BRANDING IN HEALTH MARKETING

Anca Ramona PRALEA[1]

Abstract: *Branding is one of the major positioning elements of commercial marketing. The whole marketing mix should be, and it usually is, adapted to better serve the needs of well-established brands. Public health is one field in which the person's system of Knowledge-Beliefs-Attitudes (KAB) is very important. That is one of the main reasons why branding should be considered by specialists in the field. As evidence shows it can make the difference between a successful health marketing campaign and a non-successful one. The key elements of commercial branding can be successfully translated to the social sector. This is the case for the Truth® campaign but, unfortunately, not for some public health campaigns in Romania.*

Key words: *public health branding, brand equity, the Truth, health behaviour, social imagery.*

1. Introduction

The "brand" has been one of the key concepts in commercial marketing in the past decades. It has played a key role in marketing strategies and it has been defined by the American Marketing Association as it follows: a brand is a "name, term, design, symbol, or any other feature that identifies one seller's goods or service as distinct from those of other sellers. The legal term for brand is trademark. A brand may identify one item, a family of items, or all items of that seller. If used for the firm as a whole, the preferred term is trade name."[14].The definition is not an over encompassing one. According to the literature [4] it lacks one key element without which the implementation of any brand strategy would be in vain. That element is association.

There are three underlying constructs to branding in general. In order to increase the value of your range of products, services or even health behaviours the consumer has to feel connected with the brand. A relationship has to be build between the consumer and the brand by an exchange of value [4]. In order to "adopt" a brand the producer or seller has to bring it into the consumers' lives and not just through some information into the market.

First of all, this paper will discuss the importance of applying branding principles into public health marketing. The similarities and differences between the commercial sector and the public one will be then addressed. Thirdly, two separate public health campaign will be analysed considering their branding efforts. These will be then linked with their success in influencing their targeted health behaviour.

2. Differences and similarities between commercial and public health branding

According to Hastings (2007) [4] a research of UK's National Institute for Health & Clinical Excellence stated that branding can be an effective way to

[1] Department of Doctoral School in Marketing, *Transilvania* University of Braşov.

influence health behaviours. Moreover, their usage in health marketing campaigns could be accounted for creating long term relations between the "consumers" and the entity that initiated the public health campaign.

Considering the aspects mentioned above together with key findings from practice Evans et al. (2007) [4, p 6] defined public health brands as: "the associations that individuals hold for health behaviours or lifestyles that embody multiple health behaviours". It is interesting to pinpoint the fact that commercial and health branding are similar in motives and outcomes [4]. They are both concerned with changing behaviours. The main difference lays in the principles and methods that they use to reach the desired change. This clearly proves to be simpler for the commercial sector that can rely on the products benefits in its endeavour.

Both commercial brands and public health ones can be assessed considering the three pillar structure mentioned before. Nevertheless one of the key problems that health brands encounter springs from the essence of the last pillar. In order to build a long term relation that will influence a person's health some benefits have to be given to that individual, through an exchange of course. In the commercial sectors it is fairly easy to pinpoint these benefits (e.g. the special flavour of an ice-cream or the easiness in writing to someone that is far away instead of phoning them if you use Internet) while in its public health counterpart it proves to be really difficult. Therefore the value proposition of a health marketing campaign should be defined in far more rigorous terms than commercial ones. Moreover, considering the negative aspect of the demand for "health behaviours", that characterizes most public health campaigns, the exchange should nevertheless appear beneficial to the

consumer. This would mean that the key benefits or long term benefits should be presented in such a way as to convince the target audience that they are gaining something from the exchange.

In fact, the difference between branded and not branded health marketing campaigns often lays in the lack of ambiguity in defining the benefits. Contrary to some experts' beliefs, the beneficial results of not smoking are not self-evident and can be difficultly gauged on a long term horizon. This could be also noted as a key difference between commercial and public health branding. While the former are really good at establishing realistic time frames for assessing the effect of a change in behaviour, the latter are rarely doing it [4].

Another key-aspect of the branding initiatives of both commercial and health branding are the tactics that they use. In both cases one can observe the existence of four main tactics [4]: competition; recognition; promise and delivery. Nevertheless, public health branding is still in the process of developing these tactics in practice, in a manner that would enhance their chances to provoke long-term changes in one's health behaviour.

While the competition tactics, also called the value proposition statement, is being applied to a greater extent in health marketing, the other three stumble upon great challenges. Most often the budges are not as large as in commercial marketing. This influences greatly the recognition tactics. The strategy, together with the delivery one, is relying most on the financial aspect of a campaign. Moreover, the latter one is also influenced by the fact that the effects of adopting new health behaviour are rarely visible on the short or medium term.

The value of branding a campaign, product or service can easily be measured by using the term of brand equity. While

commercial marketing is constantly using these concepts or constructs to evaluate and model their branding activity, public health rarely uses them. Nevertheless the structure is similar for both areas.

Fig. 1. *The brand equity structure(Source 2)*

In fact, it can be said that each of commercial brand equity "has an analogue in public health"[4, p 13]. The structure of brand equity is presented in the graph above.

These elements can be really useful in determining whether a public health marketing campaign is branded or not.

To sum up, there are still huge difference concerning the degree with which the commercial sector and the public health one are using branding. In spite of the fact that there are both similarities and differences between them, both sectors can use branding as a successful tool for changing behaviour.

3. Public health branding in practice

Public health is a field with great prospects for applying branding techniques for changing behaviours. In order to support this statement, two relevant case-studies will be presented.

One of them is a success story in which public health branding was used, while the other is a traditional drug campaign implemented without branding and with scarce results.

3.1. The truth®

The most well-known and appreciated antismoking campaign world-wide is the Truth®. It was initiated by the Legacy foundation in the winter of 2000. The Truth® was first thought to be a continuation of an existing anti-smoking campaign. Nevertheless it gradually became one of the biggest and, at the same time, the most successful public health campaign. Most of its success was due to the branding perspective approached by its developers. Instead of adopting the same preaching position as other campaigns did and still do, they opted out for a rather different approach.

The first part of a brand that comes into the consumer's mind is the logo. The Truth® has a distinctive and significant logo. Moreover, the meaning of the brand names is highly significant and allows several relevant associations to be made. Evans (2010) [6] offers some interesting examples:

➢ "I'd like to help *truth* get the word out"
➢ "The *truth* ads are always honest"
➢ "Kids in the *truth* ads are just like me" etc

These associations that teens make pinpoint the key brand-strategy used by the Legacy Foundation. First of all, the fact that kids would like to help is indicative of their approval of the message transmitted by the campaign. This was accomplished by involving youth in the designing of the campaign.

Secondly, the promise that the brand holds is real. This is mainly due to the involvement of the target audience in the implementation of the campaign. They influenced the tone of the communication and positioned the brand in the right place at the right time.

The positioning of the public health brand plays an essential role in this case. It is presented in Figure 2.
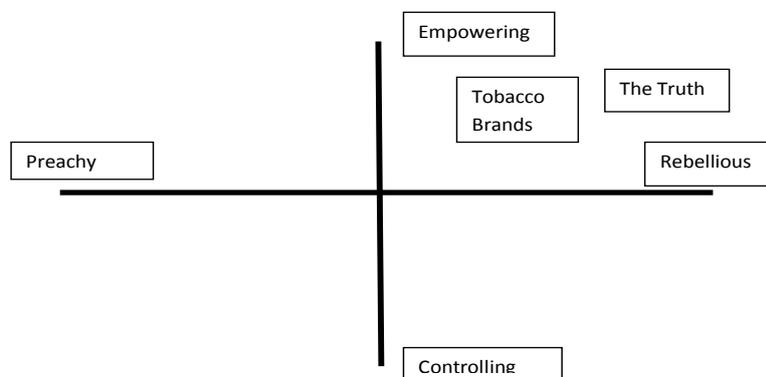

Fig. 2. *Brand positioning of the Truth® (Source Evans 2010)*

It can be easily seen that The Truth® has a similar positioning relative to the strong tobacco brands. This means that it can offer a satisfying option to teenagers. It appeals to their desire to rebel and it empowers them to do something. This would also mean that it delivers the promise it holds.

A very important aspect is the high empowering level of the campaign. This is in line with the social theories that constitute the fundamental background of every health marketing campaign. Nevertheless, few of them manage to design and implement Bandura's construct: self-efficacy. Being a promoter of change this construct is operationalised here through giving youth the possibility to actually engage in changing the behaviour. In fact this is the fundament of the third key branding strategy used by The Truth.® The campaign encourages teenagers to become a part of a social movement. This makes them feel important, motivated and strengthens the bond between them and the campaign/brand.

As one considers the strategies discussed above it is fairly easy to pinpoint some very important elements of branding.

The brand awareness level was very high [7]. The indicator, derived from a longitudinal study is close to 90%. [7, p 24]. This points out toward a strong relationship of the brand with its target audience. The fact that the brand managed to construct and develop such a bond is highly indicative of its success. This is also linked with other key factors such as the promises it holds.

The Truth offers an alternative lifestyle to smoking. This, in itself, is not relevant to teenagers. That is why the bonding between the brand and teenagers was settled on the promised benefits this

lifestyle offers. It provides them with the chance to rebel against something, at the same time empowering them to fight this war. It gives them self-confidence and therefore makes the non-smoking lifestyle more appealing.

The exchange, that is vital to the branding process, is actually voluntary, which is very important. Being a win-win situation the results are far better and long lasting. This also means that the delivery condition is also satisfied. Teenagers are offered the possibility to engage in a social movement directed against the tobacco industry with the price of giving up smoking.

Considering the evidence presented above, a final point should be made. As Evans et al. point out very precisely, the matter of changing one's health behaviour is often related to social imagery (Evans, 2008) [6]. The discussed campaign is managed to promote a social image that fits the teenager's ideal perception. This condition could be met only due to the teenagers' influence in designing the campaign.

Overall it can be said, without any doubt, and relying on solid research results (Evans, 2008) that the public health brand: The Truth is a success story. From my point of view the most important feature of the campaign, the one that ensured its success, is the well documented formative research. This was supported by the social marketing skills of its developers which was central to the way in which they managed to translate the key branding elements from commercial marketing to public health marketing:

- Brand recognition;
- Brand promise;
- Brand delivery ;
- The brand's strong relationship with its target audience;
- The promised value;
- The exchange;

- Social imagery.

This is not the case of the next public health campaign that will be discussed.

3.2. Spune nu drogurilor

The public health campaign "Spune nu drogurilor" is one of the most visible initiatives of this kind in Romania. Nevertheless, most of its brand awareness was relying on the participation of some well known Romanian singers and TV stars. As it proved out, in the end, the results in the long and medium term were not significant. This was mainly due to its superficial design. One can easily say that it was mainly a health communication campaign and not a well grounded public health marketing initiative. This statement can easily be supported if one analyzes the campaign from the branding perspective used before.

Some of the key-elements that made the Truth® campaign so successful are clearly missing. Starting from the very beginning the brand awareness is rather low. In spite of the fact that no scientific research was undertaken to account for this, the empirical analysis of the literature should be significant.

The campaign enjoyed some recognition in 2009, due to the association between its name and the name of a song. This is one positive aspect since the song was created in order to support the campaign by a famous Romanian pop band. The positive association that was created in this way has lost its power because of its being misused. The tours and concerts around the country have raised the awareness level but they haven't been followed by something concrete. In order to support and further develop the strong relationship [16] between brand and target audience, achieved on the short term, some additional activities should have been considered.

In my opinion, the weakest point of the campaign is the lack of an achievable

promise or of a value proposition. Considering the fact that the campaign is a preaching one it mainly focuses on negative messages. These do not support a "promise" that something will change for the benefit of the teenagers if they undertake the desired behaviour. Nevertheless, in the early stages of the campaign it seems that initiators had something similar in mind. This might be the reason why they attracted the support of some famous singers. They wanted to communicate the fact that if you do not take drugs you might have a chance to become as famous as them. Still this promise or value proposition was not followed by any indications on how one could achieve that. In addition, teenagers are aware of the fact that there is not a strong causality between not taking drugs and being a star.

Finally, there is no exchange taking place between the brand and its target audience. The teenagers cannot see any promised benefits therefore their motivation of changing the behaviour is really low. This is linked with the passive, one-directional characteristic of the campaign. It does not offer a genuine solution for engaging in the healthier behaviour. This traditional approach was criticised in North America, starting with the campaign" Just Say No" that share a striking resemblence with the one analysed here. It is not enough to transmit the message that drugs are not good for your health. One must also offer solutions to teenagers so that they can choose not to consume drugs or to stop consuming them. In most cases a simple **no** is not enough.

By focusing on the singers (Animal X, 3 Sud Est, Cristina Răduţa) the developers of the campaign wanted to project the image of a successful young person that enjoys life without taking any drugs. It is easy to understand that most of the teenagers would have enjoyed being like that. Until this point the social imagery tool would have worked. Nevertheless, the initiators did not offer any solutions for engaging in such a world. They projected the ideal, gave some outlines according to which if you say no to drugs you could become a star, but did not offer practical solutions for achieving that. From my point of view, this is a mistake that diminished greatly the impact of the campaign. It has been proven, also by the case study before, that teenagers do need and enjoy when given concrete facts and solutions. They pay no or little attention to campaigns that score high on the preaching scale, even though they do not intend to control them.

In my opinion if one would consider the four distinctive features of public health campaigns used to analyse the Truth positioning the situation would look rather different for "Spune nu drogurilor". This last one would score high on the preaching characteristic without any relevant score on the others. There is no empowering involved in this campaign. In spite of the fact that they want to communicate the fact that you have an alternative to taking drugs, and that you should follow that road, they lack consistency by not offering concrete solutions.

There is nothing rebellious in just saying no to the drugs. The initiators of the campaign did not manage to transmit the fact that it could be, indeed, cool to refuse to take drugs. From my point of view their commercials were not appealing.

The campaign scores low on two main components identified by prior research as being essential to young people. In my opinion, formative research should have prevented that from happening. The situation described above is very well depicted in the graph below.
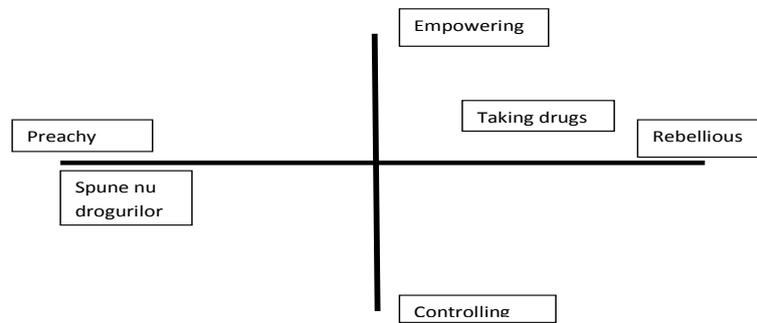
Fig. 3. *Spune nu drogurilor positioning (Source Evans et all 2010, own calculations)*

In my opinion, the anti-drug campaign "Spune nu drogurilor" is a classic example of a traditional health communication initiative. Considering all the elements discussed before together with the lack of social marketing tools one could say that the campaign has failed to reach its purpose. The importance of using marketing techniques and strategies in public health becomes obvious. Applying a branding perspective to this campaign would have brought about great benefits. To sum up, one can say that the Romanian anti-drug campaign "Spune nu drogurilor" has failed to reach its intended objectives. This was mainly because of an inefficient design that failed to meet the branding criteria in public health. Moreover, its positioning was also ineffective. This could have been easily avoided by taking a health marketing approach to the issue, including a formative research.

4. Conclusions

Public health branding is a rather new but highly important approach to public health campaigns. It offers a good perspective on the profile of the target audience, therefore enhancing its chances of success. The presence of the three pillar structure of public heath brand can be indicative of a campaign's success. Nevertheless the relation between these three pillars has to be a strong one and one that is understandable and reachable by the consumer.

There are some obvious differences between public health brands and commercial ones. In spite of that they do resemble a lot if one considers the starting point and the final objective. They both intend to change behaviours by creating brand awareness, brand loyalty etc. The main difference lies in the way in which they do that and furthermore in the scope of doing it. While commercial branding's main purpose is that of changing behaviour in order to increase sells, public health branding is mainly concerned with having a healthier population.

The importance of public branding was revealed by t he two case studies presented. It was demonstrated that applying branding elements in public health campaign could prove to be highly efficient. The Truth® campaign is a relevant example. The manner in which they understood, applied and later developed the three pillar structure of commercial brands was a success. By understanding and researching upon their target population they managed to come up with a value proposition or promise that was relevant. Moreover, they managed to live up to their promise and develop a delivery mechanism that facilitated the beneficial exchange.

By comparison the Romanian campaign has failed to apply public health branding. Starting from the very begging they did not design their campaign based on formative research about their target audience. This

led to an inefficient design that was later on translated into an unsuccessful anti-drug campaign. In spite of the fact that, in a short term, a certain brand recognition was developed in the medium and long run this completely vanished. By the failure of creating brand awareness and getting involved into a strong bond with their target audience they also missed out the following steps. The value proposition or promise they made was not supported by any exchange or delivery mechanism. Moreover, the tone of the communication and the message were wrongly positioned in the area of preaching.

All in all, public health branding does make a difference when it comes to the success of a public health campaign. By using to its full extent the commercial branding tools and researching upon the target audience the changes of designing and implementing a successful campaign increases a number of times. Moreover the literature also pinpoints the important role of public health branding in monitoring and evaluating the results of a public health campaign.

Acknowledgment:

References

1. Blair-Stevens, C., Allison, T.: *Social Marketing for Health and Specialised Health Promotion*, Royal Society for Public Health, 2008.
2. Donovan, R., Henley, N.: *Principles and Practice of Social Marketing: An International Perspective* Cambridge University Press, New York. 2010.
3. Evans Douglas, W.: *How Brands Work in Public Health* World Social Marketing Conference Brighton September 29-30 2008.
4. Evans, D., Hastings, G.: *Public health branding-Applying Marketing for Social change* Oxford University Press 2008.
5. Douglas Evans, W., Gerard Hastings Oxford University Press 2008.
6. Evans, D.: *Public Health brand research*. The George Washington University, Global Branding in Social Marketing Symposium 13 April 2010.
7. Evans, D., Wasserman, J., Bertolloti, E., Martino, S.: *Branding Behaviour: the strategy behind the truth campaign.* Social Marketing Quarterly Vol VIII, no 3 Fall 2002 pp. 17-29.
8. French, J, Blair-Stevens, C.: *Social Marketing and Public Health: Theory and Practice.* Oxford University Press, 2010.
9. Glanz, K. et al: *Theory at a glance.* United States Cancer Institute 3rd edition, 2005.
10. Kotler, P, Zaltman, G.: *Social Marketing: An approach to Planned Social Change* Journal of Marketing 35, 1971, pp. 3-12.
11. Kotler. P. et al: *Social Marketing: Influencing Behavior for Good.* 3rd edition Sage Publication, 2008.
12. Weinrich, K. N.: *Hands on Social Marketing: A Step by A Step Guide to Designing Change for Good.* Sage Publication, Thousand Oaks. 2011.
13. www.truth.com [accessed 08.06.2011]
14. www.spunenudrogurilor.com [accessed 10.05.2011]
15. http://en.wikipedia.org/wiki/Brand#cite_note-0 [accessed 21.02.2011]
16. http://www.youtube.com/watch?v=ltef-FMQcws [accessed 01.07.2011]