

Review

Exploring social marketing landscapes: A review of healthy food campaigns

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Social marketing is a growing research field. It has been proved that social marketing has some effectiveness in health programs and can help in shaping people's behaviour. This paper examines the role of social marketing in public communication campaigns and, more specifically, it explores the issue of healthy food habits promotion. An overview of theoretical issues surrounding definitions of basic principles and contents of social marketing is presented. Consequently social marketing is analysed within the context of healthy food promotion. The paper also provides a review of past food campaigns with relative pros and cons and, finally, some recommendations are drawn and some "best practices" recalled.

Key words: Social marketing, food education, behavioural change.

INTRODUCTION

Social marketing is a growing research field: although not considered as a theory in se, social marketing owes its popularity to the applications of its principles to several important social campaigns. It has been proved (Gordon et al., 2006) that social marketing has some effectiveness in health programs and can help in shaping people's behaviour, which is the main goal of social marketers (Kotler and Roberto, 1989). Being a structural framework (Dann, 2010), "social marketing" is particularly suitable to be investigated by exploring its applications: by following the approach adopted by other scholars (Gordon et al., 2006) this paper examines the role of social marketing in public communication campaigns and, more specifically, it will explore the issue of healthy food habits promotion.

In fact, wrong lifestyle behaviours are a source of social and economic costs and challenges affecting the society in the EU and elsewhere in the world. Thus, effective policy strategies to encourage attitudinal and behavioural

changes, especially in children and young consumers, to facilitate their choice for a healthy diet, are necessary.

Given the importance of this subject for European and Overseas countries, the aim of this review is to present the recent literature in the social marketing field with a specific focus on promotion of healthy food habits.

SOCIAL MARKETING: AN EVOLVING RESEARCH FIELD

There is an extensive background literature on "social marketing", since the term was introduced in the early seventies by Kotler and Zaltman; much of the literature has focused on the definition of social marketing, its ethics, the borders between marketing and social marketing disciplines, the applicability of some concepts to social marketing (Bloom and Novelli, 1981).

There have been several definitions of social marketing over the last decades and academics are still in search of a comprehensive definition that takes into account the latest developments in the marketing discipline (Dann, 2010): it is because social marketing had always been

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considered as a sort of adaptation of commercial marketing to social purposes, that it is extremely difficult finding a unique definition shared by scholars over the years.

In one of the very first work on this research issue, Kotler and Zaltman (1971) define social marketing as “design, implementation and control of programs calculated to influence the acceptability of social ideas and involving, pricing, communication, distribution and marketing research”. This definition outlines two different aspects of social marketing that are helpful in classifying latter definitions in two separate groups: the first is the ideological aspect of social marketing and the second is the practical aspect.

Fine (1991) by defining social marketing as “the application of marketing methods to the dissemination of socially beneficial ideas” (Fine, 1991 in Andreasen, 1994), clearly underlines the ideological role of social marketing and its deep linkages with ideas and values.

The definition provided by Kotler and Roberto (1989), who define social marketing as “an organized effort conducted by one group (the change agent), which intends to persuade others (the target adopters) to accept, modify, or abandon certain ideas, attitudes, practices, and behaviors” (p. 6), is more oriented to underline practical implications of social marketing activities.

Dann (2010) provides a comprehensive overview of the different definitions of social marketing over the last years and outlines some common principles that have inspired them as follows:

- (i) An adaptation of marketing principles: commercial marketing principles should be adapted to social marketing.
- (ii) A behavioural aspect: social marketing sets specific behavioural goals achieved through communication and exchange.
- (iii) A voluntary aspect: social marketing relies its effectiveness on a voluntary change put in place by the target audience.
- (iv) Benefit perceived: social marketing vehicles social beneficial ideas.

The principles listed above clearly emerge in the definition provided by Andreasen (1995): social marketing can be considered 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” (Andreasen, 1995).

Nowadays, “social marketing” draws on a blend of social science disciplines and theories: from social anthropology to behavioural sciences, from health education to pure communication and marketing. Social marketing could virtually affect a large public of profit and non profit organizations; although the existing similarities between product and social marketing activities

(Andreasen, 2002), scholars have recognised the difficulties and challenges that social marketers must face when applying the theoretical principles of social marketing to everyday company life (Bloom and Novelli, 1981). The duty that social marketers are called to accomplish regards a behavioural change (Rangun and Karim, 1991). Besides difficulties, research in “social marketing” has experienced a rapid expansion and scholars forecast further growth (Andreasen, 2002; Kotler et al., 2002); what has emerged as a niche in marketing (Maignan and Ferrel, 2004) or as a critical aspect of marketing (Dann, 2010), sooner has become an independent research field supported by eminent publications entirely dedicated to this issue and by research institutes and centres.

Whilst at the beginning social marketing popularity was fairly low (Andreasen, 2002), today the interest on this issue has been fostered by the attention paid by institutions to some social problems that can be effectively contrasted by using social marketing levers: firstly applied in developing countries to implement immunization, family planning and nutrition programs (Chapman Walsh et al., 1993), social marketing has encountered a wider application in the health sphere. Research in social marketing has seen its main development in the study of its applications particularly in health programs (Andreasen, 1994): Gordon et al. (2006) have demonstrated the effectiveness of social marketing application in health food programs targeted for different age segments.

When observing the main traits of background researches it emerges that the majority of the scholars have adopted a taxonomic approach when dealing with social marketing: this is because of the inner characteristics of the discipline, that is not a theory per se (Gordon et al., 2006), but that can be considered as a structural framework (Dann, 2010). Subsequently, we will deal with social marketing applications to the food policy area to illustrate how social marketing can be effectively implemented by marketers.

EVALUATING SOCIAL MARKETING EFFECTIVENESS AND PRINCIPLES IN HEALTHY FOOD PUBLIC COMMUNICATION CAMPAIGNS

Despite the ancient origin of the word, the emerging of public communication¹ campaigns as a tool to influence citizens' behaviour in the field of food consumption is a feature of the last century.

Particularly, in the last twenty years concerns related to food crisis, infectious and chronic diseases, have amplified the perception that “the promotion of nutrition policy is based on a belief in State involvement to solve

¹ The word “communication” derives from the Latin “to make common to many” or “to give to another as a partaker” (Oxford English Dictionary, 1986)

what is considered to be a social problem” (Kjaernes, 2003).

As pointed out by Weiss and Tschirhart (1994) “public communication campaigns are an attempt to shape behaviour toward desirable social outcomes” that cannot be merely reduced to the use of media channels. For this reason the discipline of “social marketing” has rapidly increased its influence on government agencies in charge of communication campaigns. Thus, governments have started to use commercial marketing techniques to sustain “social cause, idea or behaviour” (Kotler et al., 2002).

Recently, with the “White Paper on A Strategy for Europe on Nutrition, overweight and Obesity related health issues” (COM, (2007) 279 final) the EU Commission sets among its goals to develop and support, in cooperation with the Member States and relevant stakeholders, scientific information and education campaigns to raise awareness of the health problems related to poor nutrition, overweight and obesity. Particularly these campaigns will be addressed to vulnerable groups, such as children. Moreover in September 2007, the WHO Regional Committee for Europe approved resolution EUR/RC57/R4, which endorses the Action Plan and calls on Member States to develop and implement food and nutrition policies for the period 2007 to 2012. The main objective is to address the public health challenges in the area of nutrition, food safety and food security, dealing with diet-related non-communicable diseases (particularly obesity), micronutrient deficiencies and foodborne diseases. One of the specific actions relates to the impact assessment of social marketing techniques.

SOCIAL MARKETING MIX

From the classical marketing mix social marketing borrows the “famous” 4 Ps (Product, Place, Promotion and Price).

The term product indicates what is being offered to a specific targeted population. Usually it is a tangible product but in our case it may be a practice, such as eating vegetables or a fruit five times a day or even ideas (for instance the idea that diabetes is the cause of many fatal diseases). More generally, according to Kotler et al. (2002) we can assert that “in social marketing, our product is what we are selling, the desired behaviour and the associated benefits of that behaviour”². As far as it can include tangible objects and services developed to support citizens’ behaviour, we can recognize (like in traditional marketing) three different levels of product: core product (answering the question: what “benefits” will the citizens receive?), actual product (that is, the “behaviour” we are promoting, like exercise 5 days a

week) and the augmented product (that is, all tangible objects and services to support behaviour change, that is, the home blood pressure monitoring equipment).

However there is a huge debate in marketing literature around the number of additional Ps that should be considered as tools for the social marketing mix. Generally these concepts concern the role of governments in involving the local community stakeholders in the long term through elaborated programmes such as:

- (i) Policy and Politics: the managing effort should pursue a long term behaviour change.
- (ii) Proof: Governments must be able to monitor the effectiveness of their initiatives and to proof the success of the programs implemented.
- (iii) Public Relations and Partnerships: throughout the State and in local areas. Social marketing gains efficiency if several subjects work together.
- (iv) Program Planning: this last point is probably the key for success. It is carried out through several activities and particularly through the coordination of existing nutrition education efforts with new intervention activities, the involvement of members of target audience in message development and the recruitment of private industry community based organizations, non profit organizations and policy makers.

According to Glanz and Rimer (1995), the “social marketing” process can be also viewed as a step by step process: “The social marketing wheel”. The circularity of the model shows that planning of the program can be readjusted and reformulated in an ongoing fashion once the step of feedback enters it. It is worth noticing that in each phase both qualitative and quantitative research is crucial for the campaign’s success.

Rayner (2007) offers a review of four main criticisms related to the transposition of the traditional Ps in terms of “social” marketing, they are:

- (1) The marketed product can hardly be considered “equivalent” in both Social and Commercial Marketing because their benefits are realised in different period of time (long term for social, short for commercial marketing).
- (2) The target audience cannot be viewed as consumer because behaviour cannot be consumed.
- (3) It is not immediately obvious what is exchanged in the selling process (communication and distribution) of a behavioural change.
- (4) The metaphorical use of ‘price’ in social marketing theory underscores its emphasis on commercial values like personal responsibility.

Glanz and Rimer (2005) sustain that generally social marketing differs from commercial marketing because the people who gain from it are members of the target audience whilst another difference is that the marketing organization defines success in terms of positive effects

² The product could be an extra energy resulting from a healthier diet, the reduced risks of chronic disease, the benefits of losing weight and the pleasure of exercise.

on society.

PLANNING AND EVALUATION

Actually, social marketing is not a theory of behavioural change but a planning model that uses a series of theoretical assumptions. Another planning model often considered is the Precede-Proceed (Green and Kreuter, 1999) that guides planners through a process that starts with desired outcomes and works backwards to identify a mix of strategies for achieving objectives (Glanz and Rimer, 2005). A common problem of both Precede-Proceed and Social Marketing approaches is that very few of the assumptions behind the theories of behaviour change have been the object of empirical investigation. For this reason not all the interventions can be reassessed under the definition of social marketing, not even those so defined by the policymakers who implemented them. In fact, as highlighted by Pirani and Reizes (2005) "although many public health practitioners have embraced social marketing, many still misinterpret it as health communication, media advocacy, or elaborate messages and advertising designed to persuade the consumer".

Andreasen (2002) proposes a benchmark of 6 points that should be addressed to clearly identify a social marketing approach: the aims of behavioural change are;

- (1) Of a specific target audience to be defined through consumer research.
- (2) And segmentation activities.
- (3) To be realized creating attractive and motivational exchanges.
- (4) With targeted audiences. Paying attention to the competition faced by the desired behaviour.
- (5) The strategy must attempt to use all four Ps.
- (6) Of the traditional marketing mix. Thus, interventions which only use the promotion P have to be considered social advertising and not social marketing (Stead et al., 2007).

A general problem evidenced by many authors relates to the demanding evaluation of the efficacy and efficiency of a campaign as underlined by Dorfman et al. (2002) and Coffman (2002).

The first authors from Berkeley Media Studies Group generate a taxonomy that differentiates campaigns along axes of purpose, scope and maturity. Their research deals with a collection of 9 case studies covering a wide range of issues: from the prevention of Sudden Infant Death Syndrome to Pollution, from the Encouraging of vegetables consumption (5 a day campaign) to Children's Oral Health. A general complexity emerges and it is hard to assess not only whether the final behaviour is affected but also which campaign element contributes most effectively to the outcome.

Coffman (2002) reviewed several official websites of

public communication campaigns in USA and interviewed some key informants responsible for these programmes. His work about the evaluation strategies, methods and criticisms proposes three categories of evaluation methods to assess campaigns: process, outcome and impact evaluation. Process methods concern the ways in which the reach of the campaign is measured. They have the challenge of tracking outcomes in the diverse communication technologies of print, radio, television, and the internet. Methods regarding the outcome are mainly surveys, polling and their specifications such as direct response tracking, framing analysis and rolling sample surveys. Finally, to evaluate the impact of a campaign Coffman (2002) suggests social experimental or quasi-experimental research designs, but underlines that it could be difficult to create a control group of individuals not reached in some way by the campaign.

According to McGuire (1989) any expensive and important campaign should have evaluation tools built into it. Thus, it is necessary to identify a common set of dependent and independent variables on which the assessment should be carried out.

Freimuth et al. (2001) propose six categories of dependent variables concerning the level of exposure, attention, comprehension, yielding, attitude change and behaviour. Moreover, the author defines three stages of evaluation: Formative research (front-end), Process evaluation and Summative evaluation (back-end). The first one consists of all preliminary procedures to determine the target audience, the strategies for the long term and the tactics to afford the start-up. It is useful and recommended that during this stage the performing of a "pre-test" to understand among an initial set of strategies which one is likely to better contribute to the objective of the government campaign.

The second step is fundamental for an effective ongoing evaluation. While the campaign is still running, this appraisal may be used to improve the efforts and in some cases to bring the campaign back on track. This evaluative strategy provides a "picture" of the level of the campaign implementation. Finally, the summative evaluation is proposed to understand if a campaign has achieved its original goals. Freimuth et al. (2001) suggest the following methods to determine whether the target groups have been exposed to the message and their level of understanding:

- (i) Random survey about the knowledge of the campaign.
- (ii) Adding new questions to original existing general survey.
- (iii) Availability of contact address and helpline together with the message.
- (iv) Predisposition of questionnaire to be complete by the operators at the helpline.

In the light of the previous discussion it is clear that, as stated by Chapman Walsh et al. (1993), persistence and a long time frame are essentials for "an effective diffusion

of new ideas and practices to produce measurable and consequential social change". However the long term perspective makes difficult to evaluate the relative contributions of promotional messages and media coverage (Andreasen, 2002).

Overall, the evaluation of a communication campaign is not an easy task to perform: target group exposure is tricky to determine and, in addition, it could be very expensive. As a rule of thumb the best methods are those implemented at the initial stage and during the campaign. In fact, summative evaluations of mass media campaigns can be affected by the tendency of people to give expected and more acceptable responses rather than honest, to deny their knowledge when not agreeing with the desired change of behaviour and by the possibility that they forget messages after the conclusion of a campaign³.

MARKET FAILURES AND GOVERNMENT INTERVENTIONS

Many empirical works point out that there is a strict link between increasingly chronic diseases and individual lifestyles during the past century. Arbitrary food habits are the determinants of many death caused by cancer, heart disease and stroke. Verbeke (2005) underlines that food and lifestyle-related heart and coronary diseases, obesity from poor dietary habits and lack of physical activity, as well as lung cancer from smoking, for instance, are relatively large risks, which, however, are largely underestimated by consumers. World Health Organisation (2004) estimation stated that obesity, diabetes, cardiovascular disease and cancer annually account for 60% of the total deaths. Such small number of risk factors account for much of the observed mortality. Mitchell (2003) explains this behaviour referring to the problem of imperfect and asymmetric information. In fact, consumers can lack adequate information about their food purchases, preventing them from demanding the level of food safety they would choose if they had complete information. Nevertheless asymmetries are only one of the possible market failures occurring in the market of food safety. In fact even if information about production process and health effects are available, consumers may not demand as much food safety as would be socially desirable, failing to take all the social costs of their purchases into account (Segerson, 1999; Golan et al., 2001; Antle, 2001). Consequently the illness resulting from this behaviour generates a broad range of social

costs that can vary from medical care to lost years of life. McCormick et al. (2007) recently discussed the issue of food safety provision grouping market failures in 4 main categories that justify government intervention. These are, together with imperfect and asymmetric information and externalities, there are:

(i) Vulnerable individuals and demerit goods⁴: individuals may be deemed too young to make rational decisions, or substances may be addictive, or some individuals may have self-control problems which preclude rational decision-making. In this case, food, or weight more generally, might be regarded as a type of demerit good in which (at least some) individuals are unable to be an optimal judge of their own welfare.

(ii) Time-inconsistent preferences: often people are not able to make a rational decision. This problem, traditionally related to the process of procrastination (Akerlof, 1991) is well explained by Gollier and Treich (2003) in their article about the economics of precautionary principle and it is possible to applied their example about smoking to a case of eating fatty foods: from laypeople point of view it may be optimal to "eating fatty foods" today and to "stop eating fatty foods" tomorrow. But when tomorrow comes, the trade-off is the same as today and they decide to continue to "eat today", delaying one day furthers the decision to "stop eating fatty foods". Yach et al. (2006) argued that at least some individuals may exhibit time-inconsistent preferences towards obesity in the way they make choices involving the trade-off between instant gratification and future harm.

These two latter categories are strictly interlinked even if the first stress the rationale for a government effort to protect children and vulnerable people. In other cases the different reaction of younger and older people to food safety information may be due to the cumulated consumption of hazardous food in a lifetime with older people realizing that they have consumed too much of the hazardous food and showing a sharper drop in consumption after the being informed. Thus, for different segments of the population a differentiate government intervention is necessary to achieve their optimal behaviour (Ippolito, 1981; Stefani, 2008).

Consequently, as evidenced by Golan et al. (2001) the effort of designing a policy to achieve social objective like a healthier population⁵ highlights some of the problems at the heart of any government decision to intervene. These problems concern for instance the necessity to ponder costs and benefits of intervention, the sometimes conflicting demands of economic efficiency, consumer and producer concerns, public opinion and the political

³In the case of healthy food campaign social marketing effectiveness could be evaluated also by measuring its impact of on the observed behaviour of the target population. The issue of counterfactual is here a salient one as observed behaviour changes may be driven by other factors that are not under the control of the researcher. Although econometric techniques may be used to overcome this problem (see for example Tomek and Kaiser, 1999; Reynolds et al., 1999) we focus on marketing issue here and we do not pursue this strand of literature.

⁴In economics, "a demerit good is something that is seen as intrinsically unhealthy, degrading or socially damaging towards other people or to society at large once consumed. Examples of demerit goods include tobacco, alcohol and gambling" (McCormick et al., 2007);

⁵In their paper the discussion concerned the effectiveness of a labelling policy

expediency to carry on programmes.

Mitchell (2003) suggests three types of policies to close the gap between socially desirable and market outcomes: litigation, government regulation and education and information provision. The first one is related to consumers' attempts to recover some of the costs of unsafe food from food producers by seeking redress through the court system. Regulation has the aim to setting minimum safety standards that food producing firms have to meet before they can sell their products. These measures are traditionally classified as target, product process standards and licensing.

In order to promote awareness of the health consequences among individuals, during the last few years public intervention has progressively focussed on consumer education

Not always that, this intervention has been efficient and successful because, as underlined by Verbeke (2005), consumers interest in information provided cannot be taken for granted. In his work he shows that a research on individual characteristics is a key factor to solve market inefficiencies, otherwise a chance exists to provide vast amounts of information that are not attended and processed by consumers. The author stated that "over-provision of information in an attempt to solve market inefficiencies caused by imperfect or asymmetrically distributed information may not yield the intended solution to market failures. The implications for information provision, example, through generic advertising or labelling, are that the recipient population needs to be well understood, segmented, identified and targeted".

The need for the development of this field of research is recognized by the European technology platform "Food for life", born under the aegis of European Commission as a part of the seventh framework of research. In fact in its document called Strategic Research Agenda, the "Platform" mentions among other objectives, the aim to promoting effective interaction with consumer groups and consumers directly through communication and public participation. This scope has to be reached through:

- (a) Mapping of consumer needs, expectations, knowledge and attitude with regard to information on food and food production in a pan-European context.
- (b) A best practice tool box for effective communication with consumers on health and sustainability and the food technologies underlying them.
- (c) Validated models and methods for effective public participation of and engagement with consumers on new developments in food and the food industry.

Generally it has been stated that there is a need for validated models and methods as well as best practices on how to most effectively involve and engage consumers through public participation. Communication campaigns can represent a method to achieve these

goals. According to Snyder (2007) the term campaign includes both organized, communication-based interventions and social marketing efforts.

EVIDENCES FROM PAST REVIEWS ON COMMUNICATION CAMPAIGNS

Meadley et al. (2003) published in 2003 a "Review of the UK Department for International Development (DFID) Approach to Social Marketing" where they highlight the importance of SM as a tool to induce significant behavioural change in the public health area and to increase the access to food and health goods and services. The wide area in which SM can be applied is well demonstrated by this report in which many projects are reviewed: Insecticide treated (mosquito) net, distribution and use of condoms, oral contraceptives and more generally family planning. One criticism to Social Marketing (as well as to Government's policies in general) is that in the past sometimes there was a lack of matching between performance and potential. The reasons can be found in the recommendations relating to DFID but easily extendable to all SM approaches. SM programmes should:

- (1) Explicitly identify the extent to which they address the needs of poor people.
- (2) Justify their current and future "poverty focus" in the context of national programme objectives and strategies to widen access to health services and products. To this end all SM programmes should include provision for ongoing market research (both quantitative and qualitative) on the socio-economic profile of both programme users (covering access, affordability and knowledge, attitudes and behaviours).
- (3) Encourage the participation of national Governments in planning, monitoring and evaluating SM projects.
- (4) Verify the potential for "crowding out" or "crowding in" of the private sector.

Many social marketing programs have been successfully implemented also in relation to nutritional policies. A systematic review of social marketing effectiveness in this field is given by McDermott et al. (2006). In their work, the authors take into account 31 studies representing a large variety of programmes aimed to different target groups and built through several scientific approaches. The majority of reviewed interventions deal with the impact on health of consumption of fruit and vegetable, fat and fibre and processed meal. In these three domains the marketing interventions were found effective in changing many key factors: behaviours, knowledge and other psychosocial variables. Among others, two interesting critical points emerge from the review. First, in those studies where many tools are used it is difficult to understand the efficacy of the single component

employed. Practically it could be crucial to understand which kind of social marketing component (or which combination among different components) is the most effective in determining a desired social change. Secondly, it is difficult to have evidence of effects on physiological characteristics because “these outcomes are arguably more difficult to change and where changes do happen, they may take a longer time to occur and be detected”. Previously, a review by Roe et al. (1997) on the effectiveness of interventions to promote healthy eating among groups of adults, adolescents or school-aged children evidenced that most long-term interventions achieved reductions in dietary fat. The healthy eating interventions having the better outcomes were those with the following characteristics:

- (i) Incorporating behavioural theories and goals rather than those based on the provision of information.
- (ii) Emphasising personal contact with individuals or in small groups.
- (iii) With some degree of personalisation to individual characteristics through the help of trained personnel.
- (iv) With the provision of multiple contacts over a substantial time period.
- (v) Involving family member, colleagues or local leaders.

In fact, as mentioned by Raine (2004) it is generally recognised that a range of approaches should be employed to achieve dietary change (and food safety habits) they include the following:

- (i) Intrapersonal (example, individual).
- (ii) Interpersonal (example, family).
- (iii) Institutional (example, school).
- (iv) Community (example, private, public, voluntary).
- (v) Public policy (example, government policy).

One example of effective dietary change illustrated by the author is the North Karelia Programme in Finland where the focus on community organisation (over 20 years) led to an increase of fruit and vegetable consumption and a decrease in mortality from cancer and coronary heart diseases (Vartiainen et al., 1999).

Thus, a long term outlook based on continuing programmes is essential to plan effective campaigns. On this point many lessons can be learnt by cardiovascular risk reduction programs in the US where according to Chapman Walsh et al. (1993: 111), “it may take up to ten years for the effective diffusion of new ideas and practices to produce measurable and consequential social change”. There are also many evidences of failure like the “Got milk?” campaign performed in United States starting from 1993: “the \$110 million ad campaign ran over five years and showed no corresponding increase in milk sales” (Smith, 2006). Anyway, there is no agreement about the scarce effectiveness of this campaign: Malhotra (2007) observes that beyond sales “Got milk” has become part of the American language and the institutional

website reports that the campaign has over 90% awareness in the US. In some cases, the unpredictable change of some variables, like in this case the raw milk price, can reduce or erase the social marketing campaign effect. In other words we lack counterfactual evidence to assess the efficacy of the campaign⁶. A recent review by Snyder (2007) based on previous meta-analysis and systematic reviews of health communication campaigns (Table1) evidences some necessary topics to build an effective campaign.

According to Snyder, the following elements should be considered when planning a campaign since they had a sizeable effect in determining behavioural changes in past campaigns:

- (a) Paying attention to the specific “behavioural goals” of the intervention. The unique objective of increasing knowledge about a diet-related behaviour can be considered as an intermediate goal that does not lead to an effective change in behaviour and the reason can be found in the presence of “time inconsistent preferences” previously discussed. The specific objectives related to the general goals need to be measurable during evaluation phases.
- (b) Selecting target populations. Individuating an homogenous target group with similar concerns, values and behaviours can help to craft the most efficient message. As stated by Snyder (2007) although in principle it may be optimal to create a unique campaign approach for each target group, the number of target groups that need to be addressed may be prohibitive. As an alternative, a campaign may economize by delivering the same (or standardized) messages to all groups, perhaps acknowledging diversity by showing testimonials from different demographic groups. This is important also for the detection of “vulnerable individuals” in order to carry on a “social responsibility” policy.
- (c) Developing communication strategies and activities through the participation of target population’s members and more generally planning a community-based intervention. The involvement of professionals/businesses and policy makers can facilitate the behaviour change through the power of social influence.
- (d) Choosing multiple channels can reinforce the message increasing the frequency of exposure⁷ and consequently helping people to remember the message.

⁶ See footnote 3.

⁷Hornik (2007) asserts that exposure is important for the success of a diet behaviour campaign: 1) repetition is effective; 2) it is plausible that repeated exposure increases the likelihood that a message will reach an audience member when he or she is ready to receive it; 3) the notion of social expectation: if the same message is repeated in multiple channels, it creates the perception that many different sources are saying the same thing. If everyone is echoing the same idea, audiences will begin to think it must be important; 4) heavy exposure also may increase the social discussion and diffusion of the message through social networks; 5) if heavy exposure leads to a perception of great public interest in an issue, it may increase the interest of policy makers. It may convince them that the health behavior is an issue they should be paying attention to and that they should be making institutional changes.

Table1. A recent review by based on previous meta-analysis and systematic reviews of health communication campaigns.

Author(s)	Studies included	Geographic coverage
Ammerman et al. (2001)	92 studies on the efficacy of nutrition interventions among adults for fruit and vegetable and dietary fat intake	North America, Europe, and Australia
McArthur (1998)	12 in-school nutritional campaigns related to heart health aimed at fourth and fifth graders, typically using classroom instruction supplemented by posters, contests, and other promotional activities	United States
Pomerleau et al. (2005)	44 interventions designed to increase adult fruit and vegetable intake	Global
Snyder et al. (2003)	58 family planning and reproductive health campaigns	Developing countries
Snyder et al. (2001, 2002, 2004)	48 health communication media campaigns across a wide range of topics	United States
Snyder, LaPierre, and Maloney (2006)	71 nutrition campaigns	Mostly United States (15 international)

Source: Snyder (2007)

(e) Tailoring message content and presentation: because messages need to capture the attention and hopefully have to be easily remembered, the use of logos, slogans and jingles can be planned through formative research, pilot studies and with the help of professionals in communication.

(f) Providing a formative and summative (and process, as outlined above) evaluation can offer a feedback of results and campaign effectiveness.

CONCLUSION

The necessity to motivate consumers towards healthier lifestyle is well recognized by international organizations like WHO and European Union, as well as national governments of developed and developing countries. Both consumer orientation and consumer involvement are important issues to face in order to build public policy strategies. The rationale for developing such campaigns is given by four main reasons:

(a) The presence of imperfect and asymmetric information.

(b) The emergence of externalities. c) the existence of vulnerable individuals and demerit goods, d) the incidence of time inconsistent preferences.

Social marketing may play a key role in addressing such failures within the broader context of information policies. Social marketing cannot be considered as a theory of

behavioural change. Rather, it should be viewed as a planning model that uses a series of theoretical assumptions. Indeed, the incorporation of behavioural theories is necessary to develop efficient communication strategies even if not sufficient. Other key elements are an appropriate targeting and the involvement of the targeted group either at the individual or community level. The reviewed literature suggest the use of some degree of personalisation involving family members, schools and peers and emphasising personal contact with individuals in small groups. In this context messages should be target specific in order to avoid over provision of information. Social marketing campaigns should be envisaged within long term programmes. Behavioural change takes time to unfold and this aspect affects the time horizon of healthy food programmes.

Finally the literature highlights the importance of appropriate evaluation strategies. Social marketing campaigns are about behavioural changes and their evaluation cannot be limited to simple changes in observed purchases of a food category. Rather a complex evaluation process should be set up using ex ante, on going and ex post evaluation techniques in order to understand whether the target groups have been exposed to the message, their level of understanding and finally the actual behavioural change.

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