

***ShowCase* Social Marketing: Building a World Class Evidence Base**

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To fully understand social marketing, a distinction needs to be drawn between ‘marketing’ and merely ‘selling’. Kotler and Zaltman clearly articulate this difference: while a sales approach involves ‘*finding customers for existing products and convincing them to buy these products*’, marketing involves ‘*discovering the wants of a target*

audience and then creating the goods and services to satisfy them’¹. This distinction highlights the fundamental ethos of social marketing: to start with the target audience; understand their beliefs, motivations and behaviors; understand their environment; and build a solution that responds to their real-life wants and needs.

Social Marketing in the United Kingdom

Over the past 30 years, social marketing has been successfully practiced around the world, and has been pioneered in the United States, New Zealand and Australia. However, since 2006, the United Kingdom has been at the forefront of promoting the uptake of social marketing as a core requirement of government programs, and building its core principles into central Government policy.

In 2006, the Department of Health conducted an independent national review of health-related campaigns and social marketing in England, published as ‘*It’s our Health!*’². This report demonstrated evi-

dence of effectiveness, and set out strategic and operational recommendations for applying social marketing to improve the impact of health promotion in England (recommendations which also led to the development of the National Social Marketing Centre, as detailed below).

The Department of Health has continued to build upon this work with the launch of *Ambitions for Health*³ in 2008. This ‘*strategic framework for maximizing the potential of social marketing*’ underlines the Department’s commitment to putting people at the heart of health improvement programs in England, and to embedding social market-

ing principles within all new health improvement programs. To date, England has national social marketing programs covering Tobacco, Alcohol, Sexual Health, Teenage Pregnancy, and most recently, Obesity,

with the nationwide Change4Life program launched in January 2009⁴. The UK is also the first country to have developed a set of national occupational competencies for social marketing⁵.

About the National Social Marketing Centre

The Department of Health's 2006 report, *It's Our Health*, found strong evidence for the effectiveness of social marketing, but a need for skills and capacity to be developed in order to realize this potential. In response, the National Social Marketing Centre (NSMC) was founded, as a strategic partnership between the Department of Health (which funds NSMC) and Consumer Focus (which acts as a host organization). NSMC

is based in London, and provides support for national and local social marketing activity. The Centre's work includes standards setting; training; academic course development; global relation building; and, crucially, the development of a robust evidence base to show social marketing in action and inspire future strong practice.

About *ShowCase*

On April 23, 2009 NSMC launched its ground-breaking evidence resource: *ShowCase* (<http://www.nsmcentre.org.uk/public/default.aspx?PageID=32>).

For the first time, this online collection brings together over thirty best practice social marketing programs from the UK and beyond, celebrating good work while providing a consistent write-up structure that can easily be followed and emulated. The aim of this resource is to build a global community of practice and development, based on robust evidence.

Each case study is co-authored by the program lead, and meets clear inclusion criteria, so that all featured programs:

1. Meet the eight Social Marketing Benchmark Criteria (see below),
2. Feature a strong methods mix, moving beyond awareness-raising, and
3. Demonstrate behavioral outcomes, with external evaluation where possible.

The case studies included in this volume of *Cases in Public Health Communication & Marketing* are taken directly from *ShowCase*. However, additional information has been provided where necessary, to help non-British readers understand the geographical or social context for each program. In some cases, a 'Foreword' has been provided, with a specific note for non-British readers.

The Social Marketing Benchmark Criteria

NSMC's eight national Benchmark Criteria⁶ have been adapted from Andreasen's original six criteria⁷. They are the elements in an intervention that determine whether it is consistent with social marketing techniques. The Benchmark Criteria have been designed to: increase understanding of core social marketing concepts; increase consistency of approach and potential impact of programs; facilitate systematic capture and sharing of transferable learning; assist effective review and evaluation of different types of intervention. The benchmark criteria can be used as a checklist for practitioners and students of social marketing, and are outlined as follows:

1. **Customer orientation:** Puts the customer at the center of all decision-making processes, seeking to fully understand the target audience and the presenting issue by using a mix of quantitative and qualitative research.
2. **Insight:** Uses research to identify 'actionable insights' - key pieces of understanding that will underpin program development.
3. **Behavioral Goals:** Aims to change people's actual behavior, rather than just their attitudes: identifies baselines and sets clear behavioral goals, which, where possible, are measurable and time-bound.
4. **Segmentation:** Avoids a 'one size fits all' approach: identifies audience 'segments', which have common characteristics, then tailors interventions appropriately.
5. **Exchange:** Considers both the benefits and the costs of adopting a new behavior; aims to maximize the benefits and minimize the costs to create an attractive exchange.
6. **Competition:** Seeks to understand what competes for the audience's time, attention, and inclination to change, and to work with or learn from the competition.
7. **Methods mix:** Uses a mix of methods to prompt and facilitate behavior change, including education, support, control and design techniques. Does not rely solely on raising awareness.
8. **Theory:** Uses behavioral theories to understand human behavior, and to build programs that respond to this understanding.

Background to the Featured Case Studies

This volume of *Cases* features five programs from the UK. In the following, we provide a brief description of each program, along with information about the geographical areas and target audiences for each intervention:

cleanyourhands

Summary: cleanyourhands is an initiative in England and Wales to improve the hand hygiene of healthcare workers and help reduce the spread of preventable, health-

care-associated infections. The project was started by a government body, the National Patient Safety Agency, in 2002, and has now been adopted by all NHS Acute Trusts (hospitals) in England and Wales. The cornerstone of the campaign is the provision of alcohol handrub, which enables health-care workers to de-contaminate their hands where and when they need to, even if there is no sink. A range of educational materials and prompts are also provided, to ensure healthcare workers understand the reasons behind the campaign, and are reminded to take action before every patient contact.

About the area: The program runs throughout the National Health Service (NHS) in England and Wales. The NHS is the world's largest publicly funded health service and with a few exceptions remains free at the point of care for anyone resident in England and Wales – more than 50 million people. It treats, on average, 1 million patients every 36 hours and employs more than 1.3 million people, almost half of which are clinically qualified⁸.

The NHS is a complex and multifaceted organization, governed by the Department of Health in England, the Welsh Assembly Government and arms length government bodies. It consists of over 350 separate organizations, known as NHS trusts, which are responsible for the day-to-day delivery of healthcare. England has five different types of trusts – acute, primary care, mental health, ambulance and care trusts – that are responsible for different areas of healthcare; while Wales has recently moved to integrated trusts that deliver the whole range of health services.

Healthcare-associated infection has arisen as a real concern over recent years with up

to eight per cent of patients in England and six per cent in Wales having an infection at any one time⁹. On average each infection adds three to ten days onto a patient's stay in hospital and costs the NHS between £4000 and £10,000 (\$US 6,500 – 16,230) more to treat, with the overall cost to the NHS estimated to be in excess of £1 billion (\$US 1.6 billion) a year¹⁰.

Food Dudes

Summary: The Food Dudes Healthy Eating Programme is an initiative to encourage and maintain healthy eating habits in children. It is a school-based intervention designed for use in primary schools that:

- Encourages children to eat fruit and vegetables at school and at home
- Helps children develop a liking for fruit and vegetables
- Encourages children to become proud to think of themselves as healthy eaters
- Changes the 'culture' of schools to strongly support healthy eating

The program has two main phases. During Phase 1 children are read a letter and/or watch a specially designed DVD episode starring the "Food Dudes", who provide influential role-models to imitate. Children are then given a portion of fruit and vegetable and those who eat both are given a small reward (e.g. juggling balls, pedometers). This encourages repeat tasting so that children begin to like these foods. During Phase 2, ongoing but less intensive support for eating of fruit and vegetables is provided, using Classroom Wall Charts to record consumption levels which earn further rewards and Food Dudes certificates.

About the area: The program is currently

being implemented in all primary schools in Ireland. It is also being piloted, and evaluated, by the Department of Health in all primary schools in Wolverhampton, England - an area which suffers from health inequalities, as measured by indicators including life expectancy and infant mortality. Further projects have also been commissioned in Bedford, England; Sicily and California.

Wolverhampton is a city of 254,700 people which lies on the edge of the West Midlands (See, **‘What’s Pants But Could Save Your Life?’** example for more information on the West Midlands). Initially a market town, Wolverhampton with the rest of the area traditionally known as ‘The Black Country’, grew into a major industrial center. Today, the major industry is engineering, including aerospace.

Roy Castle ‘Fag Ends’ Comes to Knowsley

Summary: The Roy Castle Lung Cancer Foundation created ‘Fag Ends’ as its stop smoking program. ‘Fag Ends’ offers community-based support on a drop-in basis. By avoiding the need to make an appointment, hosting support groups within local communities, and using local community members to deliver cessation services, it offers a service that is convenient, approachable and non-intimidating. It also provides Nicotine Replacement Therapy and support via the website and telephone support line, to allow individuals to customize the level of support they receive, according to their wants and needs.

About the area: Knowsley is a borough of Merseyside, northwest England, which neighbors the city of Liverpool. The popula-

tion of Knowsley is around 151,300. People who live in this area are known to have a life expectancy lower than the average for England. The area also has a high rate of smokers, 32.6% compared to the average of 25.3% for England¹¹.

Give It Up For Baby

Summary: ‘Give It Up For Baby’ uses financial incentives (grocery vouchers) to encourage pregnant women from socially deprived communities to quit smoking. Women who are eligible for the program are identified by midwives, community pharmacists and health visitors, and are recruited if they express a wish to give up smoking.

As well as receiving an incentive of £12.50 (\$17.60 US) a week for every week a pregnant woman demonstrates (through carbon monoxide testing) that she is smoke-free, additional support is also provided, including free Nicotine Replacement Therapy and one-to-one support from a ‘Give It Up For Baby’ Development Worker, who makes personal contact with all women wishing to take part and supports them through the whole process (including after their babies’ birth).

About the area: Tayside is a large region in Scotland (population 400,000) and is a mix of urban and rural communities. It has significant areas of deprivation concentrated mainly in Dundee (the fourth largest city in Scotland). In Dundee there is a strong correlation between deprivation and smoking¹².

What’s Pants, but Could Save Your Life?

Summary: ‘What’s pants, but could save

your life?’ is a region-wide social marketing program, designed to achieve a sustainable increase in cervical screening rates amongst young women (25-29 years old) in the West Midlands. The program raises awareness about the need for cervical screening with the target age group, and provides increased access to, and provision of, screening services to facilitate uptake. Work has also been done to enhance the service itself, for example, by always offering female screening nurses.

About the area: The West Midlands is a metropolitan county in western, central England with a population of 5.4 million. The county is a large, mainly urban area, and includes Birmingham, a large manufacturing city roughly the size of Detroit. The West Midlands has slightly lower employment rates than the average for England. While the average wage and property prices are also below the country average.

Figure 1: Map showing case study locations



NSMC and the International Field

The National Social Marketing Centre has strong international links, working closely with The George Washington University (GWU), The Centers for Disease Control and Prevention (CDC), Academy for Educational Development (AED), Population Services International (PSI) and beyond. The Centre is a member of an EU funded program focusing on inequalities and the social determinants of health. The Centre provides advisory support in a growing number of countries and is keen to learn from international social marketing experience - a key motivation for the Centre in organizing the first ever world social marketing conference (2008). The Centre is keen to foster these synergies to facilitate a joined-up, standardized evidence base that represents the global social marketing field, and views *ShowCase* as an important milestone in this agenda.

The invitation to guest edit *Cases in Pub-*

lic Health Communication & Marketing is extremely welcome, and marks a valued opportunity to showcase the social marketing work being done in Britain; to invite *Cases* readers to visit *ShowCase*; and to encourage new submissions from the international field. As social marketing becomes a core requirement of public behavior change programs, it is hoped that *ShowCase* will provide a valuable resource for policy-makers, service designers and practitioners across the world. To view this resource, please visit our website at:

<http://www.nsmcentre.org.uk/public/default.aspx?PageID=32>.

We are delighted to be working with our colleagues at The George Washington University to capture and spread good practice in social marketing. It is through collaborations such as this that we can improve understanding and ensure that social programs designed to assist people to live rewarding and productive lives are based on evidence and practical experience.

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Dr Lucy Reynolds joined the National Social Marketing Centre in 2007, after working as a regeneration consultant based at London Bridge. She has broad project management experience, and has worked with public and private sector clients, including NDCs, Business Enterprise Centres, and community practitioners. Her move to the NSM Centre resulted from a growing interest in health and sustainability interventions. Prior to this, Lucy completed her DPhil at Oxford University, writing on 19th Century Philology.

Lucy currently manages the Evidence and Learning program at the Centre, and has recently re-designed and re-launched ShowCase, with a focus on researching and disseminating social marketing best practice evidence from the UK and beyond.