, and RI staff. In addition, a thorough review of programme materials and documentation was conducted.

The results indicated that RI did indeed contribute to building ACES at participating country programmes. The final project evaluation will measure uptake of the promoted behaviours.

There were several recommendations for programme improvement, one of which focused on improving the participant ‘exchange’ equation by increasing perceived programme benefits. To this end, RI has partnered with the University of South Florida to revise the SM course and award its graduates a USF Certificate in SM Practice. Furthermore, PSI will adopt the outputs of this course as global minimum standards for all its marketing planning.

Conclusion
PSI has invested its own funds to expand RI to a third region and has plans to expand again to the remaining three by 2010. RI will become the vehicle through which global minimum standards for research, marketing, management and operations will be met. This should ultimately lead to increased health impact for all PSI programming.
Changing communities: improving lives
J Knowles, Improvement Foundation

Background & Objectives
Through its Healthy Communities Collaborative, Improvement Foundation has developed a process of market understanding and testing of effecting positive changes in health and wellbeing. People are not passive recipients of messages: they are central to the planning and delivery.

This is currently being implemented to encourage the earlier recognition of cancer symptoms.

• Increase awareness of cancer symptoms and associated risks;
• encourage earlier presentation and screening uptake in target groups;
• increase confidence levels in participants and recipients;
• raise expectations in individuals and communities; and
• Increase cancer diagnoses in primary care from the current national figure of 34 per cent.

Abstract Description
The model focuses on populations of 10,000 in areas of highest deprivation, harnessing the knowledge and experience of local residents to understand the following:

• The prevailing attitudes to cancer. The myths and misunderstandings contributing to late presentation and diagnosis.
• What is known about cancers and associated risks.
• The most successful ways to identify and target people to reduce fear and raise awareness.
• The most effective means of delivering education and increasing knowledge and confidence.
• How communities can influence the quality of patient care and appropriate referral.

Evaluation
Measures are collected monthly from general practices in the target areas to identify:

• numbers of urgent referrals for breast, bowel and lung cancers;
• numbers of new diagnoses referred through primary care as a proportion of all new cases; and
• whether there is any spread of disease at diagnosis.

These measures demonstrate whether earlier presentation messages have resulted in increased activity in general practice.

• Confidence and knowledge levels in participants are evaluated at intervals throughout, by questionnaire.
• Examples of increased social capital are collected throughout the programme, using questionnaires.

Tips on how to do social-marketing on a shoestring.
J. Macdonald, Atlas Social Marketing

Conference stream: practical

Description
This poster offers practical tips on how to run a social marketing campaign, including:

• finding a social marketing champion
• how to carry out research
• finding out about your audience
• building capacity
• keeping up with new developments
Pandemic Flu Education Campaign

Primary Author: Johnson Seah (MSc Public Admin & Public Policy), Health Promotion Board Singapore

Other Authors: Dr K Vijaya (MBBS, MSc Public Health), Michelle Li (BSc IS & Management)

Conference Stream: Practical

Background & Objectives
Following Singapore’s experience with the SARS epidemic in 2003, and addressing global concerns of a flu pandemic, the Health Promotion Board of Singapore (HPB) embarked on a series of ongoing public education campaigns to raise the level of awareness and knowledge of the general population on the ways to prevent the spread of infectious diseases such as avian flu and influenza.

Abstract Description
The ‘Be Flu Free’ campaign aims to promote good personal hygiene and socially responsible behaviour so as to protect Singaporeans against infectious diseases such as influenza and the common cold. The campaign comprises of print advertisements in major press and print publications; outdoor media such as train advertising; online banner ads; interactive contests; a ZO card (postcard) campaign; and contextually relevant touchpoints such as supermarket shelf banners; toilet stickers and tissue packs.

The campaign included messages on personal hygiene such as washing hands thoroughly with soap and water; being socially responsible by covering their nose and mouth with a tissue when coughing or sneezing; healthy lifestyle tips to boost immunity; and precautions to take when travelling to countries affected by Avian Flu.

Recognising the need to galvanise the support from the private and public sector in our public education outreach efforts, HPB has worked closely with partners such as Guardian Pharmacy and Reckitt Benckiser (manufacturer of Dettol handwash products) through joint collaborative projects to reach out to the general public. The Health Promotion Board also worked with the various Ministries to promote the personal hygiene and healthy lifestyle messages through the Flu Pandemic Guide which was produced and distributed to 1 million households in Singapore.

Evaluation
The campaign achieved a media reach of 80 per cent among Singaporeans. An independent survey found that 90.3 per cent of respondents were able to cite at least one way to prevent the spread of flu and the common cold.

Changing behaviours towards alcohol amongst the student population in Liverpool

Primary Author: Jane Thomas, Liverpool Primary Care Trust, MCIM

Other Author names: Dr Sandra Davies, Liverpool Primary Care Trust; Dr Paula Grey, Director of Public Health Liverpool; Emma Page, Social Marketing Specialist, Liverpool Primary Care Trust

Conference Stream: Practical

Background & Objectives
In 2007, Liverpool had the highest rate of alcohol-related hospital admissions for males, and second highest rate for females in England. The binge drinking rate was estimated as the highest in England, and crime attributed to alcohol was amongst the highest in the Northwest.

For many years, a number of stakeholders in Liverpool have run public awareness campaigns aimed at tackling the various aspects of alcohol consumption. By working in partnership with Liverpool Citysafe, Liverpool City Council, Merseyside Police and Merseyside Fire and Rescue Service, Liverpool Primary Care Trust (PCT) launched the award-winning Pssst! Be Alcohol Aware brand in 2006 to unify local alcohol messages under one umbrella brand.

18 to 35 year-olds were identified as a key segment contributing to the figures above, and in particular the student population who account for over 40 per cent of this group. Following detailed scoping and development activity, Liverpool PCT launched a social marketing campaign in November 2007 targeting this audience.

continued...
• Raise awareness of key health and safety messages relating to alcohol and subsequently encourage students to adopt more responsible attitudes and behaviours towards alcohol during and following the campaign;
• reduce the amount of alcohol-related crime and number of A&E admissions; and
• provide a real non-alcoholic alternative to students on a night out.

Abstract description
The presentation will show how the total process planning model has been utilised to tackle drinking culture in an original and innovative way. Detailed insight underlined the campaign, where a deep understanding of the audience, their motivations and behaviours was formed.

An outdoor campaign targeted drinkers as they moved between venues, using inventive tools such as building projections and Bluetooth messaging. A ‘Chill Out’ log cabin was also opened on popular student evenings, providing students with a place to relax away from alcohol, giving them time to contemplate how much they had already drunk and how much they planned to drink. Students were offered mocktails and could listen to music, play games and enjoy massages and beauty treatments. There was the opportunity to speak to trained staff if required and student-focused information was available.

This presentation will provide an overview of the campaign using the total process planning model.

Evaluation
Following the campaign, awareness of the brand was high. Five per cent spontaneously recalled Pssst! when asked if they had seen any alcohol campaigns recently, and 59 per cent recognised the campaign when prompted.

The cabin received over 3,000 visitors, and served over 2,500 mocktails. 99 per cent of visitors said the cabin was an appropriate way to promote sensible drinking, with 84 per cent stating that it would have an impact on their drinking habits. 41 per cent said they drank less that evening as a result of their visit, and 70 per cent said they were likely to look for non-alcoholic facilities in the future.

A further stage of evaluative research will be carried out in March 2008 to see if there are any longer-term attitudinal and behavioural changes as a result of the campaign. Results will form part of this presentation along with key learning.

Road Safety Public Education – Wipe off 5 Speed Campaign – The TAC Experience

Author: John Thompson – Transport Accident Commission (Aus)
Conference Stream: Practical Application

Background & Objectives
In 1989, the growing road death toll and cost of accidents were causing widespread community concern. To address the problem of lives being lost and serious injuries on Victoria’s roads, Victoria Police, VicRoads and the TAC adopted a concerted, integrated approach to accident prevention.

This integrated approach has been accompanied by a near halving of Victoria’s road death toll since 1989, with a corresponding drop in serious injuries of 32 per cent.

For its part, the TAC adopted a more aggressive approach to public education by addressing the key causes of road accidents - the attitudes and behaviours of road users.

Since 1989, the TAC’s accident prevention strategy has evolved into a multi-faceted program covering a number of road safety issues.

The key approaches adopted by the TAC were:
• to place key safety issues in the public agenda;
• to promote awareness that ‘this could happen to me’ through the use of an emotive, realistic portrayal of road crashes and their consequences;
• to signpost the introduction of new enforcement technologies;
• to highlight the level and unpredictability of police enforcement efforts; and
• to reinforce the perception of the increased risk of detection.

Abstract
In August 2001, the TAC embarked on a major public education campaign focussing on reducing low level speeding in Victoria.

continued...
The Wipe Off 5 (WO5) campaign forms part of a broader, longer term Victorian program to reduce speeding related trauma.

This presentation will outline the steps undertaken in developing and implementing the programme, and point to key indicators of success.

In order to tackle the issue of speed, a Victorian speed reduction programme was planned. This programme included:

- reduction in the speed limit on local streets in built up areas throughout Victoria from 60 to 50 km/h;
- provision of information using mass media to reinforce the proven benefits of reducing low level speeding; and
- more intensive Police enforcement of speed limits to deter potential offenders.

This presentation focuses on the TAC’s responsibility for the second of these items, outlining the mass media campaign, its challenges, its results to date and how it was used to support the other initiatives in the State’s speed reduction programme.

**Evaluation**

As a result, Victoria has experienced reductions in road trauma, including its lowest road toll on record. Whilst it is acknowledged that such gains have been realised through a range of initiatives targeting key road safety issues, there are several indicators which can assist in determining the success of the WO5 campaign and related strategies.

The TAC uses independent market research organisations to conduct tracking surveys that gauge audience reactions and self reported changes in behaviour. This research has played an important role in helping unearth insights and trends.

A key measure used by the TAC was developed to better understand the incidence of speeding. The proportion of drivers (aged under 50 years of age) who report speeding most or all of the time has dropped from 25 per cent in 2001 to eight per cent in 2007.

Finally, research into the target market’s recall and personal identification with specific advertisements is also undertaken.

Since its inception in 2001, the TAC has implemented 10 phases of its WO5 campaign, moving through several stages described in this report. The TAC, in conjunction with the initiatives of its road safety partners, has successfully:

- changed attitudes to speed;
- changed reported behaviours regarding speeding;
- changed actual travel speeds as reported by VicRoads; and
- witnessed a parallel reduction in serious road trauma.

This is by no means the end. The campaign on low level speeding is a long term strategy which is continually evolving as new ways of convincing motorists to simply slow down are explored.

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**Chronic Disease Management Campaign**

**Primary Author: Dr K Vijaya (MBBS, MSc Public Health), Health Promotion Board Singapore**

**Other Authors: Johnson Seah (MSc Public Admin & Public Policy). Pearlyn Tseng (BA, GDM). Lim Yi Fang (B.CommStudies Hons)**

**Conference Stream: Practical**

**Background & Objectives**

Chronic disease conditions will be the leading cause of disability by 2020, and could be the most expensive problem for healthcare systems worldwide. These chronic diseases, namely diabetes, high blood pressure, high blood cholesterol and strokes, are diseases which current medical interventions can control, but not cure.

In Singapore, it is estimated that one in four people suffer from chronic diseases. Hence, it is imperative to improve chronic disease self-management among the population by encouraging adults above 40 years of age to actively go for health screenings. Good management of chronic diseases can help to lower healthcare costs in the long-run for patients.

In 2006, Ministry of Health (MOH) Singapore announced the launch of the Chronic Disease Management Programme (CDMP). This programme comprises structured treatment plans based on MOH’s Clinical Practice Guidelines with the aim of improving care for patients with chronic conditions, resulting in better health...
outcomes for patients. Under CDMP, outpatient use of Medisave (a national medical savings scheme which helps individuals put aside part of their income to meet their future personal or immediate family's hospitalisation, day surgery and certain outpatient expenses) is allowed for the treatment of four chronic disease conditions, namely diabetes, hypertension, lipid disorders (high cholesterol) and stroke. The use of Medisave will help to reduce out-of-pocket cash payments for outpatient bills, making them more affordable to patients while they receive evidence-based care under the chronic disease management programmes so that their diseases can be better managed to avoid downstream complications and hospitalisations.

The CDMP aims to help patients and their families better understand these diseases and motivate them to take responsibility for their own health. An integrated marketing communications campaign was implemented from Aug 2006 to Mar 2007 to promote the scheme to Singaporeans, in particular those aged 40 years and above.

**Abstract Description**
As the consumer insights showed that the primary sources of information are TV, newspapers and radio, these channels were used for the CDMP campaign. Understanding the need to communicate to the ethnic groups in their vernacular languages, each creative is produced and translated into the languages, and the media channels adopted in the campaign were carefully selected to ensure the messages reach out to all the ethnic groups through media which they are accustomed to and understand. Local celebrities, who appealed to the target group, were enlisted to host a roadshow in the heartlands. A user-friendly website, patient resource materials and a public hotline provided multiple platforms for the public to find more information about the programme.

**Evaluation**
To date, 41,881 patients participated in this programme which showed that an integrated marketing communications approach, including above-the-line media, below-the-line resources, and targeted communications, is an effective campaign strategy. A post campaign survey also revealed that 88.9 per cent of Singaporeans aged 40 and above were aware of at least one way to better manage their chronic conditions.

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**Disseminating Mental Wellness Promotion Messages Using Postcards**

**Primary Author: Lee Lin Kang, Health Promotion Board Singapore**

**Other Author: Dr Mun Loke, Wong**

**Conference Stream: Practical**

**Background & Objectives**
The World Health Organisation defines health as the state of ‘complete physical, mental and social well-being and not merely the absence of disease or infirmity’. Indeed, mental wellness is an integral part of an individual’s holistic health. Just like most health practices, it is important to nurture mental wellness from a young age. The Health Promotion Board constantly looks for new ways of engaging the young in its health promotion efforts, to ensure that key health messages are disseminated effectively.

A set of three postcards was developed to disseminate different key mental wellness messages among the youth. The postcards sought to encourage them to think positively, to believe in themselves and to seek help when necessary. In addition to these messages, the postcards also provided youth with the URL for an online peer support network, Audible Hearts. Audible Hearts is a youth-led initiative supported by the Health Promotion Board which seeks to provide youth with a confidential, anonymous and non-judgmental online platform to discuss youth issues and challenges with their peers.

**Abstract Description**
The three postcards were creatively designed, using bold and vibrant colours to carry the key messages. To further pique the interest of the youth, the postcards also featured a different punch-out character which they could assemble and retain to remind them about the key mental wellness messages. A new postcard design was released each week over a three week period in March 2008. These postcards were distributed for free at locations frequented by youth. These locations included eateries, shopping malls and educational institutions. Electronic versions of the postcards were also made available for the youth to forward to their friends over the Internet. The online postcards also provided the youth with the opportunity to pen personal notes of encouragement for their friends.

**Evaluation**
Around 80 to 100 postcards were picked up daily from some of the venues. The postcard which carried the ‘Believe in Yourself’ message was the most popular, and was completely picked up within five days of its...
National Smoking Control Campaign

Primary Author: Lim Yi Fang (B.Com Studies Hons), Health Promotion Board (Singapore)
Other Authors: Dr K Vijaya (MBBS, MSc Public Health), Johnson Seah (MSc Public Admin & Public Policy), Pearlyn Tseng (BA, GDM)

Conference Stream: Practical

Background & Objectives
From the National Health Survey (NHS) 2004, comprising 4,168 adults aged between 18-69 years old, smoking prevalence among Singaporeans aged 18 to 69 years has decreased from 15.2 per cent in 1998 to 12.6 per cent in 2004.

The smoking control public education campaigns by the Health Promotion Board aim to educate, motivate and assist smokers to give up smoking, while establishing non-smoking as a social norm. Over the years, harmful consequences of smoking such as lung cancer and strokes were the focus of anti-smoking campaigns, but both smokers and the general public were less aware of other smoking-related disease such as oral cancer.

From March to May 2007, the Health Promotion Board ran an anti-smoking campaign focusing on oral cancer which coincided with World No Tobacco Day. The three-month campaign aimed to raise awareness of oral cancer as a smoking-related disease, prevent smoking initiation and encourage current smokers to seek professional help to quit smoking.

Abstract Description
The campaign was conducted in two phases.

Phase 1 adopted a hard-hitting approach of a graphic and gruesome portrayal of a female oral cancer sufferer, with the tagline ‘Smoking causes oral cancer. Quitting is hard but not quitting is harder’. The media campaign ran intensively in all four languages on TV, print and outdoor channels. Guerrilla advertising tactics such as a ‘doctor’ and a ‘patient’ on a hospital bed stationed at strategic locations around Singapore were also utilised to further drive home the anti-smoking message. Smokers were encouraged to call up a toll free service (QuitLine 1800 438 2000) for quit advice to receive a complementary Quit Kit, contact any of the quit smoking services or their family doctors for quit smoking support.

Phase 2 adopted a positive approach by featuring testimonials from people who have kicked the smoking habit. The campaign comprised four language advertisements on print and outdoor media channels. The media campaign was supplemented by roadshows in the heartlands offering free professional quit smoking advice by trained pharmacists and health screenings.

Evaluation
A post-campaign survey conducted in October 2007 revealed that 90.1 per cent of smokers who were aware of the oral cancer anti-smoking campaign were able to identify that oral cancer was a smoking-related disease. The survey also showed a total of 11.2 per cent of smokers intending to quit smoking after seeing the campaign. The toll-free hotline, QuitLine, also saw a five-fold increase since the launch of the campaign.

Is Social Marketing just what Food Risk Communication has been searching for?

Primary Author: Mary Brennan BE (Ag and Food); MSc., University of Newcastle Upon Tyne
Other Author: Professor Christopher Ritson

Conference Stream: Theory and Policy

Background & Objectives
The issue of food safety has attracted an increasingly prominent profile in society over the past 15 years, especially after the 1997 BSE crisis. The report by distinguished nutritionist Philip James, which formed the continued...
blueprint for the establishment of the Food Standards Agency UK, defined four categories of potential food related hazards: chemical; microbiological; novel foods and processes; and diet and nutrition. It was, in part, the failure of the existing ministries to effectively communicate these different food safety issues to the public that led to establishment of the Food Standards Agency in April 2000. The Agency was tasked with a very explicit remit to protect the UK public from harm associated with food safety risk. As part of this remit, they are responsible for communicating food safety risk information to the public. Both the EU and other member countries followed with the establishment of similar agencies.

This paper will both draw and reflect on the outcomes of a series of food risk research projects that the authors have been involved with. They will draw an emerging picture linking social marketing principles to the future design and implementation of effective food risk communication programs, especially for domestic food safety.

Abstract Description
Social Marketing, by definition, aims to encourage and facilitate voluntary behavioural change in an individual or group of individuals in the interest of personal and/or societal wellbeing. In the course of their work examining how food risk is perceived by the public and communicated to them, the authors have recognised key barriers that are contributing to ‘problem behaviours’ (National Benchmark Criteria). These ‘problem behaviours’ can be linked to the significant rise in reported food-borne illnesses worldwide, as well as more indirectly to market distortion in the aftermath of food risk incidents. The economic, social and personal costs both to the individual and society are considered to be unacceptable. To date, food risk communication activities, theoretically tasked with altering the problem behaviours and reducing the incidence of food-borne illness, have been very educative and one way. This despite growing calls from academia for policy makers to reconsider the traditional approach favoured for food risk communication commonly termed the ‘deficit model’. The deficit model approach to food risk communication views the public as having a deficit of understanding. This deficit is considered the primary cause of their problem behaviour. By filling this deficit, the presumption is that the public will change their problem behaviours in line with scientific advice. The authors have found that this approach is clearly not sufficient for achieving long term, sustainable behavioural change. To illustrate, a case study focusing on domestic food safety will be presented. This case will show why past approaches have failed in achieving long term behavioural change. The authors will argue that by drawing on the social marketing ‘customer triangle’, especially the concepts of customer orientation, exchange and competition, food risk communication researchers and practitioners can begin to build and deliver food risk communication programmes that will encourage and facilitate long term food safety behavioural change for different groups within society.

The development of Heart Age: A personalised approach to communicating cardiovascular disease risk in the population
M. R. Cobain, Unilever Research

Background & Objectives
Changes in lifestyle are essential to reducing cardiovascular disease (CVD) risk, yet a wealth of literature reveals a large gap between knowledge of these public health messages (what I should do’) and actual behaviour (‘what I do’). The Health Belief Model emphasises the importance of ‘personal susceptibility’ for motivating health behaviours. While actual susceptibility depends upon the presence of ‘risk factors’ for the disease and integrating them into an overall ‘risk’ state using clinical CVD risk tools, perceived susceptibility requires presentation in motivating and convenient formats.

We sought to develop a method for communicating with consumers at risk of CVD to modify perceived susceptibility. The method had to be credible (with both consumers and health care professionals), convenient, and target those outside the classic ‘worried well’ segment. The primary target consumer segment was that at higher risk of CVD aged 40+, but a wider definition included younger individuals with higher risk factors.

Description
Our method revolved around the concept of ‘heart age’, defined as ‘the age at which your own CVD risk would be considered healthy’. CVD risk is poorly understood and published research (in addition to our own) has validated the ‘heart age’ concept in terms of motivational impact. We developed an online tool where individuals could enter their risk factors and find out their ‘heart age’. Personalised feedback was given on risk factors and diet and lifestyle behaviours. The tool was developed using the same risk models used in clinical practice. A range of models were developed to calculate CVD risk (and published in a major cardiology...
journal), and thereby ‘heart age’, with varying degrees of available information. The tool was launched in several countries in Europe in 2007. Television and radio advertising was used to promote the sites as were online banners.

This method communicated a motivating CVD risk message to individuals who need to make lifestyle changes. The concentration on accessibility, motivation and credibility appeared to assist in reaching higher risk individuals. Further work is ongoing to evaluate actual behaviour change and to incorporate other aspects of the Health Belief Model (overcoming barriers and highlighting benefits of lifestyle change) into the Heart Age tool.

Evaluation
Data are presented from analysis of data from the Netherlands site. Out of 350,000 visits to the site made in the first month of launch, 20 per cent were smokers, 13 per cent were obese and the majority aged 40 to 60 years. The vast majority (80 per cent) did not know their cholesterol and of those who did know most had ‘normal’ levels (<5mmol/L). Those who didn’t know their cholesterol had a higher ‘heart age’ than those who did know. ‘Heart age’ was 3.6 years older than chronological age and reflects a deviation of the cardiovascular risk profile from what is desirable in the population. Positive responses were obtained from health care professionals and ‘key opinion formers’, and were reflected in corresponding positive media communication.

Saving sight - encouraging more people with diabetes to be screened for Diabetic Retinopathy

Primary Author Name and Contact Information: Matt Howick, Barkers Social Marketing

Other Author Name: Dr Andy McArthur

Conference Stream: Practical

Background & Objectives
Tower Hamlets Primary Care Trust offers diabetic retinopathy screening to all diabetes patients annually. Initial contact is made by telephone; written confirmation and an explanatory leaflet follows; and a reminder call is made two days before appointment. Of those invited for screening, an average 65 per cent of people attend which falls below the London and national targets. Early in 2008 they began a campaign to improve attendance.

Objectives are to encourage greater screening attendance. The target is to get to 80 per cent of those invited to attend screening. The campaign was aimed at people with diabetes in Tower Hamlets and people close to them.

Abstract description
The starting point for audience segmentation was based on the Borough’s demographic profile. Tower Hamlets is the fourth most deprived Borough in England and the majority of the population describe themselves as being from a non-white British background, with the largest minority ethnic group (34 per cent) being Bangladeshi.

Further research into similar activity elsewhere gave valuable insight and a better understanding of the factors affecting take-up of screening.

The following stood out:
• a lack of information often leads to non-attendance, either through misunderstanding the purpose of screening or fear of results;
• benefits of screening are not well known;
• people, particularly those from deprived backgrounds, fear the financial implications of sight loss and would benefit from information on screening as a preventative measure;
• 88 per cent of people fear losing sight more than any other sense and this is heightened for those with diabetes; and
• a fifth of diabetics are unaware of the risk of diabetic sight loss.

With these learnings in mind, diabetes health professionals and patients were interviewed at two patient forums and alongside a mobile screening day at the East London Mosque.

The key ‘actionable insight’ was the absence of an acknowledged link between diabetes and blindness/sight problems. Also, significantly, people did not understand the word ‘retinopathy’.

continued...
Two creative routes were developed and tested with a mixed group of diabetes patients. They unanimously endorsed a bold route whose line, ‘If you have diabetes you could lose your sight...and a whole lot more’, conveyed an emotional reason to take action. The frightening, clinical notion of ‘diabetic retinopathy’ was replaced with the meaningful, human, easily understandable ‘diabetic blindness’.

Communication strategy focused on utilising public and community channels, integrated with PR activity. A range of material was developed for GP surgeries, pharmacies and community hubs like religious centres, workplaces, and housing associations. A commercial was also produced, showing on screens within the health settings across the Borough.

The campaign launch gained coverage in all the key local media including two ethnic titles and GP practices have asked for additional supplies of campaign materials.

Evaluation
The centre has reported a noticeable increase in appointment requests, and on single days experienced their highest ever attendance levels. The initial results on appointment uptake are expected at the end of April 2008

Rising pressure – Increasing blood pressure testing amongst men in Birmingham

Primary Author Name and Contact Information: Matt Howick, Barkers Social Marketing

Other Author Name/s: Dr Andy McArthur

Conference Stream: Practical

Background & Objectives
One in three men in Birmingham has high blood pressure. Over half of them live in areas where life expectancy is well below the national average, with diseases of the circulatory system being the most common cause of death. Blood pressure checks would enable early identification, or indeed prevention, of health problems.

In early 2007, Birmingham Health and Wellbeing Partnership (BHWP) commissioned a social marketing campaign to get more men in the city to have their blood pressure tested.

Encourage men in Birmingham aged over 40 to have their blood pressure checked. Existing data allowed audience segmentation and identified the key groups of men as being:
• low paid, low skilled men of Bangladeshi or Pakistani origin;
• men on low incomes, dependent on the City Council for housing and transport; and
• elderly men, most of whom had worked in the now declining industrial industries.

Abstract description
The research enabled a broad understanding of the target group’s characteristics. However, more was required to fully assess their knowledge and attitudes regarding high blood pressure and checks. Focus groups were conducted to develop understanding as well as test creative ideas and propositions.

There was a general understanding of high blood pressure, its negative health consequences, and awareness of how pressure is checked; but a strong degree of scepticism regarding the ease of acquiring a GP appointment – obviously a significant barrier to address. The principal ‘actionable insight’ was the fact that men didn’t believe they were at risk of high blood pressure, a consequence of the condition usually manifesting no obvious symptoms. This scepticism was universal across all groups. Feedback also pointed to the importance of cultural identity, confirming that communications should show a representation of real people across a broad range of ethnicity and age.

In creative executions, the one in three figure was used to demonstrate the risk, whilst the simple campaign line ‘Blood pressure. Get yours checked.’ said it all. A strong visual motif of heart-shaped balloons communicated key messages simply, essential for communicating concisely with an audience of many people whose first language was not English. Improving campaign credibility, focus group participants were used in both print and PR activity.

Local advertising, PR and a broad range of communication channels were utilised. These included GP surgeries, local pharmacies, hospitals and dental practices as well as social hubs like community and religious centres, workplaces, retailers and pubs. All stakeholders received advance materials and a briefing pack and continued...
activity was co-ordinated with the movements of a ‘Health Bus’. The bus provided mobile on-the-spot checks and was liveried with campaign messages and colours.

**Evaluation**

BHWP has no single monitoring process for blood pressure testing. However, the first three days of the launch saw over 600 people tested via the Health Bus, including one man whose test resulted in the crucial early identification of a life-threatening condition. The ‘Health Bus’ continues to draw people into having tests and anecdotal feedback suggests testing is increasing elsewhere. Additional evaluative data is not yet available.

**One Heart Many Lives: A Cardiovascular disease (CVD) risk prevention programme.**

It sets out to inspire Maori and Pacific Islands men to get their heart checked and take action if the diagnosis is not good.

**Authors:** Tim Corbett, Thinkspace Ltd. Marama Parore, PHARMAC (presenter). Karen Jacobs, PHARMAC

**Background & Objectives**

16 people die every day in New Zealand from heart disease. The death rate from heart disease is more than twice as high for men than women. Maori have the highest death rates followed by Pacific Islands people, dying 10 to 14 years younger than their European counterparts. The PHARMAC One Heart Many Lives programme has been developed to address this.

The primary audience is Maori and Pacific Islands men over 35 years of age in targeted geographic regions of high need in New Zealand.

The One Heart Many Lives programme encourages the need to:

- ‘Get your heart checked’ and seek help and medical management if needed;
- Improve awareness of heart disease and the likely outcomes if it is diagnosed and treated;
- Improve lifestyle habits as part of self management; and
- Take long term cholesterol lowering medication (and other heart medications) to help decrease the risk.

**Description**

The One Heart Many Lives programme was first piloted in 2003 as an awareness raising campaign using a mix of media to encourage men to eat better, move more and get to their local doctor for a heart check.

Using a blend of interventions, social marketing training, direct marketing and service provider development, regional campaigns have been undertaken in Porirua, Gisborne, Bay of Plenty, Hawke’s Bay and Northland.

An implementation model has been developed. It begins by building the social marketing competency of the health and social service sector, then introduces audience insights to the planning phase (the social and cultural constructs and motivators that move men, particularly Maori and Pacific Islands men, to make change and moves to the development of ‘man friendly’ CVD health services, lifestyle change programmes and intersectoral action across a region.

Strong branding is utilised to provide a campaign that regional and local organisations can use in their own way. The result is an approach built upon Maori and Pacific Islands values that is designed and constructed at a regional level by an intersectoral group with a strong audience focus.

One Heart Many Lives provides an example of strategic social marketing that aims to reorientate health services to audience needs and desires.

**Evaluation**

1. Increase in statin prescribing, uptake and knowledge of use.
2. Increase in Green Prescription referral for the target audiences.
3. Increase in CVD risk screening, smoking cessation, awareness of heart disease risk and behavioural change.
4. Relationships with stakeholders and communities.
5. Increase in the number of men having a CV risk assessment.
6. Participation in activities by men and their family/whanau.

To listen to and read more about the local heroes who influence more men to get their heart checked, go to www.oneheartymanylives.co.nz.

*National programme development is underway, which will focus on local heroes and how they can help others to make changes at the community level, with national awareness campaigns to support at regional and Kiwi level.*
Experience Food at Work – Improving workplace eating habits.

Primary Author Name and Contact Information. Mary Rose Cook – Uscreates

Other Author Name(s) Zoe Stanton BA(Hons)

Background & Objectives
Experience Food at Work is a pilot initiative aimed at improving eating behaviours in a local authority workplace. The workplace was identified as a target area to improve eating behaviours, as 60 per cent of our waking hours are spent in the workplace, and a third of our meals, and most of our snacks, are eaten there. Breckland Council, in partnership with the design consultancy Uscreates, developed and delivered a range of interventions aimed at addressing eating behaviours on their main site.

- increase lunch breaks taken away from workstations
- increase the amount of fruit and vegetables consumed in the workplace
- increase variety of food consumed in workplace
- improve knowledge on how to make positive changes to nutritional health
- improve awareness of nutritional choices and effects on personal health and productivity

Abstract description
The approach to the project was unique, with Uscreates designing creative, engaging consultation methods to gain an understanding of the culture of the workplace and the needs and motivations of the workforce. These included arming staff with cameras to answer questions about their environment and habits; gathering data via text messages; and providing drawing templates for staff to visual communicate motivations.

A number of interventions were developed to address various identified market segmentations. These were developed through collaboration between a range of topic experts, a staff champion group, Uscreates and Breckland Council. The marketing mix included events, products and services all aimed at making the healthy option the easy option. These included a Visiting Chef event providing lunch inspiration; an honesty fruit bowl system providing easily accessible, affordable fruit; Health and Nutrition MOTs, giving the workforce 15 minute one-to-one sessions with a dietitian; and the introduction of communal eating facilities to the staff room, enabling the workforce to take a quality break away from their desks. The interventions were implemented and delivered by Breckland Council workforce, West Norfolk PCT, local businesses and Uscreates.

Evaluation
Baseline data on workforce eating habits was collected before the introduction of the interventions. Initial measurements show promising results, with an increase in fruit and vegetable intake and 70 per cent of pledged action points for change being achieved. Ongoing evaluation of the interventions is taking place.

Challenging beauty stereotypes and building self-esteem:

From the Campaign for Real Beauty to the Dove Self-Esteem fund

Presentation given by Martin Staniforth, Dove Self-esteem Fund

Author: Alessandro Manfredi, Unilever

Background & Objectives
In 2004, Dove commissioned a global study to examine women's views on beauty. A follow-up study explored the impact of society’s beauty ideals on the self-worth of young girls. The research showed that women believe in a broader definition of beauty than the narrowly defined ideals portrayed in popular culture. The unrealistic beauty ideals also negatively affect young girls’ body-related self-esteem. Fuelled by these insights, Dove launched the Campaign for Real Beauty (CFRB). This global campaign aims to challenge beauty stereotypes and open up the beauty debate. Moreover, to help raise young girls’ self-esteem, the Dove Self-Esteem Fund (DSEF) was set up.

CFRB and DSEF speak to women aged between 30 and 45, particularly mothers. The campaign encourages women to join the public debate on beauty ideals and to take positive action. In particular, we want to give women the resources to talk to girls about beauty and body image. We encourage women to get involved by taking girls through Dove Self-Esteem workshops.

Description
The CFRB has become a catalyst for exploring the definition and portrayal of real beauty. The initial launch, continued...
running through different media channels, created an unprecedented response and engagement from consumers around the world.

Subsequently, the DSEF was created to educate and inspire girls on a wider definition of beauty and help them grow with a stronger sense of body related self-esteem. Together with leading psychologists and partner organisations, self-esteem building workshops were developed for young people (aged eight to 14). Each workshop is delivered by a specific target group, such as teachers, youth groups, and mothers, either at home or in the community. Key influencers and celebrities help raise awareness for the Fund and get young people excited about the workshops.

The DSEF was introduced to consumers through the ‘Little Girls’ TV ad accompanied by print ads and a PR campaign. The Fund gained further momentum through the use of internet communication. The seminal viral films ‘Evolution’ and ‘Onslaught’ played a crucial part in the organic growth of the DSEF.

**Evaluation**

The CFRB sparked a global debate on beauty. It generated lots of positive media coverage and engaged countless consumers. Consumers posted their comments on blogs, forums and the CFRB website. The campaign further spread through word-of-mouth and the power of the net. ‘Evolution’ is the most watched consumer viral of all time, and won the Grand Prix prize at the Cannes Lions.

The goal for the Dove Self-Esteem workshops is to reach five million young people by the end of 2010. At present, thousands of women have already volunteered their time to run the self-esteem workshops and over 2.4 million young people have participated.

**‘Building Public-Private Partnerships: Experience from India and Afghanistan’**

**Presenter/Author Information:** Mr. Matthew Wiltcher, Futures Group  
**Co-authors:** Ms. Carolyn Hayworth

**Background & Objectives**

The Futures Group is implementing social marketing programmes that include public-private sector partnerships in both India and Afghanistan as key components. These programmes are designed to increase access to and use of quality basic health products and services by women and children, especially in the rural and hard to work areas, through the private sector. The goal of both programmes related to public-private sector partnerships is to establish and build strategic relationships between private and public sector institutions, facilities and NGOs, to deliver high quality health services.

The objective of this abstract is to provide managers of social marketing programmes insight and direction in integrating processes in the establishment of strategic public-private sector partnerships. The behaviour being targeted is aimed at the public and private sectors to work for mutual benefit and for them to gain an understanding of the synergies required to develop meaningful and practical public-private sector partnerships in addressing social (health) issues.

**Abstract Description**

Futures Group in Afghanistan and India established public – private sector taskforces in each country, with the aim of creating a policy environment that achieves productive partnership(s) between public and private sectors, including both the NGO and commercial sectors. The objective of the task forces were to develop and provide technically sound and balanced policy advice on public – private sector partnerships to governmental, private sector, and NGO collaborators in each country. Key interventions in Afghanistan initiated have been the establishment of a permanent private sector office within the Ministry of Public Health (MoPH) that works with private sector health and commodity providers; the establishment of pharmacist and private hospital associations to ensure quality of care and services meet MoPH requirements; and certification by the MoPH of private sector health providers utilising established standards or practice. In India, an integrated voucher system was implemented that allowed customers to purchase the necessary health services while maintaining choice of provider. Lessons learned from these interventions include:

- The creation of a formal private sector directorate/department within the MoPH, if one does not already exist, legitimises private sector health providers’ inclusion in national health delivery goal.
- Private sector providers are often not considered as real partners by public sector officials often because they are not seen as organised or working towards the same cause. Creation and/or strengthening of associations of potential private sector partners should be well defined and focuses on a clear purpose, such as harmonising quality of care and services provided that underpin and support a larger social goal, between the public and private sectors.

continued...
• Successful voucher programmes require public, private, and NGO sector involvement in the development, implementation, and evaluation of initiatives, including recurring inputs from the customer to ensure long term sustainability. Branded and communications initiatives on the voucher programme provide additional and continued reinforcement and support to both providers and customers.

Evaluation
Futures Group has developed a tool used for the evaluation of the public-private sector policy environment. This tool, the policy environment score (PES), can be used at different time periods over the course of the programme to ascertain impact related to the national policy environment related to the private sector’s involvement in health.

• The Ministry of Public Health (MoPH) in Afghanistan established a representative working group of private and public sector individuals to develop a Government-supported strategy for the private sector’s role in supporting national public health objectives.
• Establishment of a joint public-private sector programme, where private sector providers receive formal MoPH Afghanistan certification in health services related to family planning utilising local health associations.
• In India, significant increases in the utilisation of primary health care services resulting in an increase from 123 to over 6,000 service delivery units over a short time period.

Beliefs and Condom Use in Commercial Sex in India
Presenter: N Gade, Population Services International (PSI)
Author: Risha Hess, Communication Director, PSI

Background & Objectives
Condom use in commercial sex in Southern India is relatively high, but only a little over half of the male clients of sex workers use condoms consistently. While several surveys measure the levels of knowledge and some attitudes, they do not analyse whether these aspects are influencing behaviour.
PSI conducted research to define key determinants of consistent condom use in commercial sex. The target audience is male clients of female sex workers in 100 high prevalence towns in southern India.

Abstract Description
PSI hypothesised determinants of consistent condom use based on behavioural theories, such as social learning theory and the health belief model, and adjusted for this target audience through focus group discussions. In May 2007, PSI surveyed 1741 male clients of sex workers in four states. Two stage sampling was used: from a list of 1,385 areas of commercial sex, a sample was selected through probability proportionate to size sampling. At the second stage, unaccompanied men passing through the sampled areas were randomly intercepted. If they said they had paid for sex in the previous 12 months and were 18 or older, a structured questionnaire was administered.

STATA was used to run logistic regression using a reduced parsimonious model.

By segmenting the sample into consistent and inconsistent condom users, five determinants were identified that were correlated to consistent condom use: social support for using condoms; self-efficacy of buying and carrying condoms; beliefs about condoms; intention to use; and outcome expectations of using condoms. Beliefs had the highest odds ratio of 9.60, compared to 4.69 for intention, 2.00 for outcome expectations, 1.89 for social support and 1.70 for self-efficacy.

Once beliefs were selected as the determinants which PSI would focus all behaviour change communication activities on, qualitative research was conducted to further understand the 14 belief statements.

Evaluation
The qualitative research noted that different sets of the belief statements were held by different segments of male clients of sex workers: the non-users, the ‘sometimes’ users and the consistent users. The misconceptions that healthy diets and exercise could make someone immune to HIV were held only by the male clients who never used condoms in the previous 12 months (only 3 per cent of all male clients). Other key findings included the link between these beliefs and social support (that men who discussed sexual activities with their friends were more likely have correct beliefs), and that those holding incorrect beliefs were not comfortable speaking directly about sex or condoms and preferred analogies.

By identifying beliefs about condoms as the aspect with the highest correlation to consistent condom use in commercial sex, PSI could focus its messaging effectively on clarifying these misconceptions. By further investigating the meanings of these beliefs, PSI could further refine messages to focus on those beliefs that were negatively impacting the ‘sometimes’ users; create activities that would promote conversations; and speak in analogies.
Increasing GIS for measuring product performance and strategic planning – Mapping Condom Coverage, quality of coverage and access to condom among women working in HIV Risk Zone in Nepal

Authors: Prakash Dev Pant, Nepal Social Marketing and Franchising (N-MARC) Project; Manisha Shrestha, MITRA Samaj

Background & Objectives
In recent years, the HIV/AIDS epidemic in Nepal has gained greater significance, and Nepal has progressed from a ‘low prevalence’ country to one with a so-called concentrated epidemic in certain sub-groups of the population (such as sex workers and injecting drug users). Responding to this, national HIV/AIDS prevention efforts have focused on increasing correct and consistent usage of condoms among these groups. To facilitate increased availability of condoms to these high-risk groups, HIV risk zone mapping is an innovative research project designed to measure extent of condom use; quality of coverage; and access to condoms, in areas known for high-risk sexual activity. The study was carried out in 15 districts of Nepal.

- to assist evidence-based programmatic decisions
- to monitor product and service performance
- to measure coverage, quality of coverage and access to condoms

Abstract description
The study uses two sets of tools: GPS units, to collect GIS coordinates; and brief retail audit sheets to retail outlets, to collect relevant information on condom products. As the first step, a complete enumeration of hot spots (defined as places or points where sex negotiation occurs) was completed. From this information, hot zones (geographic areas consisting of hot spots) were created. The list of hot zones provided a sample frame, from which 19 hot-zones were selected using systematic random sampling, as suggested by the Lot Quality Assurance survey method. This is pioneering work because it has created well defined hot-zones for targeted programmatic interventions. The hot zones can also be used to collect additional information that can be linked to assess programme performance, and monitor market performance over time, particularly the objectively verifiable product/service delivery.

Evaluation
Overall, extent of condom use was good, with over 70 per cent of high-risk areas having at least one condom-selling outlet per five high-risk meeting places. Donor-subsidised condom coverage ranged 35 per cent to 95 per cent, while non-subsidised condom brand coverage ranged from 20 per cent to 85 per cent. The quality of condom coverage remains very poor, primarily due to low product and promotional material visibility, as well as few high-risk areas having the appropriate number of condom-selling outlets opens at night. In all three study areas, the access to condoms indicator was poor. The study has highlighted the need to focus condom marketing and distribution efforts on increasing the number of condom-selling outlets in each high-risk area; the number of outlets displaying condoms and promotional materials; and the number of outlets open at night.

Reducing Prescription Drug Abuse through a Social Marketing Approach

Author: Robert Denniston, Office of National Drug Control Policy, Washington, DC

Background & Objectives
While illegal drug use declined 25 per cent among American teenagers in recent years, non-medical use of prescription drugs has increased dramatically, such that more are abusing prescription painkillers than all illicit drugs combined (except marijuana). Problems like poisonings and addiction are associated with this rise, yet parents remain ignorant, and few discuss risks with teens or monitor access to these products. Teens and parents mistakenly believe these products are safer than illicit drugs. Those who abuse get them mostly free from family and friends, revealing a way to reduce this problem through parental behaviour change.

The campaign targets parents, with these objectives:
- increase understanding of the harm from and extent of abuse of these products;
- improve beliefs and intent to reduce such risks by taking specific actions to talk to teenagers (reduce demand) and monitor access to these products (reduce supply) in their homes and those of family and friends; and

continued...
• increase the proportion of parents who report changing their behaviours consistent with five specific recommended actions.

Abstract Description
The campaign features mass advertising (television and print); interactive (website and banner); point-of-purchase (messages on prescriptions); and news media outreach, designed to place this issue on the national public agenda and increase parental knowledge and behaviour change. Launching on the largest annual media event (Superbowl, February 3, 2008) gave instant recognition and salience to the campaign.

Evaluation
Formative and process evaluations to guide development and monitor performance include qualitative and quantitative methods to supplement literature reviews; expert consultations; and behaviour surveys. Advertising was quantitatively tested, and 400 parents per month are surveyed to track message delivery, attitudes, and intent to change behaviour. A national survey measures behaviour change attributable to the campaign.

Promoting Healthy Eating in Childcare Centers
Primary Author: Ms Rani Sarmugam, Health Promotion Board Singapore
Other Authors: Dr Wong Mun Loke, BDS (S’pore), MSc (London), DDPH RCS (England) and Ms Serene Sim BA, (Marketing), MSc International Marketing

Background & Objectives
Good nutrition is vital to the healthy growth and development of children. Research has found that children form food preferences mainly during their pre-school years, and that eating habits acquired during these formative years are difficult to change later in life.

Pre-school children who attend childcare centres spend a major part of their day there. These centres therefore play an important role in influencing the eating habits of children during their formative years.

In 2005, the Health Promotion Board (HPB) introduced the ‘Healthy Eating in Childcare Centres’ programme. This programme aims to encourage and recognise centres which adhere to a set of healthy food service guidelines for children.

Abstract description
The Health Promotion Board developed a comprehensive programme aimed at the childcare centre operators and cooks as part of the ‘Healthy Eating in Childcare Centres’ programme. Several incentives, such as free assessment and consultation of the menu; culinary training for the centres’ cooks; and a discounted price for milk powder were offered, to encourage participation and to assist the childcare operators to make changes to their menu.

Centres which met the guidelines set by HPB were awarded with a certificate and publicised as ‘Healthy Eating Centres’ on HPB’s website. The listing aimed to inform parents about certified centres which serve healthier food. Media stories were also generated to showcase outstanding centres and to raise awareness about the programme.

Evaluation
One year after the programme was introduced, about 30 per cent of childcare centres in Singapore participated in the programme. Almost half (48 per cent) of the 228 participating centres successfully achieved the Healthy Eating in Childcare Centres Award. The results for the second year of assessment will be available in June 2008.

An Insight-Driven Approach to Childhood Obesity
Author: Sarah Cork, Brilliant Futures

Background & Objectives
To help achieve the national target to halt the rise of obesity in children under eleven by 2010, Brilliant Futures were commissioned by Southwark Health & Social Care to assist in the scoping and design of a pilot social marketing programme in two schools within the borough. Initial research had shown that Southwark has relatively high levels of overweight and obese children (12 per cent & 18 per cent respectively). In addition, diverse ethnicity, and areas of multiple deprivation, exist in Southwark, requiring a segmented approach that social marketing can offer.
Initial research also led Southwark to determine that a parent-centred approach within a school setting was needed.

- prepare a scoping report to provide a situational and target audience analysis and review best practice nationwide
- carry out qualitative research with the target audience
- determine appropriate behavioural goals from research findings
- develop potential propositions to pilot in two schools within Southwark
- fully evaluate the activity and make recommendations for next steps

Abstract Description

- Extensive literature review was undertaken
  - national research to provide evidence based insights
  - existing campaigns in Southwark
  - planned future activity in Southwark.
- Primary research was conducted to determine attitudes and behaviours of parents, benefits sought and barriers perceived, with regards to healthy eating and activity for children:
  - three focus groups were undertaken
  - one at each of schools in Pilot scheme
  - one at MEND - an existing programme targeting obese children and their parents.
- A stakeholder engagement event was run to build on the initial insight given, share research findings and involve stakeholders in design of interventions to ensure buy-in and consistency of the approach.
- Initial intervention options were tested with focus groups, and modified based on outcomes.
- Further to consumer research, additional national research became available and was incorporated into research findings and tested with the local audience:
  - Department of Health National Childhood Obesity Research
- Various theories underpinned our approach, for example:
  - Stages of Change – we were working with two audiences, those at:
    - Contemplation
    - Preparation
  - Social Cognitive Theory, our secondary and primary research sought to understand both the external and internal factors affecting parents.
- Behavioural goals were set for differing segments.
- A multi-layered intervention approach was adopted to provide interventions for differing behavioural goals and to meet short and medium term objectives.

Evaluation

The campaign is in the final evaluation phase, following midpoint interviews with parents, children and teachers. Results of the full evaluation would be presented.

Teaching Health & Social Marketing: Lessons from the first year of the MA at Middlesex University

Primary Author: Dr Stephan Dahl, Middlesex University Business School

Background & Objectives

In 2007, Middlesex University launched the first MA Health & Social Marketing in the United Kingdom. The course lasts for a year and is a combination of four ‘traditional’ marketing modules, shared with other postgraduate marketing programmes, and two specialised modules (which account for about half of the credits earned on the programme).

In addition to the prescribed modules, the students also had the option of volunteering for a nominated charity, and conduct a consultancy project for the charity or health-related organisation for credit towards their degree. All students on the course took this option.

continued...
The first intake of students was both from a wide variety of national backgrounds as well as from a variety of academic backgrounds, ranging from a strong marketing background to a background in nursing. During the first year formal and informal feedback was gathered on the student experience, the content of the classes and how they felt the material and course should be developed in order to enable them to gain maximum benefit out of the course.

**Description**

The presentation will give details about the course design, and the qualitative feedback received from students on the different aspects of the social marketing part of the course (such as lecture content, balance of theory and practice, different assessment types and so on); how they felt about sharing modules with other marketing students; and their volunteer-based learning and final dissertation projects.

The presentation will then also give details of how the course has evolved, and what lessons can be learned from teaching postgraduate students social marketing in a UK environment.

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**A Campaign for Reducing Animal Abuse Inflicted by Children in Egypt**

**Author Name:** Salma B. El Noshokaty, MA Health and Social Marketing, Middlesex University

**Background & Objectives**

Animal cruelty is a massive problem in most developing countries. It is an indicator of any country’s advancement, or lack thereof. It becomes even more startling when animal abuse is carried out by children. According to Amina Abaza, founder and Chairperson of SPARE (Society for Protection of Animal Rights in Egypt) that runs one of the few animal shelters in Egypt, most of the dogs are rescued after children attempt to drown them in the nearby canal. Reported incidents of animal cruelty are only an indicator of the incidents that pass unnoticed. In addition, it has been reported that there is a significant relationship between childhood cruelty to animals and violence toward people (Miller, 2001), which makes it more of a priority.

The main objective of this campaign is to reduce the incidence of childhood cruelty to animals by educating school children about the matter. The aim is to decrease the undesired behaviour or social phenomena (childhood cruelty to animals) and to encourage more respectful and sympathetic attitudes to animals. This can be done by highlighting the huge role animals play in our lives, and the role pets play in children’s emotional development (Muscari, 2004). The target audience is primarily school children aged 10 to 16 years old.

**Abstract description**

SOSTAC (situation analysis, objectives, strategy, tactics, action, control) framework will be used in order to collect all the data required and develop a wider scope of the problem in order to avoid sending out the wrong message or targeting the wrong school, or school area.

The campaign is also going to be carried out after conducting both surveys and focus groups on participants from the main focus group. The main objective is to collect information about attitudes, and develop an insight into the main reasons behind the undesired behaviour.

This campaign is only serves a pilot for an extensive social marketing campaign targeting the residents of Cairo, Egypt.

**Evaluation**

The campaign will be evaluated by measuring the incidents of animal cruelty in the target areas after the campaign. The success or failure will be determined by the decrease or lack of change of the number of animal cruelty incidents reported in the aforementioned areas. The social marketing model that will be used has not yet been decided.

SOSTAC framework will be used in order to collect all the data required and develop a wider scope of the problem, in order to avoid sending out the wrong message or targeting the wrong school, or school area. This campaign will be launched for a period of two months (subject to change according to available resources).
Using audience segmentation as a basis for tailoring anti-smoking social marketing messages

Primary author: Rhiannon Newcombe, PhD, Health Sponsorship Council, New Zealand

Other authors: Nigel Guenole, MSc (Hons), PGDip (Stats) Consultant. Sue Walker, BSc, PhD (presenter) Health Sponsorship Council

Background & Objectives
Research suggests that social marketing messages should differ depending on the nature of the target audience. Audience segmentation is critical to addressing the needs of the target audience effectively (Hastings, 2007). In the area of tobacco control, differences in an individual's beliefs interact with message take-out from social marketing campaigns (Chang, 2007). Research also shows demographic differences in individuals’ attitudes towards smoking policies (Doucet, Velicer, & La Forge, 2007). Knowing the demographic characteristics and attitudes of segments in the smoker population can be used by social marketers to frame messages to target specific audience groups to increase the efficacy of social marketing campaigns (Donovan & Henley, 2003).

To overcome the hurdles in using traditional rating scales, we describe a forced-choice approach to allocate respondents to smoker segments that were initially derived from qualitative research (Gravitas Research and Strategy Ltd, 2006). We also discuss how the forced-choice ordering of smokers into groups allows for the development of more effectively segmented messages, and how this approach could be applied to other social marketing programmes.

Abstract description
Second-hand smoke (SHS) is a health concern, as it contributes to both mortality and morbidity, and is responsible for around 300 to 400 deaths per annum in New Zealand. In this paper, we apply the principle of audience segmentation to our target audience to inform interventions to reduce New Zealanders’ exposure to SHS.

To tailor messages about the importance of changing behaviour to reduce others’ exposure to SHS for maximum impact, we need to know the degree of strength of smokers’ beliefs about SHS. This allows us to focus messages positively for those who hold strong beliefs about the threats that SHS poses, and negatively for those smokers who hold weak beliefs, as Chan (2007) suggests. Hurdles impede effective use of traditional rating scale approaches, such as Likert-type scales, for identifying the strength of smoker attitudes, so this paper describes a forced-choice approach to identify four audience segments. This paper will describe the results from the smoker sub-group of a population survey of adults in New Zealand conducted in 2007.

Slicing the pie! Segmenting the audience of Feeding our Futures, a healthy eating social marketing programme in New Zealand

Primary Author: Kiri Milne (BA (Hons), MSc), Health Sponsorship Council, New Zealand

Other Authors: Bryony Cornforth-Camden, Health Sponsorship Council. Sue Walker (BSc, PhD) (presenter) Health Sponsorship Council. Michelle Mako Health Sponsorship Council

Background & Objectives
New Zealand, like most developed countries, is experiencing a rapid rise in the rate of obesity in both adult and child populations, with significant implications for public health (Ministry of Health, 2004). In 2006 the Ministry of Health commissioned the Health Sponsorship Council (HSC) to develop and deliver a social marketing programme – the Healthy Eating programme - that would contribute to preventing obesity and maintaining healthy weight by helping New Zealanders adopt and maintain healthy nutrition practices.

The overall goal for the Healthy Eating programme is ‘a reduction in the percentage of overweight and obese children in New Zealand, particularly those in Maori (New Zealand’s indigenous people), Pacific and low socio-economic status families’.

The behavioural goal for the first phase of the programme, Feeding our Futures, is to ‘increase the proportion of parents and caregivers using strategies to provide a healthy diet for children aged eight to 12 years’ (such as substituting water for full-sugar ‘fizzy’ drinks and making half the dinner-plate vegetables). The objectives are to increase parents and caregivers’ motivation, self-efficacy, knowledge of strategies, and skills, as well as continued...
to strengthen support for parents and caregivers. These objectives are informed by Bandura's Social Cognitive Theory (Bandura, 1989), and reflect the idea that, while parents and caregivers are a critical influence on what children eat, social forces outside the home also shape the family food environment.

Mass communications are a key component of Feeding our Futures.

Abstract Description
A large-scale, social marketing audience research project was undertaken to inform the development and delivery of the Healthy Eating programme. The purpose of this research, which involved focus group, family group, and in-depth interviews, was to provide insight into eating behaviours and practices in New Zealand families, and what influences these behaviours and practices. A secondary function was to use the in-depth interviews to develop a psycho-graphic segmentation of parents and caregivers.

This poster will:
1. Describe the healthy eating segmentation developed in the audience research, including the basis on which the segments were identified and positioned.
2. Discuss the key implications of the segmentation findings for the Healthy Eating programme.

Evaluation
The HSC has undertaken a number of formative and process evaluation projects to inform the Healthy Eating programme. This poster draws on findings from a large-scale, social marketing audience research project involving families.

See www.feedingourfutures.org.nz

Our Communities, Our Families, Our Problem - using social marketing to prevent and minimise gambling harm

Primary Author: Dr Sue Walker, Health Sponsorship Council, New Zealand
Other Authors: Teresa Pomeroy (BA), Ministry of Social Development. Rebecca Gray (BA, MA), Health Sponsorship Council

Background & Objectives
During the past 20 years gambling has been a leading growth industry, particularly in countries like New Zealand where electronic gaming machines (EGMs) and urban casinos were widely introduced. While gambling is a popular recreational activity and some communities benefit from funds raised from gambling, gambling has harmful consequences for many people and their families, and the effects on the community are far reaching (Abbott, 2007). The Ministry of Health (2004) estimates that the effects of problem gambling result in 3,300 to 10,600 lost years of ‘quality of life’ annually, with an associated cost of NZ$330 million to NZ$1.06 billion.

New Zealand has pioneered measures to counter gambling-related harms. More recently, informed by a growing body of local and international research, New Zealand has adopted a public health approach to problem gambling. Part of this approach is a national social marketing programme, and related public health activities in communities that contribute to the Ministry of Health’s Preventing and Minimising Gambling Harm: Strategic Plan 2004-2010 (Ministry of Health, 2005), and its resolve to move further ‘up-stream’, preventing the onset of gambling problems and their associated harms.

The programme was launched in April 2007 with Kiwi Lives, a mass media campaign.

The social marketing programme aims to strengthen society’s response to gambling-related harms, as well as increasing awareness and understanding of these harms. The programme is targeted at all New Zealanders aged 15 years and over, and promotes a range of ‘behaviours’ to position gambling harm as an issue requiring a social and community response, as well as creating a supportive environment for health promotion and community action.

Abstract description
This paper describes the development of the social marketing programme and its wider public health context (Korn, 2003). It also explains the new and changed responses (behaviours) to gambling harms that the programme seeks to achieve, and the exchanges offered to individuals, families and communities.

The ‘products’ developed for the programme, and how ‘place’ and ‘promotion’ are used to deliver these products to the audience, are described and illustrated.

Evaluation
The programme is evidence-based and a series of evaluative activities are assessing the initial impact of the continued...
programme. A nationwide survey was completed in 2006 to 2007 to benchmark current behaviours, knowledge and awareness (National Research Bureau, 2007), and an audience survey has assessed the reach of, and responses to, the Kiwi Lives campaign (Gravitas Research and Strategy, 2008). Evaluation to date shows the programme is timely, well-received and effectively communicating its messages to the target audience.

The poster will present key results from the evaluation and implications for the next phase of the programme.

Media Advocacy for Public Health Policy – ‘Smoke Free Hong Kong Campaign’

Primary Author: Sophie Yee-ping Wong, Hong Kong Council on Smoking and Health

Other Authors: Vienna Wai-yin Lai; Homer Wei-kwok Tso,

Background & Objectives

The ‘Smoking (Public Health) Ordinance’ was first enacted in 1982 to restrict the use, sale and promotion of tobacco products. A number of amendment exercises have taken place in the past years. In 2001, the Hong Kong Special Administrative Region (HKSAR) Government released a public consultation document to seek comments on the proposed amendments to the Ordinance. Due to vigorous opposition from the catering and entertainment industries, the proposed amendments were not successfully incorporated into the new Amendment Bill. The proposed amendments gained momentum again in 2005, when a government bureau submitted legislative amendments to the Legislative Council to tighten legislation, in order to protect the public from the hazards of second-hand smoking.

Hong Kong Council on Smoking and Health launched the ‘Smoke Free Hong Kong Campaign’ in 2005. Targeting all members of the public, it had the following objectives:

(i) to de-normalise smoking;
(ii) to prepare society for a comprehensive smoke-free legislation;
(iii) to solicit public support for the legislative amendments; and
(iv) to convince the Legislative Council to pass the amendment proposal by the Administration in its entirety.

Description

With the primary objective on advocating public health policy change, media advocacy to reduce the power gap, rather than just filling in the information gap, was considered an effective component of this social marketing project.

The ‘Smoke Free Hong Kong’ media campaign was divided into different phases, utilising the social marketing concept of downstream approach (influencing the attitude and behaviour of the people), followed by upstream approach (influencing the government and legislators). Step one involved an innovative approach to raise public awareness in second-hand smoking. Step two involved translating scientific findings into lay terms capable of stimulating public debate and introducing new norms of smoke-free living environments. Step three involved an emotional approach to support the pressing need of legislative amendments, and step four mobilised the public to embrace smoke-free life and encourage the smokers to quit for health of their own as well as the people around them.

The Campaign has an integrated communication strategy, comprising the following three components: (1) media placement by utilising multiple communication channels, including broadcast media, printed media, public transport carriers, website and interactive communications; (2) publicity events and a series of thematic information-education-communication (IEC) materials were produced to reinforce the messages to the target audience; and (3) earned media supported by an extensive media relations efforts via press conferences and opinion editorials.

Evaluation

A quantitative study in the form of a survey was carried out to evaluate this campaign. The findings showed that the public awareness of the Campaign is generally high (60 to 87 per cent), and the Amendment Bill was widely supported by the members of the public. The campaign has had a significant impact on smokers’ attitudes and behaviour towards smoking, with 36.3 per cent of them indicated intention to give it up, and 26 per cent tried to smoke less.
‘Culturally marketed’ condoms hit the spot for Indigenous youth in Australia
Bev Geet and Louise Sampson, Marie Stope International

Background & Objectives
Across Australia, there are hundreds of Aboriginal and Torres Strait Islander communities geographically isolated from each other, all of which have remarkably different languages, levels of literacy and numeracy, totems and cultural symbols, cultural practices and values. English is also a second, third, fourth or fifth language for many communities, and health and social indicators are often remarkably worse than non-Indigenous communities.

Aboriginal and Torres Strait Islander peoples comprise 2.5 per cent of the Australian population, and out of 20 million people there are approximately 50,000 Indigenous people. Despite some significant health gains being made by Indigenous peoples in the 1970s and 1980s, health inequality among the non-Indigenous population appears to have remained static or continued to grow across a number of indicators. This is particularly evident in sexual health. For example, the rate of Chlamydia infection is seven times the rate detected in the non-Indigenous population, and HIV rates are four times higher than in the non-Indigenous population. Aboriginals and Torres Strait Islanders have a life expectancy of approximately 20 years less than non-Indigenous Australians.

Marie Stopes Australia partners with the Aboriginal Community-Controlled Health Organisations to market and distribute SNAKE branded condoms and sexual health solutions for indigenous young people. This is the first and only product on the market specifically targeting Indigenous young people. The Snake initiative promotes culturally appropriate condoms at a subsidised price through marketing approaches that aim to positively affect social behaviour in terms of safer sex practices.

Description
In order to ensure that the Snake initiative is able to be run and owned by each individual community, we have developed a website that will allow communities to link together across the country and discuss SRH issues, as well as access the Snake Condoms SRH toolkit. The interactive toolkit allows Aboriginal Health Workers to train their own networks of peer educators; order stock and promotional materials; design their own health promotion messages; and manage their own Snakefest or sexual health awareness event. There are interactive competitions that allow young people to design, submit, then vote on slogans and materials, and the winners of the online competitions then see their designs become part of the poster series for SNAKE.

Evaluation
Research demonstrates that with SNAKE available in their communities, Aboriginal and Torres Strait Islander young people aged 16 to 30 reported that they are: more likely to use condoms; more worried about having unsafe/unprotected sex; and have a very high recall and purchase of Snake Condoms, with a greater proportion of respondents having purchased Snake Condoms compared with any other brand in the pilot area.

In the last two years, brand awareness has grown and there is an increasing demand for Snake Condoms to be rolled out to remote and isolated communities. Sales increased 477 per cent from 2006 to 2007, and 167 per cent from 2007 to 2008 to date. Sales for the month of April exceeded 50,000 condoms: not a large volume until you realise it matches the total national Indigenous population.

National expansion is occurring with the implementation strategy taking into consideration lessons learnt, most importantly, issues surrounding community control.

The initiative has also won awards, such as the ‘Prime Minister’s Award for Excellence in Community Business Partners’, as well as winning the ‘Public Health Award for Programmes Innovation’.

Bringing ‘Peace’ to Afghanistan
Primary Author: Farhad Javid & Tracey Brett, Marie Stopes International
Other Author names: Batya Atlas, Dhaval S. Patel

Background & Objectives
Afghanistan has one of the highest rates of maternal mortality in the world, with 1,600 to 1,800 deaths per 100,000 live births. Contraceptive prevalence is eight per cent, with a total fertility rate of 6.75 and estimated prevalence of HIV at 0.01. Despite efforts by the Ministry of Public Health to provide basic health services, there is a high unmet need for reproductive health services, information and commodities.

Marie Stopes International Afghanistan was established in 2002 to increase access and provide quality RH/continued...
MCH services and information, and launched the first ever social marketing programme in Afghanistan in 2003.

In 2007, MSI expanded their contraceptive mix to include Combined Oral Contraceptive Pills; three month Contraceptive Injections; and intrauterine contraceptive devices (IUCD), and expanded to Kunduz and Faryab provinces. The introduction of these brands has helped MSI Afghanistan double the number of couples it protects from unplanned pregnancies.

- Increasing condom use among urban populations, with a gradual expansion to the provinces;
- introduction of a locally branded condom with an Afghani design. ‘Aramish’ means ‘Peace and Pleasure’, a common word in all local languages;
- addressing gender inequity through contraception social marketing;
- working within a strict religious context; and
- addressing the challenges of contraception social marketing in a high security environment, and documenting the lessons learnt.

Abstract description
Despite the security, logistical and cultural challenges in Afghanistan, the MSIA CSM programme has had significant impact.

As a local NGO, MSI Afghanistan has a unique understanding of the local context and barriers to contraception.

There is limited access to contraceptive supply in Afghanistan. Although family planning is provided at health clinics, the geographic spread, security concerns and travel restrictions for women mean that few Afghan can access these services.

To address these barriers to access, MSIA sells contraceptives through a wide range of distribution points ranging from local groceries to community based distributors and traditional birth attendants. These are vital for accessibility especially for those women whose husbands do not allow them to travel far from home.

Although there is strong demand for family planning, strict Sharia law provides challenges to education and advocacy.

To complement the provision of commodities, MSIA has a structured behaviour change communication (BCC) campaign, training doctors, nurses, TBAs and pharmacists. MSIA Health Educators also run sessions with schools, men’s groups and women’s groups.

Rather then seeing religious authorities as a threat, MSIA works to actively engage them. MSIA provides family planning training for Mullahs in local communities, and works with them to promote the acceptance of FP in Islam. In 2007, MSIA and the ministry of religious Affairs produced a book called Family Planning in Islam which highlights Islam’s tolerant view of Family Planning.

Evaluation
With the introduction of ‘Aramish’ (Peace) family planning products, MSIA (Marie Stopes International Afghanistan) is selling over a million condoms each year, and is providing annual contraceptive protection to almost 25,000 couples.

The method mix expansion to other contraceptive methods has been very popular and has expanded the choice available to Afghan couples. The ‘Aramish (Peace)’ brand is particularly meaningful to Afghanis after 30 years of war and oppression and is now used as a generic term. When people ask for a condom or OCP, they ask for ‘Aramish’.

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LiveSmart: ‘Stack the odds in your favour’. A multichannel campaign to encourage fruit and vegetable consumption and physical activity to reduce the risk of cancers

Author: Tim Corbett (MBS, DipPH, BPhEd), Auckland Cancer Society

Background & Objectives
Consuming fruit and vegetables, maintaining a healthy weight and being physically active are three factors that can reduce the risk of certain cancers.

In 2002, the Cancer Society of New Zealand with SPARC (Sport and Recreation New Zealand) conducted...
research on the barriers to fruit and vegetable consumption and physical activity in New Zealand. The results from these were used to guide the development of a physical activity and nutrition social marketing campaign, to reduce the functional barriers (for example: fruit is expensive, I throw it out, I don’t know what to do with vegetables,) and to increase self-efficacy towards physical activity and fruit and vegetable consumption.

- To develop a ‘consumer-centric’ social marketing campaign to encourage physical activity and fruit and vegetable consumption, targeted primarily at mothers;
- to develop an online ‘Health Coach’ to explore the efficacy of using web-based approaches to health behaviour change;
- to develop a supermarket-focused campaign to influence food purchasing and food supply into homes; and
- to encourage local health agencies to develop local campaigns based on the national supermarket campaign, targeted primarily at lower socio economic homes.

Abstract description
An audience-focused approach based on a blend of empowerment models; health behaviour change theories; consumer behaviour approaches; and previous intervention experience was used to develop LiveSmart. The LiveSmart brand and philosophy development was also supported using focus groups of people from the intended audience.

The ‘brand philosophy’ of LiveSmart is to make people’s lives (particularly mum’s life) easier first, healthier second. In developing LiveSmart, we recognised that the healthy food and activity choices asked for by health organisations are difficult to initiate and maintain in the intensity of a persons life: one full of school demands; drop offs; after school lessons; meal times; shopping; home duties; work demands; teenagers; toddlers and so on. LiveSmart was developed to firstly help reduce some of this load so the healthier activities have some space to occur more regularly.

A coaching approach is taken to build the self-efficacy of the audience, for example: starting with a slice of tomato next to the chips; moving to playing with your kids on the weekend; having TV-free days; joining a walking school bus; and building ‘lobbying action’ by asking for healthier school lunches.

LiveSmart began as an online coach at www.livesmart.org.nz, where over 6,000 people have been coached. In addition, a national TV advertising campaign was developed in partnership with New World (a supermarket chain with a 50 per cent share of supermarket retail in NZ), using the LiveSmart brand promoting fruit and veg as ‘your friend’. From this, local action occurred in individual supermarkets, with in store tasting; in-store radio; cooking demonstrations; store advertising; discounting of fruit and vegetables; and advertising in local media. This local action was targeted towards lower socio economic communities to encourage an increase in fruit and vegetable consumption by Maori and Pacific families. The result is an integrated multichannel approach (online, TV, radio, in store, health partnerships) that has high audience appeal and has resulted in increased fruit and vegetable consumption.

Evaluation
Feedback from the audience shows they like the informal, low-intensity approach and the lack of ‘telling off’ that usually occurs in health messages.

An evaluation of the online and supermarket components is available.

TALK TO THE FIFTH GUY: A SOCIAL NORMS APPROACH TO SLOWING THE SPREAD OF THE PANDEMIC FLU

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Other Authors: Christene Jennings, B.S.,

Objective
In the spring of 2007, the Florida Department of Health (FDOH) launched a very different kind of pandemic flu preparedness effort: instead of urging Floridians to learn more about what is an uncertain risk, the department focused on encouraging behaviours likely to slow the spread of a pandemic. This abstract outlines the campaign and its adherence to the National Benchmark Criteria of the National Social Marketing Centre.

Pre-intervention research (eight focus groups and a telephone survey: n=800) showed very little interest in pandemic information, and for those few interested, national resources already existed.

Rather than simply disseminating unwanted health messages, FDOH’s objective was to promote three behaviours recommended by the U.S. Centers for Disease Control and Prevention that would slow the spread...
of a flu outbreak: (1) washing hands often; (2) covering coughs and sneezes with a sleeve or tissue; and (3) staying home when sick.

Abstract Description
The campaign focused primarily on building its core message around the social consequences of ignoring hygienic norms.

‘Four out of five people wash their hands after using the restroom’, some of the advertising noted. ‘Could someone talk to the fifth guy?’ A marketing mix of humorous television and radio spots, supported by billboards, posters and print ads, showed this proverbial ‘fifth guy’ character disgusting peers, spreading germs, and suffering the social consequences.

Meanwhile, separate campaigns were developed, tested and implemented in Spanish and Creole to target low acculturated Hispanics and Haitians.

Evaluation
Post-intervention survey data (n=800) showed the exposed population was significantly more likely to be doing the target behaviours than their unexposed peers (self-reported data).

When looking at hand washing, those exposed to the prevention campaign reported:

• washing their hands more in a typical afternoon than those not exposed to the campaign (6.57 times vs. 5.6 times); and
• ‘always’ washing their hands more than those not exposed to the campaign after using a public restroom (100 per cent vs. 94.5 per cent); after coughing or sneezing (30.4 per cent vs. 27.6 per cent); and after blowing their nose (41.4 per cent vs. 37.8 per cent).

Exposure to the campaign also correlated with an increase in behaviour adoption for covering coughs and sneezes and staying home when sick. Those who saw the campaign also:

• were more likely to report they covered their mouths with a tissue or sleeve when they cough or sneeze than their unexposed counterparts (60.3 per cent vs. 52.9 per cent); and
• were less likely to report covering their coughs or sneezes with their bare hands (15.9 per cent vs. 20.3 per cent); and
• were more likely to report staying home from work when sick enough to have a fever, body aches or severe cough (36.4 per cent vs. 34.1 per cent).

The ‘Fifth Guy’ campaign showed great promise, as well as some hard results. Target behaviours changed, most consistently, around staying home when sick and covering coughs, and these changes appear to be related to campaign exposure. Of course, there were limitations – the brief nature of the campaign, the modest exposure and the possibility of other external factors. But what we know so far is promising. The key question now revolves around how FDOH might leverage the new ‘Fifth Guy’ brand into a longer-term payoff of hygienic behaviour adoption.

Tackling the fatal taboo: Use of virility products amongst the older Chinese male

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CONFERENCE STREAM  Practical

BACKGROUND
Between February and August 2008, the Department of Health (DH) of Hong Kong received reports of 70 poisoning cases involving 67 males admitted to the hospital for drug-induced hypoglycemia, resulting in three deaths and two cases with residual neurological deficits. Investigation showed that the cases were related to the consumption of virility products that contained undeclared sildenafil and the hypoglycemic agent glibenclamide.
Background & Objectives
To prevent further poisoning cases from virility products of dubious sources by helping the older Chinese male to develop insight into the potential risks associated with the products.

ABSTRACT DESCRIPTION
A territory-wide campaign against the use of virility products from dubious sources was developed using the social marketing approach based on the health belief model.

Understanding the customers
Methods:
• According to previous survey, 5 per cent of elderly aged 65 or above had history of consuming virility products other than western medicine (e.g. sildenafil);
• Telephone interviews with the cases using semi-structured questionnaires were conducted to study the epidemiological and socio-demographic factors and
• Patients were also invited for face-to-face interviews with clinical psychologist, Chinese medicine practitioner, pharmacist and public health physician to study their needs and beliefs.

Results:
• All cases were Chinese male, mostly above 60 (about 70 per cent) with low education attainment (>80 per cent had primary education or below). While most have retired (65 per cent), some worked as construction site workers, lorry/ taxi drivers. About half had multiple sexual partners (53 per cent) and 28 per cent frequently traveled to Mainland China and used commercial sex.
• Risk-taking behaviour was driven by sexual needs while knowledge about the risk is lacking.
• Problem products were much cheaper than registered ones.

Audience Segmentation
The messages and the means of dissemination were targeted at male, in particular elderly male, outbound travellers and the ‘at-risk’ occupations.

Interventions
A multi-disciplinary taskforce including top management of DH was established to develop the strategic plan and coordinate actions of various services. The interventions were targeted at identified groups above, including relevant labour unions and clients of relevant government services.

Informing/ encouraging:
• Immediate announcement of details of the cases and warnings against the associated products;
• Interviews by various printed and electronic media to provide more information;
• Tailor-made announcements on television and radio, as well as trains, buses and border control points which were most frequently used by the audience segments;
• Dissemination of printed materials to outbound travellers, ‘at-risk’ occupations via labor unions and clients of clinics for sexually-transmitted/ HIV infections and
• Enhancement of promotion of sexual health among the elderly.

Adjusting environment/ controlling the supply:
• Strengthened enforcement actions to minimise availability of problem products and
• Liaison with the health authority in Mainland China.

EVALUATION
The impact of the campaign will be assessed in terms of its process, outputs and outcome to provide information for subsequent activities on the same subject.