Using social marketing to achieve healthier food choices in the under fives
The edge to deliver

ChaMPs is the public health network for Cheshire and Merseyside.

Across Cheshire and Merseyside ChaMPs members have the expertise, drive and creativity to deliver the network’s collective goals.

Our conviction is that when everyone contributes, everyone benefits.

Collaboration is cost-effective too, making the most of collective resources to deliver better value and better quality results.

The ChaMPs network achieves this through:

- Creating successful and influential partnerships
- Innovative, award-winning approaches to improving health and generating public health research
- Effective commissioning
- Comprehensive communications for the exchange and sharing of information and ideas
- Lobbying for change in health policy regionally, nationally and internationally
- Flexible and creative learning opportunities
- A professional programme management team

For more information visit our website at www.champs-for-health.net or www.snackright.co.uk or email info@champs.nhs.uk

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Making healthy eating for families fun, easy and popular

Snack Right is targeted at parents and carers of preschool children in deprived neighbourhoods of Cheshire and Merseyside.

It was developed by a boundary-spanning partnership of health, local authority, communications and Third Sector professionals facilitated by ChaMPS Public Health Network using social marketing principles.

Snack Right’s behavioural goal – replace at least one unhealthy snack a day in your child’s diet with a healthy one – was designed to be achievable and “nudge” families towards healthier eating.

A network of 150 Snack Right ambassadors – local health and community workers – was recruited to organise events. The professionals leading Snack Right were on tap, not on top, ensuring delivery was locally-led and tailored to local needs.

Fifteen fun, interactive events were delivered to 600 families in mid-2007 which evaluated well.

Insight from them was developed into 49 further events in summer 2008 with an emphasis on sustaining Snack Right into the home. This was done through a direct marketing campaign underpinned by the Snack Right 5, a cartoon group of fruit and vegetable folk, who were used in all elements of project branding.

A direct marketing intervention was also developed based around each child being professionally photographed at the events. These photographs were then used to develop a direct mail relationship with the family and engage them in a competition.

By autumn 2008, Snack Right had reached nearly 4,000 children, parents and carers. Forty-one percent of children whose parents signed them up for the direct marketing programme reported snacking healthily for four weeks or more after the event.

Snack Right was also shown to have motivated families to start thinking about snacks as a means of improving children’s diets. It also had the effect of promoting new ideas around healthy snacking among children’s centre staff.

The project also added to building capacity and capability in social marketing practice in Cheshire, Merseyside and beyond.

The project is now being sustained locally by participating PCTs, with support as required from the ChaMPS project team. A further evaluation of the project will be undertaken in 2011.
1. How it all began

1.1 The origins of Snack Right

What became Snack Right was a response by Cheshire and Merseyside’s directors of public health in spring 2005 to references to social marketing in the White Paper Choosing Health: Making healthy choices easier published the previous autumn. 1

They established a social marketing group under ChaMPs, the public health network for Cheshire and Merseyside, with the twin objectives of:

- Testing social marketing by delivering a project around food that addressed growing concerns about obesity
- Developing capacity and capability in social marketing in Cheshire and Merseyside

1.2 Why healthy weight?

Obesity, or healthy weight, as a public health issue had fast been growing as a matter of public concern by the time the project was commissioned.

In 2002, England’s chief medical officer, Sir Liam Donaldson, described obesity as “a health time bomb.” 2 He noted the World Health Organisation prediction that the world would “see a one-third increase in the loss of healthy life as a result of overweight and obesity over the next 20 years”.

By May 2004, the House of Commons Select Committee published a report into what it described as “an epidemic of obesity” that had swept England “with quite astonishing rapidity”. 3

The committee also noted society was changing to absorb the trend in weight gain. A US airline had started charging obese passengers for two seats; a Leeds study suggested schoolchildren now needed trousers two sizes larger than their counterparts did 20 years ago; and, nearly a quarter of British children under four were overweight, compared with 14.7% ten years earlier.

Choosing Health echoed these concerns and also recognised the challenge of persuading people to eat better and move more.

[The appropriateness of choosing healthy weight was further endorsed by the Tackling Obesity: Future Choices project published by Foresight in October 2007.]

So, it was against this background that obesity was chosen as the topic area for the ChaMPs social marketing project.

1.3 What is social marketing?

Social marketing is “a systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals, for a social good” or, in the case of health, “to improve health and to reduce inequalities”. 4

Social marketing takes a customer-centred view towards improving health. It is about understanding why people will (or won’t) change their behaviour. And, with this actionable insight in mind, it is about designing products (i.e. health services) that fit the self-expressed needs of a target population.

What it is not about is acting on professional assumptions, however well-intentioned, about what a target audience should do or why they should do it.

For further information see Appendix 1 or visit the National Social Marketing Centre website at www.nsms.org.uk

1.4 Leadership and governance

ChaMPs is a network with a small programme team serving the 2.3 million population of Cheshire and Merseyside. Members of this team were joined on a Snack Right group by relevant partners from the two counties.

The group was led by a director of public health and membership included a second director of public health; an associate director of public health; communications and social marketing specialists; public health academics from the University of Liverpool and Liverpool John Moores University; and, an expert of food and nutrition from Heart of Mersey. 5

A dedicated coordinator was appointed and other experts were co-opted as appropriate.

The group reported to Cheshire and Merseyside directors of public health group.

Frontline delivery of Snack Right, while facilitated by the project team, was put in the hands of local “ambassadors” to encourage ownership of the intervention.

1.5 Finance

The project was pump-primed with £50,000 by Cheshire and Merseyside’s directors of public health in 2005-2006. Principal funding was subsequently secured through the Department of Health Communities for Health Fund to the value of £263,000.

This funding covered the total cost of the intervention, including two academic evaluations and the project manager’s salary costs in the first full year (this was subsequently funded separately).

A more detailed breakdown of costs can be found in Appendix 2.

1.6 Benefits of a partnership approach

A partnership was established on the principle that when everyone contributes, everyone benefits.

Partners can share agendas and combine resources to deliver outcomes that would have been challenging or of a lesser quality had their individual organisations attempted them.
2. Using research and insight to understand the customer

2.1 Customer orientation – segmenting and targeting the audience

A day-long workshop reviewing the evidence and commissioned desk research led to the Snack Right group to focus on preschool children aged 3-5 from deprived communities because:

- Proportionally less health advice is available compared to that for babies or school-age children
- This was the age at which food tastes were formed for life
- Cheshire and Merseyside has some of the worst health inequalities in England

It was then necessary to identify where children in this segment of the population lived. To do this, the group considered:

- Indices of Multiple Deprivation (IMD)\(^7\) and census data, using the quintile with the highest proportion of 3-5 year-olds and the quintile with the highest proportion of people who had never worked or were long-term unemployed. The results were tested by mapping value supermarket chains (e.g. Aldi, Lidl) – a statistically significant correlation was established
- The main Mosaic socio-geodemographic profiles\(^8\) from these areas to find other areas, particularly in Cheshire, which were too small to register using IMDs

Fifteen focus groups were also held at a variety of venues across Cheshire and Merseyside identified in the mapping work. Each group focused on a specific cohort with responsibilities for caring for preschool children e.g. single mothers, grandparents, first-time parents, non-white ethnic groups, etc.

2.2 What was our actionable insight?

Children’s centre workers were also interviewed as part of the focus group work.

Their observation – children generally ate well in day care but were given “junk” snacks as their parents/carers took them home – formed the foundation of the project’s actionable insight.

2.3 Developing behaviour goals

It was clear that to influence the eating habits of preschool children the behaviour of their parents and carers had to be influenced. The research established a number of factors affecting behaviour around healthy eating choices. These included:

- Barriers to healthy eating - a “can’t cook, won’t cook” attitude; a lack of basic knowledge around nutrition; a belief healthy food was expensive food; preparing healthy food was time-consuming and inconvenient; children were likely to reject it and budgets were too tight to waste food
- Influencers of healthy eating - children’s centre/nursery workers (generally positive); retailers (often negative at the time); media (both negative and positive)
- Motivators – retail offers (voucher promotions, product placement; positive messages at point of sale); pestle power of children
- Simply focusing on the health benefits of healthy eating alone wouldn’t be effective
- A belief some junk foods led to hyperactivity

7

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The research also showed we could challenge negative behaviour if an intervention captured the following:

- Demonstrate children liked fruit and vegetables as snacks
- Healthy snacks benefit long and short-term health
- Fruit and vegetables aren’t expensive
- Healthy snacks can be quick and easy to prepare
- Early food preferences stay with you for life
- Healthy snacks can improve kids’ behaviour
- Slow release snacks keep child energised longer

2.4 Choosing behavioural goals
After analysing the research, the ChaMPs social marketing group agreed snacking should be addressed through a series of events.

The key behaviour goal would be for children aged 3-5 from deprived neighbourhoods to “replace at least one unhealthy snack each day with a healthy one”. Ideally, this would be a fruit or vegetable.

Six secondary goals were also agreed:

1. Parents and carers would attend an event with their children under the branding “Snack Right”
2. Parents and carers attending Snack Right events would overcome negative perceptions of fruit and vegetables as a snack food for children
3. Every child would have the opportunity to try fruit and vegetables snacks at the events
4. Children would continue to “snack right” through the work of ambassadors, primary care trusts, local authorities, communities, etc
5. Ambassadors were engaged in the process and attend Snack Right events
6. Ambassadors delivered their own events

3. Fifteen fun events – phase 1

3.1 Delivering Snack Right
- summer 2007

Fifteen fun, interactive events partnered by the value supermarket chain Aldi and the national Healthy Start welfare voucher scheme took place. Most of the events were targeted at children’s centres that correlated with the segmentation work.

The events would be aimed at children, but crucially, be an opportunity to engage with the parents or carers who accompanied them. They were branded Snack Right.

A marketing and communications agency was commissioned to support delivery of the events, design support materials and engage local media.

At each event, children had the opportunity to try different fruit and vegetables; parents and carers were shown fun ways of creating healthy snacks for their children; a health worker was on hand to sign parents up for Healthy Start; and parents were also told where they could use the vouchers locally.

Parents and carers were also provided with information about the short and long term health benefits of replacing an unhealthy snack with a healthy one.

The events were fun and informal with a visit from a Banana character and each child took home a piece of fruit. Providing each parent with information on a one-to-one basis was essential because of low literacy and numeracy in our target families.

3.2 Working with Aldi

The marketing and communications agency brokered a partnership with Aldi to supply fruit and vegetables to the events. The company also hosted the launch of Snack Right at a store in Liverpool.

3.3 Working with Healthy Start

Snack Right partnered with Healthy Start®, the national welfare voucher scheme, for the duration of Snack Right. Healthy Start was launched in late 2006 as a successor to a scheme providing milk and infant formula for mothers which originated during the Second world war.

The project became an accredited promoter of the scheme and Healthy Start provided some metrics to support the evaluation.

3.4 Developing a marketing mix

The marketing mix is a term used to describe tactics that affect customer motivation and behaviour.

These traditionally encompass four controllable variables “the 4 P’s” i.e. product, price, promotion and place.
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3.5 Learning the lessons from phase 1
An evaluation of phase 1 was conducted by Liverpool John Moores University. Their findings, and observations in the field of how phase 1 was received, were key in rescaling and developing phase 2.

This additional insight led the social marketing group to:

1. Extend the target age range to include children aged six months to four because tastes and preferences, and parental choice, were apparent in the under twos. These children also attended children's centres and were eligible for Healthy Start.

2. Revise and improve the marketing materials. Professional advice suggested the Snack Right leaflet to be too detailed for the audience. It was also felt that retainable items distributed at events (and through direct marketing) would remind families about snacking more healthily when they got home.

3. A direct marketing intervention would be developed based around each child being professionally photographed at the events. (In phase 1, parents had been interested in receiving copies of photographs for the media we commissioned, although we didn't supply this service.)

4. Mailing the photograph to the child's home would reinforce Snack Right messages and encourage behavioural change it encouraged into the home. This would be supported by creating additional retainable items.

The Majaros family who helped launch phase 1 of Snack Right at Aldi's store in East Prescot Road, Liverpool.
4. Introducing the Snack Right 5 – phase 2

4.1 Delivering the events – summer 2008

Phase 2 was commissioned from three agencies which were responsible for a) the creatives and managing the directing marketing; b) delivering and supporting events at the children’s centres; and c) media promotion.

The Snack Right 5, a cartoon group of fruit and vegetables, was developed as the creative platform for all the phase 2 materials. These branded items were:

- A poster to promote events
- A story book about our cartoon fruit and vegetables – Pip, Narna, Berry, Tiny and Topper
- A snacking sticker calendar
- A plastic snack bowl
- A wipe-clean table mat
- A new leaflet describing the benefits of snacking right

Forty-nine events were held at children’s centres of which eight (one for each PCT area in Cheshire and Merseyside) were designated exemplar events. These were an opportunity for ambassadors to see a fully supported “live” event and learn how to deliver one themselves.

The events themselves were similar to phase 1 but with more interactive games using fruit and vegetables.

The key difference was professionally photographing each child who attended with parental consent. The photograph was later mailed to their home with a letter and snacking sticker calendar.

Children who completed the calendar were mailed the table mat as a reward. Their parents/carers were also entered into two prize draws. They also received other communications such as a recipe for a fruit snack.

Phase 2 – marketing mix

<table>
<thead>
<tr>
<th>Product</th>
<th>Replace an unhealthy snack each day with a healthy snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price</td>
<td>Parents’ time attending an event</td>
</tr>
<tr>
<td></td>
<td>Parents’ time completing snacking calendar at home</td>
</tr>
<tr>
<td>Promotion</td>
<td>Fun events with new supporting materials</td>
</tr>
<tr>
<td></td>
<td>Personalised children’s photograph</td>
</tr>
<tr>
<td></td>
<td>Incentives via direct mail</td>
</tr>
<tr>
<td></td>
<td>Healthy Start vouchers</td>
</tr>
<tr>
<td></td>
<td>Support from enhanced ambassador network</td>
</tr>
<tr>
<td></td>
<td>Support from health visitor at event</td>
</tr>
<tr>
<td></td>
<td>Awareness via local media and children’s centre activity</td>
</tr>
<tr>
<td></td>
<td>Celebrity endorsement</td>
</tr>
<tr>
<td>Place</td>
<td>Children’s centres</td>
</tr>
<tr>
<td></td>
<td>At home</td>
</tr>
</tbody>
</table>

Each family received a “goodie bag” as they left the event which included the book and plastic snack bowl, a Healthy Start leaflet, a piece of fruit, a Snack Right leaflet and any relevant local information from the children’s centre or primary care trust.

The public relations agency sourced press and radio coverage for the events. Two of the exemplar events were designated.

Life-size versions of two of the Snack Right characters – Pip the Apple and Narna the Banana – were also commissioned to bring the brand “to life” and interact with children at the events.

4.2 Revising the marketing mix

The phase two marketing mix reflected the learning from phase 1 (see 3.5).

Emma Newton, from Northwich, was overall Snack Right prize draw winner. She receives her holiday voucher from NHS Central and Eastern Cheshire’s director of public health, Heather Grimbaldeston, with children Jack, Mia and Thomas.
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**4.3 Children’s photographs – a valuable exchange**

The value to families of photographing their children was an important insight from phase 1. In phase 2, this became an important element of the “exchange” – something Snack Right gave to families in return for snacking healthier.

The photograph personalised the event to the family, making Snack Right more relevant. It also provided a means for collecting personal data which could be used to maintain a relationship with the families.

**KEY POINTS**

- Make your point in many different ways (e.g. events, bowl, direct mail, etc)
- Creative materials should be fun, have few words and not preach

A selection of the creatives used in phase two of Snack Right. Clockwise from above: the snacking calendar; the photo card sent to children who took part in events; a poster used to advertise events; the branded wipe clean table mat and bowl.
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5. Working with partners and developing partnerships

5.1 Why develop partnerships?

Single organisations cannot develop the health and well-being of their communities in isolation. In order to be truly effective, they have to collaborate.

Social, economic, cultural and environmental conditions underlie living and working conditions. In turn, individual lifestyle factors, such as diet, require the joined up approach upon which so much public health activity is focused as demonstrated in Dahlgren and Whitehead’s wheel of health.11

The ChaMPs social marketing group developed and encouraged a collaborative, partnership approach for this reason when delivering Snack Right. It also enabled partnering organisations to:

- Contribute to a project which was consistent and systematic in its approach and where they had shared agenda
- Benefit from a scaled up project which they neither had the capacity nor capability to deliver alone
- Spread the cost of development so achieving greater value for money

Partnership also helps improve the quality of outcomes. That’s because tapping in to local, specialist knowledge makes the palette from which an intervention is drawn far richer. Its likelihood of success is also increased because stakeholder contributions and buy-in start at an early stage.

Dahlgren and Whitehead’s ‘wheel of health’ shows the widening determinants of health

5.2 The role of the Snack Right ambassadors

Snack Right developed a 150-strong ‘ambassadors’ network to support delivery and sustainability of Snack Right at PCT level.

Ambassadors include healthy weight leads, children’s centre managers, health visitors, health promotion workers, health trainers and community cooks. They were split into two types:

- Strategic ambassadors (about a third of the total) supported local plans for delivery of Snack Right and provided staff to support the implementation, including events and passing on messages to target groups. They also worked to embed the Snack Right model through local strategic plans or work plans, and create a legacy for the project
- Tactical ambassadors delivered Snack Right messages, promoted and delivered events, supported the delivery of events, and sustained messages with the families they work with

This approach developed effective relationships between local authority children’s centres and primary care trusts across Cheshire and Merseyside in delivering the events. Ambassador days were run in the development stage of both phase 1 and 2 to test the quality and effectiveness of the Snack Right intervention and materials.

5.3 Partnership with Healthy Start

See 3.3

5.4 Commercial partnerships

Working with commercial partners can be an effective method of placing a desired behavioural goal in what might be a competitive environment e.g. a supermarket.

Clearly, there needs to be a benefit for the partner whether it is complementing existing product or appealing to their sense of corporate social responsibility.

Nonetheless, achieving an effective commercial partnership, is a challenge. As mentioned in 3.4, Aldi supported phase 1 of Snack Right. There was initial interest from the Co-op to partner in phase 2 but this failed to take-off.

5.5 Partnership with National Social Marketing Centre

Partnering with the National Social Marketing Centre helped build capacity and capability.

It advised as well as supported professional development events. Snack Right followed their Total Process Planning Model and benchmarking criteria.

KEY POINTS

- Tapping local, specialist knowledge makes interventions richer
- Partnership working enables wider, better quality delivery and greater sustainability

Snack Right ‘ambassadors’ at one of several consultation events which helped decide the direction and focus of the project
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6. The challenges to a successful project

6.1 Measuring effectiveness

The biggest challenge was demonstrating Snack Right had achieved its behavioural goal amid all the background noise of other health messages.

This was recognised as a challenge in the phase 1 evaluation and partly addressed in phase 2 by using direct marketing. This allowed the use of self-reporting (i.e. completing the snacking calendar) as a proxy for behaviour change.

A full evaluation of phase 2 was published by Liverpool Public Health Observatory in summer 2009. This showed the secondary behavioural goals identified in 2.4 had been largely fulfilled. It also reported many parents and children had picked up healthy snack tips after taking part in Snack Right.

However, the inherent practical challenges of establishing a baseline from which to demonstrate primary behaviour change (i.e. swap an unhealthy snack each day for a healthy one) is self-evident in the evaluation.

6.2 Effects of delayed funding

Principal funding was secured in late 2005 from the Department of Health Communities for Health Fund. However, a NHS financial freeze in 2006 delayed release of this funding and the implementation of the project by a year. This delay also prevented the appointment of a project manager until April 2007, a little more than a month before the first phase of the project began.

6.3 Managing scale

Partnership work across organisational boundaries is challenging at a local level; more so at a sub-regional level. Snack Right was implemented across two counties with a population of 2.3 million, eight primary care trusts and 14 local authorities. Added to that more than 50 children’s centres took part in the project.

This was a significant challenge which demanded a project group with deep understanding of partners need (fed by our social marketing approach) and excellent project management and outstanding people skills.

6.4 Managing commercial partners

Snack Right partnered Aldi in the first phase. This was partially successful in supporting events (e.g. delivery free fruit) but in-store promotion failed to materialise. The Co-op approached ChAMPs Public Health Network as a potential partner for phase 2 but this fell through. There were two lessons learned here:

- Commercial partners want to work with you for a perceived business benefit. So, don’t be afraid from the outset to be clear what you want from them. Be prepared to negotiate hard and don’t be afraid to walk away if what they offer doesn’t add value
- Brokering commercial relationships is time-consuming and public sector organisations don’t necessarily have the capacity or capability to sustain drawn out negotiations (although World Class Commissioning in the NHS should encourage and facilitate development of these skills). Again, walk away if negotiations don’t yield reasonably quick results.

6.5 Achieving effective media coverage

Phase 1 media coverage had largely focussed on the events themselves rather than how to snack more healthily.

The successful phase 2 communications agency was commissioned on the basis of making stories out of the snacking message. However, despite their pitch this proved difficult for them to achieve. Once again, the media coverage focussed largely on the events.

6.6 Healthy Start data

Application and voucher redemption statistics from Healthy Start vouchers were initially going to be a key indicator of behaviour change. However, for reasons beyond our control, access to this data was far more limited than we anticipated.
7. Outcomes and benefits

7.1 Objective 1 – addressing eating habits

The second academic evaluation indicated the families with whom Snack Right engaged had moved into Prochaska and DiClemente’s “contemplation stage” in relation to giving more fruit and vegetables to their children.

Snacking behaviour. 41% of children who signed up to the direct marketing programme at an event reported they continued snacking healthily four weeks later by returning the tear-off slip on their snacking calendar.

Significantly, very few arrived before the calendar could have been reasonably completed, suggesting families took healthy snacking seriously.

Participation. 3,788 children, parents and carers attended 64 Snack Right events from the targeted families.

Direct marketing. 1,003 children – made up of 824 families - signed up to the direct mail programme.

Healthy Start. Applications for Healthy Start vouchers in the Merseywide area increased by 25% during phase 1. Forty-six families were signed up at phase 2 events with many others eligible but signing up afterwards.

Families’ views. 84% of families attending phase 2 events felt they had picked up new ideas about healthy snacking.

Effect on children’s centres. The phase 2 evaluation reported Snack Right had given children’s centres staff new ideas around promoting healthy snacking. Practice had changed thanks to Snack Right. Staff had stopped serving biscuits at one centre; another stopped crisps and cake at parties; many others were using learning from the project to develop existing practice or use the Snack Right format for future events.

7.2 Objective 2 – building capacity in social marketing

Social marketing was still in its relative infancy in the health sector when the original decision to commission a social marketing project was taken in 2005. There was scepticism in some quarters but the demonstrable benefits of “knowing your customer” to achieve behaviour change has been a catalyst for embedding social marketing in public practice.

Network level. A CPD event for 56 delegates in July 2008, Everything you wanted to know about social marketing but were afraid to ask, drew on the experiences of Snack Right. A one-day conference, Healthy lives for under fives, was also held in Merseywide in May 2009. This celebrated Snack Right as well as aiming to build capacity to deliver effective and sustainable healthy eating programmes for under fives (see Appendix 3).

Local level. Supporting PCT staff to understand and use social marketing using Snack Right as an example and advise on recruitment to social marketing posts.

Regional level. Using Snack Right to demonstrate social marketing as a technique at the 1st and 2nd North West Social Marketing Conferences and the 2008 North West Public Health Conference.

National level. Snack Right was chosen as national best practice example for new National Social Marketing Centre NSMC Showcase database. The Snack Right team was also invited to speak at the Royal Society of Public Health in February 2008, the World Social Marketing Conference in 2007 and 2008, and the UK Public Health Association annual forum in Brighton in 2009. The project was also a finalist in the HSULGC Sustainable Communities Awards (healthy communities) and the Association of Healthcare Communicators Awards in 2009. A version of the first Snack Right evaluation by Liverpool John Moores University was also published in the academic journal Public Health, 15

International level. Chosen as a national example of best practice in EuroHealthNet’s Approaches and promising practices by health promotion bodies in Europe to counteract obesity and improve health equity report (March 2009). 16

Three DVD’s were produced over two years which were used to help demonstrate the events to staff as well as promote the project and show stakeholders.

KEY POINTS
• Snack Right developed social marketing skills at many levels
• Thought-through projects gain a high degree of audience buy-in

Two of the letters sent to families who attended events helping to sustain the healthy eating message at home
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8. Legacy and sustainability

A sub-regional approach allowed PCTs to participate in a project at a scale and quality most could not have delivered alone. By working together, effort and expertise was pooled to secure funding and economy of scale which created a readily transferable intervention.

The ambassador network created to support delivery of Snack Right is the mechanism that continues to sustain the project. It encouraged a partnership approach which ensured events were delivered locally with the Snack Right project team’s expertise on tap and not on top.

The Cheshire and Merseyside PCTs have committed to developing Snack Right through children’s centres. Their plans include:

- Annual Snack Right events in all children’s centres
- Commissioning new products to support the brand e.g. snack boxes

Social marketing is adaptable approach, increasingly being used to achieve and sustain behaviour goals on a range of social issues.

While formal definitions vary, three key elements commonly appear:

1. Its primary aim is to achieve a particular ‘social good’ (rather than commercial benefit), with clearly defined behavioural goals.
2. It is a systematic process phased to address short, medium and long-term issues.
3. It uses a range of marketing techniques and approaches (a marketing mix). In the case of health-related social marketing, the ‘social good’ can be articulated in terms of achieving specific, achievable and manageable behaviour goals, relevant to improving health and reducing health inequalities.

What are social marketing’s key features?

The following six features and concepts are key to understanding social marketing and you will see below that we have incorporated these into our ‘customer triangle’ model.

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

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

Intervention mix and marketing mix
- Using a mix of different interventions or methods to achieve a particular behavioural goal. When used at the strategic level this is commonly referred to as the intervention mix, and when used operationally it is described as the marketing mix.

Audience segmentation
- Clarity of audience focus using audience segmentation to target effectively.

Exchange
- Use of the exchange concept—understanding what is being expected of people, and the real cost to them.

Competition
- Use of the competition concept. This means understanding factors that impact on people and that compete for their attention and time.
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What are the key stages involved?
In line with all good planning and development tools, social marketing has key stages. The diagram below summarises these in the total process planning model.

Most of these stages will be familiar to anyone involved in project or programme development. However, we particularly highlight the importance of the front-end scoping stage which needs to drive the whole process. The primary concern here is with establishing clear actionable and measurable behaviour goals to ensure focused development across the rest of the process.

The ultimate effectiveness and success of social marketing rests on whether it is possible to demonstrate direct impact on behaviour. It is this feature that sets it apart from other communication or awareness raising approaches, where the main focus is on highlighting information and helping people to understand it.

Appendix 2
Budget

Phase 1
Research (insight) £24,055
Segmentation Provide by NHS Knowsley
£23,550
Part time project manager (12 months)
Design, artwork and distribution of materials (leaflet, banners, activity sheet, stickers)
Public relations (media, including two stakeholder events)
Meeting costs

Phase 2
Segmentation Provided by NHS Western Cheshire
Meeting costs Provided by Liverpool PCT and NHS Knowsley
Strategic development and core messages £15,600
Creative development and testing £7,525
Poster - development and artwork £2,812
A3 poster production (1,000) £495
Leaflet - development and artwork £3,443
A5 leaflet production (50,000) £2,105
Sticker materials development £3,006
Sticker chart (3,000) and stickers (3,000) £2,272
Narna and Pip costume design £581
Two costumes £2,347
Storybook development £6,112
Storybook production £1,543
Photo presentation card development £3,056
Photo presentation card (3,000) £801
Placemat development £1,262
A3 PVC placemat (1,500) £3,950
Bowl development £387
Bowl production £3,837
Three direct mail letters development £2,037
Direct mail letters (7,500) production £900
Direct mail costs (envelopes, personalised photos, postage, administration, etc) £9,163
Snack Right MS Word template £193
Children’s photos (3000) – production £300
Freepost costs £373
49 events – delivery and materials £29,464
Media agency and photography £14,626
Competition prizes £2,033
Event toolkits (400) £2,715
Three promotional DVDs – production and copies £6,700
Miscellaneous (including brand guidelines, conference costs, conference poster) £4,141
Snack Right final report £4,000
Conference – May 2009 £16,093
£2,500 (phase 1); phase 2 delivered as part of existing PCT contract with Liverpool Public Health Observatory
Evaluation (phase 1 and 2) £5,225
Snack Right training £12,285
Legacy Total £263,000
Using social marketing to achieve healthier food choices in the under fives

Appendix 3
Building capacity

Two local continuing professional development events were during the period the Snack Right project to support the capacity building element of the project. They were:

- **Social marketing:**
  Everything you wanted to know but were afraid to ask
  Wednesday, July 16, 2008 – Stobart Stadium, Widnes
  http://tinyurl.com/64rq8b

- **Healthy lives for under fives**
  Achieving good nutrition and healthy weight
  Tuesday, May 12, 2009 – Aintree Racecourse, Liverpool
  http://tinyurl.com/n3xbh5

Healthy lives for under fives.
Clockwise from top: Delegates get into the spirit of an active play workshop; a scene from a drama illustrating the Snack Right approach; the conference hall; staff from Knowsley children’s centres, were among children’s centre receiving certificates for taking part in the project; Pip and Narna greet delegates

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NHS Knowsley public health intelligence team
NHS Western Cheshire public health intelligence team
Cheshire and Merseyside children’s centres
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Using social marketing to achieve healthier food choices in the under fives

References


6. Heart of Mersey. A Merseyside-based charity which adds value to local initiatives and programmes by working at local, regional, national and European levels to prevent cardiovascular disease death in the population. www.heartofmersey.org.uk

7. The Index of Multiple Deprivation combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/

8. Mosaic UK. Classifies consumers by household or postcode, allowing you to optimise the use of the segmentation depending upon the application. http://strategies.experian.co.uk/Products/Demographic%20Classifications/Mosaic%20UK%202009.aspx


13. The contemplation stage. Part of Prochaska and DiClemente’s stages of change, or transtheoretical, model www.changezone.co.uk/STEVE/transtheoretical%20Model.html

