

# Social Marketing – Trick or Treat?

Adding social and geospatial analysis to create  
a scientific intervention tool

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## Social marketing ...

- ◆ “the systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals, for a social or public good (in this case to improve health and reduce health inequalities)” *French, Blair-Stevens 2006*
- ◆ Policy “to establish across the public sector a sustainable culture built upon an understanding of the needs and behaviours of citizens ... to create services that are better for customers” *Darzi Report 2008*

## 8 benchmark criteria

- ◆ Customer orientation – basic paradigm
- ◆ Behaviour and behaviour goals
- ◆ Theory-based and informed
- ◆ Insight driven – life as people live it
- ◆ Exchange analysis (benefits exceed costs)
- ◆ Competition analysis – minimise negative
- ◆ Segmentation and targeting – no one-size-fits-all
- ◆ Intervention and marketing mix – choose to suit

## NSMC Health Inequalities Research – ‘Sharpening the Spearhead’ 2009

- ◆ PCT views – ‘re-branding of health improvement work’
- ◆ Limited appreciation of the 8 NSMC criteria
- ◆ Interest in customer journey mapping for customer insight
- ◆ Complementary nature – conventional public health info methods (healthy lifestyles surveys etc) and social marketing approach
- ◆ Nat Support Team for Health Inequalities – recommends social marketing approach but sees a dichotomy between “how social marketing should be done, and how it is done on the ground”

# Trick or treat?

## Trick?

- ◆ Dressed-up version of PR and advertising /comms industry
- ◆ Assumes individual empowered to make change
- ◆ Ignores structural barriers to public health (environment, housing, physical, social structural disadvantage)
- ◆ Depoliticised
- ◆ Detached for collective action and 'community empowerment'

## Treat?

- ◆ Shifts paradigm from provider to service user
- ◆ Bottom up not top down – redresses power imbalance
- ◆ Capacity to use consumer insight to shape service
- ◆ Segmentation approach better suited to diverse communities
- ◆ Services attuned to be more effective and efficient
- ◆ Scientific rigour of qual and quant evidence base

## Developing the science in social marketing - segmentation

- ◆ Growing interest in geo-demographic segmentation techniques
- ◆ Link to more effective communication message and media
- ◆ Acorn – CACI
- ◆ Mosaic – Experian
- ◆ Customised - e.g. Energy Saving Trust segments, Defra pro-environmental behaviour segments
- ◆ Can they enhance the treat?

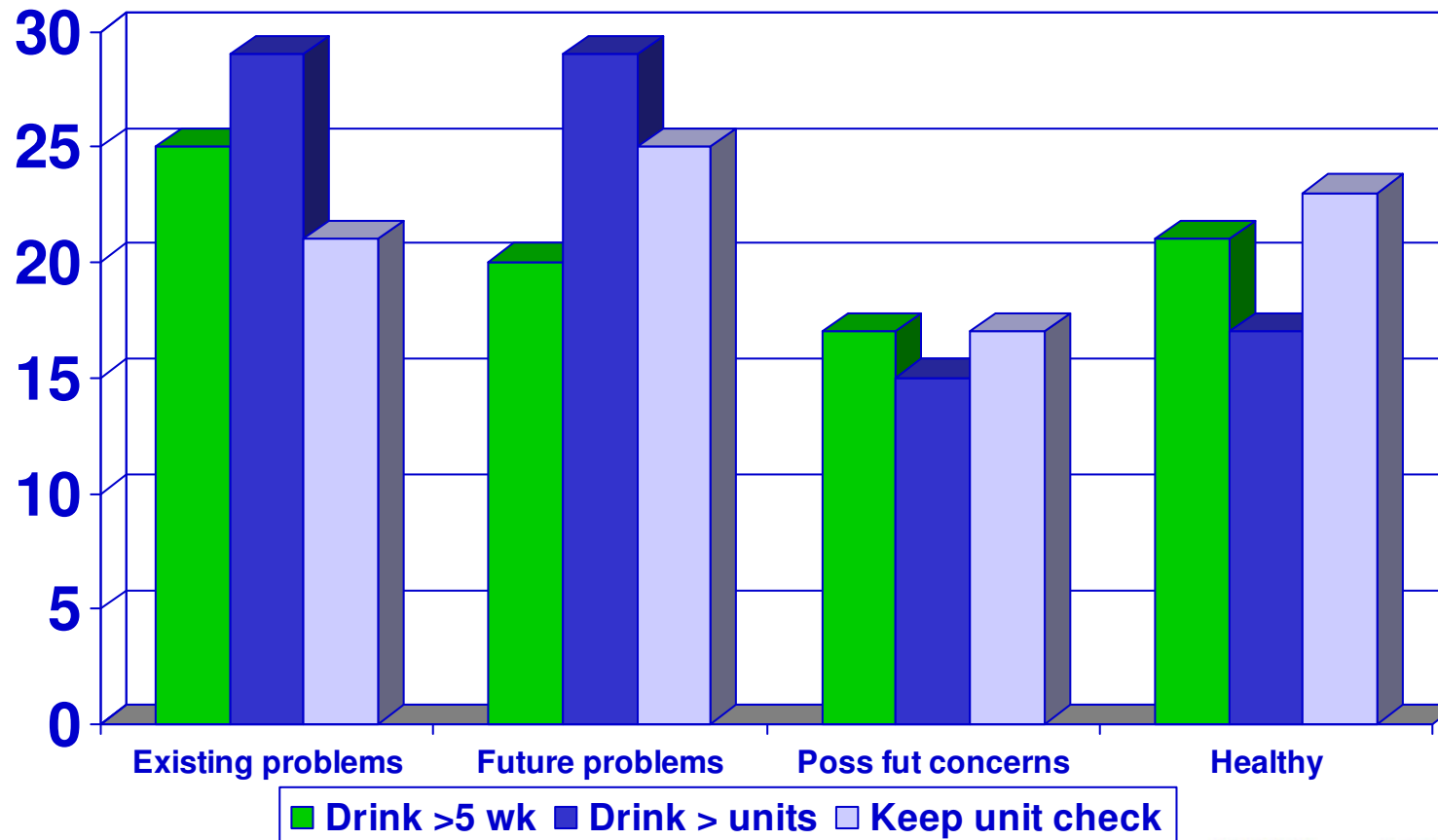
# HealthACORN

- ◆ A Classification of Residential Neighbourhoods
- ◆ Neighbourhood based characteristics – for prioritising and targeting interventions
- ◆ ACORN classification of census and other data at postcode level c. 25 households
- ◆ HealthACORN working to census Output Area level c. 125 households (each OA allocated to a HealthACORN category)
- ◆ CACI have added food consumption and lifestyle and health conditions survey 625,000 records
- ◆ Create 4 x Groups sub-divided into 25 Types

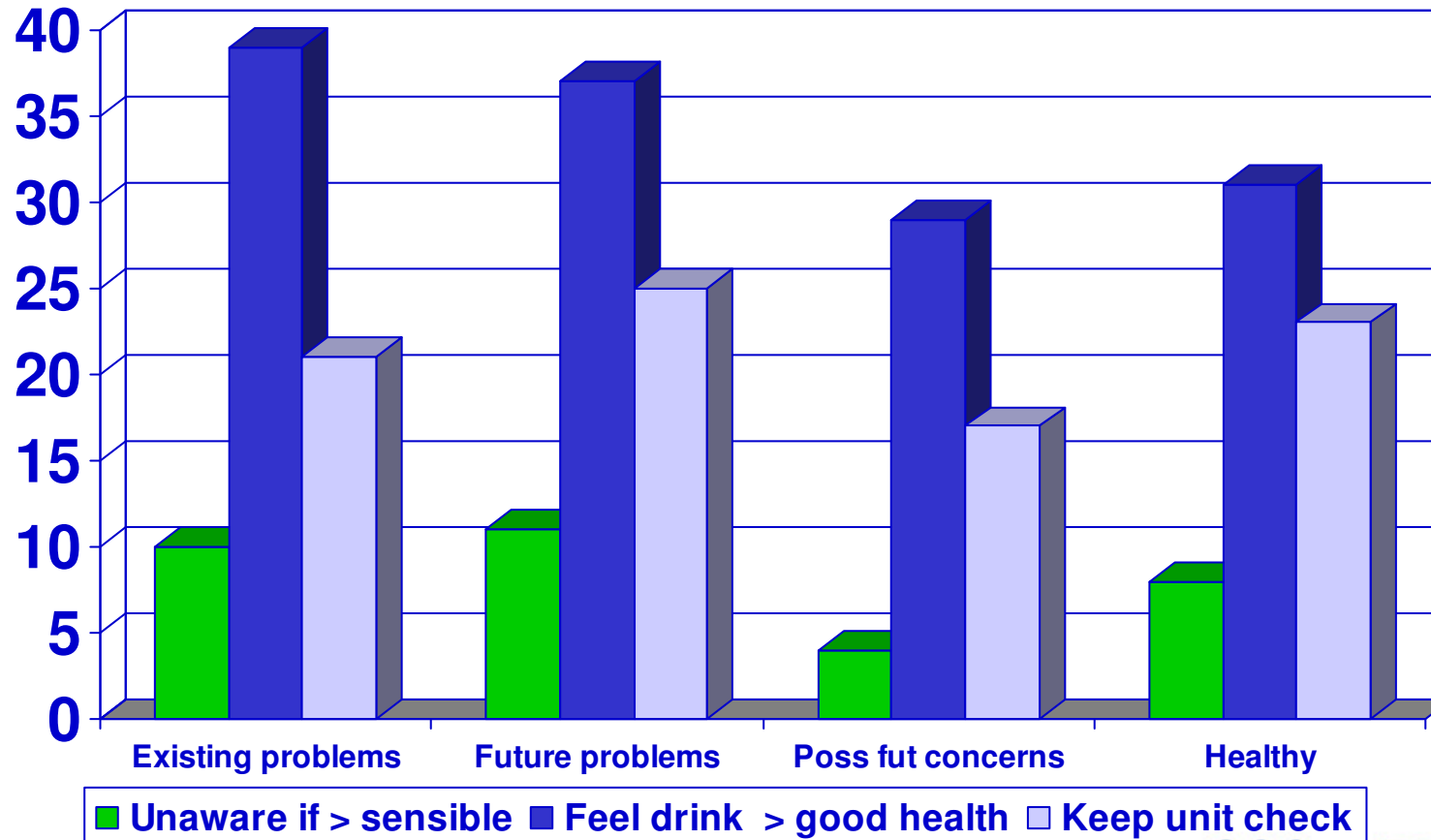
## Case study: Coventry alcohol prevalence

- ◆ Research on self-reported alcohol consumption
- ◆ Awareness of units and 'Safe & Sensible' levels
- ◆ Total 1,200 household adult face-to-face interviews 2008, with multi-layer questionnaire
- ◆ 788 drink more than one a month – enter the general survey
- ◆ More in-depth for weekly or more drinkers
- ◆ Data re-analysed 2010 by HealthACORN

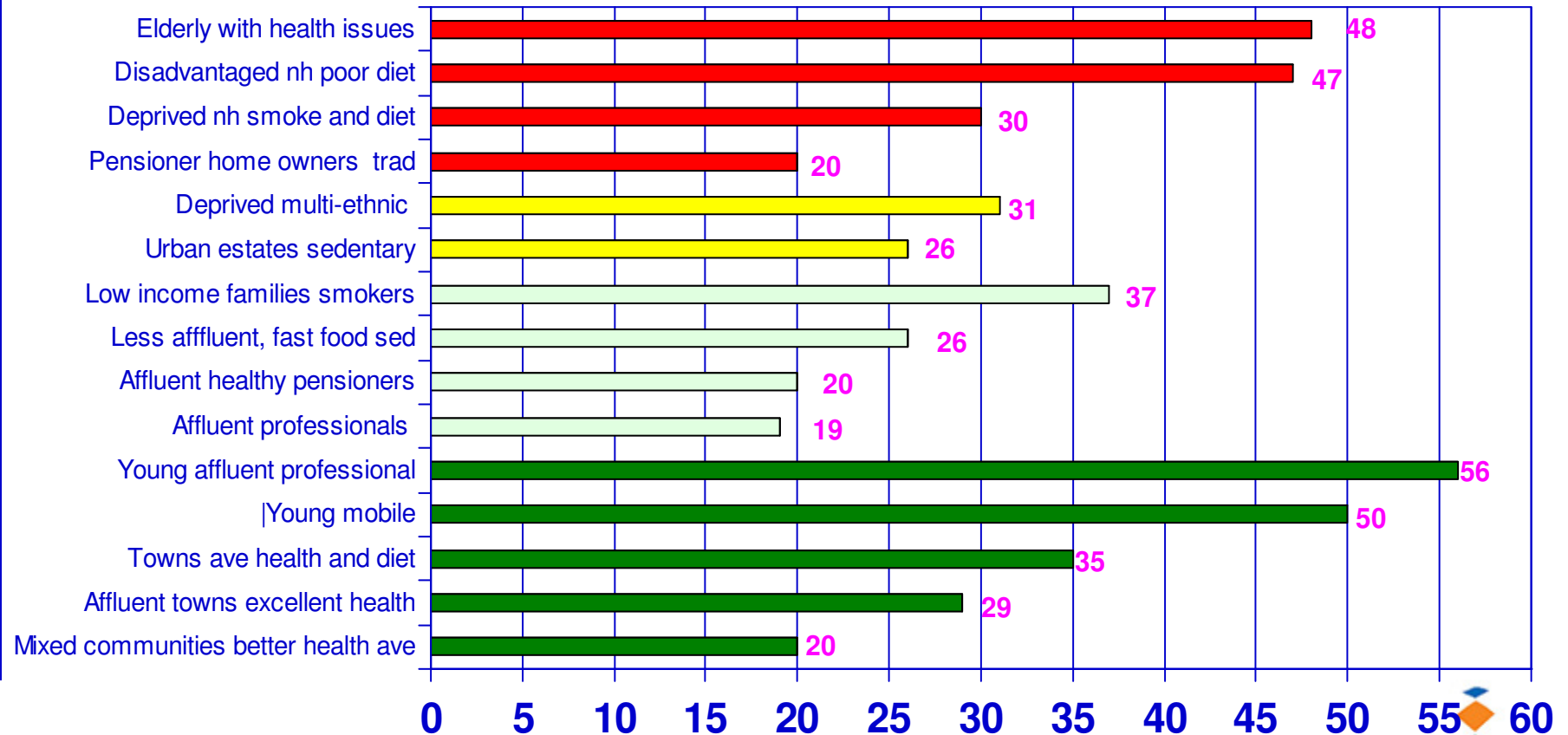
# Alcohol behaviours x HealthACORN



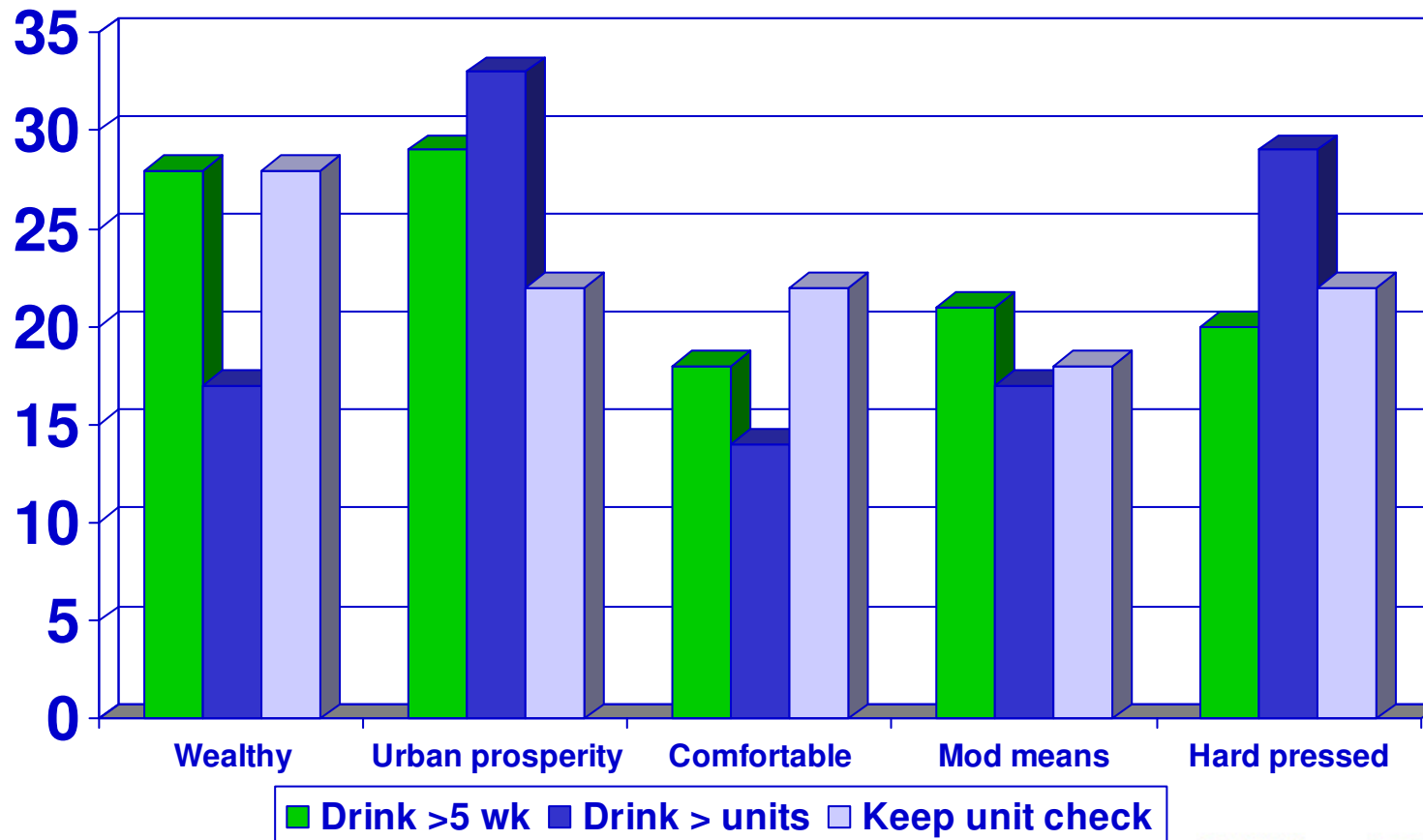
# Alcohol attitudes x HealthACORN



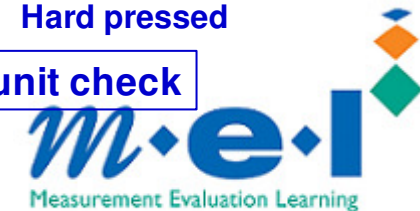
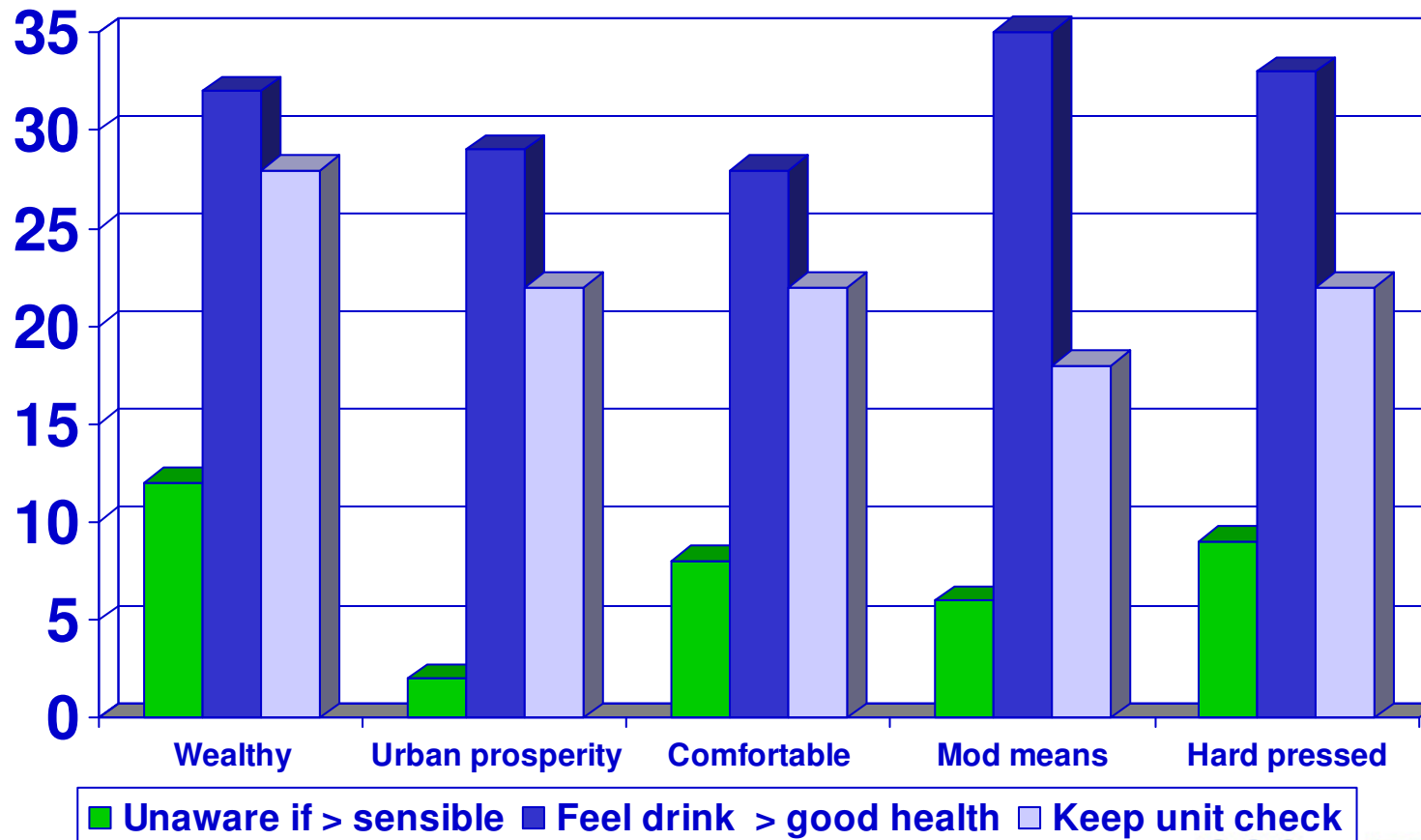
# Feel drink more than good for health x HealthACORN Types



# Alcohol behaviours x ACORN



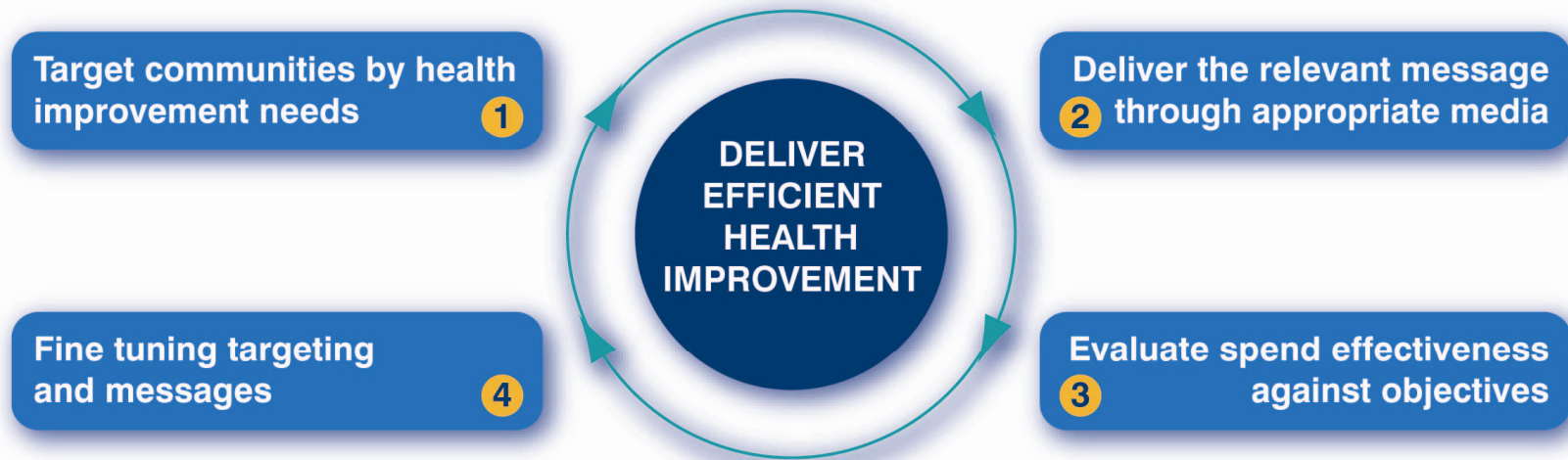
# Alcohol attitudes x ACORN



# Lessons

- ◆ Generic health behaviours pattern validated
- ◆ Counter-intuitive findings – ‘healthy’ drinkers!
- ◆ Substantial differentiation within 4 HealthACORN Groups – effectiveness of targeting locally at the level of Types
- ◆ Ability to prioritise sub-group sets – high consumption, low risk awareness – and map at small area stats level
- ◆ Ability to evidence unanticipated need – ‘affluent healthy professionals’ as well as validate established need in areas of deprivation
- ◆ Potential to layer multiple risk factors – diet, alcohol, physical activity – for strategic commissioning and joined-up intervention

# Continuous improvement model



## Conclusions

- ◆ Social marketing ‘treat’ is dependent on having a powerful, focussed evidence base to shape it
- ◆ Social segmentation is a valuable instrument and differentiates identifiably different groups
- ◆ It is also a dangerous tool if used superficially!
- ◆ Existing tools will benefit from further calibration
- ◆ Healthy Cities – Healthy Neighbourhoods – potential to stretch beyond behaviour to incorporate wider public health dimensions