

**APPLYING A SOCIAL MARKETING  
FRAMEWORK TO SALT REDUCTION**

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LYNDA BARDFIELD, FHI360

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## **A SOCIAL MARKETING FRAMEWORK FOR SALT REDUCTION**

In 2008, approximately one billion adults worldwide had uncontrolled hypertension with almost a third of all cases attributed to excess dietary sodium. (*Campbell et al, 2012*). Almost every nation in the world has an average population salt intake above what is required for optimum health. In developed countries, processed and catered foods contribute most of the salt in the diet with the rest added at the table or during cooking. In developing countries, especially in rural areas, most dietary sodium comes from salt added during cooking. For most countries, implementing a national salt reduction program is one of simplest and most cost-effective ways of improving public health.

Since 2007, the World Health Organization (WHO) has been supporting the development of national salt reduction strategies by establishing networks in partnership with regional organizations around the world. In September 2009, the Pan American Health Organization (PAHO) established an expert group (EG) to examine excess dietary salt as a health risk in the Americas, issue evidence-informed policy recommendations for salt reduction in the region, and develop tools and resources to support regional dietary salt reduction (*Campbell et al., 2009; PAHO, 2009.*) The following social marketing framework, an evidence-based foundation for national, regional, and local social marketing strategies, is one of those resources.

Social marketing is defined by Kotler and Andreasen as the application of commercial marketing principles to influence social behaviors. Marketing principles key to social marketing include: (1) A Consumer Focus; (2) Audience Segmentation; (3) The Exchange Theory (including an analysis of the ‘competition’); and (4) The Marketing Mix. These principles will be discussed in detail throughout the framework, with the goal of enabling the reader to apply a social marketing framework to the design of salt reduction initiatives in their country or region.

According to Webster et al (2011), no country is likely to achieve a significant decrease in population salt consumption when a program is restricted to consumer education alone. For maximum impact, national salt reduction efforts must include changes to the environment that make it easier for the population to consume less salt. The framework can be used to design interventions that decrease demand for salt and high sodium products, generate demand for low sodium or salt alternatives, and aim at influencing the policy environment. With the goal of moving beyond public awareness to actually changing behavior, designing programs using a social marketing framework, will link supply and demand side activities, and allow us to integrate best practices from salt reduction programs gathered since the 1960’s.

Following is an outline for a SOCIAL MARKETING STRATEGY. Each component of the strategy includes outputs and a step by step process. Planning tools for select components can be found in the APPENDIX.

### **I. SITUATION ANALYSIS**

**OUTPUT:** A snapshot situation analysis and description of the communication environment as it relates to salt reduction.

The situation analysis allows you to plan your social marketing intervention within a larger context. It will ensure that your strategy complements what is currently going on in the current environment and builds upon lessons learned from previous salt reduction communication, marketing, advocacy, and public education efforts. This

section should include a situation analysis and a description of the national, regional, or local communication environment.

To develop a SITUATION ANALYSIS, follow these steps:

### **STEP A. Describe the Background**

You may use these questions as a guide to describing the background and context of hypertension, CVD, and salt/sodium consumption in your country:

- What is the prevalence of hypertension/CVD in your country/region?
- Who is most at risk?
- What are some of the drivers of salt consumption (e.g. processed foods, food preparation, absence of risk perception?)
- What are the current levels of sodium and salt consumption?
- What are country policies relevant to salt reduction? (e.g. food labeling)

### **STEP B. Describe Previous/Current Salt Reduction Communication, Marketing, Advocacy, and Public Education Efforts**

Talk with partners, including local or national media, to answer the following questions:

- What previous efforts have been made to reduce salt consumption in your country? (Describe previous salt reduction interventions.)
- Were they evaluated and, if so, what lessons have been learned that could inform future planning?
- What, if any, current salt reduction initiatives are taking place? (This may include mass media, community-based, and or policy advocacy efforts.)

### **STEP C. Do a Gap Analysis**

Now that you are aware of the current communication environment, what interventions could you design that would complement existing communication efforts? For example, if a certain population has not yet been targeted in salt reduction efforts, (e.g. patients with high blood pressure) this may be an ideal time to develop an intervention for them. The reason for a gap analysis is so that you do not duplicate efforts or use valuable resources to reinvent the wheel.

## **II. LITERATURE REVIEW & RESEARCH FINDINGS**

**OUTPUT:** Key findings from a review of the literature and secondary research on salt reduction interventions, including any documented best practices identified in salt reduction. Note that most previous salt reduction strategies have been led by government organizations, involve industry-led food reformulation of food, have clear daily intake targets, and strong communication strategies aimed at changing consumer behavior. Five countries, including Finland, France, Ireland, Japan, and the UK have demonstrated some impact as a result of their salt reduction initiatives. In four cases, this included evidence of changes in population salt consumption; in another four, changes in the salt levels in food; and in two, changes in consumer awareness. (2011, Webster et al) SEE SALT REDUCTION LITERATURE REVIEW SYNTHESIS IN THE APPENDIX.

Develop this section by following these steps:

#### **STEP A: Conduct a Literature/Secondary Research Review**

Analyze all secondary research as it pertains to salt reduction in your country or region. Focus on identifying baseline data regarding target audience knowledge, attitudes, beliefs, and behaviors. In addition, identify demand drivers and barriers to salt reduction. Barriers may be both external/environmental (e.g. policy, fast food popularity) as well as internal/behavioural (attitudes and practices.) If you have conducted your own primary research, synthesize key findings here.

Results of a recent baseline survey in several countries in the Americas revealed that although awareness of excessive salt as a health issue was high, risk perception and self-efficacy were low. (*Claro et al, 2012*)

#### **STEP B: Assess Need and Plan for Additional Formative Research**

Based on your synthesis of key findings from review of the literature and secondary research, determine what additional information or insights you may need to develop an effective social marketing strategy. For example, you may have collected sufficient quantitative data to help drive your strategy, but may be lacking in-depth insight about a particular population, including their food purchasing, preparation, and consumption patterns. In 2010, the U.S. Institute of Medicine (IOM) Committee identified three areas that require additional research; among them, understanding how salty taste preferences develop throughout the lifespan, and understanding factors that impact consumer awareness and behavior relative to sodium reduction. (*Strategies to Reduce Sodium Intake in the United States, 2010*) It is only by understanding the obstacles (perceived and tangible) that the target audience faces that will enable us to influence their behavior.

It is also recommended that additional consumer research be conducted to pre-test creative concepts and/or materials with the target audience before finalizing a creative strategy or producing materials. Testing is described in more detail in Section VII-Step D of this document.

### **III. TARGET AUDIENCE**

**OUTPUT:** Target audience selection, audience profile(s) and segmentation strategy

Although you may want to educate ‘the public’ about the harm of excess sodium and cast a wide net promoting salt reduction, one size does not fit all. With a limited budget and a need to demonstrate results, it is crucial to select a more homogeneous group or you risk diluting social marketing efforts. International best practices direct us to a more consumer-focused targeted approach in order to impact behavior.

Target audience identification should not be based on epidemiology alone; i.e., who is most at risk, but should include additional considerations. If you need to show more immediate results, you may want to select a population that is also most open and ready to change. A social marketing strategy tailored to a specific target group will be more targeted, more relevant, and in the end, have a better chance of reaching intended goals. **Target audience selection/identification** can be based on any number of variables, including the following:

- Who is most open (ready) to change? (*Transtheoretical Model Stages of Change, Prochaska* )
- Who would benefit the most?
- Who feels most vulnerable?
- Who is easiest to reach?

To identify your target audience(s), follow these steps:

**STEP A. Identify a Primary Audience** based on the variables above

This is the ‘bulls-eye’ target audience, the person whose behavior you hope to impact.

Keep in mind that, depending on the duration of your program, you may target more than one primary group; for example, female caregivers who make the primary food purchasing and preparation decisions and people already diagnosed with hypertension. In this case, you may benefit by taking a phased approach where you begin targeting one of these groups and follow with another. Also, keep in mind that target groups may overlap; e.g. female caregivers with consistently high blood pressure.

**STEP B. Develop a target audience profile** that describes who this person is, what he or she values, the behaviors that put him/her at risk, and their current attitudes and behaviors related to salt consumption. Following is an example of a target audience profile for a female caregiver living in an unidentified urban location somewhere in the Americas.

**LIZ**

*Liz is a 60 year old grandmother living in a large urban setting. She has always been a bit overweight, but she considers her health stable. Like most women, she takes care of others first and her own health comes last. Always known as the best cook in the family, Liz has started using more canned and processed foods for the sake of convenience. In fact, she felt a little guilty last holiday season to have used canned soup and packaged seasonings to prepare the family dinner instead of her more traditional recipes made from scratch.*

*When Liz and her husband eat alone at home, they automatically add salt to everything. In addition, Liz uses salt or other popular seasonings (e.g. Maggi) to prepare their meals. Liz and her husband are big bread lovers and they also enjoy visiting the grandchildren and taking them out for fast food.*

*Liz is not as active as she knows she should be; in fact, her lifestyle is fairly sedentary. She enjoys watching her favorite TV shows (on the food network), learning new recipes, talking to her grandchildren on the phone, and driving the 30 miles at least once a week to visit them.*

*Liz has heard that too much salt is bad for health, but doesn't know how much is too much. In addition, she has no idea how much sodium is in the fast food or canned and processed foods that she consumes. Liz hasn't had a physical exam in at least five years because she 'feels fine.' She has no idea what her blood pressure is or even should be. Once in a while, she gets headaches, but attributes that to the noises of the big city.*

**STEP C. Segment** the primary audience based on the variables above or other variables specific to the population.

Once you have identified a population, you may want to **segment** the population further into even more homogeneous sub-groups for more targeted communication. For example, if you are targeting female caregivers, you may want to segment using any number of variables, including the following:

- Socio-economic Status (SES)
- Heavy salt consumers (and/or consumers of processed foods)
- Urban versus rural
- New mothers and caregivers of young children
- Weight

#### **STEP D. Identify the Secondary Audience.**

The secondary audience includes those people who have influence over the primary audience. Their input into program planning will ensure relevance and bring buy-in. They should be considered as key messengers in promotional efforts and should be recruited and trained as such. Common examples of influentials in salt reduction efforts include healthcare providers, dieticians, restaurant owners, street food vendors, retailers, and community leaders. If we return to the audience profile above, a secondary audience for Liz might include her daughter, her husband, or even grandchildren. A secondary audience for those diagnosed with hypertension might include their pharmacist as well as their healthcare provider.

You may also want to target and influence the behavior of other influentials, often considered a ‘tertiary’ audience, including the media, policymakers, educators, and food industry partners

### **IV. AUDIENCE ANALYSIS**

**OUTPUT:** A synthesis of the primary target audience’s current knowledge, attitudes, and behaviors related to salt consumption

A common mistake is to assume that simple lack of awareness or knowledge is the primary barrier to individual salt reduction. As a result, you may develop a strategy which is information-driven and not audience-driven or consumer-centered. Communicating information to people who are already aware is not the best use of available time and resources.

As a case in point, results of a recent survey conducted in several Latin American countries revealed that almost 90% of those surveyed agreed that eating a diet high in salt can cause serious health issues – ranging from 76% in Ecuador to 98% in Argentina – but only 13% of participants believed they personally consumed too much salt. In this case, the gap between knowing and doing appears to be low risk perception. Even if motivated to change consumption patterns, the same survey revealed that only 26% of participants reported knowing the existence of a recommended maximum value of salt intake and only 7% were able to correctly identify this value. (*Claro et al, 2012*)

Results of recent message testing in Canada also revealed that there is virtually no awareness of how much sodium one currently consumes. In addition, knowledge of appropriate sodium levels and the most effective ways of reducing intake was very low.

Based on research findings, document the following as it pertains to the primary target audience:

**STEP A. Current knowledge, beliefs & behaviors**-Describe the target audience’s current knowledge about safe sodium levels and monitoring sodium intake. Include any misperceptions. In addition, describe current attitudes and beliefs. For example, do they perceive themselves to be at risk for hypertension or other CVD’s? Does he or she feel confident in his/her ability to read and understand food labels correctly? Do they believe that salt reduction is worth the effort? In addition, include a description of the current behavior that puts them at risk. Describe their current use of salt and high sodium products.

**STEP B. (Real & perceived) barriers**-Describe the current barriers or potential obstacles to the target audience’s salt reduction efforts. This may include real (tangible) barriers such as lack of access to low sodium alternatives as well as perceived barriers such as lack of confidence or low risk perception. Also list any competitive behaviors (e.g. fast food consumption, adding salt at every meal, etc...) Competition may also include enjoyment and gratification; i.e. one’s personal taste and preference for salt which is learned over time and may even have an emotional association with family and tradition.

**STEP C. (Real & perceived) benefits**-Describe benefits to salt reduction that the target audience may find relevant. These are also referred to as *demand drivers*. Make sure to include both real/tangible benefits (e.g. Protection against hypertension and CVD) as well as perceived benefits (e.g. showing your family how much you care.)

## V. OVERVIEW OF SUPPLY SIDE

**OUTPUT:** A summary description of supply side interventions, including agreements with industry partners, progress on reformulation, sales and distribution systems, healthcare provider/retailer training, availability of low sodium and salt alternatives, product labeling, and point of purchase signage.

It is critical to have a functional and high-quality supply side in place before you begin to generate demand. This will include, but not be limited to collaboration/partnerships with the food industry, retailers who serve as important messengers and champions, a sufficient supply of salt substitutes and/or low sodium alternatives and an environment that facilitates access to information and low sodium options.

Best practices for salt reduction on the supply side include:

- Product reformulation –working with the food industry to reformulate foods and reduce sodium ( voluntary or mandatory);
- Collaboration with the Food Industry-One example of successful voluntary collaboration is the partnership in France with the bakery sector to reduce sodium in their products;
- Regulation of the Food Industry-Population-based policies for sodium reduction such as those in Finland that have significantly decreased consumption;
- Food Labeling –consumer-friendly labeling such as warnings, traffic lights, percentage of daily intake (%DI), or healthy choice logos;
- Increased access and availability of low-sodium foods (e.g. Finland’s low sodium, potassium enriched Pansalt)

To document supply side progress and identify gaps, follow these steps:

**STEP A.** Review and document existing secondary audience (e.g. healthcare providers/retailers) training in interpersonal communication (IPC.) For example, have healthcare providers been adequately trained in delivering salt reduction messages? You may need to develop a new module, refresher training, or new materials/tools if you are designing a new intervention.

**STEP B.** Review and document national policies relating to salt and sodium reduction. This may include restrictions on advertising to children, mandatory reformulation, labeling, and/or taxation/subsidies. Identify gaps in policy and make recommendations for policy/media advocacy.

**STEP C.** Identify available salt alternatives or low sodium options. This should include consumer access to both in the marketplace and through restaurants/food vendors. Identify and map the placement of promotional signage (and labeling) where products are sold, specifically at point of sale locations such as supermarkets and restaurants. Identify locations where signage would further generate demand and build campaign recognition.

## VI. DEMAND SIDE/COMMUNICATION GOAL AND OBJECTIVES

**OUTPUT:** Description of communication goal and objectives: In addition to an overarching demand side communication goal, identify knowledge, belief, and behavioral objectives. You may want to make your objectives measurable (% change) and time-bound (by\_\_\_.)



The following goals and objectives must be based upon the target audience's current knowledge levels, attitudes, and behaviors. (SEE SECTION II- RESEARCH FINDINGS & SECTION IV- AUDIENCE ANALYSIS)

**STEP A. Identify the Communication Goal.** Your communication goal may be: To decrease demand for salt and high sodium products by (e.g. female caregivers) in food purchasing, preparation and consumption. You might also state it this way: To increase demand for more natural, less processed foods (with low sodium content and less salt)

**STEP B. Identify Knowledge Objectives** by answering this question: What do you want the target audience to *know* (that they don't already know) as a result of the communication? You may include several knowledge objectives; for example:

They will know:

- Which products are high(est) in sodium;
- The difference between salt and sodium;
- The signs and symptoms of hypertension;
- Where to access low-sodium products or salt substitutes;
- How to read a label;
- How to monitor their intake of salt/sodium
- How to prepare foods/meals that deliver less sodium

**STEP C. Identify Belief Objectives** by answering the question: What do you want the target audience to feel or *believe* (differently) as a result of the communication? Again, there may be more than one belief objective, including but not limited to objectives like the following:

They will believe:

- That they (and/or their families) are at risk for hypertension and CVD;
- In their ability to read labels, prepare foods with lower sodium content, monitor their sodium intake, and consume a diet lower in sodium;
- That purchasing and preparing foods lower in sodium will protect their loved ones;
- That women who take the initiative to lower the salt/sodium in their family's diet are wise and caring.

**STEP D. Identify Behavioral Objectives** by answering the question: What do you want the audience to *do* as a result of the communication? Be realistic in setting behavioral objectives, realizing that behavior does not change overnight. Even though a reduction in salt consumption may be the ultimate goal, because behavior change occurs along a continuum, your behavioral objective may be linked to an interim behavior; for example:

They will:

- Read labels every time they purchase a canned or packaged product;
- Ask about low sodium alternatives when they eat outside of their homes;

- Prepare foods using less added salt, salt substitutes, or low sodium alternatives;
- Monitor their (family's) daily intake of sodium;
- Talk to a healthcare professional about hypertension and heart health

Following are tips (suggested behaviors) from the American Heart Association/American Stroke Association for reducing one's overall sodium intake

- Read the nutrition facts label to compare and find foods that are lower in sodium
- Choose fresh fruits and vegetables when possible
- Limit the amount of processed foods you eat and limit your portion size
- Avoid adding salt when cooking and/or eating, use fresh herbs instead
- Specify how you want your food prepared when dining out. Ask for your dish to be prepared without salt
- Try to choose foods with potassium. They counter the effects of sodium and may help lower your blood pressure

As you look at the behaviors recommended above, put yourself in the shoes of the target audience you hope to reach. Do they know how to read labels? Do they have time to compare foods? Do they understand what is meant by 'processed' foods? Do they know what a portion size looks like? Do they consider ketchup and fries to be a fruit and vegetable? Do they have access to fresh herbs? Will their kids eat fresh herbs? Can you imagine them asking their fast food restaurant to prepare their food without salt? Do they know what foods contain potassium or what that is? Although all of these tips reflect sound public health advice, we need to make sure that we are promoting behaviors that can be clearly understood, performed, and reported.

## VII. MARKETING MIX STRATEGIES

**OUTPUT:** A Marketing Mix strategy which includes the 'four P's': PRODUCT, PRICE, PLACE, and PROMOTION strategies

When one thinks about shifting consumer preference and increasing/decreasing demand, one normally thinks about the fourth P: promotion. Yet the success of any promotional effort is dependent upon effective product, price, and place strategies. Understanding what the target audience values, how they currently perceive a product; in this case, salt/sodium or foods high in sodium, and designing strategies that go beyond messages to facilitating behavior change are key to social marketing.

In social marketing, a PRODUCT strategy can refer to a tangible product (e.g. salt substitute,) a service (e.g. blood pressure screening,) or a behavior (e.g. monitoring daily sodium consumption.) The PRICE strategy looks at both monetary and non-monetary (e.g. denial, lack of self-confidence, misperceptions) costs. The PLACE strategy refers to the supply side, where the product or service is accessed, in addition to where the behavior is performed or choice is made. PROMOTION goes beyond messaging to promote the 'offering' (PRODUCT) and identify benefits that outweigh the barriers (PRICE) through multiple channels and cues to action (PLACE.) Developing a Marketing Mix Strategy (for all 4 P's) ensures that you have considered potential product innovation or improvement, supply side issues, and costs before designing your promotion. The MARKETING MIX Planning Tool will help guide you developing a marketing mix strategy. (SEE MARKETING MIX PLANNING TOOL IN APPENDIX.)

### STEP A. Develop a Product Strategy

Start by developing a PRODUCT strategy based on the 'offering'. In this case, the offering may be alternatives to salt or low sodium and salt-free options. Products are normally designed to meet consumer needs, which explains

the development of the new products based on consumer tastes and preferences. In addition, products are branded to make them unique and particularly attractive to certain segments of the population. These are all product strategies.

As you develop a PRODUCT strategy, think about any new products or product improvement that you could introduce. This might include developing a better tasting or healthier salt substitute or product. In Argentina, the Federation of Bakers' Industries has been partnering with government since 2006 to reformulate products to reduce salt content. As consumers in developed countries become more accustomed to high levels of sodium in processed and restaurant foods, it becomes increasingly difficult to introduce and increase demand for foods with healthier levels of sodium.

In social marketing, the PRODUCT also refers to the behavior that you are promoting. If, in fact, one of those behaviors is reading and understanding labels, you may consider designing a product that increases label literacy or helps 'translate' nutritional information into more consumer-friendly language. You may also be promoting self-monitoring; i.e. determining how much sodium one consumes in any given day. In that instance, you may want to work with a tech-savvy partner to design a product/tool that facilitates self-monitoring (*A 'saltometer' perhaps?*)

Also integral to product strategy is package design which can either deter or promote usage; for example, a warning on high sodium products, or a healthy family displayed on low-sodium alternatives. The look, taste, and smell of a product also drive sales and consumption. All of these product 'benefits' must be considered when designing product strategies and later, in the promotion.

Labeling has been a key component in global salt reduction efforts. In fact, nutrition labeling has been mandatory on pre-packaged foods for many years. Labeling includes not only nutritional information on sodium content and percentage of Daily Intake (%DI), but also provides a visual identity that helps consumers identify 'heart-healthy' branded products. One example of product identity is Canada's "Health Check" program where products that meet sodium content criteria display a Heart Check logo. Sodium has been reduced in 150 food products to meet the Health Check criteria. (*Sodium Reduction in Canadian Food Products with the Health Check Program*) The American Heart Association has also recently announced an updated, new look to its nationally recognized Heart-Check mark, one of the components of the Heart-Check Food Certification Program. In addition, a heart-healthy logo is being displayed on select restaurant menu items across the United States to help consumers identify and select heart-healthy options. The food industry has hopped on the bandwagon with the Kellogg Co. recently unveiling its new "Heart Healthy Selection" logo on nine of its cereals.

POSITIONING is also a PRODUCT STRATEGY. Discover how the target audience currently perceives sodium and salt use (or processed foods) and think about how you can re-position it in their minds. For example, if you discover that people living with hypertension consider low sodium products to be a 'punishment', you may decide to reposition them as a gift. Instead of focusing on what they're giving up (salt/tradition/taste), focus on what they're getting (being a better mother/new exciting tastes/better health). You may also consider 'repositioning' foods highest in sodium so that consumers think twice about eating them for 'convenience-sake.' Although scare tactics rarely work in public health programs (unless you facilitate a solution at the same time,) positioning foods with high levels of sodium as silent killers might also be effective if executed 'tastefully.'

Product strategies also include experiential marketing tactics; i.e. creating opportunities when and where the product can be 'experienced', such as product sampling and product demonstrations. This might include sampling events in supermarkets or street fairs and heart healthy cooking demonstrations.

In short, when developing a PRODUCT strategy for salt/sodium reduction, ask:

- What, if anything can I do to make the product (behavior) more attractive to the target audience?
- What can I do to make the packaging more attractive or easier to understand?
- Are there any new products that I can develop or introduce to facilitate sodium reduction? (e.g. salt substitute, reformulated products, *'saltometer'*)

- How can I ‘position’ or ‘reposition’ high salt use/ sodium consumption in the minds of the target audience to make it less attractive?

### **STEP B. Develop a Price Strategy**

Now that you’ve designed the ‘offering’, (product innovation/positioning behavior) take a look at price. Your PRICE strategy will ensure affordability of salt substitutes and low sodium choices, but in addition, pricing strategies must consider *all* costs related to decreasing salt and sodium consumption, both tangible and intangible.

Adopting a new behavior or using a new product often comes at a price. It always includes an exchange, giving up one behavior for another and sometimes exchanging money for goods and services. Costs include both tangible monetary costs as well as intangible less direct costs, such as tradition (food preparation), low risk perception, or perceived loss of enjoyment. In monetary terms, asking a low income caregiver to feed her children more fruits and vegetables and less fast food would come at a price. Consider interventions that will decrease/lower the costs of or facilitate consuming less salt and sodium reduction (not only monetary costs, but emotional, psychological and time costs). Building in benefits and rewards that outweigh the costs or competition is referred to in marketing as the **exchange theory**. Think from your audience’s perspective. Don’t ask only what they **need**...Understand what they **want!**

A PRICE strategy can also be policy-driven and refer to incentives and disincentives. One example is levying taxes on less healthy products (e.g. alcohol and tobacco) and providing subsidies on other products (e.g. corn, beef.) To date, no country has introduced economic measures to tax unhealthy foods/deter salt consumption and provide discounts or subsidies on healthier foods. That said, coupons issued by the food industry to generate demand and introduce new products are another common PRICE strategy that has been a best practice for decades.

In short, when developing a PRICE strategy,

- Identify costs; i.e. all barriers/obstacles/competition associated with monitoring and consuming/serving less salt and sodium
- Ask how you can decrease the costs, monetary and non-monetary, associated with salt reduction. (e.g. vouchers and coupons for free/reduced price samples)
- Ask how you can increase the (perceived) value of a reduced salt/ low sodium diet.
- A key element in developing a pricing strategy, often overlooked, is rewarding people in order to reinforce and sustain their behavior. Can you build in any rewards or reinforcement?

### **STEP C. Develop a Place Strategy**

Think about where and when the audience performs the behavior or accesses the product. How can you make this place more convenient with easier access to the product? Examples include vending machines in and near schools that offer healthier (low sodium) snacks, displaying low sodium products or salt substitutes in a predominant way in the market, branding restaurant menus to identify low sodium choices or partnering with street vendors who serve heart-healthy low sodium foods. Also think about your “sales force” – the people who will take your program to the target audience. Consider the need for community-based health promoters, nutrition counselors, school cafeteria ‘champions’, and others who can make alternatives to salt and low sodium choices more attractive or accessible.

Place, oftentimes supply side strategies, are strategies that ensure access to products and convenience. In addition to product availability, place strategies include point of purchase (POP) branding, linking demand side promotional activities and materials with in-store or health facility-based communication activities. Place strategies also recognize the crucial role that providers and retailers play as key messengers in demand generation. Place strategies include training healthcare providers and retailers as ‘lo so’ salt reduction ambassadors, offering free delivery or mobile services that distribute new products and offer services (e.g. blood pressure screening,) and extending clinic

or retailer hours for convenience. A place strategy might include working with a small neighborhood convenience store or family business to ensure availability of healthy low sodium choices.

Place strategies also include determining where the target audience thinks about or makes choices that impact their salt or sodium consumption and then determining how you can intervene at those moments of choice. This might include placing reminders or identifying healthier choices strategically in bakeries, in fast food restaurants, or posting point of sale materials in supermarkets. Another place strategy might be offering tastes of lower sodium recipes in street fairs, food stalls, or supermarkets.

Once again, policy often drives and supports a Place Strategy. For example, Chile has plans to prohibit the sale of unhealthy foods, including those high in salt, in areas where children convene, including schools and children's events. Chile is also considering a ban on advertising of unhealthy foods to children. (*Legowski & Legetic, 2011*)

#### **STEP D. Develop a Promotion Strategy**

Now that you have designed product, price, and place strategies, you are ready to develop the **promotion** strategy. As part of your promotion strategy, be sure to promote the product, price and place features that you want the audience to know about. And follow these international best practices borrowed from commercial marketing:

**D1. Begin with a Creative Brief** (SEE CREATIVE BRIEF FORM IN APPENDIX) which will serve as a foundation and strategic direction for your promotional strategy. It will also serve as a consensus building tool, enabling input from key stakeholder. The Creative Brief allows you to identify and agree upon target audiences, synthesize target audience research, and translate findings into a creative strategy. It enables you to summarize audience insights, including barriers, benefits, and communication openings. In short, beginning the process with a Creative Brief ensures that your promotional strategy is audience research-driven and that all partners begin 'on the same page.'

As part of your Creative Brief, you will outline key messages and communication channels. Use audience research to determine the **communication channels** and activities that will best reach your audience. Whom do they listen to (and trust?) Where are they when they are making food purchasing decisions? (Consider in-store advertisements/ point of purchase materials) What channels do they access and where do they learn how to cook? (Think about radio, TV, Internet, and community-based channels.) What special promotional items would they use? (e.g., water bottles, refrigerator magnets, recipe cards) What special events might they attend? (e.g. concerts, health fairs, cooking demonstrations) How and when can you include the secondary audiences as influential key messengers?

In terms of communication channels, we know that mass media works well to influence social norms on a large scale, build brand recognition; i.e. popularize a brand or category, whereas interpersonal communication (IPC) is most effective in building skills and reinforcing product use. Interpersonal communication allows for feedback and questions, but messengers must be carefully trained. Healthcare professionals are considered valuable in promoting salt and sodium reduction and counseling patients about the risks of excessive consumption. Sodium reduction strategies should be incorporated into a professional training curriculum that focuses on CVD prevention. (*Mohan et al, 2009*) On the supply side, retailers can also be key agents of behavior change as witnessed in many social marketing campaigns, including interventions that deter youth from purchasing tobacco products. In reaching harder to reach populations such as those living in rural areas or lower income populations with less access to healthy food choices, community health workers (*promotoras*) are a very popular and trusted channel. Community organizations and community leaders, considered influential as well, often need to be addressed as separate target audiences in advocacy strategies. When targeting children, who are known to have an influence on parent's purchasing decisions, school is another important communication channel, especially schools with a school lunch program or nutrition education curricula.

Other popular communication channels include radio talk shows where target audience members can call in and ask questions, cooking shows or demonstrations where caregivers can learn new recipes, and social media such as mobile phone reminders and text message tips. A social networking sight where mothers and caregivers congregate might also be an effective way of engaging a higher income segment of the population.

## **D2. Develop Creative Concepts.**

Before you go directly to ‘messaging’; i.e. crafting information or telling people what they should do, it is useful to develop concepts or ‘hooks’ that will grab the audience’s attention and help provide instant recognition for all campaign materials and activities. Concept development often requires striking a balance between expert recommendations and consumer perceptions and preferences.

Concepts, otherwise known as ‘big ideas’ may take the form of a theme, slogan, or a call to action, such as *Just do it* (Nike). Or they might take the form of a spokescharacter such as the Pillsbury Dough Boy who sells baked goods or Tony the Tiger who sells sweetened cereal to children. These examples represent creative strategies based on audience research and preference and are not simply random ideas. If you learn through your research, for example, that awareness of excessive salt consumption as a health issue is high, but knowledge of the sources of excess sodium is low (as was the case in Canada ), you may decide to develop a creative concept that focuses on the hidden sources of sodium. If research reveals that high awareness does not translate into personal risk, you may want to develop a concept or creative strategy that increases risk perception and addresses that gap. Once again, in Canada, testing sodium reduction messages revealed that the most popular messages were also the most surprising; i.e. those that warned of hidden sodium or the amount of sodium that children were consuming. Regardless of form, a concept will always include an element that can be repeated across every communication channel, branding the campaign and ensuring that one channel reinforces another.

Concept development is a talent, oftentimes best left to creative professionals. If you cannot afford the services of a full service advertising agency or one is not available, look for a local creative partner who has ‘a way with words’ or artistic talent. If you are purchasing these creative services and playing the role of consumer, use the BRAVO criteria (found in the APPENDIX) to evaluate the creative concepts presented to you.

Examples of creative concepts that have been designed to promote salt reduction include Argentina’s *Less Salt. More Life. (Menos sal.Mas vida.)* Also, spokescharacters such as the UK’s Sid the Slug or USDA’s Power Panther have been created to counter popular food industry cartoon characters that sell processed foods to children. The marketplace is definitely ripe for big ideas that motivate consumers to think about salt, sodium, and processed foods in a whole new way.

## **D3. Test Creative Concepts.**

Concept testing provides an important opportunity to gather more information about the target audience, specifically how they think and talk about salt or sodium and what, if anything might motivate them to reduce their salt or sodium intake. Testing three or four different concepts (creative approaches) with the target audience will serve as a catalyst for discussion that helps you to understand what ideas are most relevant, believable, and motivational. In addition, a wealth of audience verbatims, language that the audience uses when they speak to one another about salt or processed foods normally surfaces during concept testing. By using *their* language instead of expert language, you will have an easier time making sodium ‘top of mind’ and shifting tastes and social norms.

Concept testing is conducted most effectively in focus group discussions where participant’s responses build upon one another and rich discussion can take place. There is not always a clear ‘winner’ or favorite concept; in fact, there are times when a new concept surfaces based on something that a participant suggests. Make sure to listen carefully and watch body language as participants react to each concept. And remember, sometimes the concept that makes them most uncomfortable leads to the most discussion and thought and ultimately, has the biggest impact on behavior change.

## **D4. Develop materials**

Based upon results of concept testing, work with your creative partner(s) to develop materials. Refer back to the Creative Brief to verify communication channels. If the target audience has low literacy levels or prefers getting their information through more verbal or visual sources, consider using audio or live demonstrations and, if affordable, video.

Although mass media works well to shift norms and popularize products, services, and even behaviors, you may not have the budget to produce TV spots. In that case, you may consider forging a partnership with the media to jointly develop and air public service announcements. In addition, partnering with the media will allow you to use ‘earned’ (versus paid) media, or public relations, placing newsworthy stories and featuring role models and spokespeople from the community. In addition, you may consider forging a partnership with an association or private sector advertiser (e.g. produce association or fruit juice manufacturer) to piggy back on their resources and promotional budget.

New media, with the ability to send targeted reminders and messages through SMS (mobile phone text messaging) is an efficient way to tailor messages to specific populations such as caregivers of school aged children. Developing materials with some degree of interactivity works well for two-way discussion and helps facilitators understand more about audience needs. Whenever possible, create a mechanism to elicit consumer-generated content such as real person stories, new recipes, and testimonials.

Often successful in shifting attitudes and influencing behavior are satisfied user testimonials, real people narratives with high emotional content. Understanding how this person overcame the obstacles and was rewarded as a result can often drive demand. Both behavioral science and marketing have provided a wealth of evidence that popularity of products drives demand.

The secondary audience, including restaurant owners, educators, healthcare providers, and retailers, plays a key role as campaign messengers. During this step, you will also develop materials for them that will help build their interpersonal communication (IPC) skills and ensure that the messages they communicate reflect those being heard, seen, or read through all other communication channels.

#### **D5. Pre-test materials**

Before producing final materials, it is always best to pre-test them with members of the target audience. You will need to work with your creative partner(s) to develop pre-test or prototype materials which are close to, but not yet, final. This is fairly simple to do for print and collateral materials, but a bit more difficult for radio/audio as the quality of the final production plays a large role in likeability and comprehension. If you are testing video, you can develop storyboards (frame by frame visuals) with creative partners for pre-testing purposes.

This stage of pre-testing can be done through in-depth interviews (IDI) which are conducted one on one. Develop a pre-test interview guide with questions that help you determine whether the materials are relevant, understandable, likeable, and credible, and whether there are any problems which have been overlooked.

If you cannot afford to pre-test or don’t have the time, you may combine concept testing (D3) with pre-testing by developing initial concepts that are closer to final materials (e.g. concept boards that include body copy/ text.)

#### **D6. Produce Materials**

You’ve developed concepts based on the Creative Brief. You’ve tested materials with the target audience. You’ve finalized the materials based on their input. Now it is time to produce materials. This means bringing in new partners, outside vendors such as printers, video production, audio production, multi-media production partners, or even organizations that convene the community or get hotlines up and running.

Keep in mind that, when it comes to print and collateral products, the more you print, the more economical, so anticipate your future needs now. In addition, you may want to leave space on materials for partners to add their logos or contact information. In addition, request a version of the artwork that can be easily reproduced in your own office setting so that you are able to create your own materials as needed, such as flyers.

If you cannot afford to contract a full service production company, you may want to capture some of your own images or record your own real people stories digitally. Digital stories, in either audio or video format are

economical and can be used across communication channels, through mass media, played in clinic waiting room, used as a catalyst in group discussions, and at community-based events such as health fairs.

#### **D7. Train** key messengers

Before launching any promotional campaign, it is important to train key influentials as messengers and ‘salt reduction ambassadors’. This can be done by sponsoring ambassador workshops for secondary audience members, inviting healthcare providers, community outreach workers, retailers, and the media. This will be the first ‘launch’ of the campaign, familiarizing these important messengers with the campaign strategy and theme, raising awareness about the important role that each one of them plays, and providing them with materials, including badges and point of service/sale signage. This will ensure that once the campaign is launched and materials disseminated to the target population, the people providing access to salt substitutes, low sodium products, and/or information, are well-versed in the promotional strategy and campaign messages.

#### **D8. Disseminate** materials

You will need to develop a dissemination plan. This will include taking a look at the communication channels selected based on audience preference and habits to determine when and how each channel is introduced. You may want to begin with a campaign launch, inviting the media to a community-based event. This will create excitement and ‘buzz’ around the campaign and get people talking (also known as ‘word of mouth advertising’ or viral marketing.’)

When developing your dissemination plan, keep in mind that you will need a separate budget to purchase radio and television time, as well as newspaper, magazine, and billboard space. To save resources, you may want to consider leveraging community-based partners who have direct contact with and access to the primary target audience.

#### **STEP E. Identify Gaps in Policy & Partnerships**

Often considered important ‘fifth P’s’ in social marketing, policy and partnerships are both critical to population-based change. Policy is crucial to reduced salt consumption, driving product strategies aimed at reformulating foods with lower sodium content, nutritional labeling, and regulating advertising to children. Partnerships with the food industry have also been key. As consumer demand for lower sodium alternatives is generated, products are available to meet those demands.

Identify gaps in policy and consider interventions (e.g. media advocacy) and partners that will help you advocate for new policy measures. In addition, consider interventions for strengthening/reinforcing existing partnerships with industry and recruiting new, less traditional partners (e.g. street food vendors.)

### **VIII. MONITORING & EVALUATION PLAN**

**OUTPUT:** An M & E Plan to monitor the implementation process and measure outcomes. Approximately 10% of your social marketing budget should be dedicated to M & E. Note that the effectiveness of countries with evidence of impact resulting from salt reduction initiatives was measured by population salt levels, salt content of foods, and/or consumer knowledge.

**STEPS:** Answer the following questions to develop your M & E Plan.

- What techniques & methodologies will be used?
- When will measurements be taken?
- How will measurements be reported & to whom?



- How will M & E data be used to inform revisions?

Remember to refer back to the objectives (knowledge, belief, and behavioral) which you identified in your CREATIVE BRIEF and in STEP VI (GOALS & OBJECTIVES) and make sure that your indicators reflect these objectives.

For ease in collection, you may want to link social marketing activities and outcomes back to existing country or program indicators if relevant indicators exist. Or you may want to develop your own indicators similar to the following examples:

**PROCESS INDICATORS:**

- Percentage of retailers displaying low sodium/salt substitute promotional posters, shelf danglers, and/or brochures;
- Number and percent of respondents who report having seen and/or heard the messages promoting salt/sodium reduction;
- Number of healthcare providers/community outreach workers trained in salt reduction communication

**OUTCOME INDICATORS:**

- Percentage of caregivers who know the primary sources of sodium;
- Percentage of caregivers who know a place where they can get low sodium products or salt substitutes;
- Percentage of all respondents who, in response to prompted questions, say that a person can reduce their risk of CVD by reducing salt/sodium intake;
- Percentage of people reporting consistent reduction in salt and products high in sodium in the last year

Since increase in demand must be met with an adequate supply, the following are offered as examples of useful supply side indicators:

**SUPPLY SIDE INDICATORS:**

- Total number of low sodium products available for distribution nationwide during the last 12 months ;
- Number and percent of storage facilities that experienced a stock out at any given time period;
- Proportion of randomly selected retail outlets that have salt substitutes and/or low sodium options in stock at the time of a survey, of all retail outlets selected for survey

**IX. WORK PLAN & TIMELINE**

**OUTPUT:** A work/implementation plan & timeline for social marketing activities

**STEPS:** Answer the following questions to develop your work plan & timeline:

- Will you roll out your program in phases? For example, if it includes a supply side intervention, will you start there to ensure that supply can meet demand and that your offering is of quality?

- How will the phases be organized (i.e., by location/audience, objectives, activities?)
- For each phase, what will be done, who will be responsible, and when will it be done?

(SEE WORKPLAN TEMPLATE IN APPENDIX.)

## **X. BUDGET/FUNDING SOURCES**

**OUTPUT:** National, Regional, or Local Social Marketing Budget

**STEPS:** Answer the following questions to develop your budget

- What financial costs will be associated with the program? (Consider staff labor, outside costs such as advertising agency and research partner costs, materials development and production costs, media buying costs, etc...)
- If costs exceed available funds, what additional funding sources will be explored?
- What strategies will you use to appeal to potential donors?
- What potential cost-share or in-kind contributions can be made by partners; i.e. a media partner?

Section VII-STEP D (PROMOTIONAL STRATEGY) describes partners who are most relevant to promotional efforts. These partners add value by offering creative talents; an ability to ‘translate’ audience research into creative strategies; writing, design, and production skills; and a venue for disseminating messages and materials. **Cost-saving partnerships** include, but are not limited to:

- Local media partners can donate free time (radio & TV) and space (newspapers & magazines for your promotional materials and include relevant characters, storylines, and products in their current programming.
- Local musicians and even celebrities are oftentimes happy to share their talents and skills by producing a hit song that targets the population you want to reach. Norms are created, reinforced, and shifted by popular culture. Remember that 1 ‘pop’ piece of music can go far with a music video played on TV and in restaurants, radio programming including talk shows with celebrities and ‘satisfied customers’, and live events and appearances.
- Working with real people who can share their stories and serve as role models. Remember that consumer-generated content (CGC) has become very popular and people are increasingly turning to the Internet to post and share stories, strategies, and recommendations with peers.
- Community-based partnerships, including partnerships with NGO’s that serve the population you want to reach; clinics, pharmacies, and other non-traditional outlets that can post your promotional materials and provide access to low sodium and sodium alternatives.

## XI. POST SCRIPT: HOW CAN SOCIAL MARKETING STRENGTHEN CURRENT EFFORTS?

It is clear that governments have been proactive, thinking comprehensively about salt reduction for quite some time. Using the same terminology as private sector commercial marketing professionals, governments and NGO's are looking at both supply and demand. Supply side strategies have been developed through partnerships with the food industry and shifts in policy to increase availability and access to healthier choices. At the same time, public education efforts have been aimed at raising awareness and educating consumers in an attempt to increase demand for salt reduction and low sodium choices.

As you reviewed this framework, you may have observed that several social marketing principles are already reflected in current population-based efforts; i.e. product reformulation and labeling are a PRODUCT STRATEGY. Increased access to healthy alternatives and decreased access to high sodium products reflect a PLACE STRATEGY. Countries are also looking at PRICE STRATEGIES that provide incentives for healthier choices and deter consumers from high sodium products. Best practices in current salt reduction efforts are referenced throughout this framework, most of them focusing on the supply side.

Where social marketing can really make a difference is in helping us rethink demand side strategies. Taking a new look at current salt reduction efforts through a social marketing lens will help us strengthen efforts to influence individual choice, bridging the gap between what consumers know and what they actually do. Applying a social marketing framework to salt reduction will also help us tie together population-based and individual initiatives and create even more integrated and holistic programs.

In summary, here are select international best practices borrowed from social marketing that may help us achieve even greater impact in current salt reduction efforts:

1. *Identify one segment of the 'public' whose behavior you hope to influence*-Current efforts to target a broad general public only reach those who are motivated to listen. And even if they become more knowledgeable, they may never change their behavior. Start small. Be focused. Select a smaller homogeneous segment of the population and target your efforts for greater impact.
2. *Think like a consumer.* Understand what drives the target audience to consume as much salt and high sodium products as they do. Take a close look at the obstacles they face and an even closer look at the competition. Design interventions that address those drivers and knock out the competition. Make sodium reduction and consuming less salt as easy and convenient as fast food.
3. *What do they get in return?* Remember that they are giving up something in exchange for what you're offering. Ask yourself (or better yet, ask them) *'what's in it for them?'* Isolate a single and immediate benefit that will make it all worthwhile. Promoting prevention can't just be about what *won't* happen several years from now.
4. *Change doesn't occur overnight.*-Think about the multiple behaviors along an individual's road to salt reduction. *Read the label. Compare products. Monitor your daily sodium intake. Use less salt. Eat more produce & potassium.* Even though the list is long from a public health perspective, we need to make it more achievable for them. Select one behavior at a time, facilitate that behavior, and evaluate the outcome.
5. *Surprise them.* Evidence that surprising messages are the most memorable is not so surprising. Consumers are overwhelmed with public health and nutritional messages, many of them competing for mindshare and even contradictory. Our job is to help them see the same old thing in a whole new way. Changing behavior is voluntary and there's nothing like an 'ahah' moment to bring it on.

## **APPENDIX**

- GLOBAL LITERATURE REVIEW SYNTHESIS
- SOCIAL MARKETING PLAN OUTLINE
- MARKETING MIX PLANNING TOOL
- CREATIVE BRIEF FORM (BLANK)
- BRAVO CRITERIA CHECKLIST
- WORKPLAN TEMPLATE
- LINKS TO ADDITIONAL RESOURCES

## **GLOBAL LITERATURE REVIEW SYNTHESIS**

## **SOCIAL MARKETING STRATEGIES FOR SALT/SODIUM REDUCTION**

Following is a summary of findings related to social marketing and related communication and public education strategies for salt/sodium reduction that come out of a global literature review.

### **LITERATURE REVIEW FINDINGS**

A review of the literature shows that there are numerous public education and behavior change strategies implemented by governments and health organizations to help people reduce their intake of excessive dietary salt, which is associated with increased blood pressure and other health risks. Successful interventions include both behavioral and population-based initiatives (Campbell et al., 2012). Notably, one article identified 32 different country salt reduction initiatives, and 28 “countries working with the food industry to reduce salt in foods. Ten had front-of-pack labeling schemes and 28 had consumer awareness or behavior change programs” (Webster et al., 2011). Since the 1970s, Finland has had a population-based policy for sodium reduction based on partnership and regulation of the food industry and consumer education via mass media (Mohan et al., 2009).

In the literature, common types of interventions include:

- Media campaigns
- Regulations for standardized information of packaged food products
- Internet-based lecture series (Campbell et al., 2010)
- Education and skills development aimed at improving the cardiovascular health of entire families (Johnson et al., 1995)
- Telehealth counseling (Nolan et al., 2011)
- School-based programs (Luepker et al., 1988; McKay et al., 1985)

In North America, Canada has implemented large, multi-sectoral interventions, such as the 2009 Canadian Hypertension Education Program (CHEP) (Shi et al., 2011; Campbell et al., 2011). The CHEP includes “an extensive education program for the public and people with hypertension, a program to reduce dietary salt and a funded leadership position” (Campbell et al., 2010). In the United States, the Institute of Medicine produced recommended strategies for implementation by the food industry, government, and public outreach (2010). Other interventions have targeted specific populations, such as older adults, with diet-education materials to improve dietary status (Francis et al., 2009). To increase cardiovascular disease (CVD) prevention among African-American and low-income adults, the People Reducing Risk and Improving Strength through Exercise, Diet and Drug Adherence (PRAISED) was pilot-tested and showed significant decreases in blood pressure, but no changes in physical activity, sodium intake, medication adherence, or self-efficacy and outcome expectations (Resnick et al., 2009). From 2005 through 2008, Project HEART (Health Education Awareness Research Team) aimed to promote behavior changes to decrease CVD risk factors in a high-risk Hispanic border population in El Paso, Texas (Balcazar et al., 2010).

Interventions in South America also include education campaigns and/or regulations for standardized information on the sodium content of packaged food products. In Chile, the Ministry of Health and the food industry are working to gradually decrease the concentration of salt in bread (Valenzuela et al., 2011). Argentina is also working toward placing limitations on the salt content of food (Legowski et al., 2011).

Based on this initial literature review, best practices and lessons learned have been highlighted in the social marketing framework.

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## **SOCIAL MARKETING PLAN OUTLINE**



## **SOCIAL MARKETING PLAN**

### **I. SITUATION ANALYSIS**

#### Background

*Describe problem incidence and severity in addition to drivers and determinants.*

#### Previous/Current Efforts

*What previous efforts have been made to promote the desired product, service, or behavior? Describe previous and/or current programs. What lessons have been learned that could inform future planning?*

#### Gap Analysis

*Based on the current communication environment, what is missing and/or would complement existing communication efforts?*

#### SWOT Analysis

- Internal Forces: *What organizational Strengths can be maximized? • What Weaknesses should be minimized?*
- External Forces: *What Opportunities can you capture? • What potential Threats can you prepare for?*

### **II. TARGET AUDIENCE**

#### Primary

*This is the 'bulls-eye' target audience, oftentimes those most at risk. Develop an audience profile that includes demographics, psychographics, and current behaviors.*

#### Secondary

*Who are the people that influence your primary audience? Common examples include healthcare providers, family members, and community leaders.*

### **III. RESEARCH FINDINGS**

- *List research available and summarize key findings. (In place of a summary in the strategy document itself, reference a separate report or attach as an appendix).*

- Describe any additional formative research required or planned. [Note: if the need for additional formative research is significant, this will be a preliminary strategy or outline at this point, to be completed after research results are available].

#### IV. AUDIENCE ANALYSIS

- Current knowledge, beliefs & behaviors
- (Real & Perceived) Barriers
- (Real & Perceived) Benefits

#### V. OVERVIEW OF SUPPLY SIDE

Describe key supply side issues currently being addressed, sites to be included in the program, main activities (provider/retailer training, branded and non-branded condom availability, pricing), and approximate timeline of supply-side interventions.

#### VI. DEMAND SIDE/COMMUNICATION GOALS AND OBJECTIVES

Describe the overall communications goal and specific communications objectives.

- Knowledge Objectives  
(PROVIDE EXAMPLES BASED ON AUDIENCE'S CURRENT KNOWLEDGE LEVELS/PERCEPTIONS)
- Belief Objectives  
(PROVIDE EXAMPLES BASED ON AUDIENCE'S CURRENT ATTITUDES/BELIEFS)
- Behavioral Objectives  
(LIST ACHIEVABLE & MEASURABLE DESIRED BEHAVIORS)

#### VII. MARKETING MIX STRATEGIES

The Marketing Mix (or 4 P's) ensures that you have considered potential product innovation, supply side issues, and pricing in addition to the promotional or demand generation strategy. Attached is a Marketing Mix Planning tool to help you in your strategic planning.

##### Product

This can be a tangible product or service or a desired behavior. How will you 'position' or modify it to make it more appealing to the target audience? Are there any new products or product innovation you could design?

##### Price

'Costs' associated with the product, service, or behavior can be monetary or non-monetary (perceived). Identify costs associated with exiting current behavior and adopting or maintaining the desired behavior. What will you do to lower exit costs and reward the new behavior?

##### Place

Where does the audience perform or think about the desired behavior, use the product, or access the service? How will you make this place more appealing or conducive? How will you intervene at the moment of choice?

## Promotion

*Your promotion strategy should include a Creative Brief which will serve as strategic direction for your creative strategy. In addition, outline key messages and communication channels in this plan.*

### **VIII. MONITORING & EVALUATION PLAN**

- *What objectives will be measured?*
- *What techniques & methodologies will be used?*
- *When will measurements be taken?*
- *How will measurements be reported & to whom?*
- *How will M & E data be used to inform revisions?*

### **IX. TIMELINE & IMPLEMENTATION PLAN**

- *Will you roll out your program in phases? For example, if it includes a supply side intervention, will you start there to ensure that your offering is of quality?*
- *How will the phases be organized (i.e., by market/audience, objectives, activities?)*
- *For each phase, what will be done, who will be responsible, when will it be done, and what is the estimated cost?*

### **X. BUDGET/FUNDING SOURCES**

- *What financial costs will be associated with the program?*
- *If costs exceed available funds, what additional funding sources will be explored?*
- *What strategies will you use to appeal to potential donors?*
- *What potential cost-share or in-kind contributions can be made by partners; i.e. a media partner?*

## **MARKETING MIX PLANNING TOOL**

## THE MARKETING MIX (4 P'S) STRATEGIC PLANNING TOOL

TARGET AUDIENCE	PRODUCT	PRICE	PLACE	PROMOTION
Primary	Tangible product, service, or desired behavior. <i>How will you 'position' or modify it to make it more appealing to the target audience? Also consider new product ideas.</i>	'Costs' (monetary & non-monetary) associated with the product, service, or behavior. <i>What will you do to decrease costs and reward/reinforce desired behavior?</i>	Where the audience performs or thinks about the desired behavior. <i>How will you make this place more convenient and/or intervene at a key moment?</i>	Outline key messages, messengers, and communication channels as part of a <b>CREATIVE BRIEF</b> before developing <b>CREATIVE CONCEPTS</b> .
Secondary				

**CREATIVE BRIEF FORM**

**1. Target Audience(s)**

*Describe the person that you want to reach with your communication. Include a primary & secondary (influencer) audience if appropriate. Include a summary of any relevant audience research.*

**2. Objective(s)**

*What do you want your target audiences to think, feel, or do after experiencing the communication?*

**3. Obstacles**

*What beliefs, cultural practices, pressure, misinformation, etc. stand between your audience and the desired behavior?*

**4. Key Promise**

*Select one single benefit that will outweigh the obstacles in the mind of your target audience. Suggested format: If I (desired behavior), then (immediate benefit).*

**5. Support Statements**

*This is the substantiation for the key promise; i.e.; the reasons why the promise is true. Oftentimes, this will begin with the word 'because'.*

**6. Tone**

*What feeling should your communication have? (e.g. authoritative, humorous, emotional, etc)*

**7. Communication Channels**

*What channel(s) will you employ? TV spots/drama? Radio? Print Ads? Point-of-purchase? Promotional giveaways? Earned Media (PR)? Interpersonal? Internet or SMS? Community events? All of the above?*

**8. Openings**

*What opportunities (times and places) exist for reaching your audience? When is your audience most open to getting your message? (e.g. Mothers Day, Heart health month)*

**9. Creative Considerations-Any additional considerations i.e. branding guidelines, language, visual identity?**



**BRAVO CRITERIA CHECKLIST**

## IS YOUR BEHAVIOR CHANGE COMMUNICATION BRAVO?

Use this checklist to evaluate the creative before the target audience does.

**B** Are you promoting a clear **BEHAVIOR**?



*If so, what is it? If not, what, if anything could you do to revise?*

**R** Is it **RELEVANT/RESEARCH-DRIVEN**?



*If the materials were driven by audience research, what were the insights?*

**A** Is it **ATTENTION-GETTING**?



*Would you stop to look or listen? More importantly, would your target audience?*

**V** Are you offering anything of **VALUE**?



*What are you offering the audience in exchange for adopting the behavior or accessing the product or service?*

**O** Does it meet your **OBJECTIVES**?

*Does it meet the objectives identified in your Creative Brief?*



**IMPLEMENTATION PLAN TEMPLATE**

**IMPLEMENTATION PLAN**

<u>Activity</u> List each activity. Be as specific as possible. Use additional pages if necessary.	<u>Target Audience</u> Who is the audience for each activity?	12 Month Timeline Place an X in the appropriate box to indicate the first and last month of each activity.												<u>Person(s) Responsible</u> Who is responsible for implementing the activity?	<u>Evaluation Indicators</u> How will you measure the success of each activity?
		1	2	3	4	5	6	7	8	9	10	11	12		

## **LINKS TO ADDITIONAL RESOURCES**

**Salt Reduction Websites & Resources**  
**(ASK GROUP TO SUGGEST LINKS)**