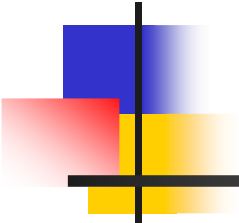


How Brands Work in Public Health



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Brands are like reputations

- Marlboro, BMW, and Reynolds Wrap – Great brands have a clear cut identity and value proposition
- Marlboro's identity: **“All-American; hardworking/ trustworthy; rugged individual, man's man (experienced, sure of self, confident, in charge, self-sufficient, down to earth, cool/calm, get the job done); admire his strength.”**
- Desirable, masculine reputation promotes associations with the brand for Marlboro consumers



Just having a little fun...



WARNING: SMOKING CAUSES IMPOTENCE

California Department of Health Services



Basic Brand Features

- Relationship between consumer and product or service (marketing focused on the consumer & brand-consumer relationship)
- Value (customer and otherwise defined) added to a product or service
- Exchange (cost and benefit) between product or service and consumer
- All brands promise value, great brands consistently deliver it

But sometimes brands forget who they are...





How do brands work?

- Positive associations – brand promotes them based on strategic marketing objectives
- Images inspire aspiration – I want the promised external ideal
- The individual aspires to close the gap between his or her own self-image, and the external idealized image
- “Social imagery” (i.e., my perception of the external ideal) can also explain health behaviors



What is Public Health Branding?

- Commercial brands are associations that enhance the value of products and services for consumers
- Branded products or services project socially desirable models & idealized imagery for consumers
- PH brands are associations that enhance value of health behaviors for an audience (better life as a nonsmoking, physically active, condom user)
- They are **not** about commercial products that have social benefit (subsidized condoms)
- Public health brands promote the net positive value of **healthy lifestyles**



Healthy Lifestyle Promotion

- PH brands offer behavioral alternatives to health risks, promote healthy choices as socially desirable
- Identify audience motivations & barriers:
 - Motivations: Independence, personal control, social status
 - Barriers: Competing messages, low self/outcome efficacy
- Appealing social images (cool kids are physically active) promote aspiration to promoted lifestyle
- Competition with unhealthy behaviors/marketing



Theoretical Basis

- Social cognitive theory (Bandura 1986): Modeling a positive, nonsmoking lifestyle encourages emulation
- Social images projected by truth® are coolness and popularity of tobacco-free lifestyle (Evans et al 2005)
- PH brands serve an organizing function for health messages (Evans & Hastings 2008)
- Some evidence for branding effectiveness across most modifiable behaviors (Evans et al 2008)



Example: *truth*

- Launched in February 2000
- Largest US anti-tobacco campaign (Over \$300M)
- Encouraged emulation of non-smoking lifestyle by tapping adolescent needs for independence, rebellion, control
- Media tracking, evaluation of branding effort, anti-tobacco industry attitudes
- High overall brand identification (Evans et al., 2005), reduced smoking associated with brand exposure (Farrelly et al., 2005)

Rebellion Against Industry





How to Evaluate PH Brands?

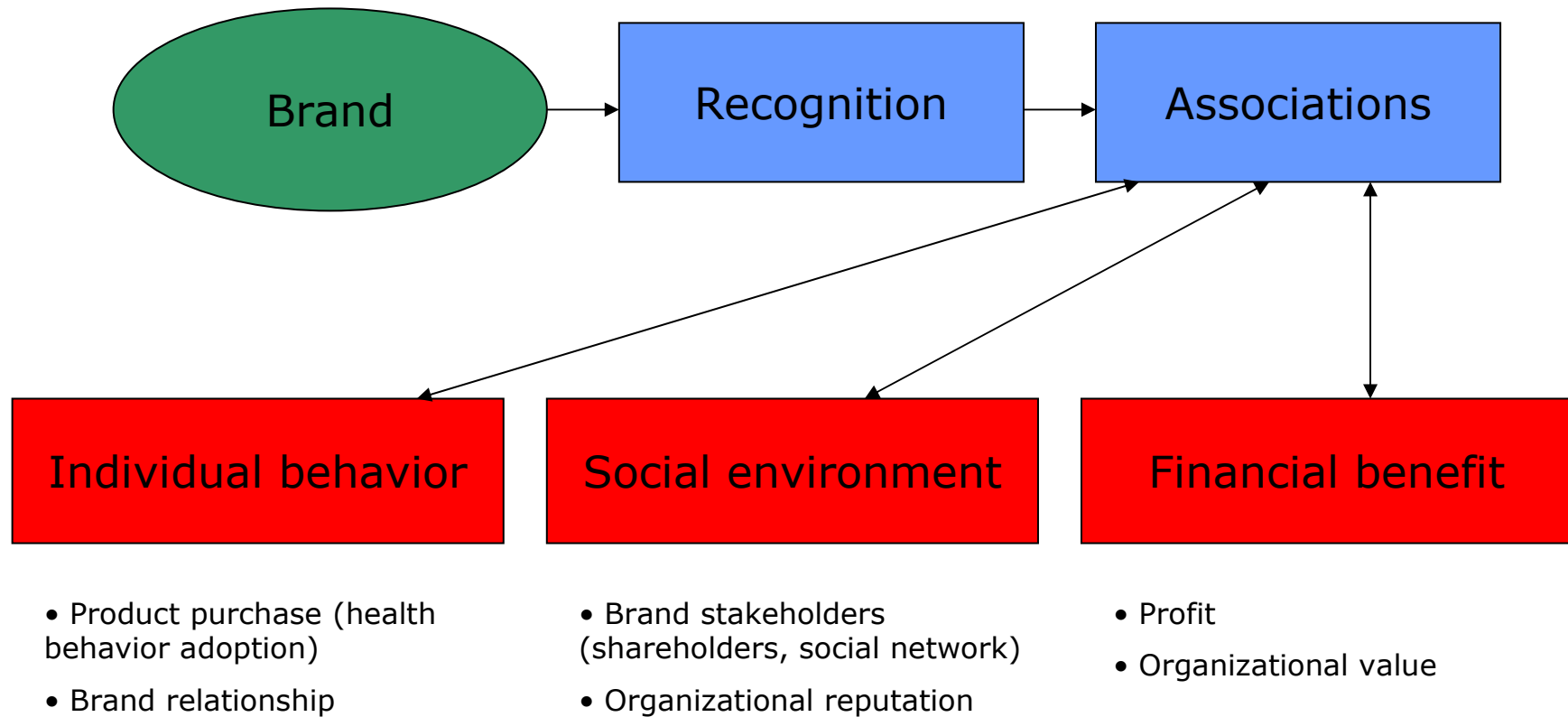
- Was the audience exposed to message?
- What were audience message reactions (message perceived as credible, likeable?)
- What associations were formed by target audience with brand?
- Is brand exposure associated with positive reactions and associations?
- Are reactions and associations related to intended behavior change?



Evaluation at Individual Level

- Some work in commercial brand evaluation to evaluate beyond individual-level effects
- Schulz & Schulz (2005) provide framework for 3 levels of brand evaluation
- Most commercial work at individual level
- All published PH brand evaluations have been individual level (Evans et al 2008)
- Opportunity to expand the field and measure branding of larger initiatives (e.g., multiple HIV campaigns) and PH orgs. (e.g., CDC Divisions)

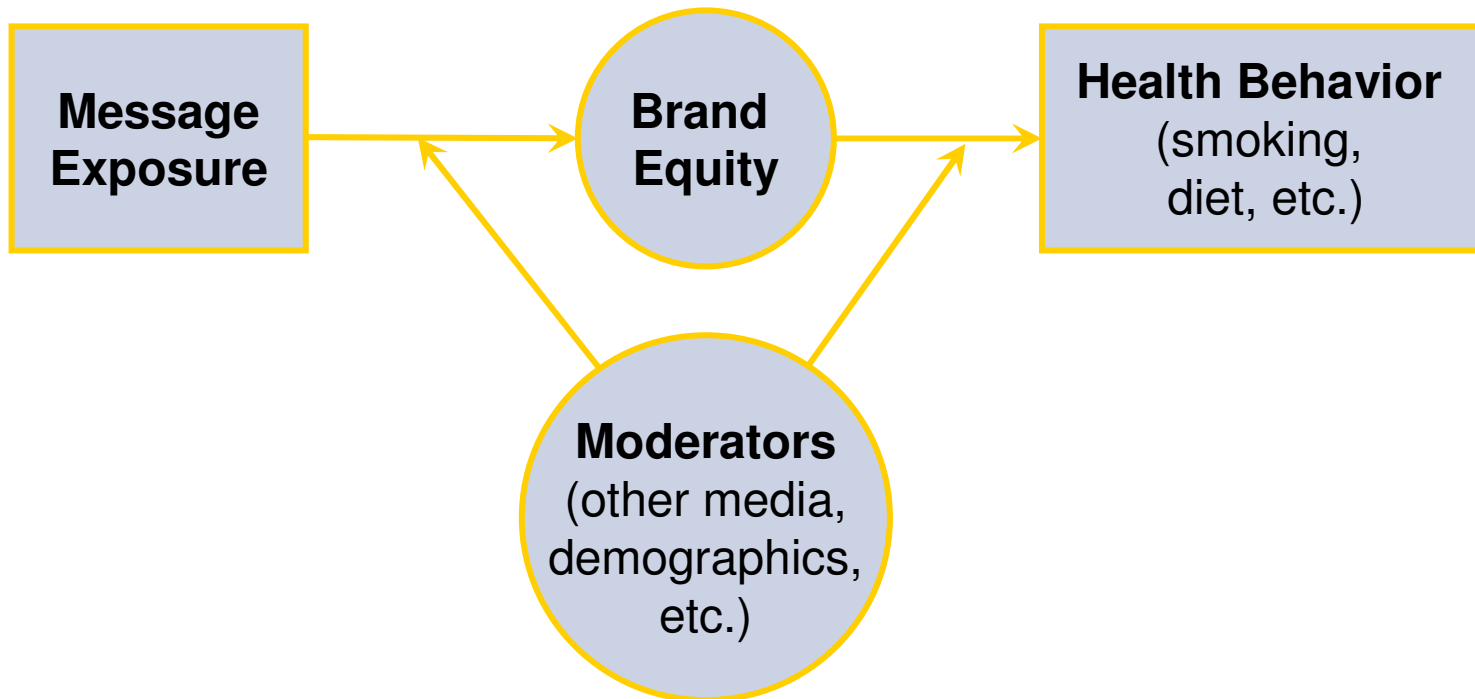
Brand Evaluation Framework



Adapted from: Schulz and Schulz 2005



Branding as Mediator





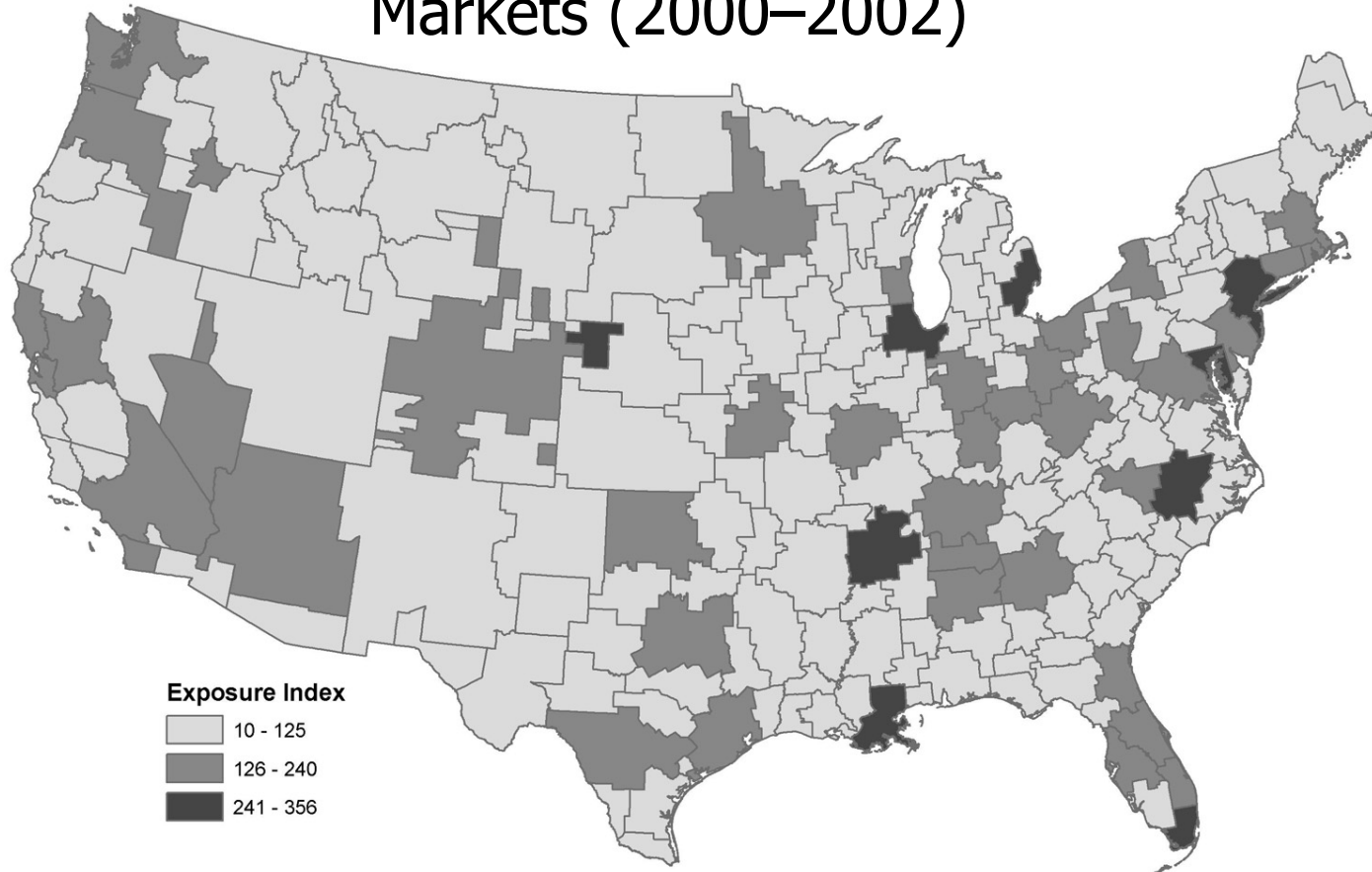
Exposure Measures

- Self-reported (aided & unaided)
 - If prompted, respondent reports message exposure (claimed)
 - If asked to describe message, respondent demonstrates exposure (confirmed)
- Environmental (Gross Rating Points – population exposure in media market)
 - Nielsen media data



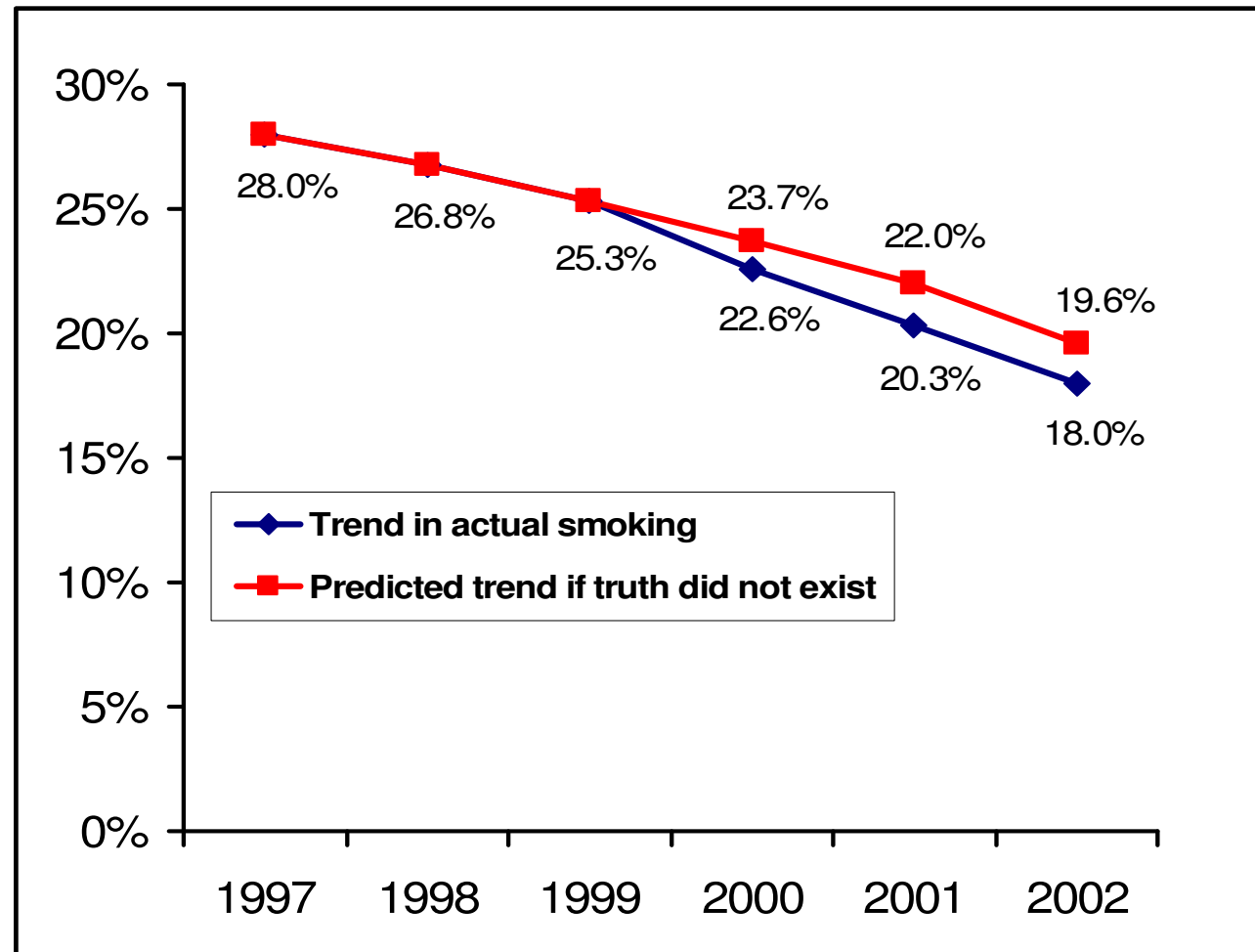
Example: *truth* Media Evaluation

Truth Campaign Exposure by Media Markets (2000–2002)



Portion of Decline in Youth Smoking Attributable to *truth*

- Approximately 22% of total decline in youth smoking attributable to the *truth* campaign
- Represents roughly 300,000 fewer youth smokers as a result of *truth*





Brand Evaluation Measures

- Brand reactions (Elaboration Likelihood Model, Petty & Cacioppo 1986)
 - Was the message credible? Was it likeable?
 - Predicts subsequent attitudes/associations
- Brand associations
 - Brand equity association measures
 - Are these associations socially desirable?
 - Higher-order brand equity construct



Public Health Brand Equity Scale

Dimension	Public Health Relevance
<i>Price Premium</i>	Investment of time/effort in behavior change
<i>Satisfaction/loyalty</i>	Would individual recommend the behavior change (product) to friend?
<i>Perceived Quality</i>	Value of behavior compared to alternatives
<i>Leadership/popularity</i>	How "in" is the behavior, how innovative
<i>Perceived value</i>	Since it isn't purchased, not applicable
<i>Brand personality</i>	How brand is differentiated from competitors
<i>Org. associations</i>	Trusted source?
<i>Brand awareness</i>	When you think of brand, you think of what?
<i>Market share</i>	Proportion of population engaging in behavior
<i>Market price</i>	Not applicable since behavior not purchased

Source: Evans et al, 2005, Journal of Health Communication



Behavioral Outcomes

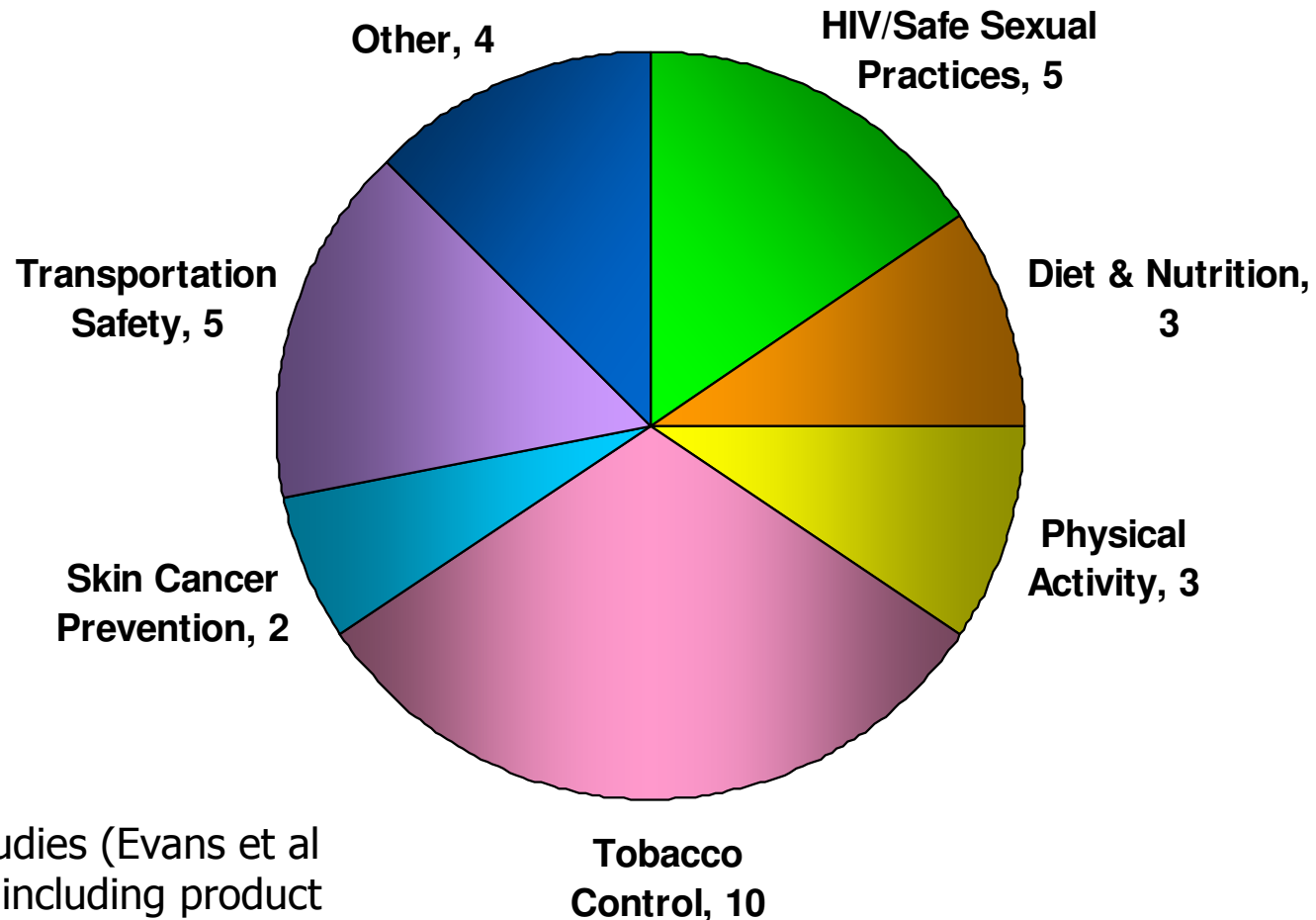
- Example self-reported health behaviors
 - Smoking initiation, uptake
 - Time spent in moderate, vigorous exercise
 - Food choice, consumption
 - Condom use
- Direct effects of branded message exposure on behavior
- Indirect (mediated) effects of reactions and brand associations on behavior



Evidence from Evaluations of Public Health Brands?

- Social marketing effective, but small effect sizes in 5–9% range (Snyder & Hamilton 2002)
- Limited evidence on targeted message strategies, including branded campaigns
- Effective branded campaigns in tobacco, nutrition/physical activity, HIV/STDs (Evans et al 2008):
 - truth
 - LoveLife (Africa)
 - VERB
 - 5-A-Day
 - Fighting Fat, Fighting Fit (UK)

Published Branding Studies (2007)



Note: 37 studies (Evans et al 2008); 151 including product social marketing brands



Innovative Strategies

- Share evidence and best practices between social marketing and public health specialties
- Co-branding: Link branded messages to other trusted brands (e.g., co-brand nutrition messages with Sesame Workshop)
- Technology: Use new media to compete with industry using “viral marketing” - lower advertising costs, reach youth audiences
- Social networking: Place messages in new media (Facebook, etc.) used by youth to network, maximize social diffusion effects



Discussion

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