



The application of marketing principles to a social marketing campaign

Social marketing
campaign

697

Nadine Henley

*Centre for Applied Social Marketing Research, Edith Cowan University,
Joondalup, Australia*

Sandrine Raffin

EPODE and LINKUP 114, Levallois-Perret, France, and

Barbara Caemmerer

*Department of Marketing, ESSCA School of Management,
Boulogne Billancourt, France*

Abstract

Purpose – This paper aims to explain how the principles of marketing can be applied to the planning and implementation of a social marketing campaign.

Design/methodology/approach – A wealth of secondary sources are reviewed and discussed, including academic literature, market research and campaign data.

Findings – The planning and implementation of social marketing campaigns is complex and requires a wide range of tasks. For one, the case study illustrates that identifying the right themes is crucial in order to reach the desired target audiences to create attitudinal and behavioural change. Further, a coherent implementation of the marketing mix is necessary in order to ensure campaign effectiveness over time. As social marketing campaigns often need to reach a wide range of audiences, the task of managing marketing initiatives in these contexts is more complex and requires constant evaluation in order to identify levels of effectiveness and areas for improvement over long periods of time.

Originality/value – Applies marketing theory to an interesting real-life social marketing campaign and highlights the complexity of the tasks involved.

Keywords Case studies, Social marketing

Paper type Case study

Introduction

The term “social marketing” was first used by Kotler and Zaltman (1971) to refer to the application of commercial marketing principles in the context of socially desirable goals. Andreasen (2006) defined social marketing as: “the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of their society” (p. 7). Donovan and Henley (2003) modified this definition to include involuntary behaviours, as there are many instances of social marketing where the individual’s voluntary behaviour is constrained, for example, under threat of legal sanction (drink driving) or other regulations (smoke-free venues), or where the individual’s choices are restricted (e.g. government restrictions on trans fatty acids in processed foods).

This article illustrates how well accepted marketing principles can be used in a social marketing context to bring about desired social change. Specifically, this case



Marketing Intelligence & Planning
Vol. 29 No. 7, 2011
pp. 697-706

© Emerald Group Publishing Limited
0263-4503
DOI 10.1108/02634501111178712

study investigates how EPODE (see www.epode.fr), a social marketing programme to combat childhood obesity in France, approached the planning and implementation of the campaign to “get the right message” and “get the message right” for its different target audience. The case also illustrates how the marketing mix elements can be applied to social marketing contexts.

First, the French EPODE programme will be introduced, outlining how use has been made of local champions to influence opinions and behaviours. It will then be highlighted how an upstream marketing approach was implemented throughout the campaign. Further, it will be illustrated how effective themes were developed in order to reach the different target audiences of the programme. The study also explains how the implementation of the marketing mix was managed in the context of the EPODE programme. Finally, it will be highlighted how evaluation has been used to identify the effectiveness as well as areas for improvement of the campaign.

EPODE – combating childhood obesity in France and beyond

EPODE (“*Ensemble, Prévenons l’Obésité Des Enfants*”, or “Together, let’s prevent childhood obesity”; see www.epode.fr) is an innovative programme which was developed in France, initiated by a NGO, FLVS association, and launched in 2004 to help prevent obesity in children. Five years onwards, in 2009, 2.5 million Europeans were involved in 225 French cities, 32 cities in Spain, 13 in Belgium and five in Greece. After fulfilling their original commitment of five years, the original ten cities in the pilot programme all reaffirmed their participation for another five years, indicating the strong sustainability of the concept. The programme has been proven so successful to generate participation of local stakeholders, that the European Commission has adopted its strategies in public health activities to address obesity in general (Watson, 2007).

A key aspect of EPODE is its involvement of local authorities through local mayors. In France, these local authorities have jurisdiction over kindergartens and primary schools, covering the primary target of children aged 3-12 years. Through the programme, the Mayors are invited to submit an application for their city to become a member of the EPODE community. This involves signing a charter promising to employ a full-time project manager for the programme, to organise specific activities each month in the city, to participate in national meetings of project managers and to commit at least €1 per capita per annum for five years (although many authorities commit much more than this). The targeting of local champions, in this case the mayors, is recognised as an important social marketing strategy as these key players can significantly influence opinions and mobilise resources.

While it has been suggested that it is appropriate to include advocacy elements in a social marketing strategy, through the targeting specific champions, there is also the notion that social marketers should consider environmental change first (Smith, 1998). In other words, social marketing campaigns should only attempt to persuade individuals to change their behaviour after all possible environmental changes have been put in place that assist a behavioural change. This implementation process, also termed upstream marketing, will be discussed next.

Upstream marketing

Until recently, social marketing focused primarily on persuading the individual to adopt recommended behaviours (often referred to as the “downstream” approach).

However, current thinking has extended the definition of social marketing to include achieving change in the social determinants of health and safety (referred to as the “upstream” approach) (e.g. Hastings and Saren, 2003; Wilkinson and Marmot, 2006). Upstream approaches attempt to bring about desired individual behaviour, often without the individual’s conscious cooperation.

In the present context of childhood obesity, the “upstream” approach has been used by ensuring that individuals have access to healthy foods (such as children’s school meals) and information about nutritional value of foods (as in food labels), as well as investments into public facilities to encourage physical activity (such as cycle paths and parks). Other possibilities include taxes on unhealthy foods or products, subsidies for healthy foods or products, regulating advertising to children (Moodie *et al.*, 2006), making unhealthy foods less visible, more expensive, and harder to access (Hoek, 2005).

In addition to favourable changes of the environment social marketing campaigns need to include messages that are understandable for and catch the attention of the intended audiences. In the following it will be outlined how EPODE developed and implemented effective messages to reach its key target groups.

“Getting the right message” for different audiences: children and carers

Creating effective communication messages involves a two-step process: “getting the right message” and “getting the message right” (Henley *et al.*, 2007). The first step involves some form of market research in order to identify the right content and design of the message. Often, formative research (using qualitative methodologies such as focus groups and in-depth interviews) is used in order to choose effective messages. Through this form of research it can be explored what messages may change peoples’ attitudes and beliefs, in order to ultimately change their behaviour.

When trying to change behaviours relating to childhood obesity, the right themes the campaign should concentrate on need to be decided on first. EPODE used the scheme promoted by the French national strategy, the “National Programme on Nutrition and Health” (PNNS), and selected the themes to be prioritised with the help of a multidisciplinary expert committee. The current approach is based on experiential themes that portray healthy eating and sport activities as desirable and fun in order to appeal to children (Huhman *et al.*, 2005).

Moreover, when trying to change children’s behaviours, the people caring for the children are also an important target for social marketers. When targeting carers, it is worth bearing in mind that carers have three roles (Pettigrew, 2005) which can influence a child’s nutrition and physical activity levels: They provide specific foods and physical activity options for the child, control (at least to some extent) the child’s environment, determining the quality and diversity of experiences at mealtimes and activity times, and model food consumption and activity levels. The EPODE approach recognises in particular this last point – that influential carers act as role models for children. For this reason, themes were identified to educate these carers and help them to adopt a healthier lifestyle through changes in eating habits and activity levels. It is important to note that there are sub-groups in the carers market. Different themes and messages will be appropriate for mothers and fathers, grandparents, or other carers, such as nannies or kindergarten staff. More importantly, these themes need to be integrated into overarching educational schemes to enhance the lifestyle and eating habits of these influential carers.

Although social marketers often think of formative research as being essential, it is interesting that EPODE has been developed more on evidence from the health and behavioural literature, as well as field experience. The primary target is families with children between 0 and 12 years old. The focus is on the adoption of healthier food choices and eating habits, as well as a more active lifestyle for every member of the family. EPODE determined that children are unlikely to respond to cognitive-based strategies, such as providing nutritional information, finding that it is better to concentrate on experiential themes reinforced with activities, and repeated over a long time period. For example, some of EPODE's strategies to increase fruit consumption are to suggest children try fruit compotes or fresh fruit in yoghurt, taste small pieces, and participate in preparing fruit with others. A key aspect is that there is never any stigma attached, neither to parents who have not yet adopted the desired behaviour, nor to a child who is reluctant to participate.

“Getting the message right” for different audiences: Attracting the attention of children and carers

The second step in creating effective communication messages, ‘getting the message right’, involves decisions about the execution elements. These include how to present the message in a way that attracts attention, is believable, relevant, understandable, and arouses appropriate emotions (Donovan and Henley, 2003).

When targeting children, EPODE uses stimulating execution elements, lots of colours, animation, cartoon characters, and an emphasis on pictures. Simple, easy to understand, and concrete (rather than abstract) concepts are suited to a child's cognitive development (Wang and Henley, 2001). When targeting parents and other influential carers, EPODE uses more serious message contents, such as informative advice, tips and recipes. These are always embedded in tailored themes specific to the carer group.

The marketing mix

The marketing mix refers to the traditional “4P's” of marketing, i.e. product, place, price and promotion. In many instances, a fifth “P” for partnerships needs to be added when creating and implementing social marketing campaigns, as societal problems such as childhood obesity have to be addressed through a concerted effort of many parties and stakeholders.

Product

In social marketing, the products are primarily ideas such as, in the context of obesity, “Eat two fruits and five vegetables a day to be healthy”. This product involves a tangible product component (the fruit and vegetables) but the core social product is the underlying benefit of being healthy. The recommended behaviour is to eat fruits and vegetables. Performing the behaviour, i.e. eating fruits and vegetables, offers the individual a way to achieve the benefit.

EPODE promotes healthy behaviour to children as a fun activity rather than something they need to engage in for health benefits. For example, one theme is “Playing is already moving!”, recommending fun (non-competitive) play activities. The theme is based on research that shows that playing outside with friends can significantly increase the amount of physical activity a child gets in a day.

Place

Place (or “distribution”) in marketing involves two main considerations:

- (1) how to make the product conveniently available; and
- (2) managing any intermediaries.

Helplines and websites are used extensively in social marketing to provide a convenient “place” where the product or idea can be made more available to the consumer. Where social marketers are recommending tangible products or services, the same principles of access apply. To encourage children to eat more fruit and vegetables, good quality, appetising produce must be made available where children make food choices, such as the school cafeteria. Vending machines on school grounds, swimming pools and sports fields need to be stocked with healthy options. In social marketing, intermediaries can be health professionals, teachers, coaches, or occupational health and safety officers in the workplace (Figure 1 provides an overview of EPODE’s distribution strategy.)

EPODE’s place strategy makes healthy choices accessible to children. They are taught the principles of nutrition and a balanced diet in school and encouraged to try healthy

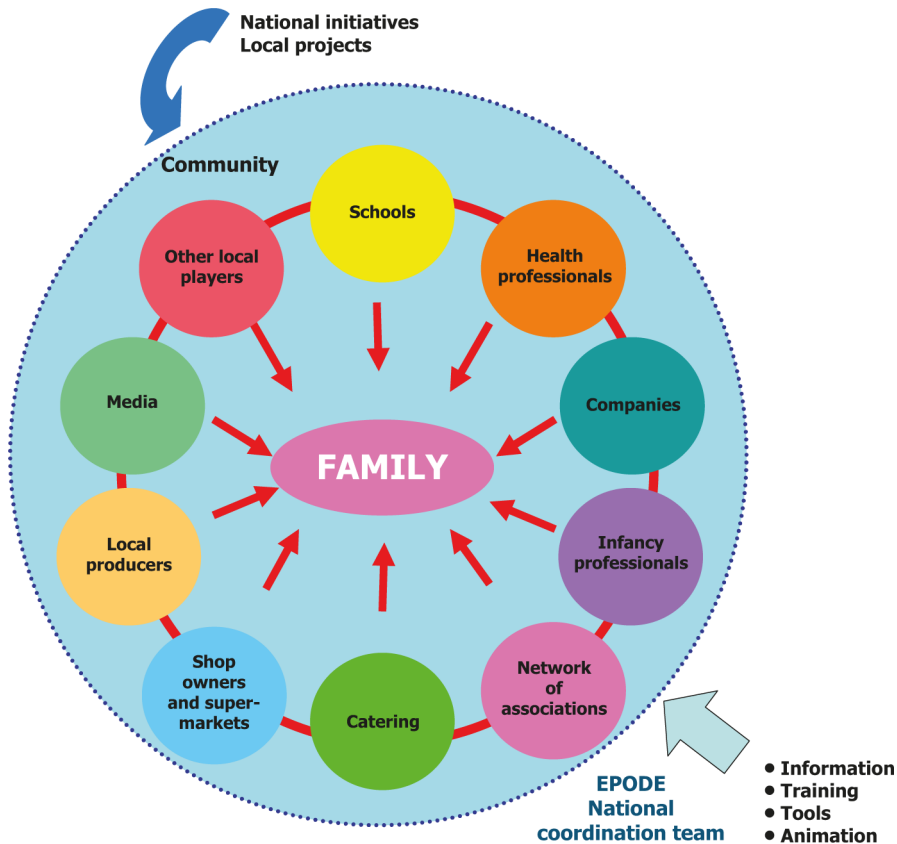


Figure 1.
The EPODE distribution network

foods. A simple strategy which illustrates the intention to make healthy decisions easy for parents and children is that supermarkets are encouraged to present seasonal fruits, at a good price and in a place where children can pick them up themselves.

Price

Price is the cost of the product, both monetary and non-monetary. Price includes the concept of 'exchange' where the buyer gives up something in return for the product. In the context of childhood obesity, the target audience (children) is usually asked to give up the instant gratification of desired foods and soft drinks or to engage in effortful activities. Parents may be asked to deny their children desired foods and also to engage in sport activities with their children. Persuading children and parents to adopt a physical activity routine may involve some monetary costs such as purchasing shoes, clothing or equipment. However, the major costs may relate to time, effort, physical discomfort, and possibly guilt.

EPODE's pricing strategy has been to stress the benefits of a healthier lifestyle, including the value of a family preparing and eating healthy food and doing physical activities together. At the same time, the programme finds ways to make healthy products less expensive by working with outlets such as supermarkets and school canteens. EPODE has rejected the strategy of maximising the consequences of not following the recommended behaviours, believing that people are much more likely to respond to positive messages highlighting pleasurable taste sensations and enjoyable family life experiences, rather than negative messages producing feelings of guilt and shame. The cost of the EPODE program is calculated as €2 per year per person (Borys and Raffin, 2006).

Promotion

Promotion is the range of activities that create awareness of the product (or a reminder that the product exists) and its attributes, and persuades the buyer to make the purchase. Decisions relating to a promotion strategy should be based on three criteria:

- (1) the purpose of the communication;
- (2) the target audience's preferences; and
- (3) the attached costs (Thackeray *et al.*, 2007).

Promotional tools include advertising, personal selling, sales promotion and public relations (Pickton and Broderick, 2005). The EPODE program uses many of these approaches to promotion.

Many of EPODE's promotion activities are focused at the local level, advertising local initiatives and events, and using personal selling through, for example, doctors and teachers to promote the message. Personal selling is important in commercial sales of items like computers and cars but can be equally effective when one-on-one selling is included in the social marketing strategy to sell the idea of health behaviour through influential advocates. The extensive publicity the programme has received has also encouraged more towns to enter the programme and families to be involved.

Partnerships

In the context of obesity, "partnerships" is a fifth essential marketing mix element as the problem can only be solved by an integrated effort involving numerous parties and

stakeholders (Ayadi and Young, 2006) including education departments, schools, teachers, parents, health departments and health professionals, regulatory bodies, the food industry, and the commercial marketing industry.

A key element of EPODE is the public-private partnership. Funding for the programme comes from a mix of public and private partnerships at the national and local level. National private sponsors have, to date, come primarily from the food industry, insurance and distribution sectors. These partners sign a charter to confirm their intention to support this public health project, promising that the programme will not be referred to in any product promotion, that they will not intervene in any way in the programme content and will refer to their involvement only in corporate communications and under the control of a committee including the different parties involved in the programme.

Evaluation

As with any marketing campaign, the impact of a social marketing programme needs to be evaluated in order to measure its effectiveness (Sherwood *et al.*, 1989; Caemmerer, 2009). The evaluation of EPODE is being conducted on two levels: medically (by obtaining body mass index (BMI) data) and sociologically (by tracking changes in behaviour) (Borys and Raffin, 2006).

To date, the survey data indicates behavioural changes over the period of the programme. For example, the number of families eating French fries on a weekly basis has dropped from 56 per cent to 39 per cent (Westley, 2007).

Moreover, indicators suggest that overweight has decreased in EPODE towns. In eight EPODE pilot towns more than 23,000 children aged 4-5 to 11-12 were measured annually between 2005 and 2009. School health professionals (school nurses and school doctors) made these measurements at schools in different classes. Analysis of the data was carried out by the Centre of Biostatistics at Lille University Regional Hospital Centre. The results suggest that between 2005 and 2009, the overall prevalence of childhood overweight and obesity decreased significantly. Comparing the results between different socio-economic groups, it can be seen that the decrease was significant in affluent areas, but non-significant in deprived areas. Thus, while overall national data show a stabilisation trend in the prevalence of childhood obesity, the gap in obesity levels is becoming more pronounced according to the socio-demographic characteristics of families.

Conclusion and suggested questions for students to consider

Effective social marketing requires coordinated approaches both upstream (environmental, policy changes) and downstream (individual behaviour changes). In practice, social marketing campaigns need to be sustained over time to create change at a cultural or societal level. There are many examples of how social marketing campaigns have successfully changed normative attitudes in recent years. Examples include attitude changes towards drinking and driving, as well as smoking. Awareness has also been raised in public health fields such as HIV/AIDS, cot deaths and some cancers (Swinburn, 2003). A relatively new challenge for public health officials in many developed countries lies in the combat of overweight and obesity. Increasingly, governments turn to social marketing activities to create social norms that consider physical activity and healthy eating as desirable. To fulfil this objective, nations need

to be committed to strategic, long-term funding, “measured in decades not years” (Stead *et al.*, 2006, p. 192) for comprehensive, innovative and properly evaluated interventions (Swinburn, 2003).

Through this case study it was illustrated how fundamental principles of marketing may be applied to a social marketing context. It was outlined how the development and design of effective themes for different target audiences can be established through marketing research. The case also showed how the marketing mix, extended by a fifth “P” in “partnership”, may help in the successful implementation of a social marketing programme, in this case the fight against childhood overweight and obesity. Finally, it was demonstrated on which levels the programme is evaluated in order to establish the effectiveness of the campaign. The results highlight the complexity of problems related to programmes that need to reach an entire nation: as many audiences have to be targeted, it is very likely that messages need to be tailored to different sub-groups in order to make them effective. In the case of EPODE, the continuation of actions targeting less advantaged parts of the population seems to be a priority challenge for the near future.

Teaching note

EPODE has entered a new phase of its development since parental modelling, specifically in more deprived areas, appears to be a key component in successfully changing children’s behaviour in the long term. Therefore, the approach is increasingly based on changing parents’ lifestyles rather than on nutritional education. While nutritional education is still provided through a downstream approach at a national level, the programme’s objective at a local level is now to make healthy eating habits and physical activities more attractive to families. Moreover, EPODE has reduced the targeting of childhood obesity in its overall message in order to avoid the stigmatisation of already obese families, as well as the negative effect on more educated families obsessed by the weight of their children. Instead, an “ambassador strategy” is being implemented, in order to target already overweight or obese mothers with tailored strategies to help them adopting healthier lifestyles.

References

- Andreasen, A.R. (2006), *Social Marketing in the 21st Century*, Sage Publications, Thousand Oaks, CA.
- Ayadi, K. and Young, B. (2006), “Community partnerships: preventing childhood obesity”, *Young Consumers: Insights and Ideas for Responsible Marketers*, Vol. 7 No. 4, pp. 35-40.
- Borys, J. and Raffin, S. (2006), “Preventing non-communicable diseases: an integrated community approach”, *Diabetes Voice*, Vol. 51 No. 1, pp. 41-3.
- Caemmerer, B. (2009), “The planning and implementation of integrated marketing communications”, *Marketing Intelligence & Planning*, Vol. 27 No. 4, pp. 524-38.
- Donovan, R. and Henley, N. (2003), *Social Marketing: Principles and Practice*, IP Communications, Melbourne.
- Hastings, G. and Saren, M. (2003), “The critical contribution of social marketing”, *Marketing Theory*, Vol. 3 No. 3, pp. 305-22.
- Henley, N., Donovan, R. and Francas, M. (2007), “Developing and implementing communication messages”, in Doll, L., Bonzo, S., Mercy, J. and Sleet, D. (Eds), *Handbook of Injury and Violence Prevention*, Springer, New York, NY, pp. 433-47.

- Hoek, J. (2005), "Marketing communications and obesity: a view from the dark side", *Journal of the New Zealand Medical Association*, Vol. 118, p. 1220.
- Huhman, M., Potter, L.D., Wong, F.L., Banspach, S.W., Duke, J.C. and Heitzler, C.D. (2005), "Effects of a mass media campaign to increase physical activity among children: year-1 results of the VERB campaign", *Pediatrics*, Vol. 116, pp. e277-84.
- Kotler, P. and Zaltman, G. (1971), "Social marketing: an approach to planned social change", *Journal of Marketing*, Vol. 35, pp. 3-12.
- Moodie, R., Swinburn, B., Richardson, J. and Somaini, B. (2006), "Childhood obesity – a sign of commercial success, but a market failure", *International Journal of Pediatric Obesity*, Vol. 1 No. 3, pp. 133-8.
- Pettigrew, S. (2005), "To whom should messages be tailored? Facilitating change in children's nutritional behaviours", *Proceedings of Tailoring Health Messages Conference, 6-10 July, Locarno*.
- Pickton, D. and Broderick, A. (2005), *Integrated Marketing Communications*, Prentice Hall, New York, NY.
- Sherwood, P.K., Stevens, R.E. and Warren, W.E. (1989), "Periodic or continuous tracking studies: matching methodology with objectives", *Marketing Intelligence & Planning*, Vol. 7 Nos 1/2, pp. 11-14.
- Smith, B. (1998), "Forget messages ... think about structural change first", *Social Marketing Quarterly*, Vol. 4 No. 3, pp. 13-19.
- Stead, M., Hastings, G. and McDermott, L. (2006), "The meaning, effectiveness and future of social marketing", *Obesity Reviews*, Vol. 8, Supplement 1, pp. 189-93.
- Swinburn, B.A. (2003), "The obesity epidemic in Australia: can public health interventions work?", *Asia Pacific Journal of Clinical Nutrition*, Vol. 12, Supplement 7.
- Thackeray, R., Neiger, B.L. and Hanson, C.L. (2007), "Developing a promotional strategy: important questions for social marketing", *Health Promotion Practice*, Vol. 8, pp. 332-6.
- Wang, C. and Henley, N. (2001), "Why do children change their minds about smoking? Child development theory applied to social marketing practice", paper presented at the Australia and New Zealand Marketing Academy Conference Proceedings, December, Massey.
- Watson, R. (2007), "Steps to a leaner Europe", *British Medical Journal*, No. 335, p. 1238.
- Westley, H. (2007), "Thin living", *British Medical Journal*, No. 335, pp. 236-1237.
- Wilkinson, R. and Marmot, M. (2006), *Social Determinants of Health: The Solid Facts*, 2nd ed., World Health Organisation Europe, Copenhagen.

About the authors

Nadine Henley is a graduate of the University of Wales, UK (BA Hons) and the University of Saskatchewan, Canada (MA), and has a PhD in Social Marketing from the University of Western Australia. She is Professor of Social Marketing and Director of the Centre for Applied Social Marketing Research at Edith Cowan University and Honorary Research Fellow in the Division of Population Sciences at the Telethon Institute for Child Health Research. Nadine Henley has an adjunct appointment as a Professor in the Centre for Behavioural Research in Cancer Control at Curtin University. She is co-author of *Principles and Practice of Social Marketing: An International Perspective* (Cambridge University Press, 2010). Her research focuses on health issues in social marketing, specifically investigating what persuades people to adopt healthy behaviours. Her current research projects are in the areas of bullying prevention, childhood obesity, and alcohol consumption during pregnancy.

Sandrine Raffin is a graduate in Marketing of the University of Paris Dauphine, France, and holds a Master's in Marketing and Arts Administration. She founded her consulting firm, LINKUP, in 2010. It specialises in sustainable consumption and prevention strategies. She has worked for the past 15 years in the field of health and nutrition, counselling companies to develop their corporate social responsibility or developing social marketing approaches for NGOs or French institutions dealing with health prevention. She is the co-founder of the EPODE program (now called "VIVONS en FORME") and is still in charge of the development of the social marketing and communication strategies for the account of the FLVS NGO coordinating the program.

Barbara Caemmerer worked for several years in the Department of Marketing at the University of Strathclyde, Glasgow, where she also earned her PhD. She then joined ESSCA, Paris, as an Associate Professor. She discovered her interest in research during her BA joint degree in Marketing and Psychology, which she absolved at the University of Strathclyde, UK, and Queen's University, Canada. During her undergraduate degree she worked on public relations projects for BMG, Germany, and the strategic planning of marketing communication campaigns with the BBDO, Mexico. Prior to her studies she worked in public relations and advertising, mainly with DDB Needham, Germany, specialising in international account management and later in strategic planning for international brands communication. Barbara Caemmerer is the corresponding author and can be contacted at: barbara.caemmerer@essca.fr

To purchase reprints of this article please e-mail: reprints@emeraldinsight.com
Or visit our web site for further details: www.emeraldinsight.com/reprints

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.