

# Anti Social Marketing and Social Marketing Presentation to ADsPH Conference 28 April 2006

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# This presentation

Draws upon City University research into drivers of DR-CDs and obesity epidemic.

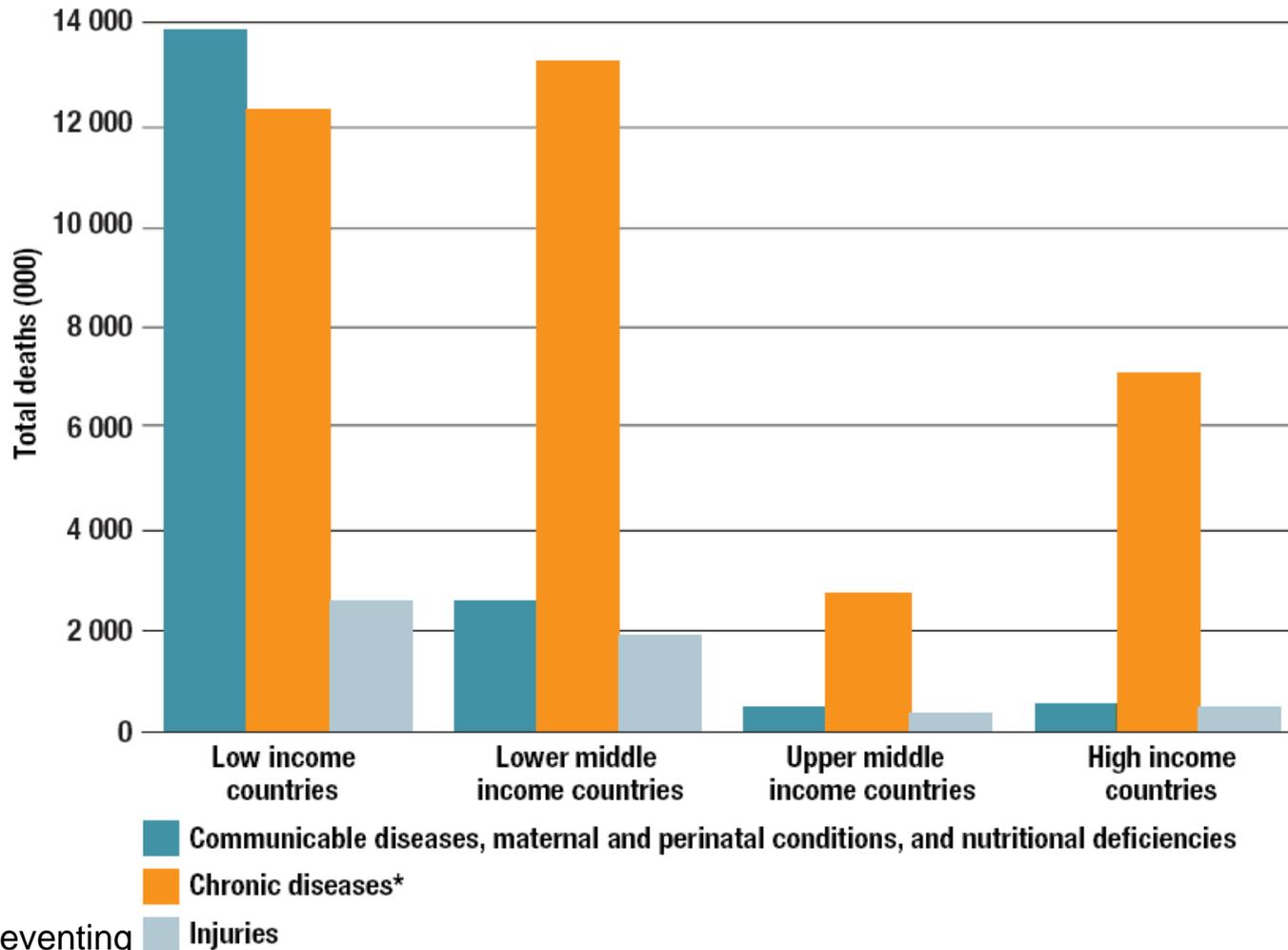
Part one:

- Set out the stark warning from WHO – rise in DR-CDs
- Looks at obesity (and DR-CDs) through analysis of ‘three transitions’ – diet, physical activity/environment (PA) and culture
- Examines ‘anti-social marketing’ and focuses on diet – with brief references to PA and culture.

Part two:

- Discovers ‘theory of society’ embedded in social marketing (SM) theory
- Examines why SM is so talked about in US and UK
- Examines (briefly) success claims of SM
- Takes a side look at rising food and ad. industry involvement, including ethical claims
- Concludes that public health has to both ‘go back to basics’ and examine how to apply an ecological model of public health – and make the case for revamping: health protection, health development, and health education

# Projected deaths by major cause and World Bank income group, all ages, 2005



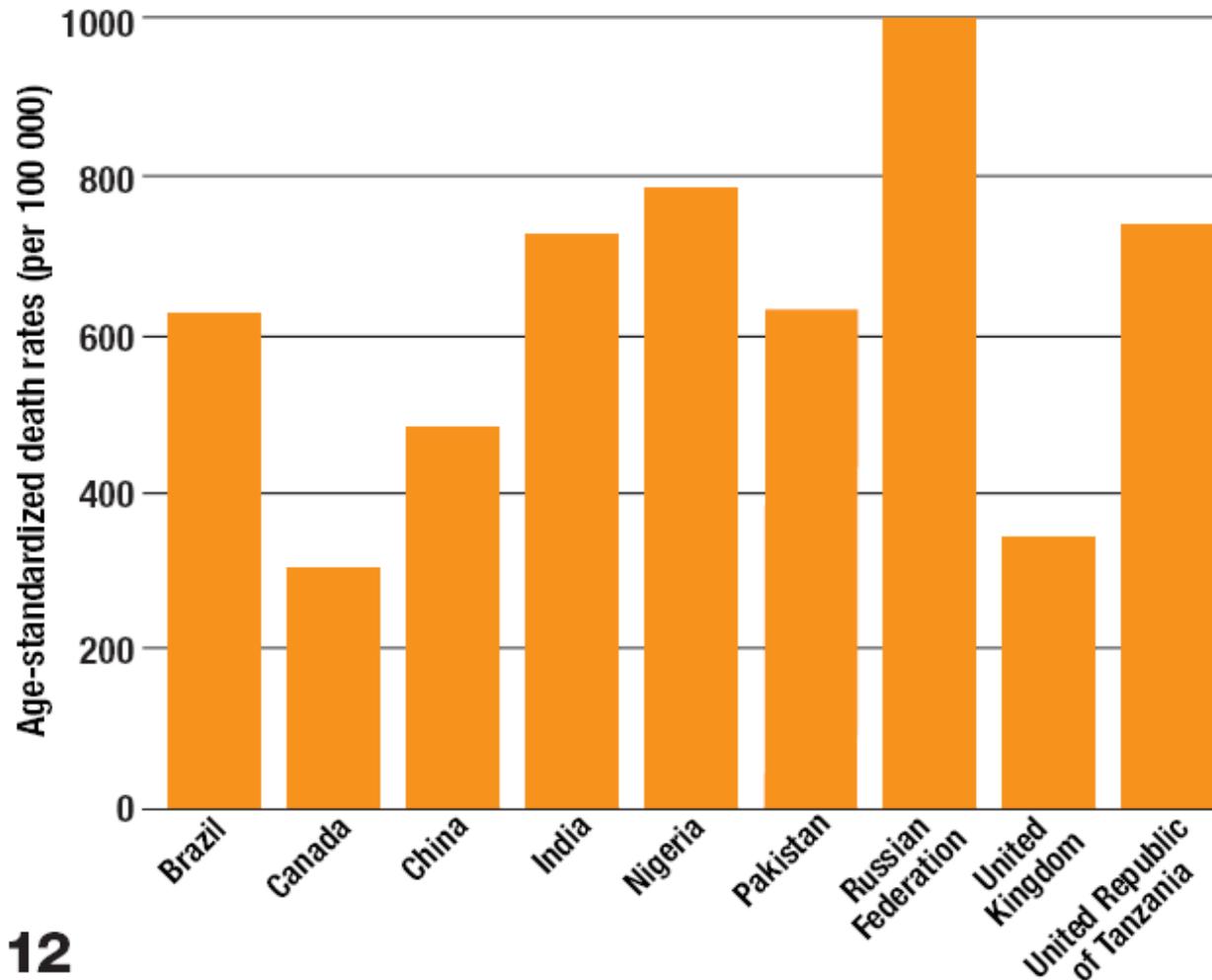
\* Chronic diseases include cardiovascular diseases, cancers, chronic respiratory disorders, diabetes, neuropsychiatric and sense organ disorders, musculoskeletal and oral disorders, digestive diseases, genito-urinary diseases, congenital abnormalities and skin diseases.

WHO (2005) Preventing Chronic Diseases: a vital investment. Overview. Geneva: WHO p.4

# Yearly deaths due to risk factors associated with tobacco, diet and physical inactivity

- 4.9 million people die as a result of tobacco use
- 2.6 million people die as a result of being overweight or obese
- 4.4 million people die as a result of raised total cholesterol levels
- 7.1 million people die as a result of raised blood pressure.

## Projected chronic disease death rates for selected countries, aged 30–69 years, 2005



12

WHO (2005) Preventing Chronic Diseases: a vital investment. Overview. Geneva: WHO p.12

# Policy response builds up slowly

- Science emerges...
  - Epidemiology (Keys 1970, et al)
  - Accumulation of separate disease reports
  - Many country reports
- Policy emerges...
  - WHO 1990 (after WHO-E 1988)
  - World Bank / WHO Global Burden of Disease 1996
  - WHR 2002 & 2003
  - WHO/FAO TR 916 2003
  - Global Strategy on Diet, Physical Activity & Health (DPAS) 2004

# What is driving this situation?

- **DIET:**
  - Shift from simple to processed foods
  - Rise of fat production and consumption
  - Rise of soft drinks
- **PHYSICAL INACTIVITY:**
  - Rise of cars
  - Rise of obesity (alongside underweight)
- **CULTURAL CHANGE:**
  - Supermarketisation
  - Advertising

# The 'three transitions' concept

- **Derived from Abdel Omran's 1971 concept of 'The Epidemiological Transition.**
- **Draws from - although it unbundles and leads to different policy analysis of - Popkin's concept of Nutrition Transition – a major influence on thinking at WHO**

**Sources: Omran, A., R, The epidemiological transition *Milbank Memorial Fund Quarterly*, 1971, 49., 509-538. Popkin, B.M., *An overview on the nutrition transition and its health implications: the Bellagio meeting*. *Public Health Nutrition*, 2002. 5(1A): p. 93-103. Popkin, B.M., *The nutrition transition in the developing world*. *Development Policy Review*, 2003. 21: p. 581-597**

# Factors shaping obesity: impact of three transitions on ‘body and mind’ in context of government, market and consumer failure

Factors shaping obesity						
		...alter the two Domains shaping Obesity		...alter the Three Transitions shaping Obesity		
Focus of Failure		<i>Body</i>	<i>Mind</i>	<i>Diet</i>	<i>Physical Activity</i>	<i>Culture</i>
	<i>Markets fail because they...</i>	Highlight and over-supply particular taste receptors (sweet and fat); invest in technical fixes and single factor solutions.	Appeal to pleasure; build brand value over nutritional value; exploit vulnerable groups (e.g. children and low income).	Produce an excess of inappropriate, energy-dense foods cheaply; offer only limited investments in workforce training.	Promote fossil based fuels and glamorisation of private motor transport rather than expenditure of food-as-energy.	Market and mould mass consciousness; barrage consumers with energy-dense food & drink as entertainment.
	<i>Governments fail because they...</i>	Adopt inconsistent modes of protection (interventions on sexual protection but not nutrition); unwillingness to modernise public health scope and capacity.	Limit health education to become minor partner of market information, generating asymmetry of information flow and education.	Subsidise over-production of fat and sugar compared with micronutrient-rich foods; emphasise food safety while semi-abandoning nutrition; de-emphasised nutrition and food education.	Oversee decline of physical activity (transport, public spaces, sports facilities); prioritise car use in retail and transport planning.	Permit genderised and inadequate food literacy and skills; promote rights of individualised choice; facilitate media transmission by paid marketing; confuse citizenship with marketplace meritocracy (everyone is equal in the market).
	<i>Consumers fail because they...</i>	Disconnect appetite from need and satiation;	Adopt distorted images of body acceptability; accept temporality (short-termism) of choice.	Eat a price-led rather than nutrition-led diet; respond individually rather than <i>en masse</i> to identity crises about meaning and values.	Bow to the ubiquity of non-energy expending material world (e.g. in travel to work / shop / school); are disinclined to build exercise into daily life.	Consume rather than expending energy as the norm of consumer culture; participate in physical activity by proxy (TV sports); accept inequalities or indulge in victim-blaming.

# The Diet Transition

- The British (and global) 'foodscape' has changed beyond recognition in three decades
- 'Food' is marketed at every conceivable point or opportunity and linked to selling soap power, buying newspapers, even using public services.

# Are these changes driven by the consumer?

- Consumer failure *is* part of the picture
- But the suggestion that consumer choice is driving the food industry (or – as one education minister wrote to me: “there are no unhealthy foods, only unhealthy diets”) ignores both the economic and technical drivers of the food chain or the pervasive marketing of unhealthy food.
- The current phase of dietary transition is linked with the shift of market power from primary producers to brand holders, processors, retailers and food service operators.

# 'High level' economic drivers

- Tariffs on non-agricultural goods fell from around 40% in 1947 to 4.7% by 1993.
- Producer support for agriculture in OECD was **\$US 279 billion** in 2004 (OECD figures)
- Total world trade in agriculture was **\$US 674 billion** in 2003. (FAO figures)
- Farms are subsidised, but investment and foreign direct investment (FDI) and profitability has shifted to food processors and retailers.

# Trade liberalisation: FDI

“In the decade 1988-1997, foreign direct investment in the food industry increased from **US\$743 million** to more than **US\$2.1 billion** in Asia and from **US\$222 million** to **US\$3.3 billion** in Latin America, outstripping by far the level of investments in agriculture”. [\[1\]](#)

[\[1\]](#) FAO, The State of Food Insecurity in the World 2004: Monitoring Progress towards the World Food Summit and Millenium Development Goals, Rome, FAO, 2004

# Where is FDI going?

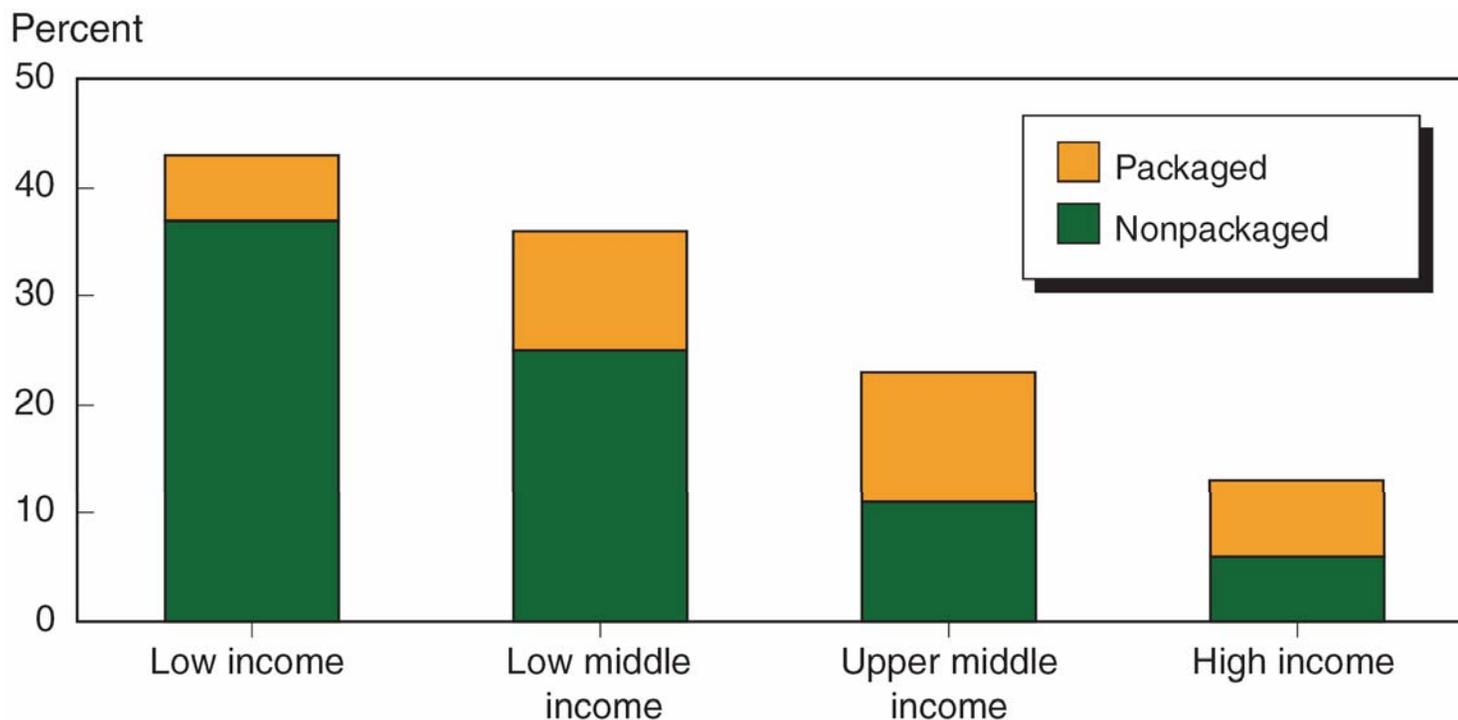
## Supermarketisation

Table 1—Share of food sales for retailers in selected international markets, 2002

Retail outlets	United States	Western Europe	Latin America	Japan	Indonesia	Africa and Middle East	World
	<i>Percent sales</i>						
Supermarkets/hypermarkets	62.1	55.9	47.7	58.0	29.2	36.5	52.4
Independent food stores	18.0	10.0	33.0	11.3	51.1	27.1	17.8
Convenience stores	7.5	3.8	3.1	18.3	4.8	10.0	7.5
Standard convenience stores	5.7	2.5	1.8	18.2	4.8	9.5	6.4
Petrol/gas/service stations	1.8	1.2	1.3	0.1	0.0	0.5	1.1
Confectionery specialists	0.5	2.0	1.7	0.3	0.1	1.3	1.2
Internet sales	0.2	0.1	0.1	0.4	0.0	0.0	0.2
Chemists/drugstores	0.2	0.3	0.2	0.4	0.2	0.3	0.3
Home delivery	0.4	0.2	0.0	0.0	0.0	0.0	0.1
Discounters	7.4	10.3	0.2	2.2	2.7	6.2	5.7
Other	12.0	17.5	14.0	9.0	11.9	18.6	14.9
Total	100	100	100	100	100	100	100

Source: Euromonitor, 2004.

Result: As economies grow, attracting food sector FDI income consumer expenditure on non-packaged food declines (PTI) while processed food value increases



# The drivers: diet

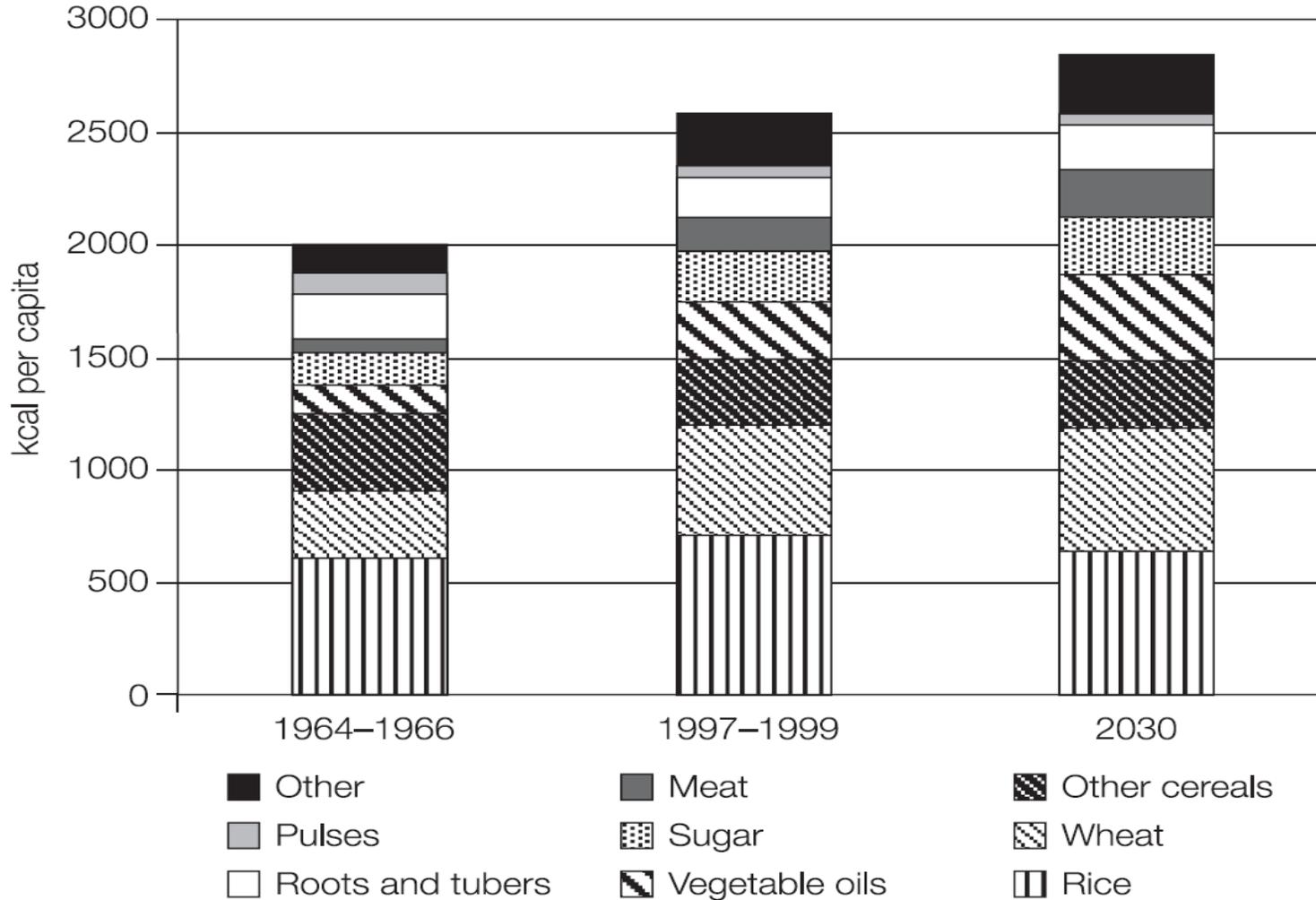
## Trends in the dietary supply of fat

Region	Supply of fat (g per capita per day)				
	1967–1969	1977–1979	1987–1989	1997–1999	Change between 1967–1969 and 1997–1999
World	53	57	67	73	20
North Africa	44	58	65	64	20
Sub-Saharan Africa <sup>a</sup>	41	43	41	45	4
North America	117	125	138	143	26
Latin America and the Caribbean	54	65	73	79	25
China	24	27	48	79	55
East and South-East Asia	28	32	44	52	24
South Asia	29	32	39	45	16
European Community	117	128	143	148	31
Eastern Europe	90	111	116	104	14
Near East	51	62	73	70	19
Oceania	102	102	113	113	11

<sup>a</sup> Excludes South Africa

# The drivers: diet

Calories from major commodities in developing countries



# The drivers: diet

## Per capita consumption of livestock products

Region	Meat (kg per year)			Milk (kg per year)		
	1964–1966	1997–1999	2030	1964–1966	1997–1999	2030
World	24.2	36.4	45.3	73.9	78.1	89.5
Developing countries	10.2	25.5	36.7	28.0	44.6	65.8
Near East and North Africa	11.9	21.2	35.0	68.6	72.3	89.9
Sub-Saharan Africa <sup>a</sup>	9.9	9.4	13.4	28.5	29.1	33.8
Latin America and the Caribbean	31.7	53.8	76.6	80.1	110.2	139.8
East Asia	8.7	37.7	58.5	3.6	10.0	17.8
South Asia	3.9	5.3	11.7	37.0	67.5	106.9
Industrialized countries	61.5	88.2	100.1	185.5	212.2	221.0
Transition countries	42.5	46.2	60.7	156.6	159.1	178.7

<sup>a</sup> Excludes South Africa.

Investment goes to ‘brand building’ of cheap, salty, sugary, fatty or processed products (and alcohol!)

**TOP 10 BRANDS IN GREAT BRITAIN**

2004	2005	Brand	2005 sales (£m)	% change
1	1	Walkers Crisps	500-505	-2
2	2	Birds Eye	495-500	-3
3	3	Kelloggs	485-490	-2
4	4	Cadburys Chocolate	480-485	0
7	5	Muller	425-430	14
5	6	Heinz	425-430	-2
6	7	Coca Cola and Diet Coke	385-390	1
9	8	Bernard Matthews	335-340	0
8	9	McVities	330-335	-3
10	10	Stella Artois Lager	310-315	1

*Based on TNS Superpanel data, 52 week ending 19<sup>th</sup> June 2005*

## UK soft drinks advertising 1995-99

130 £ million

120

110

100

90

80

70

95

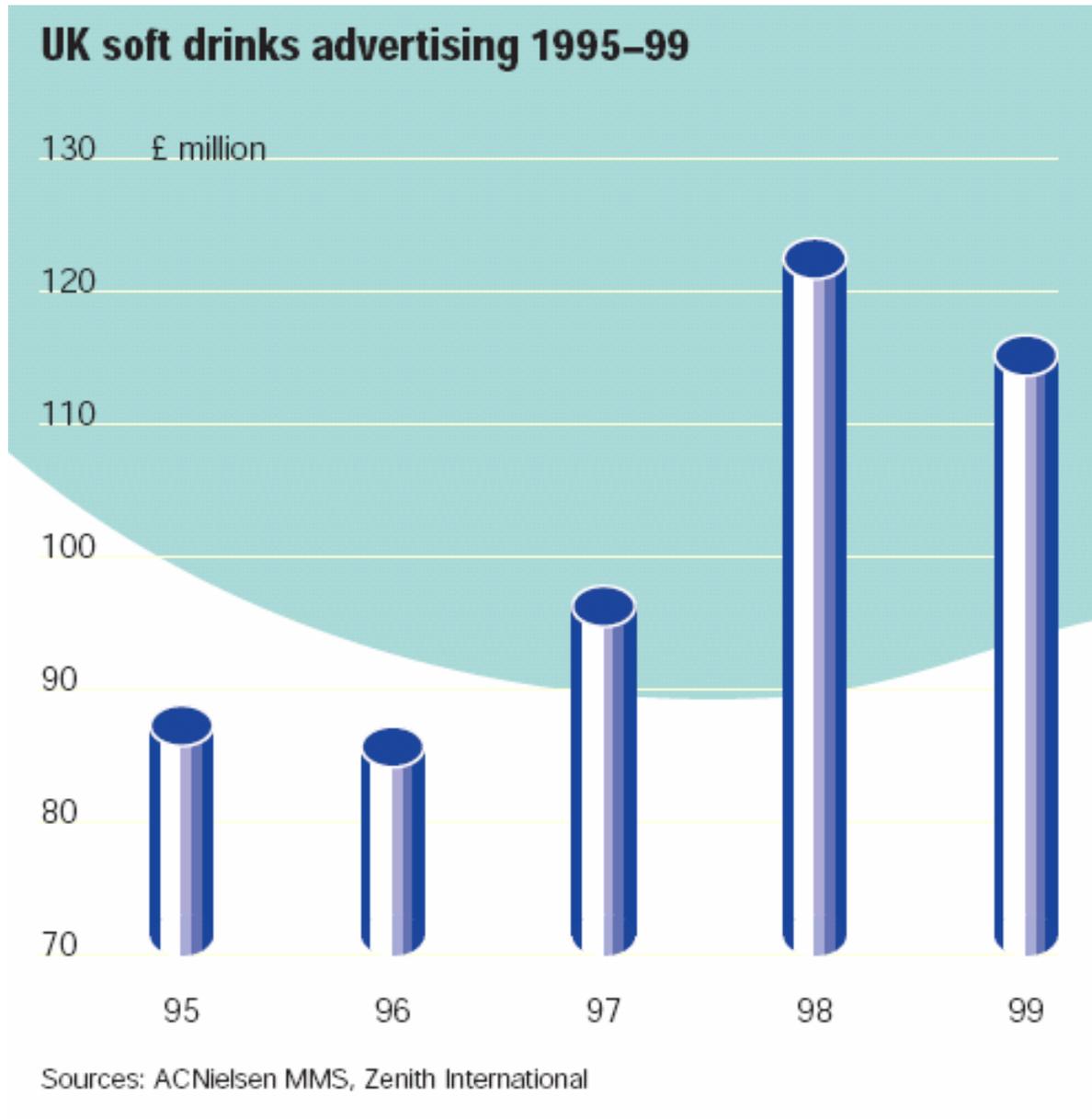
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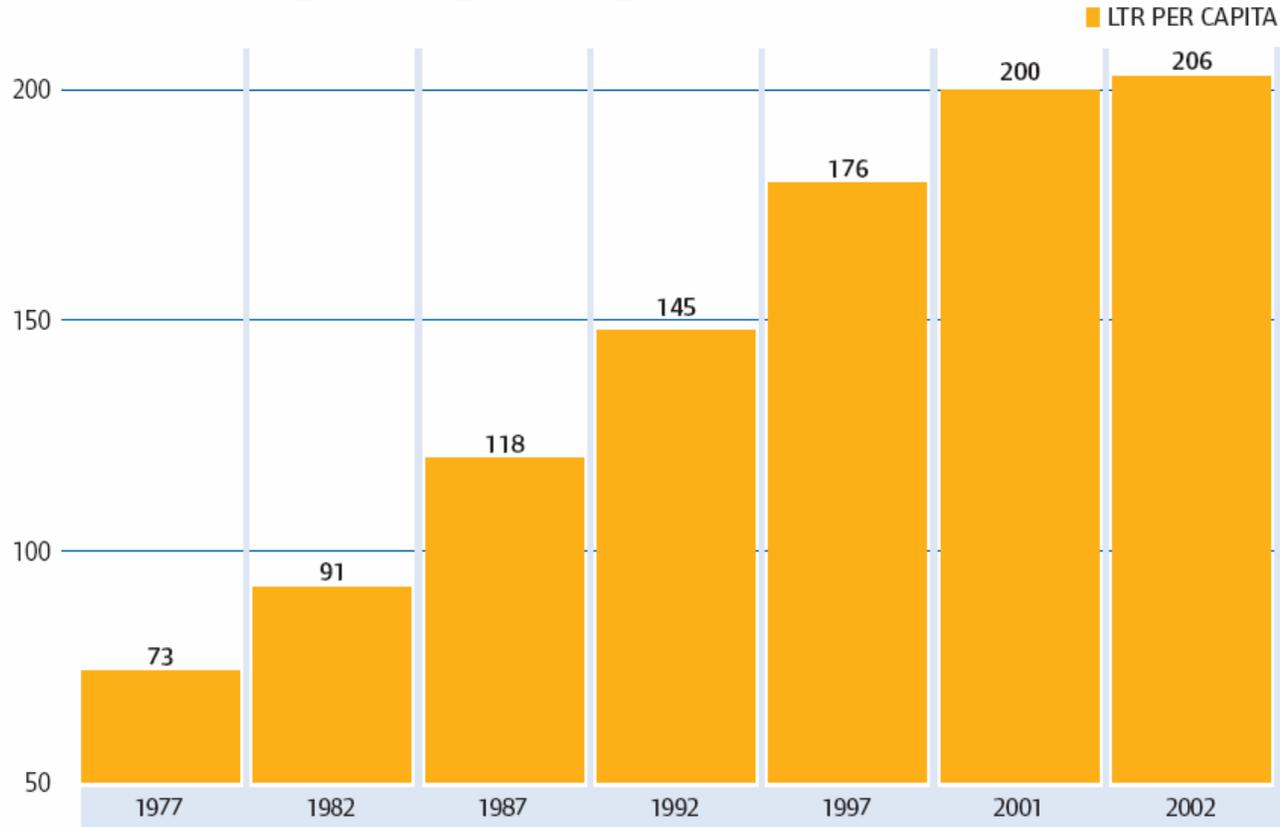
Sources: ACNielsen MMS, Zenith International



# Soft drink consumption UK

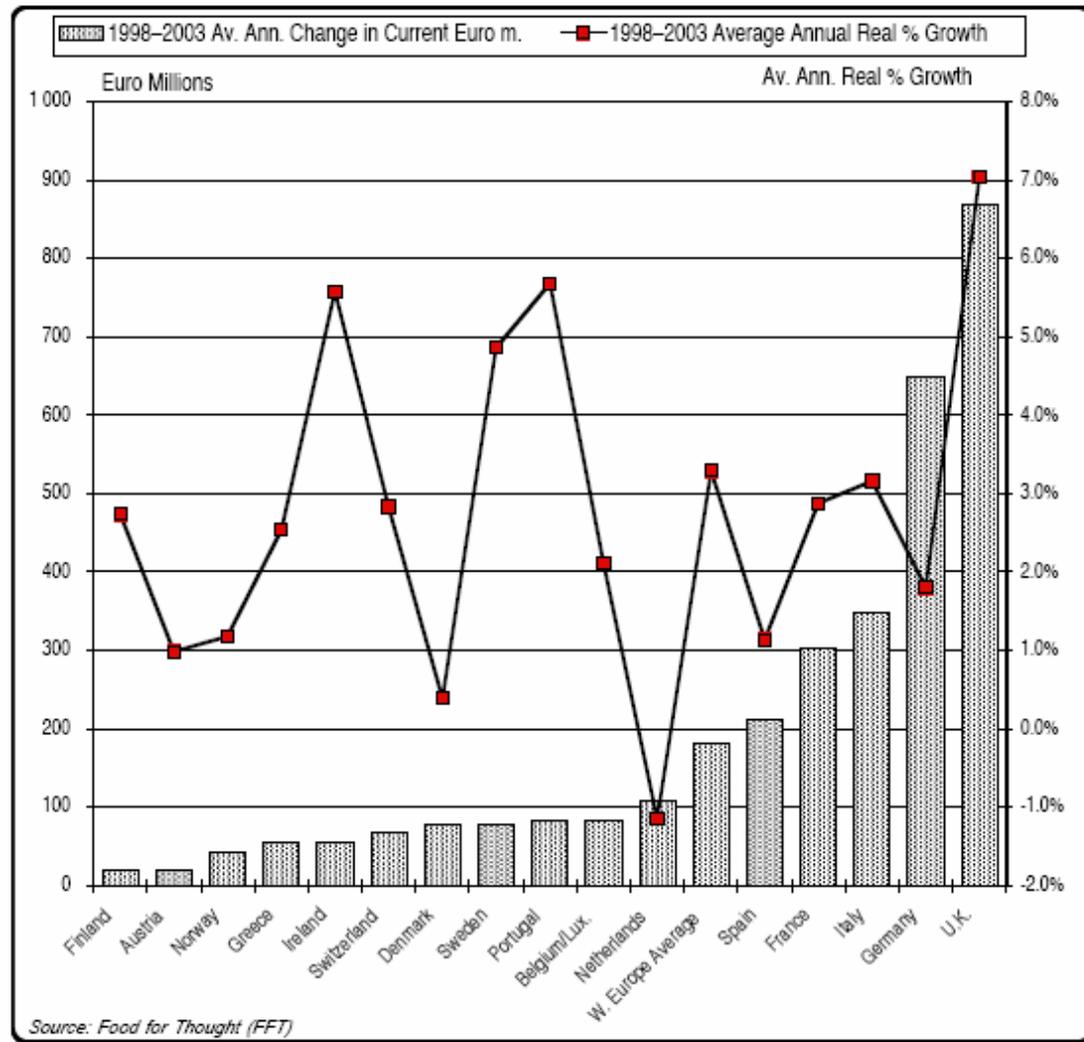
## Consumption per capita

SOURCE BRITVIC SOFT DRINKS & FORTY TWO



# UK fastest growing soft drinks market in Europe

ALL SOFT DRINKS AND JUICES

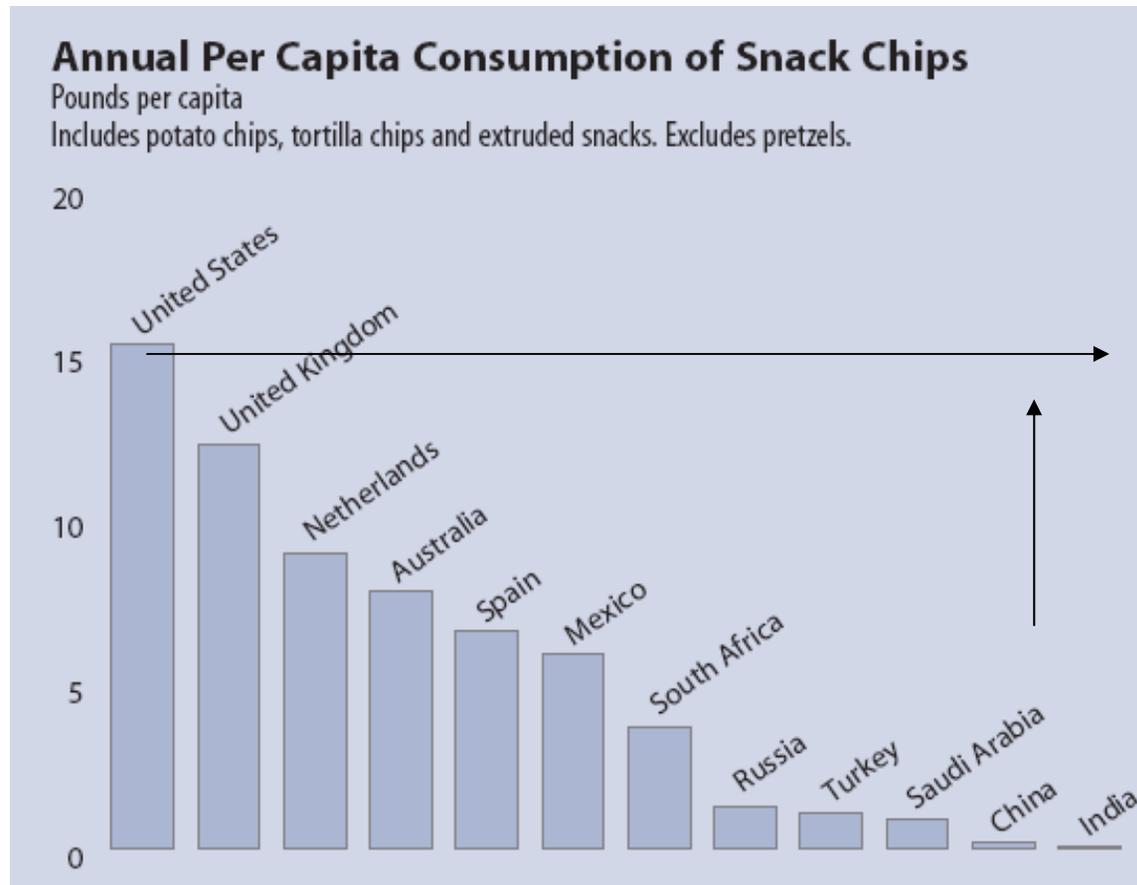


# It could be worse...

“Currently, Americans consume more than 53 gallons of carbonated soft drinks per person per year; the amount surpassed all other beverages, including milk, beer, coffee and water. The U.S. market includes nearly 450 different soft drinks, with the total retail sale over \$60 billion annually”.

**Joint Report of the American Dental Association Council on  
Access, Prevention and Interprofessional Relations and Council on  
Scientific Affairs to the House of Delegates: Response to Resolution  
73H-2000 October 2001**

# PepsiCo's explicit global aim



Source: PepsiCo

## WORLDWIDE AD GROWTH: 1990-2003

	U.S.A.		OVERSEAS		TOTAL WORLD	
	BILLION	%	BILLION	%	BILLION	%
	US\$	CHANGE	US \$	CHANGE	US\$	CHANGE
1990	\$130.0	+ 3.9%	\$145.9	+ 11.8%	\$275.9	+ 7.9%
1991	128.4	- 1.2	153.9	+ 5.5	282.3	+ 2.3
1992	133.8	+ 4.2	165.4	+ 7.5	299.2	+ 6.0
1993	141.0	+ 5.4	163.2	- 1.3	304.2	+ 1.7
1994	153.0	+ 8.6	179.0	+ 9.7	332.0	+ 9.1
1995	165.1	+ 7.9	205.9	+ 15.0	371.0	+ 11.7
1996	178.1	+ 7.9	212.1	+ 3.0	390.2	+ 5.2
1997	191.3	+ 7.4	210.0	- 1.0	401.3	+ 2.8
1998	206.7	+ 8.0	205.2	- 2.3	411.9	+ 2.6
1999	222.3	+ 7.6	213.8	+ 4.2	436.1	+ 5.9
2000	247.5	+ 11.3	226.8	+ 6.1	474.3	+ 8.8
2001	231.3	- 6.5	209.6	- 8.6	440.9	- 7.9
2002	236.9	+ 2.4	213.6	+ 1.9	450.5	+ 2.2
2003*	247.7	+ 4.6	222.1	+ 4.0	469.8	+ 4.3

\* In current local currencies

# City U. review of 25 top food companies

## ***Policies on marketing, advertising, promotion and sponsorship***

- Only four out of 25 companies had any policies on advertising, all of them manufacturers: Cadbury Schweppes, Danone, Nestlé and Unilever.
- Only six companies had policies specifically on children (despite the existence of ready-made Children's guidelines) (Cadbury Schweppes, Coca-Cola, Kraft, Nestlé, Unilever, Tesco)
- Only four companies gave stated support to voluntary codes of practice. (Cadbury Schweppes, Nestlé, Unilever and McDonald's).
- Only Cadbury Schweppes was rated as active in all four areas; but Nestlé and Unilever were active in three.
- Both retailers and foodservice score very poorly across the board on marketing and advertising and vending. Only five companies had policies on vending machines and health, three manufacturers – Cadbury Schweppes, Coca-Cola, Kraft – and two foodservice – Compass and Sodexo.

Tim Lang, Geof Rayner and Elizabeth Kaelin, The food industry, diet, physical activity and health: a review of the reported commitments and practice of 25 of the world's largest food companies, City University, April 2006

# Advertising UK

- Advertising spend in 2005 £3.7 billion. Government spending on advertising was £167,153,919 (in third place).
- Total radio ad spend £488,586,740. COI spent £32,815,669 on radio ads; second place Unilever with £10,266,269.

# The culture industry: predicted six decades ago, triumphant 2006

“The triumph of advertising in the culture industry is that consumers feel compelled to buy and use its products even though they see through them.”

Theodor Adorno and Max Horkheimer.  
Dialectic of the Enlightenment **(1944)**

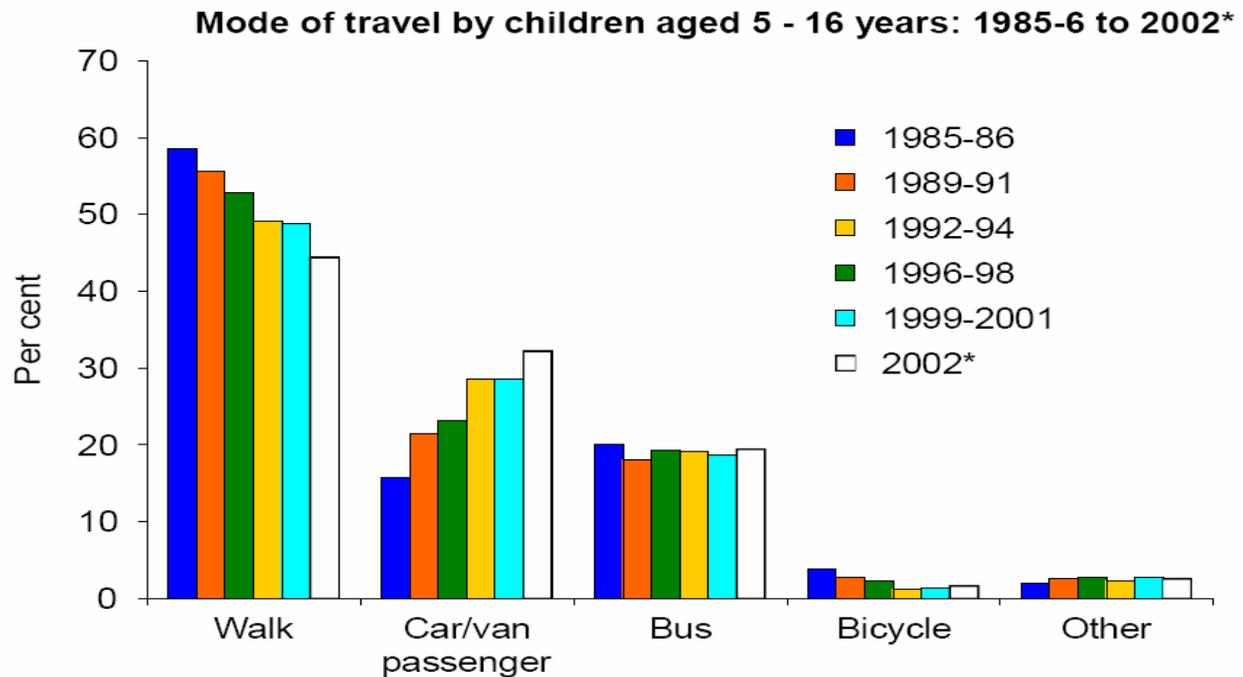
# Features of cultural transition

In UK cultural transition is linked to shift from 'producer' to 'consumer society'. With only 15% of economy defined as industry, retail and services dominate the economy.

- Advertising officially defined as central component of 'creative industries'
- Food products 'denatured' by the consumer culture
- Public sphere increasingly mediated by 'brand ethics' with public sector, and particularly state-sponsored sports, merely another marketing channel
- Emergent cultural ethic based on possessive individualism albeit with increasing cultural uniformity (defined through consumer narrative-driven media, high street chains, celebrity culture, etc.)
- Mass participant sport replaced by sport as entertainment (resulting in 'physical activity by proxy')
- Health education increasingly fed through marketing channels and Corporate Responsibility (five a day, Tesco 'healthy choices', etc.)
- In the consumer culture: 'doing' is replaced by 'watching'.

# Other transitions interrelate: Physical environment transition

**Indicator: How children get to school**

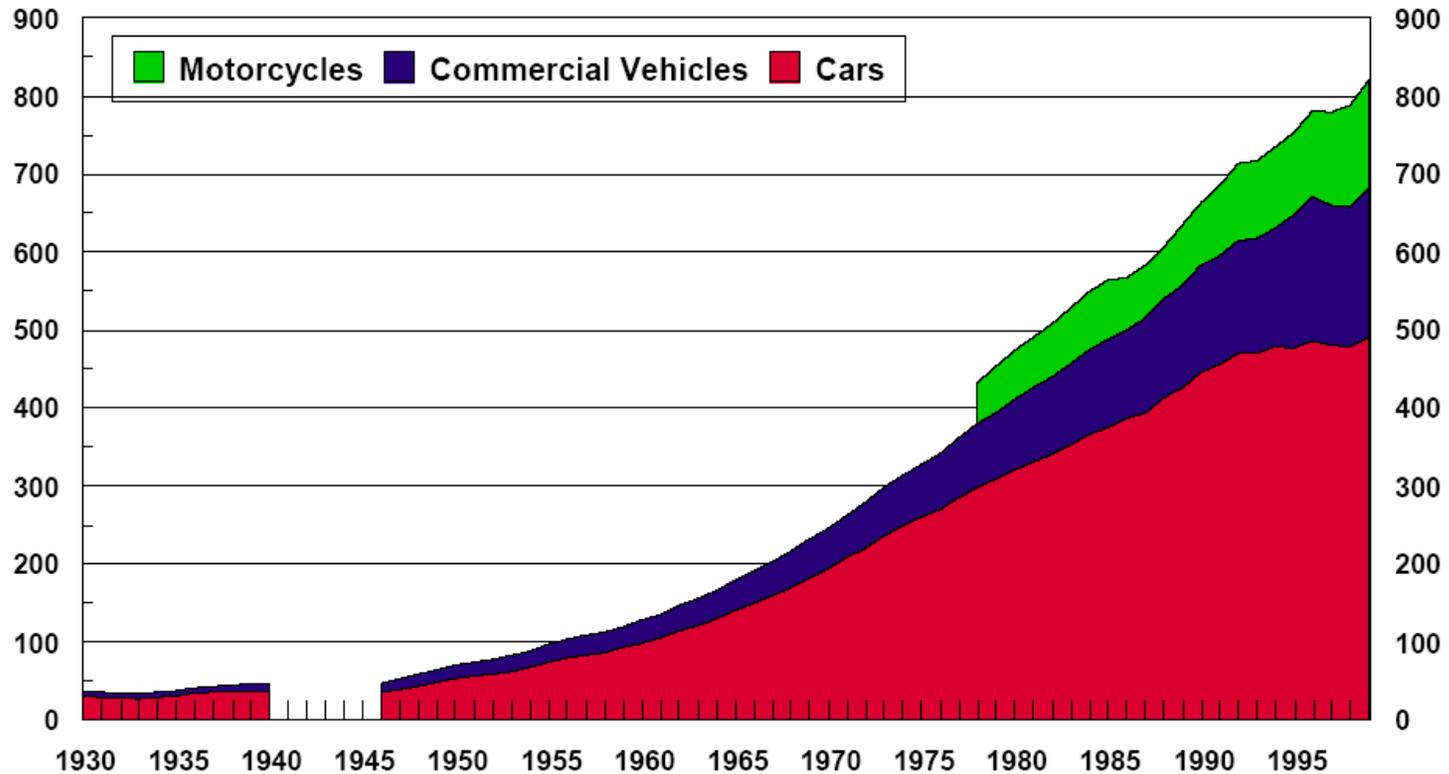


Note: \* Provisional data.

# Physical environment transition

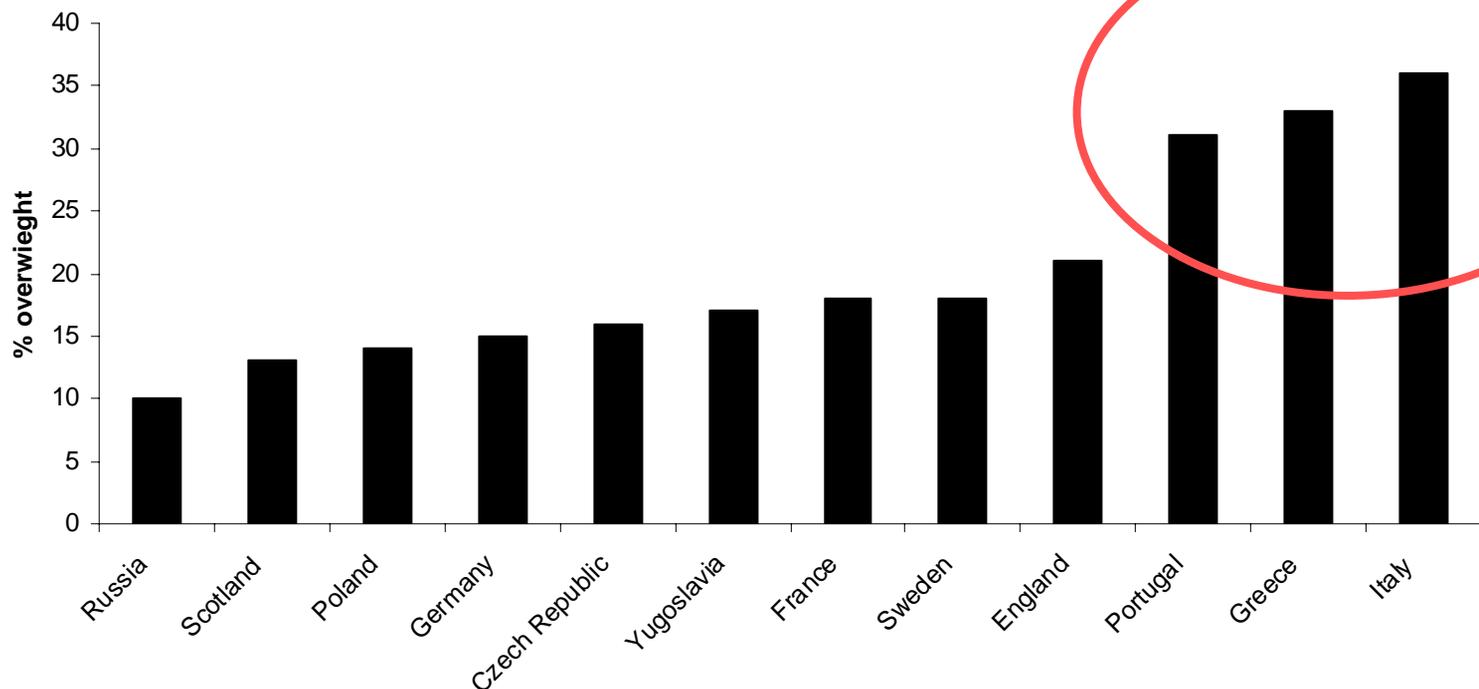
## Global Trend In Motor Vehicles

Millions of Vehicles



Favoured Mediterranean diet, food culture etc.  
seem ineffective against dietary, environment and  
cultural change

*Prevalence of overweight children aged between  
4-11 years by country, latest available year, Europe*



Source: International Obesity Task Force (WHO 2004)

# Part 2 – Social Marketing

What is it?

Begin with marketing

# How is marketing is defined by SM'ers?

*“Marketing* refers to attempts to manage behavior by offering reinforcing incentives and/or consequences in an environment that invites voluntary exchange. The environment is made favorable for appropriate behavior through the development of choices with comparative advantage (products and services), favorable cost-benefit relationships (pricing), and time and place utility enhancement (channels of distribution). Positive reinforcement is provided when a transaction is completed.”

Rothschild, M., 1999. Carrots, sticks and promises: A conceptual framework for the management of public health and social issues behaviours. *Journal of Marketing* 63 (October), 24-37.

# How is marketing is defined by SM'ers?

“Marketing is, at base, simply an activity carried out by individuals and organizations to achieve certain personal and social ends - just as preaching, plumbing, auto repair and surgery are also activities to achieve personal and social ends. Societies grow and develop as their members get better at such activities, especially if such activities are central to their welfare.”

Alan Andreasen. "Intersector Transfer of Marketing Knowledge." Handbook of Marketing and Society. Ed. P. Boom and G. Grundlach. Thousand Oaks, Calif.: Sage Publications, Ltd., 2001. ■

## How does SM differ?

“..(SM differs) from other areas of marketing only with respect to the objectives of the marketer and his or her organization. Social marketing seeks to influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society.”

# SM – the approach

Like commercial marketing, the primary focus is on the consumer--on learning what people want and need rather than trying to persuade them to buy what we happen to be producing. Marketing talks to the consumer, not about the product. The planning process takes this consumer focus into account by addressing the elements of the "marketing mix."

# Why is there bad or unhealthy behaviour?

“People choose to eat junk food, not exercise, smoke and drink to excess, or engage in unsafe sex because they have evaluated their own situation and environment and made a self-interested decision to behave as they do.”

Rothschild, M., 1999. Carrots, sticks and promises: A conceptual framework for the management of public health and social issues behaviours. *Journal of Marketing* 63 (October), 24-37.

# What are the 'politics' of SM?

In an era of increasing political centrism and economic deregulation, marketing offers a philosophic and pragmatic middle ground. In an era of increasing individual self-interested demands, decreasing homogeneity, and diminished respect for government, marketing offers the philosophy of exchange. Marketing may offer a philosophic middle ground between paternalism and libertarianism on several dimensions. It offers free choice, while also offering behavior management through environmental changes.

Rothschild, M., 1999. Carrots, sticks and promises: A conceptual framework for the management of public health and social issues behaviours. *Journal of Marketing* 63 (October), 24-37.

## But one (lonely) discordant note

“... one of the most serious forms of competition <to SM> comes from commercial marketing itself where this markets unhealthful (sic) or unsocial behaviours. The most obvious examples are the tobacco and alcohol industries.”

Lynn MacFadyen, Martine Stead and Gerard Hastings, A Synopsis of Social Marketing (1999)

[www.ism.stir.ac.uk/pdf\\_docs/social\\_marketing.pdf](http://www.ism.stir.ac.uk/pdf_docs/social_marketing.pdf)

# National Social Marketing Centre model (UK)

## Customer orientation

A strong 'customer' orientation with importance attached to understanding where the customer is starting from, their knowledge, attitudes and beliefs, along with the social context in which they live and work.

## Behaviour and behavioural goals

Clear focus on understanding existing behaviour and key influences on it, alongside developing clear behavioural goals, which can be divided into actionable and measurable steps or stages, phased over time.

## Voluntary

Concern with promoting and supporting 'voluntary' action.

## Audience segmentation

Clarity of audience focus using 'audience segmentation' to target effectively

## 'Exchange'

Use and application of the 'exchange' concept – understanding what is being expected of 'the customer', the 'real cost to them'.

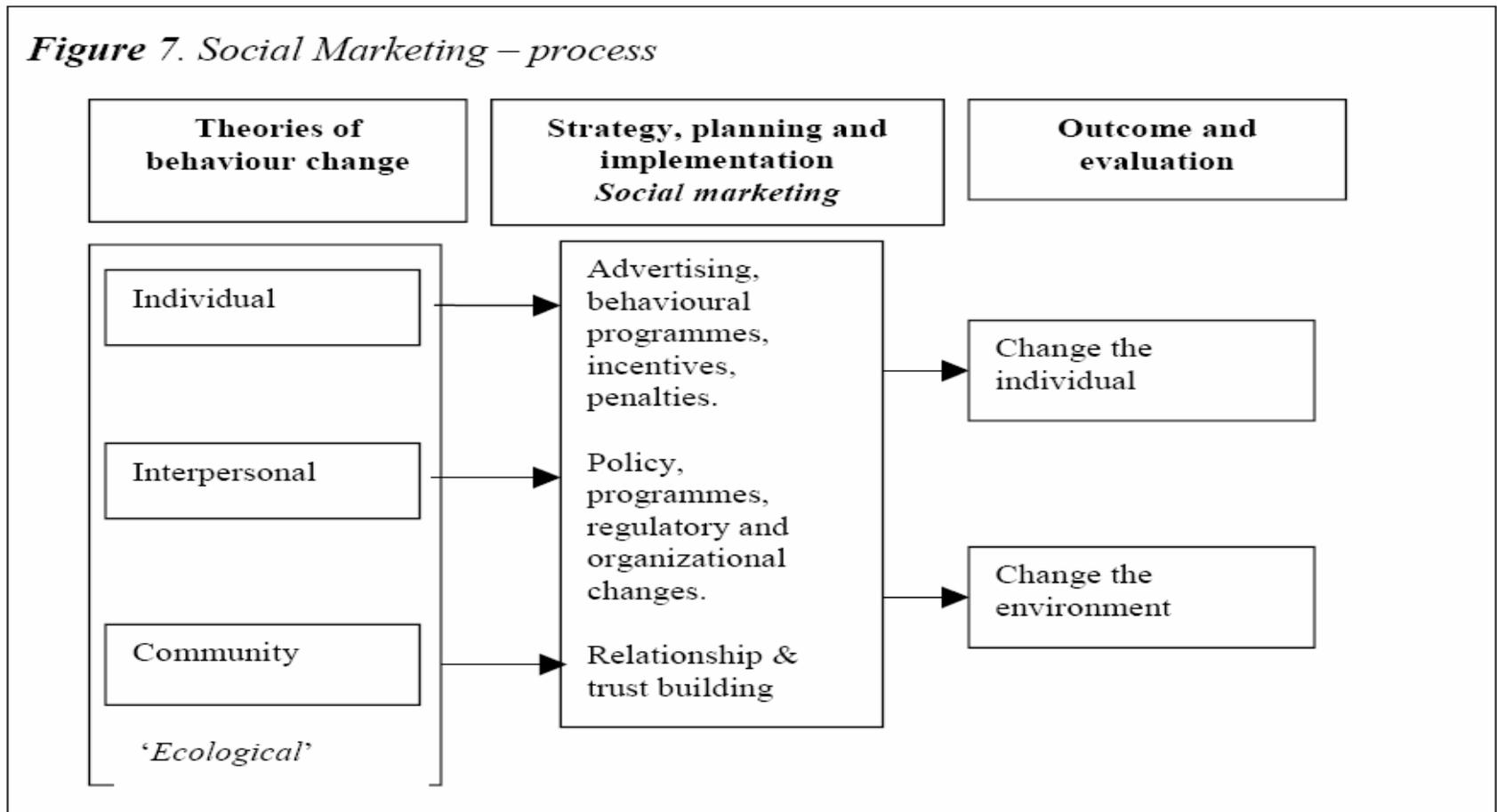
## 'Competition'

Use and application of the 'competition' concept – understanding factors that impact on the customer and that compete for their attention and time.



# The social marketing process – according to PMSU

*Figure 7. Social Marketing – process*



Halpern D., Bates C., Beales G., Heathfield A., 'Personal responsibility and changing behaviour: the state of knowledge and its implications for public policy', London: Prime Minister's Strategy Unit, 2004

# Social marketing – according to PMSU

“..the efficacy of government policy may be significantly enhanced, and public behaviour positively influenced, by the application of more sophisticated approaches to support individuals and communities in changing behaviours. To be effective and acceptable, such approaches need to be built around co-production and a sense of partnership between state, individuals and communities....

***Behaviour change often – if not always - lies at the heart of complex policy issues.”***

# Does SM in nutrition actually work?

(who cares about the colour of the cat so long as it catches mice?)

## University California (Davis) review (2000) says:

“As a whole these massive efforts to change population-wide dietary behaviors have only been marginally successful”

## University of Stirling/Open University(2006) says:

“Overall, the review has found strong evidence that nutrition interventions developed using social marketing principles can be effective. The vast majority (n=24) of the interventions had at least one significant positive effect on some form of nutritional behaviour, whether that be fruit and vegetable consumption, fat intake, or something else.”

Amy Carroll, Lisa Craypo, Sarah Samuels, Evaluating Nutrition and Physical Activity Social Marketing Campaigns: A Review of the Literature for Use in Community Campaigns University of California Davis, December 2000

Laura McDermott, Martine Stead, Ross Gordon, Kathryn Angus and Gerard Hastings, A review of the effectiveness of social marketing nutrition interventions, ISM Institute for Social Marketing, Stirling University/Open University/National Centre for Social Marketing, 2006

# Social Marketing success stories (from Social Marketing Institute, USA)

- [Centers for Disease Control and Prevention: Helicobacter pylori and Peptic Ulcer Disease](#) (Nationwide, USA)  
*How we lost our stomach pains and regained our love for chili.*
- [Click It or Ticket](#) (State of North Carolina, USA)  
*Why North Carolina has one of the highest seat belt usage rates in the US.*
- [Florida "Truth" Campaign](#) (State of Florida, USA)  
*How Florida's anti-smoking campaign is getting kids to trade tar-stained fingers for healthy pink lungs.*
- [Mass Media and Health Practices Project](#) (Honduras)  
*Honduran mothers are mixing salt, water, and sugar to fight dehydration: their leading cause of infant mortality.*
- [National Diabetes Education Program Hispanic/Latino Campaign](#) (Nationwide, USA)  
*Switching languages reversed trends and increased knowledge about diabetes in Hispanic and Latino/a America.*
- [National WIC Breastfeeding Promotion Project](#) (Various States, USA)  
*From Health Issue to Heart Issue: Increasing breastfeeding rates by focusing on mother-child bonding at meal times.*
- [PeachCare for Kids](#) (State of Georgia, USA)  
*Georgia guarantees affordable health care for the children of working parents, and parents know about it.*
- [Stop AIDS](#) (Switzerland)  
*The world's longest running HIV/AIDS prevention program succeeds by working to change both private behavior and public attitudes.*
- [Tools of Change](#) (Canada)  
*Proven methods for promoting health and environmental citizenship.*

# **Social Marketing success stories (from Social Marketing Institute, USA)**

## ***Stop Aids: Federal Office for Public Health, Swiss Aids Foundation***

“Stop Aids is an example of one of the longest running (since 1987) and most carefully evaluated social marketing programs for AIDS prevention in the world. Its initial audience was gay men, but as the epidemic began to expand it reached out to a truly national audience.” ...

### **Target Needle Exchange and Faithfulness**

Because media campaigns addressing drug use are relatively ineffective due to their inability to influence drug availability or distribution, STOP AIDS concentrated its messages around preventing needle sharing and first-time drug-users while making the connection between drug use and the spread of AIDS.

# Allied SM concepts... ‘Social Alliances’

“..we define social alliances as any formal or informal agreement between a non-profit organization and one or more for-profit organizations to carry out a marketing program or activity over a significant period of time where both parties expect the outcome to advance their organization's mission; the corporation is not fully compensated for its participation; and there is a general social benefit expected.

# Allied SM concepts – ‘Social Alliances’

..the agreement recently signed between Coca-Cola and the Boys & Girls Clubs of America (BGC) through which Coca-Cola will invest \$60 million and significant staff time over ten years to help BGC increase the number of young people participating in its programs. Such a relationship meets our criteria in that:

- Coca-Cola will significantly increase its exposure to a prime market target -- young people --, improve staff morale in local community activities, and improve its corporate image;
- BGC will receive significant investment capital and volunteer assistance, and new promotional opportunities;
- BGC does not pay Coca-Cola for the services it renders to BGC; and
- The result should be a significant increase in the number of at-risk young people involved in positive after-school activities.

# Social Alliance in UK - Media Smart®

- Media Smart® is a non-profit media literacy initiative created by the advertising business to respond to these concerns. The programme has been developed in association with the National Confederation of Parent Teacher Associations (charity partner) and is supported by the UK Government.

# Who backs Media Smart® ?

- Media Smart® is supported by the following organisations and companies: Advertising Association, British Toy and Hobby Association, BSkyB, Burkitt DDB, Cadbury Trebor Bassett, Fox Kids, GMTV, Hasbro, ISBA, Kellogg's, Masterfoods, Mattel, National Confederation of Parent Teacher Associations (charity partner), Nickelodeon, Procter & Gamble, The Newspaper, Turner Broadcasting, Unilever and Viacom Brand Solutions.

# Media Smart® says “Celebrate the children’s achievements”

The final two activity sheets are blank certificates. These are for the children to take home so that they can share their achievements with parents and carers. How you decide to use these is a matter for personal preference. Ideas include:

Have a special assembly where the children are presented with their certificates.

Have an event for parents so that they can share their children’s achievements and be made aware of their role in the Media Smart® programme.

***Create your own advertising agency party where your young advertising executives can toast their success.***

# Social marketing: over sold

- SM, in its original US conception, is essentially a way to apply established marketing techniques to the health sector, as has been done with environment or NGOs. SM addresses aberrant behaviour, or ignorance, within certain sections of the public.
- SM draws on some of the cleverness of US marketing methods using step by step approach; evidence of success in the US on nutrition, however, appears wanting.
- US SM carries theoretical and ideological baggage about the state, markets, exchange theory, behaviourism etc. Essentially it contains a conformist (social functionalist) model of society which aim to generate compliant behaviours in target groups. However, SM practitioners may not be so cynical.
- US SM's criticisms of 'antisocial marketing' are virtually non-existent. And it presents no analysis whatever for why consumer behaviour has become problematic. Why is it that the poorest people eat the worst food? The question is never posed.
- Claims by US SM'ers for effectiveness of SM world-wide are part of the 'marketing of social marketing'. One cited SM 'success point' (Switzerland) applied PH methods illegal in US.

# Social marketing: Over sold and over here!

- In the UK SM first looks like the another example of the Coca-colonisation of UK social policy? In comparison with the 'real' marketing, SM's resources will always be pitiful, however worthwhile any particular project.
- SM is part of 'choice' ideology. In general, government cannot (or will not) manage 'government failure' or 'market failure' in areas critical for PH, and has few controls over economy or inequalities. SM focuses on the behaviour of the 'losers' in society.
- SM is hip. Advertisers love it. They neither sees (nor declare) their conflict of interest between SM for health and marketing for food sector
- SM in UK will be a short term fad (like social capital, health action zones, healthy living centres), as no 'concept' cannot redress the glaring incapacities of PH policy (lack of influence) and practice (lack of effective resources).

# So, what's the alternative?

- In the case of dietary transition. Far more scrutiny and exposure of the food industry and its marketing is needed. There is a powerful case for scrutiny and advocacy but health protection in marketing is run through agency (Ofcom) hostile to PH. SM development is being funded. This isn't.
- Some of SM methods may have a place – shorn of ideological baggage - as a part of integrated ecological public health model and with the application of healthy British scepticism. The fact that it hardly constitutes a 'magic bullet' hardly needs to be said.
- In the case of public health the need to revisit to main building blocks
  - Strengthen the role of 'health protection' in the light of NCDs/DR-CDs – operating at national, Euro and global levels
  - Revisit health development/health promotion. Where is its institutional base in government?
  - Modernise health education, but recognise that it, like SM – is being overwhelmed by larger forces.

# Conclusions

Some questions:

In a world drenched by 100% strength marketing and an immense food industry with almost unlimited resources, is the role for SM anything more than minor? Isn't it just a sop?

Does adopting the SM approach – and the inevitable push towards 'social alliances' does that mean that the food industry and ad/marketing sectors are PH's friends?

And, while consumer behaviour *is* a problem (and what are the causes?) does the fault ultimately lie – as US SM leaders and PMSU say - with the consumer?

# Thanks!

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