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Rethinking social marketing and health

Health promotion has come a long way from brochures, posters and fact sheets. In the past, the focus was on educating people, and giving them information on how to prevent and manage a variety of potential illnesses. Now we understand that it takes more than mere information to improve the health of a nation.

Sometimes, however, we can get so caught up in what is complex about promoting health that we miss the mark

offering, provides a useful insight to how we might be more successful in delivering public health programs.

It's also useful to re-frame the way we think of 'social marketing' – too often a label for advertising and promotion, with little thought as to what other activities are needed to succeed in 'selling' health and wellbeing.

We hope the articles in this edition encourage you to look more deeply at the methods of marketing as a potential toolbox for health promotion.

It's useful to re-frame the way we think of 'social marketing' – too often a label for advertising and promotion.

in communicating simply. This edition of the *VicHealth Letter* puts forward the case that better communications strategies are needed to tackle the big health issues of our time.

Importantly, these strategies need to be embedded in a broad strategy for changing the way we live, and influencing the choices individuals make. Understanding how commercial marketers identify their 'most likely' targets, tap into the spirit of the time, massage their market offering to match the end user's needs, and ensure there is a supporting distribution system for their market

Finally, I'd like to thank Rob Donovan, Professor of Social Marketing in the School of Marketing at Curtin University, WA, and Professor Mike Ewing, Head of Marketing in the Faculty of Business & Economics at Monash University, for their input and guidance in the development of this *VicHealth Letter*.

Todd Harper
Chief Executive Officer
Victorian Health Promotion Foundation



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PUBLIC HEALTH

Put marketing perspectives and skills together with public health professionals and we could get some great health promotion outcomes.

‘Marketing’: it’s a term that is laden with negative meaning for many professionals in public health and the social sciences, as well as people working in the broader community sector. For some, marketers are the great enemy of health.

Marketers are often thought to be driving consumption and chasing the pursuit of profit above community good – using clever psychological tricks to make people want to buy things they don’t need. The evidence is in all of those junk food and soft drink ads; in the peddling of tobacco and sugary alcoholic drinks pitched to teenagers.

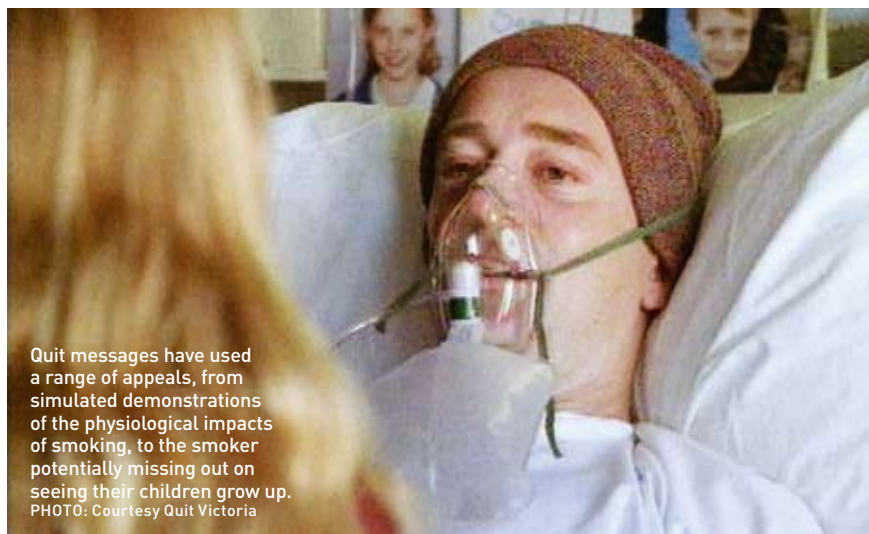
But public health could benefit from a better understanding of marketing principles to help in the quest to shift public policy, to influence organisations outside of the health system to introduce health-promoting practices, and to encourage behaviour change in individuals.

Health promoters and public health professionals are good at defining a health problem, what causes it, and at understanding policy environments. It’s a discipline that looks at complex webs of influence and causality in explaining what makes us unwell. It begins from the perspective of systems, environments and public policy.

Marketers begin from the perspective of the individual and use their understanding of the psychology of human decision-making. In contrast to the models of complexity that public health professionals work with, marketing people are focused on simplicity – they look for ‘the big idea’ and are concerned with how to make the single proposition easy to grasp and accept. This is also where the major tension between the disciplines sits.

That the overall change process is complex doesn’t negate the need to be clear in our messages or differentiate between the various ‘segments’ of the community. In the end, the systems we live in are a result of all the decisions made by individuals – either in their role as policy-makers, community service providers, legislators or private citizens.

There also seems to be a philosophical divide between those who focus on health-supporting environments versus individual behaviour change; but surely it’s not an either/or proposition. And ensuring people have adequate access to housing, education,



Quit messages have used a range of appeals, from simulated demonstrations of the physiological impacts of smoking, to the smoker potentially missing out on seeing their children grow up. PHOTO: Courtesy Quit Victoria

jobs, secure food sources and all the other factors that are important prerequisites for a healthy life doesn’t mean the individuals whose lives are at stake don’t factor into our collective health status.

The power of communication

Unfortunately, by the time it comes to developing the messages to support change, there’s often a top-down effect, with the health promoter deciding what is best for the target group. The temptation to ‘tell’ people what they should know; to ‘make them aware’ and ‘educate’ them is overwhelming. We do this in our dealings with policy-makers, too – expecting the ‘evidence’ will be enough to persuade those in power to make changes to support health.

But the power of communication lies not in telling people what’s good for them, or what’s ‘right’. What’s missing from this approach is knowing what motivates and interests people. This is where the discipline of marketing can provide useful tools for public health professionals.

As Professor Rob Donovan of the Social Marketing Research Unit at Curtin University says, “People need to be offered something they value in exchange for them adopting our recommended behaviour. ‘What’s in it for me?’ is a key driver for the target groups in our campaigns, whether that target is in the context of a government official, the head of an organisation or sector, or as a private individual.”

When it comes to individuals, the health benefit we are offering people for forgoing something that is often pleasurable (such as that big slice of cake, or that fourth colourful

cocktail) is the absence of a disease or immobility that they don’t yet have, and won’t be certain of getting. And for many, life’s game of chance is such that the risks are hard to personalise in the here and now. According to Donovan, “Making it personal is the creative task required, and effective marketing supports that task with a deep investigation of the target group...their experiences, beliefs, values and needs.”

Often in public health the refrain is heard, “social marketing doesn’t work”, but for those who have had success, the key is in understanding that it’s not just advertising and brochures. Modern marketing sees the end user in the context of their social, cultural, economic and physical environment – and goes way beyond merely promoting a product in an interesting or appealing way.

Marketers start with an understanding of the psycho-social motivations of consumers for social acceptance, belonging, status and the social norms that frame their needs, and along the way consider the necessary product attributes, price and distribution points, long before they come to the advertising and promotion tasks.

Just as commercial marketers have to think of more than an appealing advertisement, social marketers have to consider things such as ‘how a person will access the desired behaviour’ (distribution), ‘the cost to the buyer’ whether that’s in dollars to be paid, a pleasure forgone or a social pressure to be withstood (price), and ‘ensuring the offer meets their needs and expectations’ (product). And just as commercial

marketers often have to sell their product through intermediaries, social marketers often have to influence a third party to assist with the 'sale' – GPs, pharmacists, youth workers and, frequently, a policy-maker who can create a supportive legislative or regulatory environment for the behaviour.

Marketing works!

The parallel with health promotion practice is that the environmental context in which behaviour occurs is central to a comprehensive program of 'taking an offering to market'. The difference is that social marketing begins from the perspective of the individual and uses an understanding of the psychology of

human decision-making.

Quit has had stunning success in getting people to stop smoking, and preventing others from taking up the habit. Since the program began, smoking rates in Victoria have dropped from 34% of the population to 17%.¹ Quit sits within a larger tobacco control effort that involves good epidemiology, well-developed evidence for the interventions, sound program logic, advocacy for legislation and regulation that restricts access to tobacco and the places where people can smoke, and the provision of on-the-ground services to support individuals. But advertising has been a cornerstone of the program's success, with high visibility in the public realm

and powerful, emotive messages.

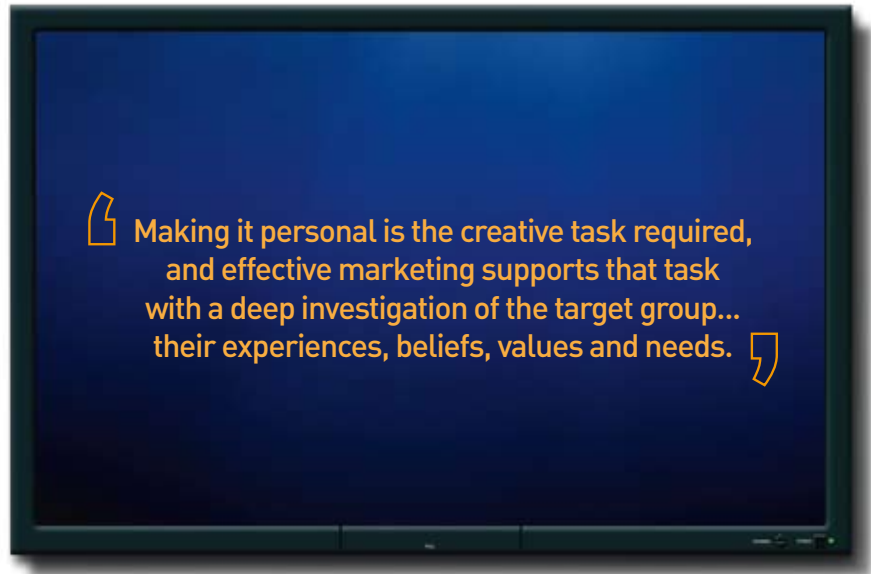
Over time, Quit messages have used a range of appeals: from simulated demonstrations of the physiological impacts of smoking, to the smoker potentially missing out on seeing their children grow up.

Professor Melanie Wakefield, Director of the Centre for Behavioural Research in Cancer at the Cancer Council Victoria, explains: "Smokers need to do more than simply know the risks they run by continuing to smoke in a general sense; they need to *feel* the risk to themselves – it needs to be tangible and personal. Our research shows that sense of *felt risk* is what often creates a 'tipping point' for smokers to have a serious go at quitting



and helps them get through the discomfort of quitting.”

Other highly successful social marketing campaigns in Australia include the Transport Accident Commission's road safety campaign, and the 1980's HIV/AIDS prevention campaigns. Both are characterised by highly visible, long-running communications activity with careful attention to segmentation of their audience, and messages that are finely tuned to the psychology of the intended recipient. They were also an integral part of multi-layered programs that operated to change the environments and circumstances in which behaviour existed. (See the TAC case study on page 8.)



HomeSafe WorkSafe Campaign
PHOTO: Courtesy Shannon's Way



Successful social marketing

Shannon's Way is a communications company that specialises in social marketing. The company is involved to varying degrees in campaigns with a social purpose. Their Chairman, Bill Shannon, says that in social marketing “the behavioural changes we are trying to affect are deeply seated in lifestyle – more sensitive and involving. Often we are encouraging our audience to make life-changing decisions...much bigger decisions than what brand of car or soft drink to buy. We have to use ‘human insight’ to dig deeper than commercial communicators and uncover the deeper social issues that drive the behaviour.”

The company's acclaimed ‘HomeSafe. WorkSafe.’ campaign used human insight to determine a ‘moral justification’ platform. It identified that the most important reason to make a workplace safe isn't at work at all, but at home.

Bill points out that one of the roles of mainstream communications is to sensitise the market – to create a moral justification for the underlying policies, legislation and marketing activities designed to encourage or enforce behaviour change. That was certainly the case for WorkSafe. The mainstream campaign paved the way for the Inspectorate to work closer with businesses and made their role as enforcers more accepted and respected. It also provided context for an organisational change in vision and culture: a transition from being regarded as a government bureaucracy to becoming a modern regulator with a more involving, collaborative style, but one still able to take on a strong endorser's role. The proof of success is reflected by WorkSafe's own employees who report they now feel like they

can be ‘human’ and help bring purpose and relevance to people's everyday lives.

The next frontier for social marketers is to be able to conceptualise their activity as something beyond the targeting of individual behaviour change. It's about refocusing on the essential purpose of ‘social marketing’, which is the attainment and maintenance of social change – and that involves more than private citizens changing their individual behaviour.

As Rob Donovan says, “...social marketers need to embrace the evidence that social structures can limit disadvantaged population groups from achieving their health potential. We also have to acknowledge that the impacts of urban planning and climate change cannot be separated from health promotion programs. This means that the targeting of those who can influence our institutional structures needs to be factored into a comprehensive approach to promoting health and wellbeing.”

Taking this broader view of the social marketing approach will encourage the development of multi-layered programs and campaigns, rather than stand-alone ad campaigns. Perhaps this will better match public health professionals' understanding of the factors influencing our health and wellbeing, and improve the reputation of social marketing within public health.

Jackie Van Vugt is Marketing & Communications Advisor at VicHealth.

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Enforcement and social programs reinforce the TAC's hard-hitting ads

The TAC's drink-driving campaign involves much more than the ads for which it has become famous.



PHOTO: Courtesy TAC

In November 1989 a confronting new drink-driving commercial appeared on Victorian TV screens. Funded by the Transport Accident Commission, it showed a badly injured girl arriving at a casualty ward after a car crash caused by her drunk boyfriend. This dramatic ad also saw the first appearance of the now famous tagline: 'If you drink then drive, you're a bloody idiot.'

This signalled the start of a campaign to combat drink driving that has continued for over 18 years, and which has had profound impacts on behaviour and attitudes.

In 1989, 114 Victorian drivers and motorbike riders died in road crashes with blood alcohol levels above the legal limit.¹ In 2007, after 18 years of combined efforts in enforcement, education and legislation, that number had shrunk to 62 – almost half the 1989 figure – and of those involved in accidents, alcohol levels were significantly lower.²

But while television commercials like the one mentioned above have been the most prominent and memorable aspects of the TAC's campaign, its success has involved far more than mere advertising.

A huge amount of 'behind the scenes' work – including lobbying, partnerships, media management and smaller-scale communications strategies – has also been essential.

Legislation for .05 blood-alcohol limits for drivers was already in place, but serious enforcement on the part of the police and government was essential for any campaign to be effective. From the campaign's beginnings, the TAC has worked closely with Victoria Police to help bring about a new enforcement regime, even funding the purchase of booze buses and breathalysers for the police in the early 1990s.

"We realised that advertising is only of value when done in conjunction with stepped up enforcement," says David Healy, Senior Manager of Road Safety at the TAC. "It allows you to build that perception of risk of detection, saying to the public: your risk of being caught is genuinely higher than it ever was before."

Partnerships with like-minded businesses and organisations have also been useful tools for promotion and education. "An important part of our campaign is to work with our road safety partners to achieve better infiltration at a community level in respect to messaging," says David. Partnerships with organisations like Country Racing Victoria and youth music festivals like the Big Day Out, for example, have helped to bring the anti-drink driving message to different demographics.

The TAC has also done a lot of work with licensed venues in relation to responsible serving of alcohol to patrons, a recent example being the Pubs and Clubs program. Run in partnership with the Australian Drug Foundation, this trial program involved auditing the practices of individual licensees and then assisting them to change their policies.

The organisation is also involved in a number of innovative programs in the community that try to address some

of the underlying social issues behind risky driving. One such program is Common Solutions, a pilot intervention in Melbourne's north-west supported by the TAC, RACV and VicHealth. Managed by Melton Shire Council, Common Solutions is working with young people to keep them connected to school and community, and ensuring they have good social supports. The aim is to reduce their propensity for risk-taking behaviour, drink-driving included.

With a long-running campaign of this kind, positive media publicity can be invaluable for maintaining public awareness. This is something the TAC has been very aware of. "We try to provide useful and attractively presented information to the media to encourage good news stories in respect to drink driving where it's appropriate," says David. "The media can also be useful for educating the public about the whole issue of drink driving – making sure that we shore up the social unacceptability of drink driving in the broader community's mind."

So it can be seen that while advertising remains a major part of the TAC's strategy of changing social norms and attitudes about drink driving, the campaign draws on a large arsenal of techniques to spread and reinforce its message.

And the campaign will continue to evolve, says David Healy: "We'll continue to look at ways to ensure Victorians heed our drink driving message. However, we also recognise that road safety relies on the combined efforts of enforcement, education and legislation – it's a multi-pronged approach."

Adam Ferguson is a freelance journalist specialising in social justice issues.

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While advertising remains a major part of the TAC's strategy of changing social norms and attitudes about drink driving, the campaign draws on a large arsenal of techniques to spread and reinforce its message.





Framing your message

Messages can be about negative outcomes of poor behaviour, or they can be framed using positive modelling of healthy behaviour.

Since the inception of the Ottawa Charter in 1986, health promotion has been based on a series of internationally legislated values surrounding human rights, including the right to equity of access to health services and information.¹ In their

totality, these values emphasise health as a positive concept and seek to empower individuals to increase control over their own quality of life.

There's little getting around it: health promotion is a values-based activity. A trap for health promoters in the development

of their change programs is the assumption that the rest of the community will automatically see the 'rightness' of their goals.

For health promotion experts, tapping into people's values and beliefs in a way that doesn't patronise or alienate

is a crucial part of their work. Whether it's promoting safe sex in the gay community, spearheading a nationwide anti-smoking campaign, trying to change the food-buying habits of poor families, or exhorting us to play it safe in the sun, communicating health messages within culturally specific frames of reference is critical for effective health promotion.

Chris Gill, a foundation member of the Victorian AIDS Council, says that we don't have to delve too far into our nation's history to find examples of conservative values overpowering basic human rights. According to Gill, initial public policy and media responses to the arrival of HIV/AIDS in the early 1980s were "so hostile that they verged on hysteria", with the then head of the Australian Medical Association, Dr Bruce Sheppard, initially calling for quarantine and compulsory tattooing of HIV-infected people,² and a Queensland newspaper publishing the headline 'Die deviant die' after three babies contracted the virus from a HIV-positive blood donor.

For the founders of Australia's various AIDS organisations, such mindsets required careful negotiation. Entire cultural value systems had to be challenged, journalists needed to be educated, and new ways of speaking about the virus needed to be invented for at-risk groups such as gay men. In short, the whole issue had to be re-framed and re-contextualised.

As Gill explains, this was no easy task, as competing voices from political and medical groups sought to squeeze out community language: "...for example, in the design of preventative education materials, we'd be getting feedback from doctors saying that we should be talking about 'intercourse' and 'sexual relations'...which were nowhere near specific enough for the kinds of instructions that we were needing to put into detailed materials on risk reduction".

Ultimately, the most effective communication was that which deliberately targeted gay men through culturally specific and proactive language. As Gill notes: "When communicating with the gay male community, it's important to describe in everyday language what people are actually doing or not doing, and that means not using coy aphorisms like 'sleeping with someone'...because in fact, it's not sleeping that transmits the virus."

Framing and language



In a recent book titled *Don't Think of an Elephant*, George Lakoff makes an important point about the persuasive capacities of language. According to Lakoff, the basic principle behind re-framing a

political issue is not to fall into the trap of using the language of the opposing side.

To illustrate, he points to the demise of former US President Nixon: "When we negate a frame, we evoke the frame. Richard Nixon found that out the hard way. While under pressure to resign during the Watergate scandal, Nixon addressed the nation on TV. He said, 'I am not a crook' and everyone thought of him as a crook. This gives us a basic principle of framing when arguing for the other side: Do not use their language. Their language picks out a frame – and it won't be the one you want."³

Re-framing and audience motivation

For contemporary health promoters, this maxim could hardly be more relevant. As Christina Pollard, Adjunct Researcher at Curtin University, can attest, re-framing specific health issues to match the core motivators of a target audience is crucial: "At all times it is essential for health promoters to understand the contexts in which they are working. Using plain language is very important. We need to speak to people so they can hear [understand] us. It is no use using technical terms that no one understands," she says.

 Tapping into people's values and beliefs in a way that doesn't patronise or alienate is crucial. 

For Pollard, this concept was put to the test during her involvement with the Western Australian FoodCents program.⁴ The program was specifically designed to help poor families to put nutritious food on the table. Rather than alienating their target audience with medicalised language about health and nutrition, they re-framed the issue to be about saving money by choosing fresh fruits and vegetables. According to Pollard, this involved taking the time to understand the target audience, and then making sure that their cost-saving recommendations actually worked.

Positive/negative framing and the notion of risk

For many health promoters, re-framing negative or misinformed beliefs into positive and proactive health messages has been crucial to the success of their campaigns. Often, they have found that simply shifting negatively framed messages into positive ones (such as celebrating the pleasures of 'safe sex' rather than denigrating 'deviant

behaviour) has greatly enabled self-efficacy amongst politically disenfranchised groups. However, as Professor Melanie Wakefield from the Cancer Council of Victoria has discovered, positive message framing is not always the most effective health promotion strategy.

Wakefield and other researchers at the Cancer Council Victoria have found that tapping into nationwide anxieties about risks to family and health can be equally productive. In fact, the deliberate evocation of negative emotions such as fear, dread and sadness has been central to the ongoing success of many of Australia's anti-smoking and sun protection campaigns: "Our research shows that negatively framed testimonials from people who have experienced the consequences of smoking go further in terms of pushing the message of prevention," says Wakefield. "We've found that personalised [negative] messages help make the risks of smoking relevant and understandable."

This approach is certainly evident in a new Quit Victoria television commercial. Unambiguously dubbed the 'bronchoscopy campaign' the 30-second commercial encourages Australians to quit smoking by delivering detailed, multi-sensory information about what lung cancer actually looks and sounds like. Deliberately graphic and highly emotive, the new ad places viewers in an operating room during a bronchoscopy. Amid the whistling sound of cancerous lungs, and the harrowing gags of a choking patient, audiences are guided, camera-first, through a smoker's airways and shown, first hand, what the risks of smoking actually are.

For today's health promoters, choosing the right approach to a particular message requires a sophisticated understanding of their target audiences' concept of risk and empowerment. As Colin Benjamin, founder of the Roy Morgan VALS project (see next page), and now Director General of Life Be In It, puts it: "With health promotion it's important to remember that message content needs to be adjusted to the mindset of the audience. Health promoters need to ensure that the language and frames being used are relevant to the target market."

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ILLUSTRATION: Guy Shield, The Slatery Media Group

Who are you talking to?

Health marketing messages need to target more than just broad demographics to succeed.

Communicating health messages to the masses has always required a strong understanding of where people are at socially, economically and politically. However, as Australia's levels of education, income and social mobility continue to fragment, today's health promotion professionals are being forced to look beyond basic demographic categories and towards a more sophisticated understanding of what makes their target audience 'tick'. There was a time in Australia's not too distant past when it was possible to identify a target audience through basic demographic categories such as gender, age, education and income. From the suburb a person lived in, through to the car they drove and the media they consumed, marketers were able to detect a certain level of consistency between the beliefs, values

Gen Y includes priests, alcoholics, politicians, police officers, musicians, unemployed, labourers, doctors, lovers, haters, lesbians, liberals, believers, heretics, scientologists, rich, poor, spenders, savers, technophiles and technophobes...yet they are all simplistically described as teens and 20-somethings who are techno-savvy, upwardly mobile...and time poor.

and consumer habits of any given population group.

However, for today's social marketers, the situation couldn't be more different. Over the past 20 years, spiralling discrepancies in income, education and social mobility have combined with significant increases in multiculturalism to make the idea of addressing expansive population sectors such as 'men', 'teenagers' or 'the working class' seem hopelessly optimistic and naive. As many social marketers now attest, what's required is a complete re-evaluation of how health promoters envision their target markets.

Appreciating the diversity at work within traditional demographic sectors is an important part of this re-evaluation process. As Ross Honeywill, author of *Neo Power: how the new economic order is changing the way we live, work and play*, advocates, addressing Australia's diverse cultural landscape via broad demographic segments such as life-stage is a waste of time.

In an article recently published in *The Age*, he argues that across-the-board lifestyle labels such as 'Generation Y' are really only useful for one thing; and that's telling us how old someone is: "How can anyone seriously imagine that age alone determines our values, attitudes, behaviours and work choices? Take gen Y, which includes all Australians in the 14-28 age group. This group includes priests, alcoholics, politicians, police officers, musicians, unemployed, labourers, doctors, lovers, haters, lesbians, liberals, believers, heretics, scientologists, rich, poor, spenders, savers, technophiles and technophobes...yet they are all

simplistically described as teens and 20-somethings who are techno-savvy, upwardly mobile...and time poor".¹

According to the Roy Morgan Values Segment analysis (VALS), a broader understanding of the Australian population is required if we are to appreciate the multiple psychographic factors influencing the actions and lifestyle choices of specific target markets.² Put simply, instead of only focusing on where a particular section of the community lives and how much money they make, it's more effective to look towards a holistic understanding of why individuals behave in particular ways.

To date, commercial marketing sectors have made regular use of the VALS market analysis; however, health promotion has been slower on the uptake. In part, this comes down to health promotion's comparatively small budget, and the need to make every dollar stretch as far as possible. As Christina Pollard from Curtin University explains, "most annual nutrition promotion budgets are significantly less than the weekly spend of commercial food advertising companies".

Such financial restrictions are all too common within health promotion, and contribute to the failure to correctly identify who the target audience is, and what actually motivates them. Typically, the average health promotion professional is required to take on too many roles at once. All too often the person who is in charge of writing organisational or community-level policy is also the one who develops the action plans to promote a specific health topic. In the quest to reach as many people as possible, it's easy to fall back into generalised assumptions about the target audience being 'everyone' or 'the whole community'.

What's more, the communication skills required for writing policy are vastly different from the ones required for persuading people outside a bureaucracy to adopt change. The professional language of policy-makers holds little currency with the person on the street, and does precious little to tie in with their culturally specific values and mindsets. This sentiment is clearly echoed by Colin Benjamin, founder of the Roy Morgan VALS project, when he says, "The question that health promoters need to ask themselves is: given my limited resources, how do I make sure that the language and frame of reference reinforces the 'AIM' strategy? That is, does this initiative address the target audience's level of Awareness and Interest and does it enhance their Motivation to act?"

For Dr Fiona Newton of Monash University, addressing the lifestyles and mindsets of those most likely to be in need of assistance is an important starting point. "It's not enough to produce

clinically relevant health guidelines. The next step is to frame them in a way that can engage the minds and hearts of the target audience," she says.

One key strategy behind generating such engagement involves paying close attention not only to 'who' you are talking to, but also 'where' and in what context you are communicating with them. This approach was successfully pioneered in the early 1980s as part of Australia's initial HIV/AIDS campaigns. According to Chris Gill, a foundation member of the Victorian AIDS Council, the deliberate placement of safe sex posters and stickers in obvious locations (such as the back of public toilet doors) went a long way towards informing homosexually active men of the risks involved in having unprotected sex. During the mid 1990s in Adelaide, Gill and other health promotion professionals took this understanding one step further by having individual posters customised to match the look and feel of particular gay venues. "The evidence was that in Adelaide, people who went to one venue were a bit snooty about people who went to another venue, so rather than create a poster that was appropriate for all venues, we realised it was better to actually narrow the focus, so that the poster for the nice respectable pub had a totally different look from the one at the grungy, all-night disco down the road," said Gill.

Understanding the role that the media plays in the lives of the target market is clearly crucial. From the Internet and Pay TV, through to DVD, radio, magazines and

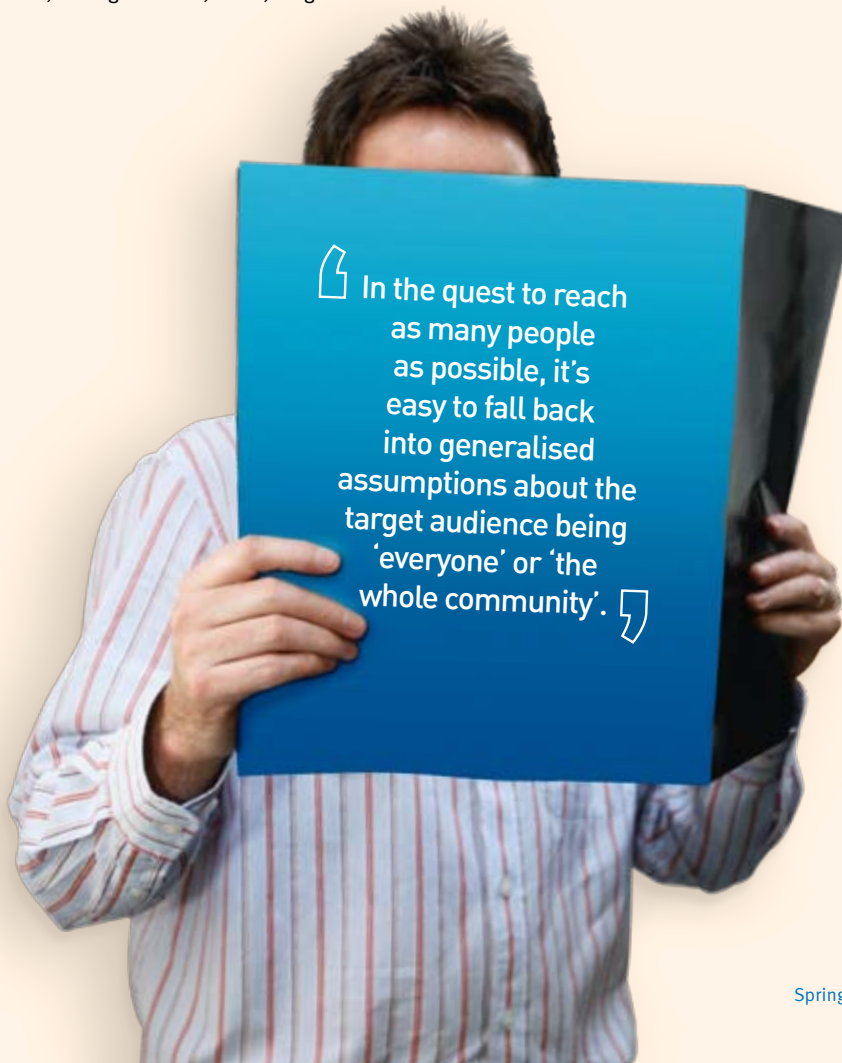
free-to-air television, Australians now have a greater choice in terms of what media products they consume, and where and when they choose to consume them. And with greater choice, comes a greater power to disregard media messages that don't immediately fit with their own mindsets. As findings from the Roy Morgan VALS analysis clearly note: "Today's audiences are becoming narrower in focus and more demanding of targeted information. People only hear what fits their perception of their micro-futures and tune out the hundreds of mass marketing efforts that do not address their goals in life."

For Newton, negotiating this media fragmentation is a critical part of effective health promotion at the start of the 21st century: "Thinking about the issue of media clutter, it is critical to consider how many messages the recipient is likely to see and hear in an average day," says Newton. "The goal is to develop a creative idea that will attract the attention of a target audience long enough for them to take the message on board and store it in their long-term memory. This is easier said than done."

Leanne Downing is a post doctoral research fellow in the School of Culture and Communication at the University of Melbourne.

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Joint effort...residents of one Penrith Sustainability Street, Sir John Jamison Circuit.
PHOTO: Courtesy Vox Bandicoot

Community-based social marketing at work

Why involving local communities in the creation of social marketing campaigns is a smart idea.

A campaign will always be more effective if it takes into account the language, culture and expectations of the target community, but this can be hard to achieve with larger-scale projects.

For this reason, campaigns that come out of the community sector can often be particularly effective at bringing about positive change. As well as having plenty of in-depth knowledge about their communities, local organisations are usually well placed to get the target group directly involved in the process of creating

and implementing the campaign.¹

The Southern HIV/AIDS Resource and Prevention Service (Sharps), a needle syringe program based in Frankston, is a good example of how this kind of community participation can work. Operated by health care provider Peninsula Health, it has one of the best syringe return rates in Victoria, and despite some initial suspicion from locals now boasts broad support among the wider community.

According to Sean Swift, manager of Sharps, the centre's success is due in large

part to the input it seeks from the people who use the service. A community advisory board, made up of current and former drug users, offers advice on everything from the design and layout of the centre to strategies for combating clients' anti-social behaviour. This gives clients a powerful sense of ownership over the service and gives it a positive reputation among its clients. "Our clients are highly interconnected and have a very strong communication grapevine, and you can't get better marketing than having positive word on the grapevine," says Sean.

The advisory board can also offer novel ways of communicating to drug users. Clever messages are often placed inside syringe packages, for example, touching on anything from oral hygiene to the importance of disposing of needles correctly. Written by members of the advisory board, they use language that resonates with the drug-using subculture.

"Brochures and that sort of thing just end up as litter," according to Sean. By letting members of the community create the notes, they become "messages directly from peers to peers," he says.

Some community-based social marketing campaigns combine a community development model within a basic marketing framework – helping to nurture small communities which can in turn help to spread a particular message. Sustainability Street is one such project – it brings groups of local people together to explore more environmentally sustainable lifestyles. Run by environmental education company Vox Bandicoot, the approach is designed to influence "the pervading culture which is the blueprint for our society and economy."²

There are now around 140 sustainability streets in Victoria, and while all of these communities centre on an environmental theme, the actual form they take can vary considerably. Some groups revolve around simply meeting and talking, while others branch out into projects like community gardens, fruit and veg markets, frog ponds and street parties. "We are very organic in the process," says David Seignior, Director of Vox Bandicoot.

Sustainability Street households show an average 30% reduction in water use, waste production and energy use, but there are also other, less tangible outcomes. "A big part of it is community building and getting people together who don't really know each other to form friendships," says David. "This can be the most satisfying thing."

The model is based around four stages: mulch (learn), grow (plan and do), harvest

(celebrate) and sow (teach others). As with any successful marketing campaign, spreading the word to the broader community – or 'sowing' – is of central importance, and group members are encouraged to speak at community events, create pamphlets and run information evenings. Some have had reusable shopping bags and t-shirts printed with information about their communities.

Others take things further, such as the Ruffey Lake Sustainability Street group which ran a sustainability festival in a local park – this saw a small core of 20 or 30 people influence hundreds of other locals, as well as raising thousands of dollars for the cause. But according to David, some of the best promotion comes from having well-run communities with enthusiastic participants. Known as 'beacon' communities, they can inspire others to take part.

consulted to help come up with ways to make the messages accessible, and debate about the best ways to frame the ideas for different cultural groups will be encouraged.

Kellie foresees that these cards could later be used in a state or even nationwide context. "It would be a really easy template for other regions to use," she says.

Another project focusing on family violence in CALD communities takes a different angle – the Spectrum Migrant Resource Centre, with the help of funding from VicHealth, has created a television commercial featuring prominent figures from different ethnic backgrounds in Melbourne, promoting the message that family violence is unacceptable. The figures include actors, comedians, sheiks, Aboriginal elders and sportspeople.

The ad's message and the choice of spokespeople were heavily influenced by



Local organisations have access to 'insider' knowledge about the communities they serve, which is invaluable in shaping a message to be more accessible.

Reaching culturally and linguistically diverse (CALD) groups is another challenge for organisations involved in social change. In 2007 a joint initiative of seven local councils in Melbourne's northern suburbs saw the creation of family violence 'help cards', handed out by police to perpetrators and victims of family violence, which provide general information on family violence and contact details of services for both men and women. This year Darebin Council, with the help of funding from the Victorian Multicultural Commission, will commence a project to translate these cards into 22 languages to make them accessible to different ethnic groups in the northern suburbs.

"It's not just a matter of translating the text – that would be easy. We also need to make sure the language is culturally appropriate and accessible," says Kellie Nagle, Family Violence Project Coordinator at Darebin. The project will involve significant consultation with CALD communities, linking up with organisations and community leaders across the northern suburbs. Focus groups will also be

the community representatives consulted by Spectrum. "We felt that it was important that men hear an anti-violence message from men in the communities that they would actually respect and listen to, and the communities were really key in identifying what types of people they would want to hear those messages from," says Denise Goldfinch from Spectrum.

There are many advantages to marketing social change at a community level. Local organisations have access to 'insider' knowledge about the communities they serve, which is invaluable in shaping a message to be more accessible. They also offer a chance for real participation from the people they are targeting. And although they often begin on a small scale, their influence can turn out to be very widespread indeed.

Adam Ferguson is a freelance journalist specialising in social justice issues.

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New ways of communicating

How new media is being used to communicate health messages.

You don't have to be Einstein to work out that the way we communicate, access and create information has changed significantly. We can no longer simply rely on TV, magazines and radio as the vehicles for campaign messages.

Associate Professor Margaret Hellard, director at the Centre for Epidemiology and Population Health Research in the MacFarlane Burnett Institute for Medical

Research and Public Health, gets regular technology updates from younger staff members who educate her about the latest communication trends and how they are using the technology.

In 2007 Hellard oversaw an innovative research project conducted by Megan Lim that sought to understand young people's knowledge of sexually transmissible infections (STIs). Young people attending the annual music festival the Big Day

Out were recruited to participate in the project. Half the participants were sent quirky safe sex messages to their mobile phones. The text messages – with lines such as 'This Valentine's Day get flowers not Chlamydia, wear a condom' – were sent between 7pm and 8pm on Friday or Saturday night. These times were chosen because most young people were preparing to go out at that time (receiving a text message on Monday morning



The diversity of new media options presents social marketers with a challenge and an opportunity. PHOTO: Getty

for their audience to interact and contribute to the message.

The first step for change is to understand the audience and what is out there. Stephen O'Farrell is the Managing Director of Sputnik Agency, a leading Melbourne-based interactive marketing specialist. He calls such understanding 'consumer insight', and says it's critical his organisation gains this before it applies imagination to develop campaigns that meet their client's objectives. The technology then becomes a tool for the marketer. "It's about leveraging technology to help drive behavioural change," he says.

To reach audiences, social marketing messages need to reach where people interact, play, communicate, watch and create.

The application of the technology whirls around everyone: social networking sites such as Facebook and MySpace, microblogging sites such as Twitter and Plurk, virtual worlds such as Second Life or World of Warcraft, online video sites such as YouTube, or online gaming, which continues to grow in popularity, are just a few of the more well-known sites that have people's attention. People text, chat online or share videos, photos or links to items that spark their interest. In Japan, novels are being written specifically for mobile phones. Smart organisations use this technology to their advantage.

A tongue-in-cheek video with a serious message called 'Teenage Affluenza' promoted World Vision's 40-Hour Famine. Posted on YouTube it reached 200,000 users within four days. Nigel Preston edits Stir.org.au, a website World Vision's youth arm established. He says the video's success in cutting through the new media clutter and engaging new audiences was the tipping point for World Vision's use of new media. "It's all about taking content like that to where people are," said Preston. "It's about taking that content and filtering it out through Stir, Twitter and YouTube and Facebook, disseminating it that way rather than expecting them [the audience] to come to us all the time." Interestingly, as is often the case, the awareness of the video – a smart, savvy take on the contrast between life for young people in Australia and Third World countries – was raised exponentially once the traditional media of newspapers and television became aware of it and began reporting its

existence to a wider audience. In the lingo, it's an example of viral marketing.

It doesn't all have to happen online or via mobiles. VicHealth's successful street stencil campaign reached its audience by taking an innovative approach to delivering health promotion messages encouraging people to be more physically active and connecting socially with others. The stencils – found in unexpected places such as walking and cycling tracks, near park benches and outdoor café furniture, or on train station platforms – were not only novel in the way they reached people, but were relevant to the physical context in which they were found.

The diversity of new media options presents social marketers with a challenge and an opportunity but the bottom line remains the same: the right message carried by the right vehicle at the right time will have an impact.

Peter Ryan is a writer with The Slattery Media Group.



reminding you that safe sex is a good idea is hardly useful). A follow-up email with more extensive health information and advice was sent out later.

The research found those who received the text messages were more aware of the issues around STIs than those in the control group. This intervention group were also more likely to speak with their doctor about sexual health, and the females were more likely to have an STI test.

Hellard understands that to reach audiences, social marketing messages need to reach where people interact, play, communicate, watch and create. "It's just a matter of opening your eyes: where are young people and how are they communicating with each other?" says Hellard. Although people are good at randomly accessing information, the messages need to be smart enough – humorous or useful – to cut through the cluttered environment. Social marketers must be prepared to create opportunities

Streets Ahead – successful applicants

In May this year, VicHealth funded six councils for three years to implement the *Streets Ahead* program in a target area of their municipalities. The projects will commence in July 2008.

Streets Ahead: Supporting children to get active in their neighbourhoods will support communities to create supportive environments that enhance children's active transport and independent mobility in all aspects of their community life, including to and from school.

Successful councils and their project target areas

- City of Greater Bendigo – Long Gully-Ironbark, North Bendigo, White Hills
- Brimbank City Council – Albion, Ardeer
- Cardinia Shire Council – Pakenham Central
- Darebin City Council – Reservoir East, Preston East
- Greater Geelong City Council – Whittington, East Geelong
- City of Wodonga – Wodonga West, Melrose, Martin Park, Wodonga Central, Belvoir

Walktober Walk to School

22 October 2008



Walktober Walk to School is an annual event coordinated and funded by VicHealth. It is part of the broader Walktober campaign that aims to raise the profile and highlight the broader community and social benefits of walking.

The key objective of this campaign is to get as many children walking to

school as possible by raising awareness of the physical, environmental and social benefits of walking. All primary schools in Victoria will be invited to participate in a competition that awards schools with prizes. Schools are supplied with information packs prior to the event.

Walktober Walk to School is growing in popularity. Since the inaugural event in 2006, the campaign has attracted 312 schools, with 56,651 children participating. In 2007 an additional 18,000 children and more than 100 extra schools participated. VicHealth wants to attract more schools to the competition this year.

To find out more about the event, visit www.vichealth.vic.gov.au/walktober

VicHealth establishes new research program

VicHealth has developed a new approach to supporting public health research. *The Mental Health Promotion Research Leader Program* complements VicHealth's existing research programs and builds on their strengths. It involves establishing research positions in partnership with university departments, with the university providing senior academic support to the researcher and sharing the research outputs with VicHealth. The positions have an emphasis on applied research and research translation and the researcher's work is explicitly tied to programs of work being supported by VicHealth and its partners.

The researchers are co-located between VicHealth and the partner university. It is anticipated that through this model VicHealth and its government and non-government partners will have access to high-quality research and evaluation expertise that can be utilised in ongoing program and policy development and practice.

Three positions have been established and link to VicHealth's priorities in mental health promotion. We welcome aboard Dr Michael Flood whose work will focus on the primary prevention of violence against women (a partnership with LaTrobe University), Dr Natascha Klocker,

who will focus on combating ethnic and race-based discrimination, and Dr Therese Riley, whose work will explore ways of increasing social participation. The latter two positions have been established in partnership with Melbourne University.

From Margins to Mainstream

5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioral Disorders

This conference will explore new ways that individuals and organisations from a range of sectors can promote mental health and prevent mental illness. The aim of this conference is to confirm that mental health promotion is no longer at the margins but rather firmly established in mainstream research, policy and practice arenas.

When: 10–12

September 2008

Where: Melbourne Convention Centre, Australia

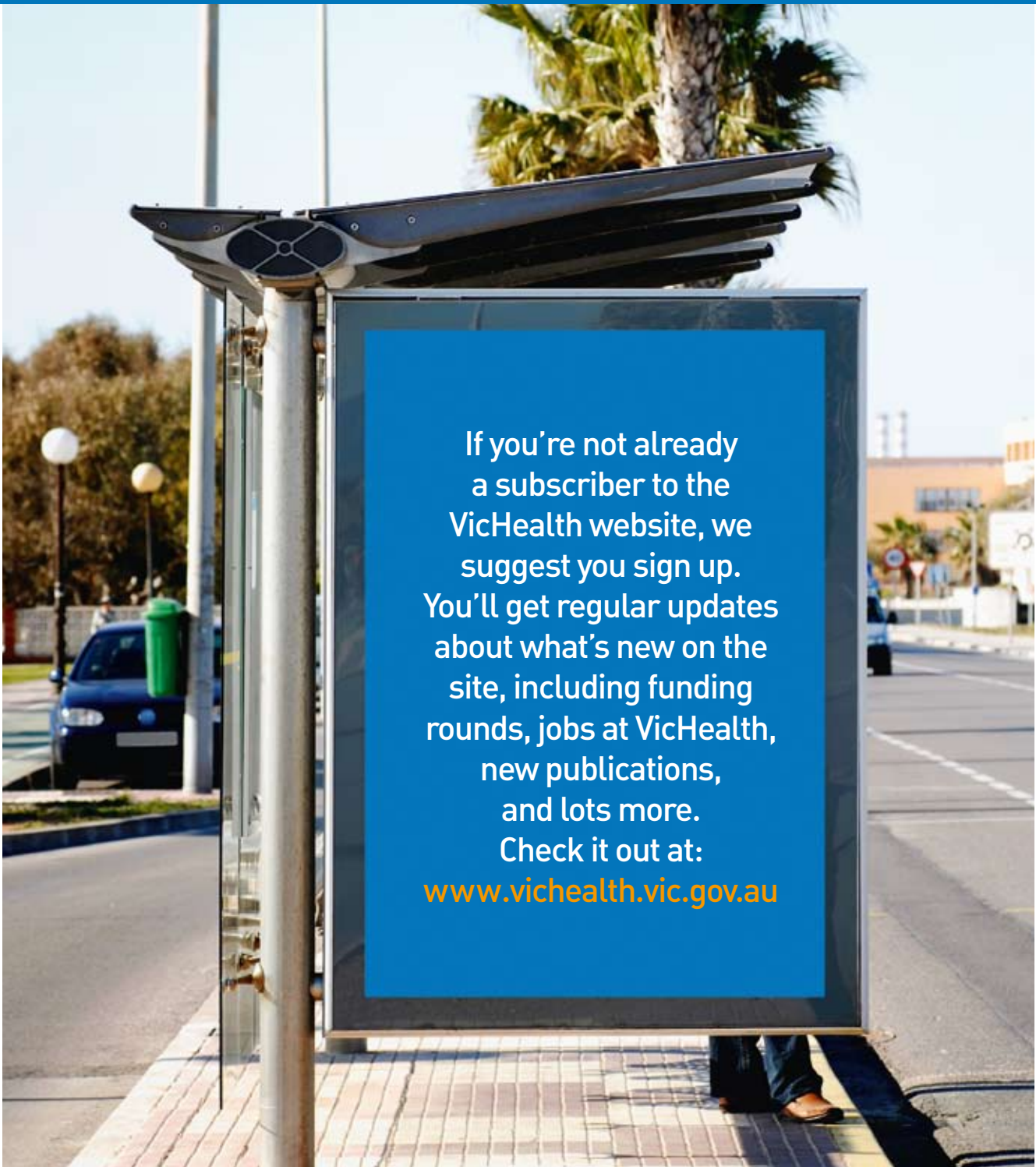
More info and registration: www.margins2mainstream.com



Cochrane Public Health Review Group

The Cochrane Public Health Review Group was successfully launched on 22 May 2008 at the annual Australasian Cochrane Symposium in Hobart. This group replaces the Cochrane Health Promotion and Public Health Field, which acted more as an advocate for evidence.

This new group is responsible for recruiting author teams and managing the editorial process through to publication of Cochrane protocols and reviews on The Cochrane Library. The scope includes reviews of the effects of population level public health interventions, primarily those that address the wider determinants of health. Topic categories include: employment and the work environment, income distribution



and financial interventions, housing and the built environment, food supply and access, education, health and related systems, public safety, social networks/support, the natural environment and transport.

Since the launch, author teams are

working on four titles, and several expressions of interest for further titles are under negotiation. The group has also recently been asked to run a series of training programs for the Centres for Disease Control in the USA in the second

half of 2008, as well as several other exciting initiatives. More information is available from www.ph.cochrane.org



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