Systematic Review of Health Branding: Growth of a Promising Practice

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Anatomy of a Brand...

“A brand is a set of associations linked to a name, mark, or symbol associated with a product or service. The difference between a name and a brand is that a name doesn’t have associations...A name becomes a brand when people link it to other things.”

(Calkins, 2005, p. 1)
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](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).
Every day 1200 people die from tobacco.

truth
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 create 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

Brand Exposure

Brand Equity (associations with brand)

Social Cognitions (normative beliefs)

Condom use Intentions

Substance abuse intentions

Reduced substance abuse risk behaviors

Reduced HIV/STI risk behaviors

Social, cultural & physical environment moderate each pathway

Co-occurring behaviors
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)

- Tobacco Control, 23
- HIV/Safe Sexual Practices, 11
- Diet & Nutrition, 8
- Physical activity, 12
- Drug abuse, 10
- Skin Cancer Prevention, 4
- Other, 7
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
Above the Influence

Organization

Above the Influence

We often find out who we are through the relationships we develop with others. What is something that you’ve learned about yourself through a particular friendship?

Like · Comment · Repost · Friday at 3:30pm via Above the Influence

330 people like this.

View all 130 comments · 1 share

Write a comment...

Above the Influence

There are many ways to rise Above the Influence. Check out Stephanie's story and how she taught the youth in Isleta Pueblo all about their culture.

Stephanie's Epic Weekend

www.mtv.com

Like · Comment · Repost · February 9 at 3:57pm via Above the Influence

122 people like this.

View all 24 comments

Write a comment...
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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