

Preventative Health Taskforce Submission

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Disclaimer

This submission is made on a personal and individual basis. The views expressed in this document are my personal and professional opinion as a social marketing expert. I am currently employed as a senior lecturer in marketing at the Australian National University, and work for DrinkWise Australia as part of their social marketing advisory committee. As a social marketing academic, I am one of only two Australians to be recognized as part of the eighteen Senior Social Marketers during the World Social Marketing Conference held by the National Centre for Social Marketing

The views in this document are not endorsed or reflective of my employers (ANU) and the advisory committee (DrinkWise).

Taskforce Discussion Paper

The Preventative Health Taskforce Discussion Paper provides a broad range of options for improving the health of Australians through a mixture of regulation, education, and social marketing. I wish to commend the Taskforce for such a comprehensive overview of the preventative health issues facing Australia, and the opportunities that can be pursued for enacting significant social change in these areas.

I wish to comment on three areas within the broader task force document.

First, I believe that the Taskforce has placed an over reliance on the use of the broad brush stroke approach of regulation and education as means to effect the social change to address individual level activity.

Second, whilst I am pleased to see the recognition of social marketing as a technique for social change within the discussion paper, I believe that the Taskforce is only using a limited set of social marketing tools, rather than the full capacity of the social marketing portfolio. Although specific instances of promotion and communications are noted in the paper, I would encourage the Taskforce to review the broader application of the strategic level of social marketing as an end-user focused technique for enacting social change at individual and group levels.

Finally, I wish to raise concerns with the sponsorship there are serious predictable consequences involved in the misuse of advertising and sponsorship regulation as a social change agenda – particularly where sponsorship revenue from “anti-social” products are used to directly fund pro-social activity.

Education and Regulation: Presumed Ignorance and Forced Compliance

Regulations alone cannot bring about long term voluntary compliance in the absence of regulatory enforcement – heart disease cannot be addressed by Random Blood Test teams issuing financial penalties for high cholesterol levels. Social change regulation that mandates pro-social behaviour (safe driving) through penalizing anti-social

behaviour (speeding) suffers from perceptual failure when ongoing enforcement is successful. Although the regulation and enforcement is succeeding when consistently enforcing the law through catching infringing individuals and issuing penalties, this is perceived as a failure for the social change movement that the law was intended to enact. For example, whilst speeding and drink driving regulations and law enforcement are successfully able to identify and prosecute infringing individuals, the laws are deemed to have “failed” when successful prosecution takes place as the desired overall social change has not taken place in the infringing individual. In short, when the penalty law does what it was designed to do, it’s seen as a failure rather than success.

Using regulation for pro-social behaviour will not effectively address underlying motivations for anti-social activity. It can only identify, capture and penalize breaches of the proscribed pro-social activity. For example, with road safety in Australia, a high level of success in enforcing speeding laws is seen as a failure to address the root problem of road safety. Partly, this is because regulation and enforcement are based on the assumption that the targeted behaviour will recur in the absence of a deterrent. The need to criminalizing an activity to massively increase the risks associated with the behaviour is based on the idea of altering the target’s perception of the reward (speeding) versus the risk (penalty).

To maximize the effectiveness of the legislative interventions, they need to be designed in conjunction with an understanding of the underlying root causes of the behaviour. For example, with speeding, increasing the financial penalty (fine) may not address the motive for speeding (avoiding being sacked for being late at work). Similarly, if the motive for speed driving is thrill seeking from risky behaviour, legislation and regulation can encourage speeding by placing higher rewards (getting away with it) against the level of risk (increased penalty for getting caught).

Regulation needs to be supported with an understanding of the motivations of the individuals that will be regulated under the new laws. In the areas of preventative health, regulation is being proposed to alter access to products, limits on advertising and manipulation of the financial costs through taxation. Using the lessons from the road safety regulation and enforcement, it is important to address the root cause of the behaviour through understanding the consumer’s life, and how the anti-social behaviour to be changed fits into their life. Notable examples in the Taskforce’s are the recommendations for regulation of the availability of alcohol through distribution controls and price controls. This does not address the role of alcohol in the individual’s life – if it used as a recreational enhancing product, self medication, relax, social lubricant or cooking ingredient – changing the cost and availability may not address the root use, and simply redirect finances from one part of the personal budget (other recreation spending) to cover the increased alcohol costs. Placing alcohol under strict price and distribution restrictions could increase the social prestige associated with acquiring and distributing alcohol in a social network. Reasons for alcohol consumption must be understood to assess the impact of changes to price and distribution access

Education campaigns are based on the assumption that anti-social behaviour comes from a lack of knowledge, or awareness of a superior pro-social choice. This approach is limited in effectiveness where the target audience is making an informed choice to reject the pro-social behaviour, and engage in the health risk activity. Few, if any, people are unaware of the consequences of smoking in terms of cell damage, immediate impact, and long term harm. Ignorance of the damage is not a driver for smoking

activity, and additional education campaigns will not address the root motivations for smoking – e.g. pleasure, fashion, social networking or social rebellion.

Both regulation and education needs to be based on the knowledge of the actual state of the market, including current attitudes towards the positive benefits of the anti-social behaviour, barriers to adoption of pro-social activity, and attitudes towards regulation and enforcement. Whilst the health community may be in favour of legislative solutions to health problems, the Taskforce notes a resistance to legislation (p. xxi). The “unnecessary antagonism” toward regulation needs to be understood and addressed in order for government based regulatory and education campaigns to be credible amongst the target market. Some of the “unnecessary antagonism” may also come from a sense of being mistreated by social change campaigns which assume ignorance or sloth as motivations when the consumer has made a calculated, reasoned and rational choice based on the trade off between the positive outcomes from the anti-social activity, and the known harms indicated by the health messages.

Target market attitudes towards the government, including trust in the current administration, needs to be understood before embarking on campaigns to educate or regulate the Australian population. Where the government is not trusted by the target audience, preventative health messages may be disbelieved or deliberately reversed as a result.

Social Marketing

Social marketing is the use of commercial marketing philosophy, strategy and techniques to voluntarily induce a desired pro-social behaviour in a target market with the intent of producing positive outcomes for the individual and the broader society. Key to social marketing’s success is the voluntary nature of the approach – social marketing induces change by equaling or bettering the benefits offered by the anti-social behaviour with an alternative pro-social choice. This strength is also a limitation of social marketing – this is a technique that allows for the freedom to reject the pro-social offer if doesn’t provide a better choice than the current activity.

Social marketing is a vital aspect for much of the preventative health options outlined in the taskforce document. Using the social marketing strategic approach requires all interventions to begin with an understanding of the target market, the role of the anti-social behaviour in their life, and what benefits they receive from this activity in order to present a competitive alternative option. Currently, there is a high risk of many of the current interventions being expert driven solutions that presume “health benefits” are an inherently valued outcome. One limitation that is widespread in the preventative health community is the positive predisposition towards many of the preventative health outcomes – for example, most people involved in preventative health would support healthy levels of exercise even if their workloads prevented them from achieving this personally. Consequently, there is a propensity to believe that a pro-social outcome has an inherent worth that just needs to be told to the individual, and they will “see the light” and convert to the new activity. The discussion paper has approached the social change agenda with a positive view of the inherent merit of “health benefits” as a magic bullet solution. Similarly, exercise and “healthy lifestyles” are seen as benefits rather than mechanisms for change. There is a risk that the preventative health task force may not be able to effectively implement changes that require individual level adoption where

the inherent merit approach is used simply because the target market does not see an inherent merit in exercise, healthy lifestyles or non-intoxicated socialising.

This is where the tactical level of social marketing as a science of market research combined with consumer behaviour analysis will be able to assist preventative health campaigns. Currently, the Taskforce documents outline smoking as a problem to be solved, and implied that the target marketer of smokers are waiting for a solution to be presented to solve their smoking problem. In reality, parts of the target market of smokers don't feel they have a problem, and instead feel that smoking is a solution. Approaching these groups with the inherent merit argument will fail. For example, several of the 'positive' mechanisms for change arising from the education and regulation approaches such as socially ostracizing smokers are creating benefits for smokers and raising barriers to quitting. Placing a ban on smoking in public places has increased the sense of community found amongst smokers forced into the back corners or side lanes of buildings. Smokers who are drawn to the social nature of the smoking activity are gaining a community of like minded peers, increasing their social networks, and generally receiving a positive community experience which they will lose if they quit smoking.

Consumer led interventions that begin with an understanding of the needs of the individual, the role of the antisocial product in their lives, and the sort of alternatives that they need to make the change are key outcomes that can be provided by the marketing research, consumer analysis and strategic thinking that can be produced by using the whole of the marketing techniques available in social marketing.

Sponsorship

Voluntary codes of conduct and advertising prohibitions on the high-cost, low yield investments in children television, sporting broadcasts and prime time television will decrease corporate promotional expenditure in the low-yield categories, and allow this money to either be spent on more expensive higher yield returns (personal sales, price discounting) or distributed as profit. At the same time, when elite sport level sponsorship by alcohol was reduced, it was replaced with fast food, which in turn was criticized for sponsoring sport. If the fast food industry voluntarily withdraws sponsorship from sport, the sports will need to make up the revenue shortfall through alternative sponsorships. The likelihood of this sponsorship coming from another high revenue "anti-social" product category is reasonable strong.

Further, elite sport sponsorship is a circular argument whereby the cost of the sponsorship limits the number of potential companies and industries with the advertising expenditure available to buy the sponsorship. The success of the sponsorship in recovering the costs is more likely if the product is already successful in a strong market – banning alcohol, fast food and high speed vehicle advertising from sport will limit the available sponsorship dollars to the elite sport. Extending the ban to all levels of sport will effectively remove four legal industries from sponsorship, and increase the investment risk for any other industry – particularly if the grounds for the ban on sponsorship is perceived as a penalty for successful investment given that KFC is facing criticism for being too successful (e.g. obesity crisis) with the sponsorship of sport (pro-social activity).

Finally, from a commercial marketing perspective, questions have to be asked regarding the effectiveness of the sponsorship arrangements against the effectiveness of the sport as a sponsor of healthy lifestyles. If watching a several adverts for KFC over the course of 20/20 cricket telecast is a causal factor in obesity, why isn't the sporting activity message of the Twenty20 cricket counteracting the KFC message? The sporting message of the cricket has the greater time share, mindshare and is the rationale for spending the hours watching the television. The short message burst of sponsorship and advertising is the minority of the content of the sports broadcast, and if the message of sporting activity is not being conveyed in the majority message, then there has to be more than just the advertising message as a reason for antisocial behaviour.

Conclusions

The Preventative Health Task Force is a positive step towards an improved series of social outcomes for Australia. Although several recommendations in this document are critical of the currently Task proposals, these criticisms are raised to encourage the Task Force to improve the methods and mechanisms for achieving positive social change. In summary, I recommend the following to the Task Force

- Assess regulation and legislation for preventative health outcomes against consumer level activity to understand if and how changes to the laws will impact on individual behaviours.
- Use the whole of the social marketing toolkit including market research, consumer analysis and consumer led product development to increase the effectiveness of education and regulation aimed at individual change. Currently, the Taskforce is limiting social marketing's role to communications activities, which is a 1/4 of the marketing mix, and less effective in isolation than as part of an integrated marketing strategy.
- Be aware of the preventative health community's inherent positive bias towards healthy lifestyles when formulating campaigns to address communities that do not share the same pro-health, pro-exercise mindsets.
- Review the financial consequences of prohibitions on advertising, sponsorship and promotional expenditure where anti-social products are currently funding pro-social outcomes.