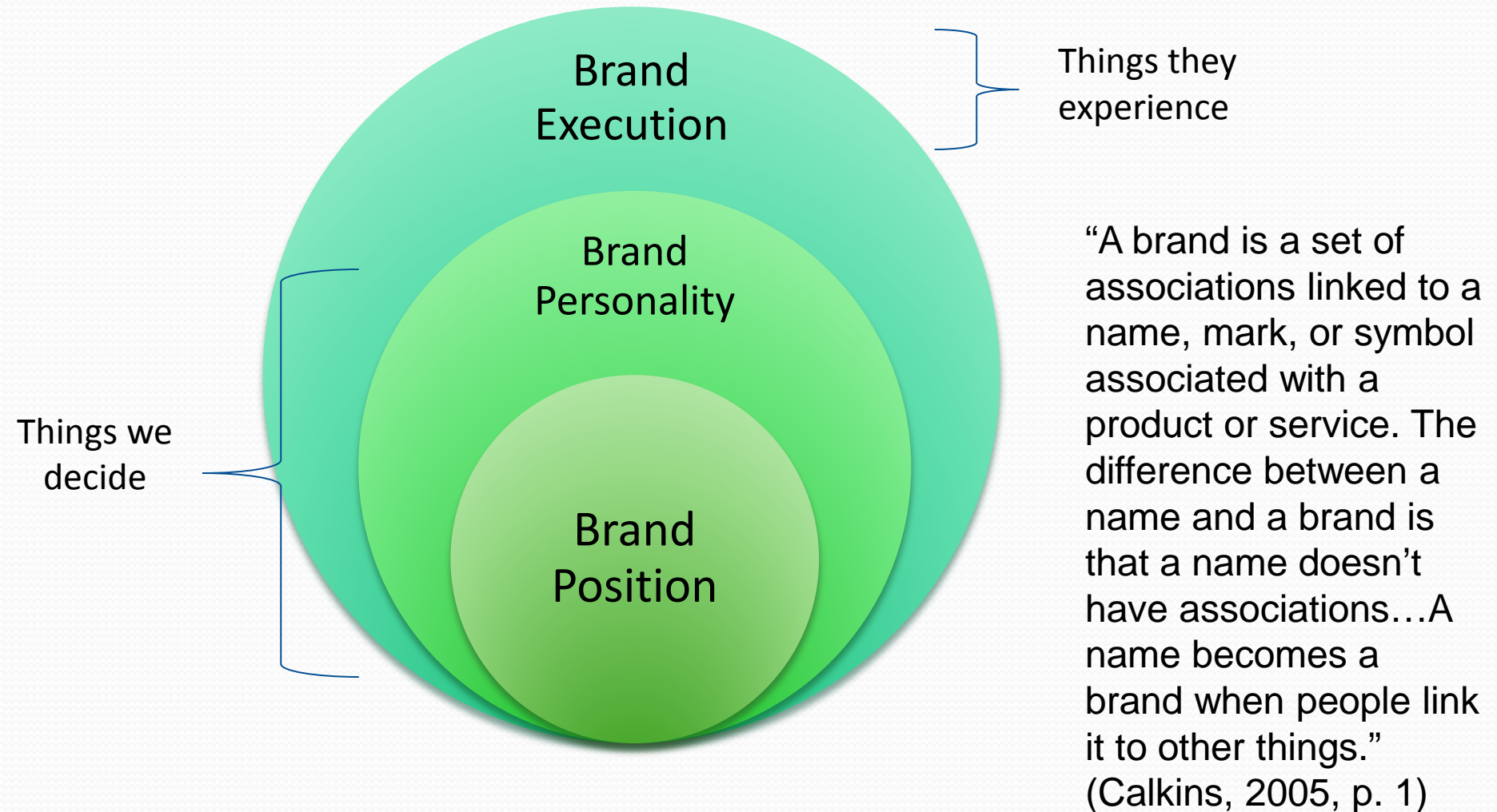


Systematic Review of Health Branding: Growth of a Promising Practice

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Anatomy of a Brand...



Brands as Identities

- Not just a logo or tagline (physical manifestation), but an identity: a representation in the consumer's mind
- Benefits for the consumer are represented
- Associations with beneficial brand characteristics
- Functional associations – *easy to use, fast*
- Social/Emotional associations – *fun, sexy*
- Brand identity is formed by representing a set of associations to consumers, much like an *reputation*

Products Have Identities: It's not just a shoe...

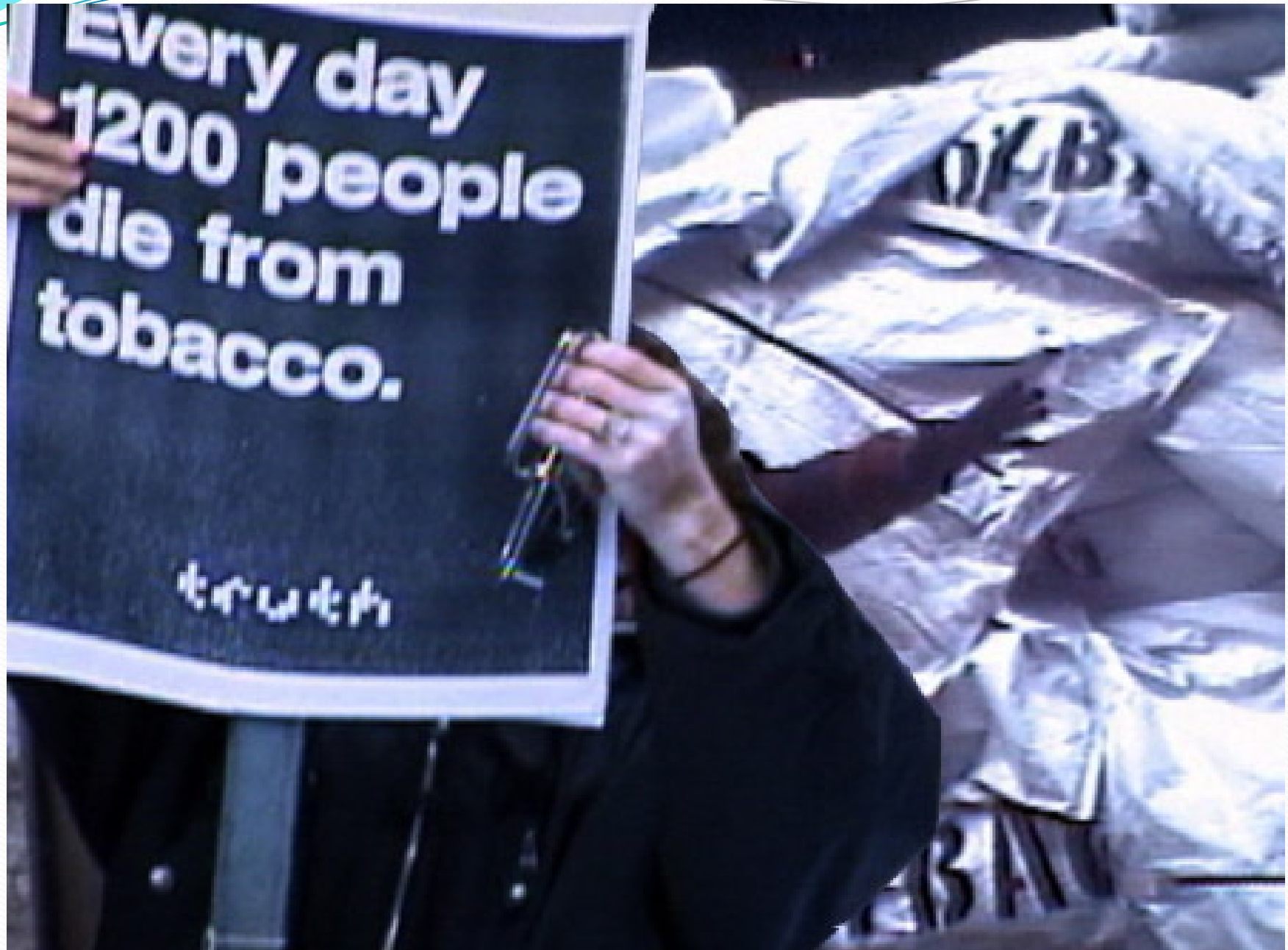


...it's \$200 at <http://store.nike.com>! Why so much?

Branding Behaviors

- What is a product in the end? Products and services are collections of benefits at a price point
- Behaviors have the same quality – we do them (or not) because of costs and benefits
- Even unhealthy behaviors – people do unhealthy things like smoke based on perceived costs/benefits
- Health brands can frame healthy behaviors as less costly, more beneficial – the best choice for a specific audience
- Much easier to brand when audience and their preferences are very clear (Evans, Longfield, Shekar, et al., 2011)

Body Bags – tobacco free identity



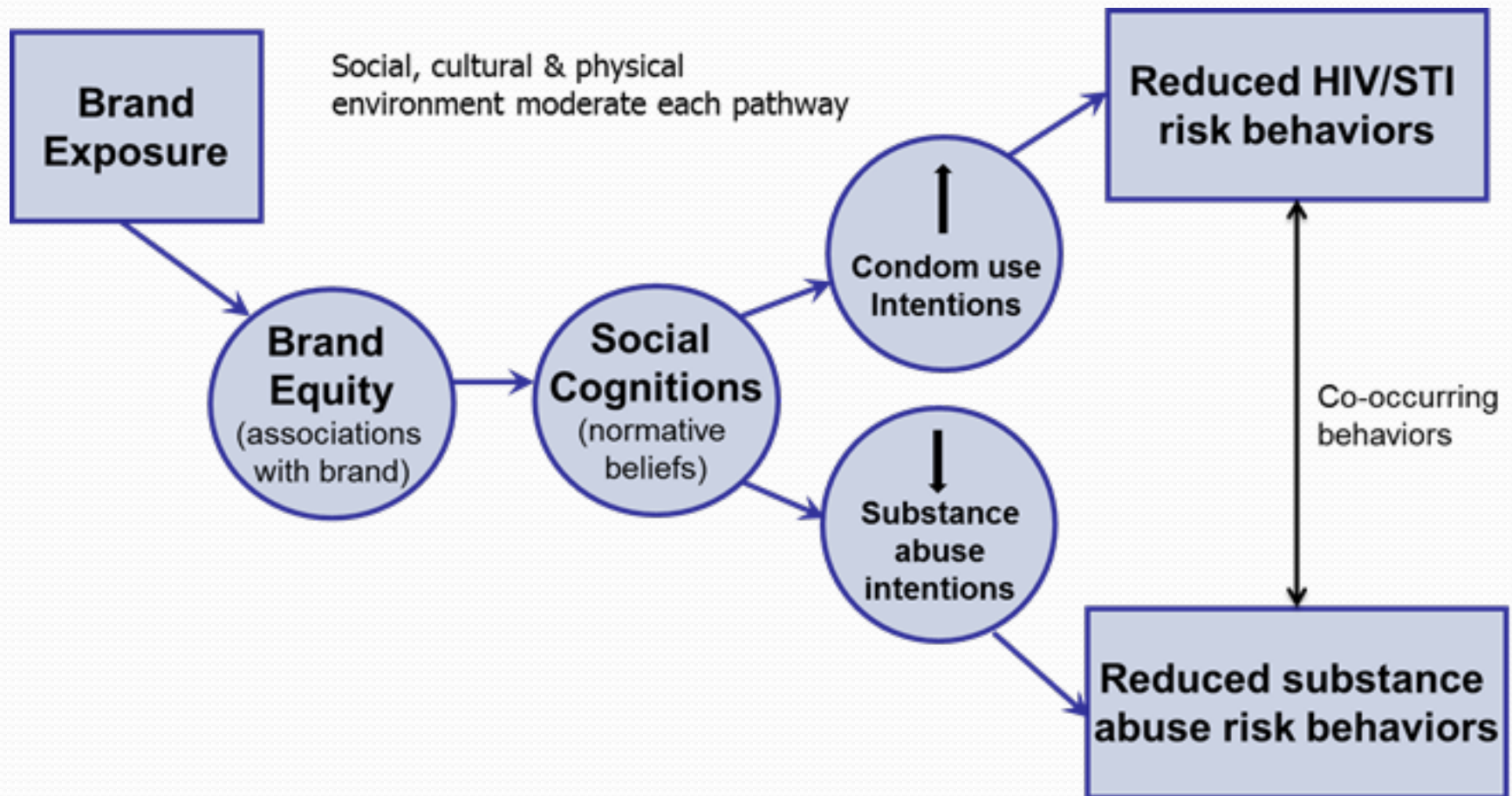
A New Theory of Behavior Change

- Brands work by creating positive **brand equity** in healthy behaviors – basis in Social Cognitive Theory (SCT) & Integrated Model (IM)
- Health branding specifies the modeling component of SCT by proposing a testable process by which the **benefits of healthy behaviors** may be depicted through social role models, such as teens who remain drug free.
- Specifies the attitude component of IM, namely that a change in attitudes targeted by health messages is mediated by brand equity
- Brands are tools for intervention, recruitment into programs, and dissemination to multiple audiences

How does branding advance theory?

- Risk behaviors associated with many public health problems tend to cluster together (co-occurring) but most interventions target individual factors
 1. Brands creates identification with specific healthy behaviors and can address common risk behaviors for co-occurring problems such as HIV/STI & substance abuse.
 2. They enable interventions to target specific high risk groups with a combined risk profile by promoting benefits of safe behavioral choices that underlie the co-occurring conditions

Sample Conceptual Model



Objectives & Aims of this study

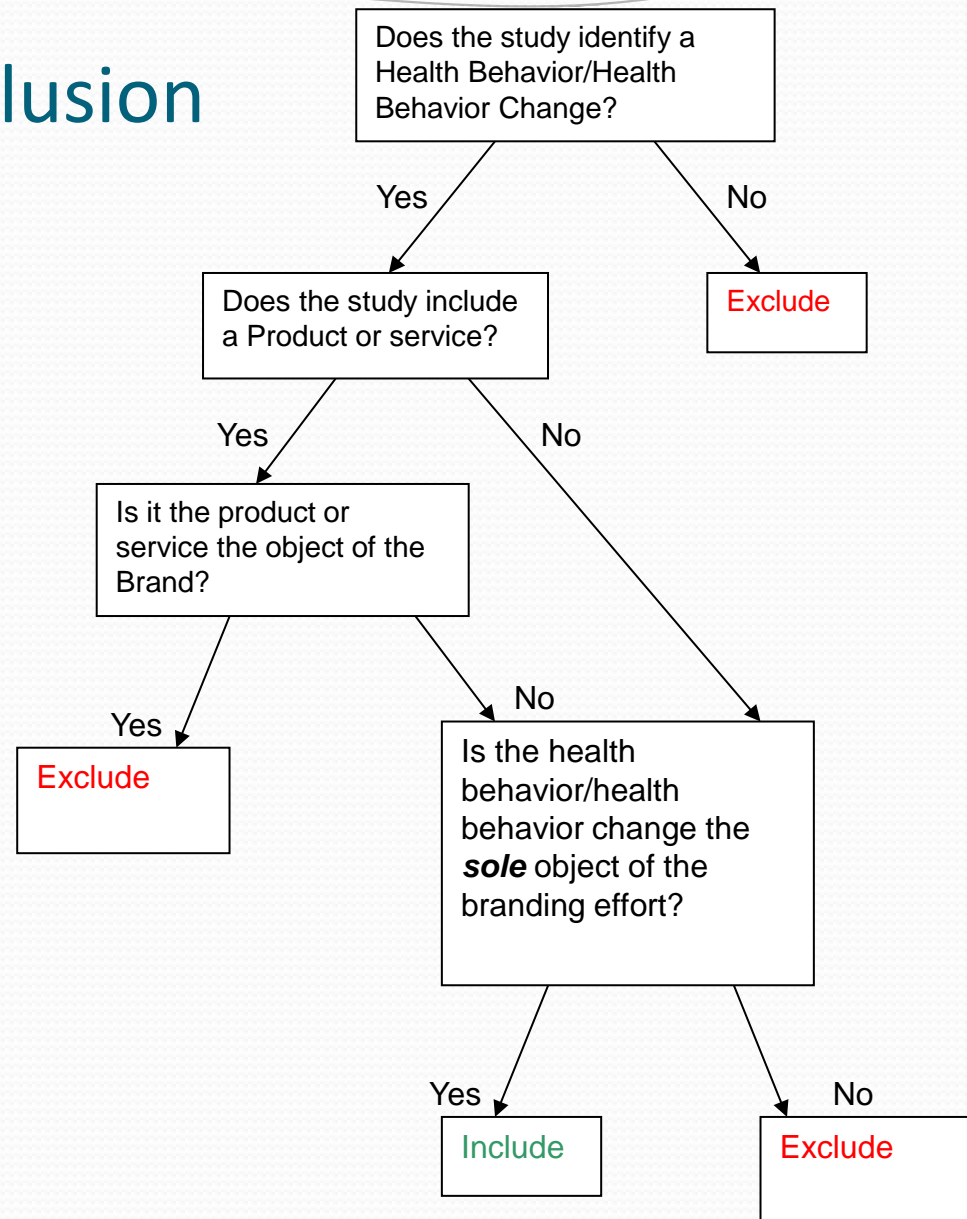
- Overall objective: Update 2007-08 review of health branding published in Evans, Blitstein, Hersey et al., (2008)
- Aim 1: Review literature on health branding, how it has been adapted from commercial marketing and evolved in past 5 years, and strategies used to brand health behaviors;
- Aim 2: Re-implement an existing scheme for characterizing health branding as a distinct strategy within health communication and social marketing; and
- Aim 3: Describe branded campaigns, research on public health brands, and evidence of their impact on health promotion and disease prevention outcomes.

Methods

- We searched major health, social science, and business databases, such as PubMed, PsycINFO, Web of Science, etc.
- Search terms included health promotion, social marketing, health communication, and health marketing and related in combination with (AND) brand, brands, branding, promotion, advertising and related
- From this search, we identified approximately 350 papers
- Two of the authors reviewed the abstracts and eliminated papers that clearly did not meet inclusion criteria
- Result was a list of 115 papers for in-depth review

Article inclusion/exclusion decision tree

- Papers were ultimately deemed relevant if they reported on a program or study of branding a health behavior
- Papers on branding products & services without a behavioral objective were excluded
- For example, a study to promote XYZ condom brand would be included only if it aimed to increase condom use as a behavioral outcome



Article coding scheme

- Used coding form reported in Evans, Blitstein, Hersey, et al., (2008) – all articles reviewed by 2 authors and inter-rater reliability assessed
- Major domains included:
 - article subject area
 - brand development
 - marketing execution
 - evaluation/reporting of study design
 - reporting of evaluation outcomes.
- Also developed a scale to assess overall study quality

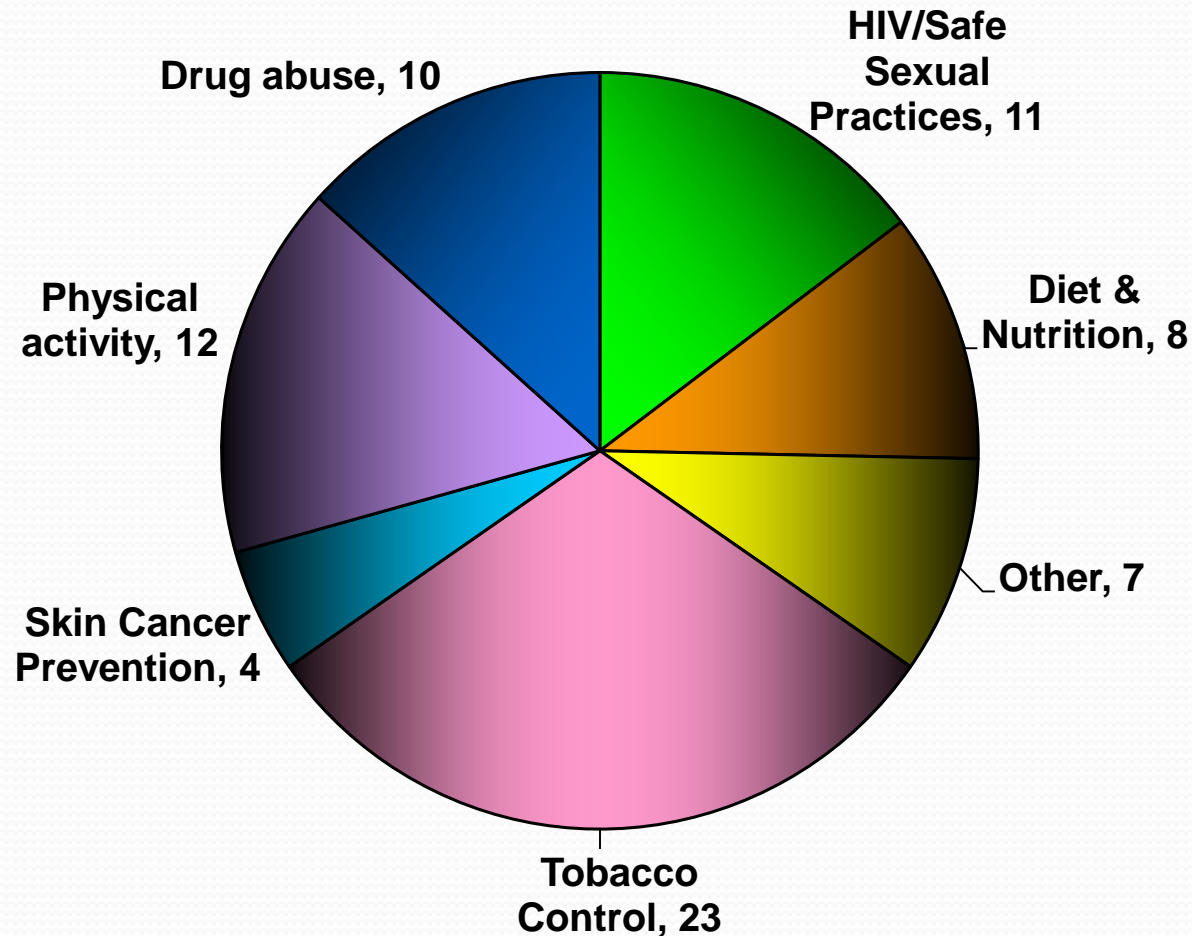
Results

- Based on additional screening from full article review and coding, we excluded 40 of the 115 yielding a final count of 75
- Based on the same approach, Evans, Blitstein, Hersey, et al. (2008) identified 37 articles (all since 1990)
- Articles excluded in full review included examples such as health promotion products (educational tools) and product packaging studies (warning labels) which didn't involve creating a branded program
- The field is growing – twice as many relevant articles after just 5 years

Results 2

- Increases in drug abuse and physical activity, mainly due to large anti-drug and VERB branded campaigns
- Increased use of new technologies (87% of 38 new studies since 2007-08 used mobile or social media)
- Increased use of behavioral theory (79% of all 75 studies reported using a specific theory)
- Slight increase in reported quality of evaluation designs (8.8 on scale of 0-11 versus 7.7 in 2007-08)
- Slight increase in use of branding metrics (brand equity or awareness; 80% up from 73% in 2007-08)

Published Health Brands Identified in this Review (n = 75)



Example recent article (since 2008)

- Carpenter & Pechmann, 2011, *AJPH*, evaluation of the *Above the Influence* anti-drug brand
- Brand based on norm of being above negative influences, benefits of being 'above the influence'
- For 8th-grade adolescent girls, greater exposure to antidrug ads was associated with lower rates of past-month marijuana use (AOR=0.67; 95% CI=0.52, 0.87) and lower rates of lifetime marijuana use (AOR=0.76; 95% CI=0.62, 0.93), but not alcohol use.
- No effects for boys or for students in grades 10 and 12

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Above the Influence

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Discussion

- Health branding is growing and expanding into many more subject areas
- Expansion both in developed and developing countries
- Growth in use of new technologies such as mobile and social media to promote health brands
- Some improvement in reporting of brand development, use of theory, and evaluation quality
- Continuing problems with keywords used, difficulty identifying article focus on branding observed in 2008

Future Directions

- Build engagement with health brands
- Social media = way for brands to engage consumers
- Need for more health branding experimental research
- We need a broad education & research agenda in health branding
- Public health programs and research need to apply branding principles, need training in how to do that
- Standardized methods and measures, consistent language, publish results!

Thank you! Questions?

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