What Works in Social Marketing to Young People?

Systematic Review for the
Health Research Council of New Zealand and the
Ministry of Youth Development

Final Report

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Quigley and Watts Ltd

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Executive Summary

Youth practitioners and policymakers have a strong interest in youth-centred programmes to improve outcomes for young people. It is important to work with youth to develop effective interventions based on evidence and lessons learned in other contexts. At the same time, solutions need to be culturally appropriate and meet the diverse needs of New Zealand youth.

Social marketing draws on commercial marketing techniques to influence behaviour change in populations and contribute to better social outcomes. The Ministry of Youth Development (MYD) and the Health Research Council of New Zealand (HRC)\(^1\) contracted Quigley and Watts Ltd to complete an evidence review on effective social marketing to young people. This review is part of the MYD’s research programme entitled What Works in Youth Development. By identifying the success factors of youth focused social marketing interventions, this review will inform future policies and interventions to promote positive youth development.

This review provides current evidence of youth-specific social marketing interventions that improved outcomes for young people. The main aim was to identify the critical success factors for social marketing interventions effective in changing youth behaviour in the medium to long term (at least 1-2 years). Other objectives were to identify the population groups for which youth social marketing has been effective, as well as evidence of any unintended consequences of youth social marketing interventions. MYD requested a concise report accessible to the broader youth sector.

Findings of the review – what works in social marketing to youth?

The review confirmed that a group of recent social marketing campaigns have been successful in achieving reported adolescent behaviour change. Tobacco use, marijuana use, physical activity and sexual health were the main topics with evidence of effectiveness. Some campaigns such as Truth and VERB in the United States (US) achieved positive effects on smoking and physical activity rates in the order of 18 to 40%.

The literature highlights various factors critical to the success of youth social marketing campaigns. Evidence for these success factors was strong and consistent across different campaigns and contexts. Features of effective campaigns included thorough research on the audience and targeting of messages to youth audiences; use of creative private sector-based marketing strategies (such as branding positive lifestyles); use of multiple channels (such as television, text or web based promotion and printed resources or giveaways) to increase exposure; and addressing public policy in addition to individual behaviour.

Sustained funding and duration, and high levels of marketing exposure, were important in the most successful programmes such as the US-based Truth and VERB campaigns. A message from the review was the need for multiple organisations with an interest in youth outcomes to combine their resources (e.g. expertise, time, funding) to deliver social marketing campaigns to youth (McKinnon 2007).

\(^{1}\) As part of the HRC’s Partnership Programme
In summary, this review found that effective youth social marketing campaigns incorporated the following key features:

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<th><strong>A youth-centred approach to social marketing</strong></th>
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<tr>
<td>• ‘By youth for youth’ where young people were included in all aspects of the campaign and their guidance was taken on board and used to shape and refine the campaign</td>
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<td>• Use of methods and channels that were accessible and appealing to youth</td>
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<th><strong>Social marketing informed by research and theory</strong></th>
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<td>• Use of theory and formative research to inform the campaign and comprehension evaluation from the beginning</td>
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<th><strong>A comprehensive and multi-faceted approach</strong></th>
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<td>• Long-term campaigns of at least 1-2 years that were well resourced/funded</td>
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<td>• Multi-faceted campaigns including policy changes and focus on ‘upstream’ factors</td>
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<td>• Complement other initiatives such as school-based programmes, advocacy or policy changes</td>
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<th><strong>Ethnic and age specific approaches in social marketing</strong></th>
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<td>• Ethnic-specific approaches, especially for Māori and Pacific youth</td>
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<td>• Targeting to subgroups such as adolescents e.g. 9-14 years and high-risk adolescents</td>
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<th><strong>Application of commercial marketing success factors to social marketing</strong></th>
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<tr>
<td>• Use of branding and counter-marketing(^2) has been effective in the US in particular</td>
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<td>• Aim for high exposure to a variety of different marketing activities</td>
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<td>• Follow industry guidelines for reach, frequency and duration of advertisements</td>
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<th><strong>Use of appropriate messages that empower youth</strong></th>
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<td>• Messages that empower youth and appeal to their need for independence and rebellion</td>
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<td>• Strong and intense emotional messages (both positive and negative), use of social threat and personal testimony</td>
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<th><strong>Work across sectors and organisations</strong></th>
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<td>• Pooling of resources across organisations for future social marketing campaigns to maximise funding</td>
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<td>• Consider the need for a specific national framework or steering group (including youth, youth sector, researchers, university, and policy) for youth social marketing.</td>
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\(^2\) Counter-marketing is an action, intervention or campaign specifically designed to oppose, diminish or eliminate the harmful effects of promotion by commercial companies (for instance promotion of tobacco by tobacco companies). Definition adapted from the Ontario Tobacco Research Unit Glossary of Tobacco Control available at [http://glossary.otru.org/list/C](http://glossary.otru.org/list/C), accessed 11 January 2010.
The evidence on effectiveness for particular youth sub-populations was more limited and inconclusive, due to a lack of ethnic-specific findings. However, the review found evidence of effectiveness for the general US youth population, Hispanics and African Americans. Youth social marketing campaigns have been effective for the general Australian population, for instance after a nine year smokefree campaign, smoking prevalence in Western Australia declined from 28% to 7% among 14-year-olds and from 43% to 14% among 15-year-olds. There is some evidence of success (but less strong) with the Aboriginal youth population in Australia. In New Zealand, there is potential for effective campaigns for Māori and Pacific youth populations, but current evaluations are limited to impacts on attitudes and intentions rather than behavioural change. Evaluations of campaigns aimed at the Māori population overall, not just youth, suggest concern about whānau wellbeing is an important motivator for Māori. This may also be important for Māori youth.

The review suggests social marketing campaigns have been especially successful with younger teenagers and ‘tweens’ (9-14 year olds). The review found little information on unanticipated consequences of social marketing with youth. An example of a negative unintended outcome was that an earlier phase of one campaign was associated with an increase rather than a decline in drug use (Farrelly et al. 2009). Possible reasons for this may have been inadequate implementation, low levels of exposure to advertising, or use of irrelevant messages to youth at risk. The campaign was redesigned, and achieved reductions in drug use, with higher levels of advertising and more specific targeting to youth at high risk of drug use.

Review methods

This review was based on systematic review principles and included 45 papers covering 15 distinct campaigns, mostly from the US but also from Australia, New Zealand and Tonga. Several large reviews were included that covered evidence from multiple countries or regions including Canada, Scandinavia and Europe. A transparent and replicable search strategy was developed in consultation with MYD, HRC and other advisors. Selection criteria along with search terms were used to search for and select papers. Papers were primarily retrieved from electronic databases, journals, websites and experts in social marketing.

Summary information on interventions, methodologies and findings, as well as strengths and weaknesses of each paper was recorded in an Excel table. The papers were appraised using a quality assessment checklist to decide whether they were robust enough to inform future youth development initiatives and policy decisions. Consistency across studies was considered, along with plausibility of findings, and possible reasons for any inconsistencies were explored. The evidence was synthesized into a description of the review’s overall findings.

This review provides timely and relevant information to assist the New Zealand youth sector in planning best practice social marketing initiatives with the greatest chance of improving youth outcomes. Even so, there is a need for further research, especially investigating effectiveness of social marketing to various cultural groups including indigenous groups in other countries, and Māori and Pacific youth in New Zealand.
1. Introduction
The Ministry of Youth Development (MYD) and the Health Research Council of New Zealand (HRC) contracted Quigley and Watts Ltd to carry out an evidence review of social marketing to young people. The review was part of the MYD’s evidence-based research programme, ‘What Works in Youth Development’, and the HRC’s Partnership Programme.
Social marketing draws on commercial marketing techniques to influence behaviour change to improve social and personal outcomes. This evidence review identifies ‘what works’ in social marketing programmes to change young people's behaviours. Investigating the success factors of effective youth focused social marketing interventions will help inform policy development by identifying how interventions can facilitate positive behaviour change by young people and lead to improved health and social outcomes.
This review will contribute to the body of knowledge being collected for the ‘What Works in Youth Development’ programme and will help build evidence in the youth development field in New Zealand. The audience for this report is the youth development sector, including youth workers, service providers and policymakers. The review’s findings will be published on the MYD’s website and disseminated to those with an interest in youth outcomes to ensure it is accessible and freely available.

1.1 Background

1.1.1 Young people in New Zealand
Young people aged 12-24 years are a substantial population group in New Zealand, comprising 22% of the total population. Yet young people are under-researched compared to other population groups (MYD 2002). Research with, by and for young people is important as the foundations for health and positive social outcomes tend to be established early in a person’s life, and choices made in adolescence often persist into adulthood.
New Zealand’s youth population is becoming more culturally diverse. Proportions of Māori, Pacific and Asian young people are growing while the proportion of New Zealand European youth is decreasing (MYD 2003). In 2006, Māori youth made up almost one third (31.6%) of the total youth population aged 10-24 years, and Pacific youth made up 15% of the total New Zealand youth population. This evidence review includes consideration of the impact of social marketing programmes on Māori and Pacific youth in particular. Māori and Pacific young people have poorer health outcomes when compared with non-Māori and non-Pacific youth (MYD 2003).

3 Statistics New Zealand 2008 – Based on data from the 2006 Census using the Table Builder tool comprising year, age and sex – see www.stats.govt.nz
4 Statistics New Zealand 2008 – Based on data from the 2006 Census using the Table Builder tool comprising year, ethnic group, age and area – see www.stats.govt.nz
1.1.2 Youth development
Youth development is about growing and developing young people so they contribute to society, are socially connected, believe they have choices about their future, and have a strong identity (MYD 2002). A youth development approach also emphasises participation and involvement of young people in decision making and programmes for youth. A core element of youth development is a consistent ‘strengths-based’ perspective. Both risk and protective factors can affect the healthy development of young people. Strengths-based policies and programmes build on young people’s capacity to resist risk factors and enhance the protective factors in their lives (MYD 2002).

1.1.3 Social marketing
Social marketing is attracting interest in New Zealand and internationally. Social marketing is, at its simplest, ‘the systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals for a social good’ (National Social Marketing Centre5). In contrast to commercial marketers, who aim to sell products or services for commercial gain, social marketers promote voluntary behaviour change to improve individuals’ wellbeing or the wellbeing of society. While there are different definitions of social marketing, this review focuses on social marketing’s efforts to promote change at both individual and societal levels.

Social marketing has a focus on changing behaviours and outcomes rather than knowledge or attitudes. Social marketing’s focus extends beyond reducing negative behaviours and emphasises the adoption of positive behaviours, which is consistent with a strengths-based youth development approach.

Social marketing adopts various marketing techniques and approaches, integrating the full marketing mix of ‘product, price, place, promotion and policy’. A fundamental concept is ‘exchange’, which means people receive valued benefits in return for their efforts and changed behaviours. A challenge for social marketers is to maximise perceived benefits and minimise perceived costs faced by target audiences (Andreasen 2002). Social marketing promotes change in complex, and sometimes controversial behaviours, among audiences who may not recognise any need to change, and offers benefits that are delayed (Smith 2006). For these reasons, social marketing is more challenging than mainstream commercial marketing and research that identifies attributes of successful campaigns could provide important guidance to the design and implementation of future campaigns.

Smith (2006) argues that social marketing goes beyond single mass media or public education campaigns and involves a complex, sustained and integrated approach designed to achieve a long-term vision. As well as targeting individual behaviour change, social marketing can influence ‘upstream’ decisions, such as changing environments or policies. Social marketing can therefore operate by:

- identifying and targeting individuals to change their behaviour

5 National Social Marketing Centre definition (UK), available at http://www.nsmcentre.org.uk/what-is-social-marketing.html
• identifying and targeting environmental factors that minimise harm or maximise benefit
• identifying and targeting those in power to make structural changes that remove barriers, give individuals the capacity and resources for change, and facilitate the adoption of desired behaviours (Donovan 2005).

The term social marketing should not be confused with social networking (e.g. Twitter, Bebo, Facebook etc), although social networking media may be used as part of a social marketing approach.

1.1.4 Effectiveness of social marketing

The general literature on social marketing effectiveness (i.e. not youth-specific) indicates it has been successful in changing behaviours, especially in the areas of tobacco control, physical activity, sexual health and breastfeeding (Evans et al. 2007, Farrelly and Davis 2008). The consensus of published reviews is that social marketing campaigns can change health behaviours and behavioural mediators, but the effects are often small (Evans et al. 2007, Evans 2009). Reviewers of social marketing effectiveness point out that while most campaigns achieve only modest effect sizes, small or modest changes can have a substantial effect at a population level (Evans et al. 2007). Moreover, changes in short-term attitudinal and behavioural outcomes can be magnified in their effects on long-term outcomes, such as reduced social and health costs in the future (Evans et al. 2007).

The evidence suggests the most effective mass media programmes are implemented as part of a comprehensive, broader intervention (Schar et al. 2006). Single component programmes delivered in isolation tend to be less successful. A recent systematic review by New Zealand authors found the weight of evidence indicated solely school-based alcohol and drug prevention programmes had little or no effect on alcohol and drug use (Casswell et al. n.d). However, broader programmes that integrated school and community intervention components had an impact in reducing youth alcohol and drug use. Social marketing experts have pointed to a need for a three-pronged approach, where programmes incorporate social marketing, regulation and education (e.g. Rothschild 1999). Rothschild (1999) has argued the environment is vital to support and promote behaviour change by individuals.

Price changes or tax interventions have been highly effective in encouraging behaviour change, especially in the tobacco field (Glantz and Mandel 2005). This review will not focus on policy-level interventions as such, but several of the reviewed social marketing interventions included policy changes or policy-level action as a component of the social marketing intervention. It is recommended that future work in New Zealand be undertaken on the effectiveness of policy level interventions in changing youth behaviour. Policy and regulation change is a crucial tool to change the environment, while social marketing promotes behaviour change to help young people best adapt to the altered environment. Education, the third component of Rothschild’s model above, can help to promote ongoing behaviour change and compliance once new behaviours have become normalised.

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6 Such as improvements in the 5-9% range (Evans et al. 2007), for instance in reducing smoking prevalence at a population level.
2. Description of Campaigns

This section summarises each social marketing intervention included in the review. The overall cost of the campaign is only included if the authors provided this information. A full description of the review methods is attached as Appendix A. Please see this appendix for explanation of how the campaigns were selected. Some well known New Zealand campaigns (such as Like Minds Like Mine and Feeding our Futures) have not been included as they were not targeted to youth or did not meet the selection criteria in other ways.

Several social marketing interventions that used counter-marketing as a key approach were included in this review. Counter-marketing is an intervention or campaign specifically designed to oppose, diminish or eliminate the harmful effects of promotion by commercial companies (for instance, promotion of tobacco by tobacco companies).7

2.1 Florida Truth (US)

The Florida Truth campaign began in April 1998 and was aimed at youth aged 12-17 years. Funded by the state of Florida’s settlement with the tobacco industry, the campaign aimed to reduce youth tobacco use by changing the attitude of Florida teens to tobacco and the tobacco industry; reduce the availability of, and youth access to, tobacco products; reduce youth exposure to second-hand smoke; and increase youth empowerment through community action. Florida Truth sought to empower teens by urging them to join a state-wide youth anti-tobacco group, Working Against Tobacco, to disseminate campaign messages personally, and to rally support for tobacco control policy.

Florida Truth messages highlighted the tobacco industry’s purposeful attempts to market a harmful product to teenagers and its denial of cigarettes’ addictive and damaging effects. The campaign had US$23.2 million to plan the programme in first year and it received US$30-70 million per year subsequently, however there have been substantial budget cuts in recent years. The Florida Truth programme began in 1998 and was still continuing at the time of writing.

2.2 National Truth (US)

The national Truth campaign started in 2000 and was the largest social marketing campaign to prevent and reduce youth smoking ever undertaken in the US (Evans 2008). Based on Florida Truth, the national Truth campaign was a broad-scale tobacco counter-marketing initiative primarily targeted at youth aged 12–17 years who were likely to experiment with smoking.

The goal of the campaign was to make smoking less socially acceptable among teenagers to reduce smoking prevalence and progression to established smoking. The campaign recast non-smoking as socially desirable and presented the tobacco industry as manipulative and seeking to deprive youth of their independence. Truth tapped into adolescent motivators and aspirations such as independence and rebellion. Unlike previous youth campaigns that had stressed the short-term consequences or health risks of smoking (e.g. bad breath, stained teeth, lung

cancer), the campaign focused on social norms and attempted to correct the misperception that smoking is common.

Truth showed rebellious youth confronting the tobacco industry by exposing deception and the industry’s targeting of youth, and encouraging teens to take control and reject the tobacco industry’s influence by staying or becoming smokefree. As with the Florida example, the national Truth campaign was funded through tobacco company settlement, and was a multi-million dollar, sustained programme over at least five years.

2.3 VERB (US)

VERB was a social marketing campaign aiming to promote the benefits of daily physical activity to children aged 9-13 years (an age group that the campaign called ‘tweens’) (Evans 2008). It was launched in 2002 by the Centers for Disease Control and Prevention (CDC). The campaign used commercial marketing methods to promote an active lifestyle as cool, fun, and a chance to have a good time with friends. VERB was adapted for use in multiple US communities.

VERB’s main strategy was to market positive reinforcing messages on physical activity directly to tweens and their parents through advertising on television, in print, on billboards, through a website, and through school and community promotions. To maximise its impact, VERB had a two-level strategy for its marketing. One level was designed to reach a general audience of tweens and the second level was specifically designed to reach African Americans, Hispanics, Asian Americans, and American Indians (as augmentation to the first level). Culturally-oriented messages were designed and media were purchased specifically for these tweens.

Like the Truth campaigns, VERB was extremely well funded for a public health campaign. With US$125 million for its first-year budget, VERB used the sophisticated techniques of commercial marketers in the private sector, such as the use of a brand as a message platform and extensive audience research to develop and test advertisements. The funding allowed the purchase of media time and the creation of in-school and community promotions. It enabled a public health message to compete more effectively with commercial marketers, who were also advertising to tweens.

2.4 National Youth Anti-Drug Media Campaign (US)

The National Youth Anti-Drug Media Campaign was launched in July 1998. It was designed as a 5-year US$1 billion effort to prevent and reduce drug use (especially marijuana use) among youth. Four years into its execution the campaign was considered ineffective at reducing marijuana use, so it underwent a major revamp which involved a series of so-called ‘hard-hitting’ anti-marijuana messages (termed the ‘Marijuana Initiative’). These highlighted the negative consequences of marijuana use.

The Marijuana Initiative had high funding levels; high penetration of messages through multiple channels especially television; and experts who guided the campaign. It also targeted a specific youth audience (at risk non-users and occasional users - especially high sensation seekers - those with a need for novelty and stimulation). The campaign featured dramatic messages with high emotion and the advertisements were aimed at variety of ethnic audiences. There was rigorous concept testing by youth and the advertisements were in youth-frequented media.
2.5 Be Under Your Own Influence (US)

The ‘Be Under Your Own Influence’ campaign was based on a central premise that the primary task of adolescence is to attain independence and autonomy. The campaign sought to reframe substance abuse as an activity that impaired rather than enhanced personal autonomy and non-use was seen as an expression of personal identity. The campaign also used images such as rockclimbing and four-wheeling that appealed to risk-oriented, sensation-seeking youth.

Social marketing principles, such as formative research and use of various adolescent-specific media channels, were used to guide the development of the media campaign to ensure there was a focus on influencing behaviour change.

The campaign included a school-based communications component as well as a participatory, community-based component. Prevention initiatives in the community developed their own strategies for the community-based media initiative. The intention was that community efforts would reinforce the school-based component by encouraging an anti-drug community norm. The in-school intervention was a research-based prevention curriculum, All Stars™, which emphasised non-use norms, commitment not to abuse substances and school bonding. The school environment was used as it was seen as a unique, inexpensive opportunity to ensure a relatively high level of exposure to anti-use communication (compared with a large media campaign). While risk messages were typically substance specific, the messages addressed a variety of substances (i.e. marijuana, alcohol and tobacco).

2.6 Trial of Activity for Adolescent Girls (US)

The Trial of Activity for Adolescent Girls (TAAG) was a 2-year study-directed intervention that targeted schools, community agencies and girls to increase opportunities, support and incentives for increased physical activity.

TAAG was designed to improve social support and norms, and to increase self-efficacy, outcome expectations and behavioural skills to foster greater moderate to vigorous physical activity. Schools and community agencies (e.g. YMCA) were linked to develop and promote physical activity programmes for girls. These programmes did not replace physical education classes.

TAAG used a social marketing approach to promote awareness of and participation in activities through media and promotional events. TAAG promotions also provided school-wide messages designed to increase the acceptance and support for physical activity for all girls. A TAAG Programme Champion component was developed to foster sustainability after the 2-year staff-directed intervention. TAAG investigators actively recruited and trained ‘Program Champions’ during the staff-directed intervention phase as a way to promote maintenance of the programme. Program Champions were generally either physical education teachers or community liaison workers. They sustained program efforts by advocating for TAAG activities with policymakers and the intervention’s implementers.
2.7 Smarter than Smoking (Australia)

The Western Australian ‘Smarter than Smoking’ campaign was a social marketing intervention that ran for nine years and was evaluated over this period, an unusually long time for a social marketing campaign evaluation. The multi-strategy state-wide youth smoking intervention was established in 1995 in response to concerns about youth smoking prevalence in Western Australia. The objectives for the project were to reduce the social acceptability of smoking, reinforce the negative short-term and immediate effects of smoking, and to assist those youth who had not smoked to develop the skills required to remain non-smokers. The project’s approach acknowledged that many young people try smoking at some stage and simplistic abstinence messages may have opposite and undesired outcomes.

Components of the programme included: mass media communications; school-based education programmes, small grants and resources for schools, and training for school nurses to provide cessation support for smokers; promotion of the Smarter than Smoking message through sponsorship of sports and arts events and activities involving young people; youth-oriented publications, merchandise, and websites; and advocacy to reduce tobacco promotion, availability and affordability. The mass media campaigns helped raise awareness and create a strong brand image, under which a range of complementary strategies were implemented.

The Smarter than Smoking project was funded for AUD$4.2 million (US$3.7 million) from 1996 to 2005. In addition, there was sponsorship of a variety of sports and arts events and programs with Smarter than Smoking branding, to the value of AUD$10.6 million (US$9.5 million) over the same period. This translates into a per capita average cost of AUD$2.59 (US$2.34) per person aged 10 to 15 years in Western Australia.

2.8 Snake condom campaign (Australia)

The Snake condom campaign was a condom social marketing campaign promoting subsidised condoms to indigenous Australians aged 16-30 years. By using marketing approaches to educate, change attitudes and increase safer sex practices, the initiative aimed to reduce unplanned teenage pregnancies and the spread and incidence of sexually transmitted infections (STIs) among indigenous communities.

Formative research showed indigenous youth viewed the free distribution of mainstream condoms in traditional programmes as being for white Australians only and indicated indigenous youth needed a brand of condoms they could identify with. The snake image was used as it is symbolic for indigenous Australians and lent itself to fun and cheeky innuendo to which teens could relate. The dangers of STIs and the need to use a condom to protect oneself were symbolised by the snake metaphor.

Snake condoms (and the safer sex message) were promoted through a print, poster, television and radio advertising campaign. Condoms were sold in traditional retail outlets and late night eateries, and were also distributed via a peer seller network. For the first time in Australia, young indigenous people were trained as peer sellers and distributed the condoms at places where decisions on sexual behaviour were made, such as parties or clubs. Peer sellers bought the condoms at a subsidised price and retained any profits they made from sales. Branded merchandise was also developed to reinforce brand awareness.
2.9 National Tobacco Campaign (Australia)

The National Tobacco Campaign, which targeted 18-40 year old smokers, was the most intense and longest running anti-tobacco campaign in Australia. Seven million dollars of federal funds (AUS $) plus state contributions were used to fund the campaign. It was the first time the federal, state and territory governments and non-government organisations had worked together on this scale in a campaign to reduce smoking.

The first phase of the campaign began in June 1997 and ran until November that year. It was cessation-focused and aimed primarily to assist smokers who were already on the road to quitting by encouraging them to put the words ‘give up smoking’ on their personal agenda for today, rather than on the list of ‘things I’ll do in the future’. Instead of focusing on abstract concepts like risk and probability, it provided graphic images of the damage cigarettes can do to a smoker’s health. Formative research was conducted during the development of the campaign to assess the impact on adolescents even though they were not the target audience.

The multi-tiered campaign combined hard-hitting advertising with nationally coordinated Quitline services for smokers; endorsed partnerships with key health and medical bodies; the participation of doctors Australia-wide; a campaign website; and national media promotions.

2.10 Aboriginal Tobacco Intervention (Australia)

The Aboriginal Tobacco Intervention was a multi-component tobacco intervention targeted at indigenous Australians and undertaken in six remote Aboriginal communities. The intervention was a collaborative community-based project that researched tobacco consumption and its effects on health in Aboriginal and non-Aboriginal communities. It involved critical analysis of tobacco company campaigns aimed at youth; development of strategies with youth to reduce tobacco consumption; and use of drama workshops and film making (e.g. youth developed a film script to make a short video).

The intervention also included sports sponsorship, training health professionals in the delivery of smoking cessation advice with culturally appropriate health promotion materials (pamphlets, posters and flip charts) previously developed in the region with Aboriginal communities, a point-of-sale intervention, school education about tobacco, and policy on smoke-free public places. Many initiatives were developed by the community and delivered in conjunction with a range of evidence-based tobacco interventions by Aboriginal project officers.

2.11 No Rubba, No Hubba Hubba (New Zealand)

The No Rubba, No Hubba Hubba campaign was a four-month communication campaign carried out over the summer of 2004/2005. It was aimed at promoting and increasing safer sexual health practices amongst young people in New Zealand, particularly condom use. The campaign's development included convening a sector working group, investigating research about youth most at risk, several hui with stakeholders, and concept development in consultation with core audience representatives.

A variety of media were used to promote the No Rubba, No Hubba Hubba message. These included: television commercials, cinema, a website (www.hubba.co.nz), magazines, radio,
outdoor media, event promotion and resources. The television commercials used a rap party theme to appeal to young people. Māori language versions of the advertisements were also developed. Brochures, condoms and lube were given away at the events in reusable mobile phone holders.

2.12 Smoking Not Our Future (New Zealand)

The Smoking Not Our Future campaign was developed by the Health Sponsorship Council and was launched in 2007. The target group was New Zealand youth aged 12-24 years. The goal of the campaign was to de-normalise tobacco use by increasing negative perceptions of the social outcomes of smoking among young people. Over three phases, the campaign consistently featured youth-oriented celebrities talking about smoking, being smokefree and quitting smoking. A range of media channels were used, including television commercials, radio, magazines and bus shelters. The third phase of the campaign built on previous phases by combining de-normalisation and social disapproval messages with messages promoting cessation and the effects of role modelling.

2.13 Pacific Quit campaign (New Zealand)

Responding to the absence of Pacific people in smoking and Quitline television advertisements, the New Zealand Pacific Quit campaign targeted Pacific adults. This campaign included delivery of a Quitline service and a mass communications campaign aimed at prompting quit attempts and increasing calls to Quitline, particularly from Pacific callers (a target of 7% of all callers was set).

The advertisements used a 'threat appeal' or ‘fear appeal’ approach. The campaign heavily subsidised nicotine replacement therapy which removed most cost barriers to making a quit attempt. The Quitline also employed Pacific advisors who could communicate with callers in their own languages.

2.14 It’s About Whānau (New Zealand)

Following a generic Quit campaign, a Māori-specific campaign was launched in 1999. The purpose of the ‘It’s About Whānau’ campaign was to increase Māori smokers’ motivation to quit and to encourage calls to a Quitline service. The campaign also aimed to de-normalise smoking and create a supportive environment for Māori to become smokefree. The campaign was targeted to the adult population rather than youth, but the findings were included in this review as they may have relevance to Māori youth (and there was a lack of Māori-specific outcome data).

8 Fear appeals are persuasive messages designed to scare people into complying with a particular message by graphically describing the negative consequences if they do not act in accordance with the message. A fear appeal is used to motivate attitude, intention and behavioural change. (Definition adapted from Wikipedia, http://en.wikipedia.org/wiki/Fear_appeals, accessed 12 January 2010).
It’s About Whānau was internationally unique as it was the first known indigenous mass media smoking cessation campaign to be aired nationally (Grigg et al. 2008). Formative focus group findings suggested many Māori smokers were distrustful of government-driven anti-tobacco programmes, especially those seen to create negative stereotypes of smokers. The concept of maintaining whānau relationships was identified as a key motivator for Māori smokers to quit. Focus group research suggested adult Māori felt that being around to support younger members as they grew up and generally contributing to whānau wellbeing were significant motivators for Māori to quit smoking. In addition, support from whānau members for smokers to quit was seen as an important catalyst to prompt and maintain quit attempts.

The strategy for the campaign built on the importance of Māori identity and whānau relationships, and used empowering positive messages. It’s About Whānau was primarily based around television commercials that were mainly communicated in English; however, Māori language was included when it was a natural part of the story. The end of each advertisement showed the Quitline number with a voiceover giving a call to action, i.e. to phone the Quitline.

2.15 Tongan social marketing initiative (Tonga)

A Tongan social marketing initiative is currently being implemented in rugby settings. Use of rugby was seen as an ideal avenue due to its strong following among both males and females (considered to be a 'second religion'). Branding was focused on a generic 'smokefree' theme - the logo was shaped like a football and was developed in consultation with youth.

The campaign aims to reduce the burden of non-communicable diseases and focuses on youth aged 10-19 years. The initial focus was to reduce tobacco use and the programme aimed to develop a comprehensive approach to address tobacco related issues. The aim of the initial phase of the social marketing strategy was to send a smokefree message to youth (primary target) and the broader community (secondary target). High profile rugby players are involved as role models, some from Tonga and some based in other countries such as New Zealand and Australia. The campaign is at an early stage and had not yet been evaluated at the time of writing.
3. Findings of the Review

This section summarises the main findings in this review. It begins with a summary of findings on effectiveness of youth-focused social marketing campaigns; then presents findings that address each of the three objectives of the review (critical success factors, effectiveness for population groups and unanticipated outcomes). This section finishes by assessing the robustness of findings from this review, the challenges affecting the campaigns reviewed, and the limitations of the review.

3.1 Effectiveness of youth social marketing

Summary

This review focused on campaigns shown to be effective in changing young people’s behaviour. Evidence, especially from tobacco control, nutrition, physical activity and sexual health campaigns, suggests youth-focused social marketing can change behaviour and be applied to other topic areas as well. Data on the effectiveness of youth social marketing campaigns is limited in some areas, especially in relation to outcomes for specific population groups. Even so, systematic reviews show youth social marketing campaigns have been successful in improving outcomes.

Evidence from overseas

A recent evidence review highlighted findings from several individual campaigns discussed in this review (Evans 2009). The US-based Truth and VERB campaigns were major interventions that achieved behaviour change among young people on a national level. Earlier reviews (e.g. Farrelly et al. 2003; Schar et al. 2006) also provided evidence of effective campaigns undertaken in various countries including Canada, Scandinavia, Europe and Australia.

Evidence from New Zealand and the Pacific

Six papers in the review were by New Zealand authors, but only three of these reported effectiveness of youth social marketing campaigns in changing outcomes. Most of the data was on attitudinal or intentions change, rather than actual behaviour change. Even so, New Zealand research suggests social marketing has good potential to influence knowledge, intentions and behaviour of New Zealand young people, including Māori and Pacific youth, and that whānau may be an important motivator for Māori youth.
3.1.1 Overseas evidence

The findings from overseas studies are classified and discussed by topic.

Declines in youth smoking, alcohol and marijuana rates

There is evidence the national Truth campaign contributed to a recent decline in youth smoking prevalence in the US (Farrelly et al. 2003; Farrelly et al. 2005; Evans 2009). Farrelly and others found smoking prevalence among all students declined from 25.3% to 18.0% between 1999 and 2002 and that the campaign accounted for approximately 22% of this decline (Farrelly et al. 2005). The estimated contribution of the campaign was calculated by predicting the trend in youth smoking prevalence in the absence of the campaign (using pre-campaign survey data) and estimating the probability of smoking for each year. The difference between the predicted and actual smoking rates indicated lower smoking rates (by 22%) as a result of the campaign.

Exposure to the national Truth campaign has also been associated with a decreased risk of smoking initiation. A study estimated there were 456,281 fewer adolescents initiating smoking over the 2000 to 2004 Truth campaign period and that this reduction in the number of smokers could be attributed to the Truth campaign (Farrelly et al. 2009). The estimation was made by comparing the proportion of the sample who initiated smoking (the actual hazard rate) with the estimated proportion (based on a multivariate model) of the sample who would have initiated smoking in the absence of the Truth campaign. The authors stated the Truth campaign had an independent influence on smoking initiation above and beyond multiple individual, media, market and state-level influences (Farrelly et al. 2009).

Similarly, the Florida Truth campaign achieved changes in adolescent cigarette use. After 2 years, cigarette use declined by 40% among middle school students and by 18% among high school students (Bauer et al. 2000). The percentage of high school students who were ‘never-users’ increased from 31.9% to 43.1% (Bauer et al. 2000). This study also found reduced smoking initiation contributed to the decline in cigarette use, as fewer students took up smoking in middle school and more non-smokers progressed to high school. A review of evidence on youth social marketing suggested tobacco price increases contributed to the success of the Florida programme, but the authors did not consider that price changes accounted for the whole decline in smoking (Farrelly et al. 2003). This was because predicted smoking reductions based on economic studies (on the likely effects of the price reductions) were lower than the actual reductions in smoking.

Researchers found a ‘dose-response’ relationship between exposure to the national Truth campaign and current youth smoking prevalence9 (Farrelly et al. 2005). With an increased exposure to advertisements, there was an increase in the probability that young people were smokefree. Similarly, evidence of a dose-response effect was found for the Florida Truth campaign. The likelihood of youth remaining smokefree increased as the number of

9 Farrelly et al. (2005) report the dose-response relationship as: Results of the logistic regression for all grades indicated that there was a statistically significant dose-response relationship between “truth” campaign exposure and current youth smoking prevalence (odds ratio [OR] = 0.78; 95% confidence interval [CI] = 0.63, 0.97; P<0.05).
advertisements, the self-reported influence of the campaign’s major message theme, and the level of anti-tobacco attitudes increased (Sly et al. 2002).

Although most social marketing campaigns have only had a modest effect by clinical standards, the national Truth campaign showed it is possible for campaigns to be more successful at the population level. The national Truth campaign had a large and statistically significant impact on adolescent smoking, above and beyond an independent trend of declining smoking among this population (Farrelly et al. 2003, 2005). The decline in smoking prevalence, which was attributable to the campaign, represented some 300,000 fewer adolescent smokers during the study period of two years (Farrelly et al. 2005).

In Western Australia, the Smarter than Smoking campaign evaluation demonstrated positive changes in self-reported smoking behaviour over the duration of the nine year campaign (Wood et al. 2009). The proportion of respondents reporting they had never smoked increased from 40% in 1996 to 61% in 2005. There was also a substantial reduction in the percentage of 14-15 year olds who smoked. These positive outcomes were supported by national survey comparisons indicating that Western Australia recorded some of the lowest teenage smoking prevalence figures in Australia in 2005 (Wood et al. 2009). National survey data showed a smaller decline in prevalence of teenage smoking compared with Western Australia. This comparison does not provide evidence of the campaign’s impact as other factors may affect youth smoking rates across states. However the authors note that Western Australian youth smoking rates show positive trends that track closely with the initiation and development of the Smarter than Smoking project (Wood et al. 2009).

A recent study on the Marijuana Initiative of the US National Youth Anti-Drug Media Campaign found the dramatic depiction of negative consequences of marijuana use (including strong negative emotional appeal, personal testimony and graphic images) influenced high ‘sensation-seeking’ youths by reducing 30 day marijuana use (Palmgreen et al. 2007). These young people were considered ‘at risk’ and in high need of novelty and sensation. In two south-eastern cities, the first six months of the Marijuana Initiative positively influenced the marijuana use of a primary target audience. These analyses indicated the initiative reversed increasing trends in 30-day marijuana use among high-sensation-seeking adolescents (Palmgreen et al. 2007). A strong upward trend in marijuana use for high-sensation seekers prior to the initiative was followed by a sharp downturn in use (statistically significant for the slope change of the trend) at the initiative’s outset, which continued over the next 6 months.

A US campaign that combined in-school and community-based social marketing to address youth tobacco, alcohol and marijuana use, Be Under Your Own Influence, was successful in reducing youth substance uptake (Slater et al. 2006). A randomised controlled trial of the intervention found the odds of substance uptake were approximately twice as high for previously non-using members of the control group compared to their counterparts in the intervention group. The authors noted it was especially encouraging that the intervention appeared to positively influence several different substance outcomes with the one intervention; in particular tobacco, marijuana and alcohol use (Slater et al. 2006). This is noteworthy as the other campaigns in this review were focused on single topics, such as tobacco or marijuana or physical activity, and only evaluated outcomes relevant to that topic.
Increases in physical activity

After just one year, the VERB campaign achieved the following positive effect on physical activity (Huhman et al. 2005). A significant positive relationship was found between the level of awareness of VERB and weekly median sessions of free-time physical activity among the total population of 9 to 13 year old youths, including among youth that previously had low levels of activity.

When free-time physical activity sessions of all US children were compared with those of the children who were unaware of the campaign (the comparison group), no overall effect on free-time physical activity sessions was detected at the total population level. However, significant overall effects were observed for several subgroups including 9- to 10-year-old children, girls, children with parental education of less than high school, children from households with annual incomes of US$25 001 to $50 000, children living in urban areas of high density, and children who were relatively less physically active at the beginning of the study (Huhman et al. 2005).

A later study after two years of the campaign found stronger evidence of effectiveness on physical activity indicators across the entire population targeted by VERB (Huhman et al. 2007). There was a statistically significant dose–response effect of exposure to VERB on the children reporting physical activity on the day before the interview, and on the median number of weekly sessions of physical activity during free time that were reported. Therefore, as the self-reported exposure to VERB increased, these two indicators of physical activity also increased (Huhman et al. 2007).

The above study revealed that 81% of US youth aged 9-13 years were aware of VERB and engaged in approximately one more session of free-time physical activity in a typical week compared to those who were unaware of the campaign (Huhman et al. 2007). This finding could be explained by a tendency for already physically active children to notice VERB advertising more than inactive children, which is a potential problem in evaluating media campaigns. Yet the longitudinal design of the VERB evaluation allowed adjustment for baseline physical activity levels to reduce this risk to validity (Huhman et al. 2007).

Another study explored the effect of augmenting the VERB campaign in selected communities (Berkowitz et al. 2008) with additional marketing and other interventions. ‘High-dose’ communities received additional paid advertising, events and promotional activities including 'street team' marketing, and partnerships with local groups and organisations. After two years, tweens (9-13 year olds) in the high-dose communities reported more sessions of free-time physical activity per week, and were more active on the day before being surveyed than those in the comparison group, which received the average national dose. In the second year, a higher percentage of tweens in the high-dose communities reported being physically active on the day before the interview, a relative difference of 10% (Berkowitz et al. 2008).

After the third year of the Trial of Activity for Adolescent Girls (TAAG) intervention, a randomised controlled trial of social marketing, adolescent girls in intervention schools had a modestly higher level of physical activity than those in control schools. The first two years were a staff-directed intervention, whereas the third year was a ‘Program Champion’ directed intervention. The staff-directed intervention targeted schools, community agencies, and girls to increase opportunities, support, and incentives for increased physical activity. Components included
programs linking schools and community agencies, physical education, health education and social marketing. The third-year Program Champion-directed intervention used school and community personnel to direct intervention activities. Program Champions were generally either physical education teachers or community liaison workers. They sustained program efforts by advocating for TAAG activities with policymakers and school and community-level implementers.

There was no significant difference between intervention and control schools for the staff-directed intervention (held over two years). However, there was a statistically significant increase in physical activity in Year Three when the Program Champion intervention was undertaken.

Compared with control schools, the girls in intervention schools did approximately 11 more minutes of metabolic equivalent (MET) weighted\(^{10}\) moderate to vigorous physical activity on weekdays between 2 and 5pm (Webber et al. 2008). This difference translates to around 1.6 minutes of daily moderate to vigorous physical activity, which is equivalent, for example, to 3.5 minutes of brisk walking per day (Webber et al. 2008).

These researchers estimated the above finding would translate to an average increase in energy expenditure of 80 kilocalories per week, which could potentially prevent a weight gain of 0.82 kilograms per year. The authors point out that while this amount is small on an individual level, it could be substantial at a population level. As raised earlier, small population shifts in physical activity, if sustained over time, can have important public health benefits, particularly in addressing the obesity epidemic (Webber et al. 2008). To consider the practical implication of the above finding, as the average weight gain (for young adults aged over 15 years, not for younger adolescents) is approximately 1kg per year\(^{11}\) the finding of 0.82kg can be considered clinically significant at a population level.\(^{12}\)

**Increases in condom use**

The indigenous Snake condoms campaign in Australia achieved a significant improvement in the rate of condom use among sexually active indigenous respondents aged 16-30 years (Molloy et al. 2005). A short-term evaluation on the impact of narrowcast marketing\(^{13}\) of Snake condoms to indigenous youth indicated effectiveness six months after the campaign’s end (Gregory et al. 2008). The percentage of youth who said they ‘always use a condom’ increased from 40% to 58% and those who said they ‘usually use a condom’ increased from 15% to 19%. Similarly, respondents reported they were much more likely to have used a condom during their

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\(^{10}\) The metabolic equivalent (MET) is a commonly used method of quantifying the energy cost and intensity of physical activity

\(^{11}\) [http://www.nhlbi.nih.gov/meetings/workshops/wgt-gain.htm](http://www.nhlbi.nih.gov/meetings/workshops/wgt-gain.htm), accessed 12 January 2010

\(^{12}\) Personal communication with Harriette Carr, Ministry of Health, 14 January 2010

\(^{13}\) Narrowcasting refers to the dissemination of information (usually by radio or television) to a narrow audience rather than the general public...It involves aiming media messages at specific segments of the public defined by values, preferences, or demographic attributes. It can also be called niche marketing or target marketing (Definition adapted from [http://en.wikipedia.org/wiki/Narrowcasting](http://en.wikipedia.org/wiki/Narrowcasting), accessed 12 January 2010).
most recent act of sexual intercourse (62%) than the benchmark survey respondents (42%). Approximately two-thirds of participants reported they had been to an Aboriginal Health Service since seeing the posters (Gregory et al. 2008), and approximately three-quarters indicated they would buy and use Snake Condoms, and would visit an Aboriginal Health Service in the future.

It is important to note the possibility of social desirability error, where survey respondents may have provided more positive responses than the reality. This could be a particular issue for questions about sexual behaviour and future intentions. If participants tended to provide more socially desirable responses that did not reflect reality, the findings would overstate the true actions, intentions and experiences of the youth participants.

3.1.2 New Zealand evidence

The findings from New Zealand evidence are discussed by campaign.

‘No Rubba, No Hubba Hubba’ condom campaign

This social marketing campaign ran for a relatively short duration of four months. While the campaign raised awareness among young people, the evaluators viewed the campaign as too short-term to be able to assess changes in behaviour. Instead, the assessment of its effectiveness was primarily focused on the early stages of change (i.e. changes in awareness, attitude and contemplation of behaviour change). Ideally any evaluation of a social marketing campaign should assess behavioural change, even for short term campaigns.

While not influencing behaviour, the campaign increased the self-reported likelihood that youth would use condoms in the future and reduced the intention to have sex without a condom (TNS 2005).

Smoking Not Our Future campaign

Evidence indicated young people had high recall of the Smoking Not Our Future campaign’s messages and felt it was relevant, credible and likeable. For instance, 59% of respondents said the campaign had put them off smoking (Fryer et al. 2008). Without prompting, one third of respondents said they had taken action because of the campaign. Actions included encouraging others not to smoke, talking to other people about the television advertisements, and either not smoking or deciding not to start smoking. Of the 47 respondents who had both seen the television advertisements and had stopped smoking in the last 12 months, 19 respondents (or 40%) stated the campaign had led them to quit. However, this finding must be treated as indicative only due to the small size of the sub-sample (only 47 respondents).

The Smoking Not Our Future campaign evaluation deliberately oversampled both Māori and Pacific youth in order to report on specific outcomes for these groups (Fryer et al. 2008). The sample of 939 young people aged 12-24 years comprised approximately one third each of Māori, Pacific and New Zealand European ethnic groups. Just over half of the young Māori women and 60% of the young Māori men agreed ‘the ads have put me off smoking’ (Fryer et al. 2008).

Pacific females found the advertisements highly relevant and were the most likely to report having done something in response to them. Pacific young people were the most likely to report the television commercials had prompted them to consider quitting smoking and to report that
someone they knew had tried to quit smoking as a result of the campaign (46% compared with 28% of the total sample). Pacific young people were also more likely to recall Te Awanui Reeder, a Māori musician in New Zealand, and to report the advertising had made them think they should try to quit smoking (78% compared with 47% of the total sample).

This evaluation may have been affected by social desirability error, where young people wanted to provide socially acceptable responses. Social desirability error may be especially likely with a telephone survey which was the methodology in this evaluation.

**It’s About Whānau tobacco campaign**

This campaign was targeted to the Māori population as a whole rather than to young people. It was included in this review as the evaluation provided useful information on the effectiveness of social marketing for Māori, even though it was not specific to youth. The findings of the impacts for the general Māori population may have some relevance for Māori youth.

Research indicated a substantial proportion of both Māori smokers and their whānau saw and recalled the It’s About Whānau campaign television commercials (Grigg et al. 2008). In addition, the campaign was seen as being highly believable and relevant by those who had seen the television commercials. Just over half of smokers felt the campaign had an influence in making them more likely to quit smoking and this level was maintained in both follow-up surveys. Quitline monitoring data indicated the number of all Quitline callers (including Māori) increased following launch of the campaign and the percentage of Māori among all callers increased from 20% prior to launch to 25% in the two months following the campaign’s launch.

### 3.2 Evidence on success factors

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<thead>
<tr>
<th>Summary</th>
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<tr>
<td>The literature highlighted a broad set of evidence-based success factors common to multiple campaigns and contexts. Research indicates the main features of effectiveness are:</td>
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<td>a youth-centred approach with strong youth involvement using methods and channels that appeal to youth, including use of technology and new media</td>
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<td>appropriate campaign messages that empower youth by using strong, emotional, positive messages that are strategically designed and integrated</td>
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<td>application of commercial marketing success factors including branding, high exposure to the marketing intervention, and use of ‘counter-marketing’ to challenge competitors and promote positive alternatives</td>
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<td>ethnic and age-specific approaches, such as Māori and Pacific campaigns or targeting to younger adolescents or ‘tweens’</td>
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<td>applying theory to the design of social marketing programmes and undertaking extensive formative research and robust evaluation</td>
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- a comprehensive approach that is multi-faceted and long-term, informs policy and is well resourced and funded. Both national and local linkages are important, as are collaboration and partnerships with key organisations.

This section presents and discusses these critical success factors.

3.2.1 Youth-centred approach

Campaigns that are ‘by youth for youth’

Youth involvement in social marketing campaigns has been integral to success. This includes engagement of young people in formative research to guide the campaign, as well as direct youth participation as role models, leaders or peer educators. Every aspect of the VERB campaign, such as planning, formative research, design, delivery and evaluation, was strengthened by listening to young people and acting on what they said, leading to a strong youth influence on the brand, messages and channels for the campaign (Wong et al. 2008).

Authors of an article reflecting on lessons from VERB said:

> VERB was a true for-kids-by-kids brand and campaign. Tweens talked. We listened and acted on what they said (Wong et al. 2008:S177).

Using methods and channels that are accessible and appeal to youth

Traditional and new media have been used effectively in social marketing campaigns, where messages were delivered to youth directly rather than through parents, teachers or other authority figures. The Truth campaign drove a truck (equipped with sound systems, computer games and DVDs) to places where young people gathered, such as malls, youth centres, raves and beaches, and used youth ambassadors to spread the Truth message (Bird and Tapp 2008; Eisenberg et al. 2004). Similarly, the VERB campaign made extensive use of new media such as interactive websites, and integrated a variety of media by combining giveaways, websites, games, email, and text messages to remind tweens about fun physical activity opportunities in their area.

The papers in the review suggest it is important to use various channels that reach youth at places where they are able to act on messages. For instance, the VERB campaign identified strategic timeslots or 'points of passivity' where tweens were likely to be inactive, such as between 3 and 6pm, and focused marketing and activity opportunities during this time (McKinnon 2007). Research has indicated the importance of using media other than television to reach young people wherever they are. Leveraging the purchased media time to garner substantial additional support from media partners gave VERB opportunities to ‘surround’ children in multiple ways, such as in schools and at promotional events (Huhman et al. 2005).
3.2.2 Appropriate campaign messages

Messages that empower youth and appeal to their need for independence and rebellion

The review found repeated evidence of successful campaigns using empowering messages and social imagery on youth rebellion and independence. The 'Be Under Your Own Influence' campaign used these strategies to emphasise that non-use of marijuana, tobacco and alcohol can meet immediate adolescents’ desire for autonomy, and aspirations for both personal and social success (Slater et al. 2006). The Truth campaign showed images of rebellious youths confronting the tobacco industry. The use of role models, contemporary language, stark facts, and edgy messages was also successful in Truth (Bird and Tapp 2008). Hip hop was perceived as a credible and relevant medium in New Zealand’s Hubba campaign, although as behavioural change was not measured in the evaluation it is not known whether this approach was effective in changing youth outcomes (TNS 2005).

Strong intense emotional messages – both positive and negative

Research from various countries including Norway and the US suggests social marketing messages that elicit strong emotional responses can generate greater appeal and be more effective for young audiences (Schar et al. 2006; Farrelly et al. 2003). Some papers in this review featured campaigns that successfully used messages provoking negative emotions such as anger or disgust, e.g. the Truth campaign, but the VERB campaign (Wong et al. 2008) and other research also suggests positive messages can be equally effective (Schar et al. 2006). The critical point seems to be inducement of a strong emotional response whether positive or negative. In this review positive messages were often effective with campaigns promoting a positive behaviour such as physical activity, while negative messages were more successful in campaigns that aimed to reduce a harmful behaviour (e.g. tobacco use).

In particular, messages with strong negative content are thought to resonate with young people. For example, Biener (cited in Farrelly et al. 2003) concluded that ads with strong, negative emotional content were perceived to be more effective than other strategies among teenagers. The Marijuana Initiative found the dramatic depiction of the negative consequences of marijuana use was effective with high sensation-seeking youths (Palmgreen et al. 2007) and this is consistent with other research that has found intense, emotionally laden imagery was more convincing for high sensation-seeking youth (Farrelly et al. 2003).

The Florida and national Truth campaigns featured intense or shocking emotional messages and fast-paced advertisements known to be more successful with risk-taking youth in particular (Farrelly et al. 2003). For instance an advertisement for the national Truth campaign featured teenagers unloading 1200 body bags outside a major tobacco company.

In other contexts such as physical activity, a positive approach has been effective with young people. Research indicates positive messages based on a ‘can do’ attitude tend to be more effective than directive messages which tell youth what to do (Wong et al. 2008, Schar et al. 2006). VERB used positive messages that emphasised opportunities to explore/play/have fun with friends (Huhman et al. 2008). VERB was successful in creating emotional affinity between the product and the target – youth wanted to be more active because activity was seen to be
fun. Use of positive messages is consistent with a strengths based youth development approach where young people are empowered to change and be in control of their future.

There is also good evidence that personal testimonial can be a useful message format for youth due to its credibility and the strong emotional response it can elicit (Schar et al. 2006). However, it is important people giving personal testimonies do not come across as authoritarian.

3.2.3 Application of commercial marketing success factors to social marketing

Learning from, and working with, successful commercial advertisers

Effective campaigns in this review drew on lessons from the most successful commercial advertisers with young people, such as commercial marketing for Nike, and used field marketing techniques common in commercial marketing (Eisenberg et al. 2004). The VERB campaign adopted the best practices of private sector marketing to youth and contracted ‘tween’ marketing experts to help shape and deliver the campaign. VERB took the view that despite media companies’ role in contributing to physical inactivity, the best approach was to work with them in a partnership approach, and to use their expertise to lead to better outcomes (McKinnon 2007). The VERB campaign was well funded and chose to employ specialised youth marketers to lead the design of the media campaign.

Use of branding

Although the use of branding in social marketing is still relatively new, preliminary evidence has suggested branding in anti-tobacco social marketing campaigns, using counter-marketing approaches, is effective and ensures messages are consistent (Farrelly and Davis 2008).

The VERB campaign’s messages reflected the brand’s core attribute that physical activity was fun and that activity created opportunities to socialise, explore and discover. The Truth campaign created another successful brand that was humorous, rebellious and sceptical without being ‘preachy’. The focus was on the Truth brand rather than on the sponsors (government, health organisation or adults) so it avoided representing authority figures.

High exposure to marketing activities

Aggressive approaches to social marketing, with high levels of advertising, marketing and promotion, have been effective in the US (Cavill and Maibach 2008) although it is important to note the US has a different media context to New Zealand. Successful campaigns in the US had a strong media presence over an extended period of time.

Use counter-marketing to directly challenge the competition

Counter-marketing campaigns have been used in the tobacco control area in particular and have been successful in influencing young people’s behaviour (Schar et al. 2006). For instance in both of the Truth campaigns, messages were designed to de-glamorise tobacco and portrayed the tobacco industry as manipulating young people for profit. Successful campaigns such as Truth highlighted the tobacco industry’s denial of the addictive and negative health effects of tobacco. By featuring empowered, ‘edgy’ teens confronting the industry and
questioning industry statements, Truth gave youth and adults a ‘common enemy’ and built youth social movements against the industry and tobacco. The campaign called on youth to live a non-smoking lifestyle, and to take action to promote a non-smoking society (Evans 2008).

Counter-marketing approaches such as exposing tobacco industry manipulation have been effective not just in the US but also in other countries such as Norway and Quebec (Wilson et al. 2008).

3.2.4 Targeting specific groups

The papers in this review produced various findings on the relative effectiveness of targeting specific population groups. There was an overall lack of consensus on the most effective targeting approach. More research is needed in this area.

Youth-targeted campaigns versus campaigns for the general population

Consideration of the relative effectiveness of youth-specific campaigns verses the effectiveness of general (whole population) campaigns for young people was not an objective of this review. Even so, a brief section on this issue is included here, as it was of interest in the New Zealand context. Most of the campaigns in this review were youth-specific, as that was one of the selection criteria for core papers. Several campaigns were included as supplementary papers (on indigenous or ethnic minority populations) that appeared to have some resonance with young people despite being campaigns aimed at an adult or generic population.

There is no clear consensus on whether social marking campaigns and messages should be targeted to youth or targeted to the general population (Schar et al. 2006). While general population interventions have had a positive effect on youth in Australia, England and the US, many youth-specific campaigns have also been successful in changing youth behaviour. There is evidence of both approaches having some success with young people, although the strongest evidence currently comes from youth-specific campaigns, suggesting the targeting of youth specifically is important.

Although Australia’s National Tobacco campaign was not targeted to teenagers, a survey showed positive responses among 14-17 year olds, similar to those achieved for adults, suggesting the campaign was successful in promoting quitting among teenagers (Hassard 2000). A majority of teenagers who had recently quit smoking (68%), as well as a majority of teenage non-smokers (86%), said the campaign helped them to remain smokefree (Hassard 2000).

Interestingly, a comparison between the national campaign and a youth-targeted campaign found teenagers (smokers aged 15-17) actually responded more favourably to the National Tobacco Campaign than to the South Australian campaign targeted specifically at them (Hassard 2000). This was a different finding to other papers in this review, which tended to highlight targeting youth as important.

Targeting young adolescents

Targeting and tailoring messages to younger adolescents or ‘tweens’ has been effective, for instance VERB and Truth campaigns had particular success with younger students. Although Florida’s Truth campaign led to declines in smoking uptake among middle and high school
students, the middle school group was more responsive to some aspects of the programme (Schar et al. 2006).

The distinction between tweens and older adolescents can be important for social marketing due to social and physical developmental differences, and the distinctions in terms of social influence from family, peers and media. With regard to tobacco social marketing, Australian research and evaluation of the Smarter than Smoking campaign found the 10- to 15-year-old age period was critical for experimentation with smoking, and this was consistent with other research (Wood et al. 2009). The social environment, especially the influence of parents on pre-adolescent children, and peers on older adolescents, is a powerful influence on health behaviour that can be utilised in social marketing. However it is not always feasible to identify media that reaches specific groups exclusively, and differences between age groups are not always clear cut.

Some social marketing campaigns to reduce tobacco use have found it challenging to reach older youth (16 to 25 years), for instance the Arizona and Florida Truth campaigns found older youth and those at highest risk of smoking initiation were the least receptive to the campaign’s messages. In contrast, the national Truth campaign was successful in creating messages that appealed equally to all youth, to both the 12-17 year old age group and to young adults aged 18 to 24 years (Schar et al. 2006). The CDC in the US have advised that social marketing campaigns should either target different age groups separately or use themes that resonate broadly with young people of various ages (Schar et al. 2006).

**Ethnic-specific approaches**

Findings indicate ethnic-specific approaches can result in positive effects for the particular ethnic group as well as for the whole population. Principles of indigenous self-determination and community control should be applied and youth from the cultural group should be involved in the campaign from the beginning (Yancey et al. 2004; Ellis 2006; Grigg et al. 2008). Trust, community involvement, and cultural context are important issues for consideration in planning and executing social marketing programmes. Sensitivity to language and culture is also crucial as this ensures images do not reinforce negative stereotypes (Ellis 2006; Grigg et al. 2008).

The Snake condom campaign used a culturally relevant product in appropriate places, as well as culturally specific peer educators (Gregory et al. 2008; Molloy et al. 2005). The ‘It’s About Whānau’ campaign used Māori and Pacific role models and identified that the key motivator for Māori to quit smoking was maintaining and reducing harm for whānau members (Grigg et al. 2008; Fryer et al. 2008; Wilson et al. 2008).

**Targeting higher risk adolescents**

Research indicates risk-taking, high ‘sensation seeking’ young people are more likely to be convinced by messages with intense, emotionally laden imagery (Palmgreen et al. 2007, Farrelly et al. 2003). A range of messages targeted to a range of youth including high-risk are more likely to be effective than a single message. The Marijuana Initiative, for example, had success with targeting sensation-seeking youth using high sensation messages.
3.2.5 Informed by theory, research and evaluation

Use of theory to inform the campaign

Application of social and behavioural theories is seen as particularly important to effect behaviour change. The VERB campaign used behavioural and social cognitive theory and research results on health communication and behaviour change to develop a logic model to guide the campaign (Berkowitz et al. 2008). In New Zealand, It’s About Whānau was based on the ‘Whare Tapa Wha’ model of health and while not a behaviour change model, its use was reported as one of the reasons for its success (Grigg et al. 2008).

Formative research and evaluation

Formative research informs campaign messages and materials by providing insight into motivators, barriers and rationale for targeting. It is typically qualitative research using focus groups, observations or one-to-one interviews (Schar et al. 2006). Such research gains insight into youth culture e.g. VERB messages were developed from well researched insights into what motivates youth (Cavill and Maibach 2008). Formative research results in better knowledge of the audience and the ability to target messages appropriately. It enables development of campaigns that give youth reasons and opportunities to engage in healthy alternatives by presenting behavioural options that tap into their needs and desires. Formative research includes concept and message testing during the development and implementation of the campaign.

Extensive use of formative research was common in the most effective campaigns in this review, especially VERB, Truth and Smarter than Smoking. The VERB campaign’s formative research aimed to identify (1) the cultural, ethnic, and economic dynamics that unify and differentiate tweens; (2) motivators for and barriers to tweens’ participation in physical activities; and (3) motivators for and barriers to parental support of tweens’ participation in physical activities (Berkowitz et al. 2008). Research methods included a literature review, 48 interviews with triads of tweens, six focus groups with parents of tweens, two focus groups with adults who worked with tweens and eight in-depth interviews with media industry professionals.

Western Australia’s Smarter than Smoking campaign was informed by qualitative research with young people and comprehensive baseline and follow up surveys. Examples of formative research were individual, paired and group discussions with youth to explore reasons for smoking uptake and to identify communication objectives and key strategies for the campaign (Wood et al. 2009).

The evidence emphasises that evaluation (formative, process, impact and outcome) should be integrated into the campaign from the outset by being considered and planned for from the campaign’s early beginnings:

*Evaluation must be planned from the beginning of any media campaign effort because it provides valuable information on how well campaign elements are being developed, how well the campaign is proceeding (while in progress), what the outcomes are over time, and whether changes to the campaign are needed* (Schar et al. 2006:43).
VERB’s evaluators identified a strong commitment to evaluation as a key success factor (Wong et al. 2008). The campaign invested heavily in evaluation based on a logic model which guided the Center for Disease Control’s funding decisions (Wong et al. 2008). A logic model is part of guidelines for evaluation from the CDC, and can play a key role in effective evaluation. The VERB campaign’s logic model drew on behavioural science theory, physical activity literature and public health practice to show the outcome goals for the campaign and various pathways to achieve these goals (Wong et al. 2008).

3.2.6 A comprehensive approach

Multi-faceted campaigns including policy change

Evidence indicates multi-faceted campaigns are the most effective. In the CDC’s report on lessons learned from nine tobacco use prevention media campaigns, nearly all the campaigns that achieved long-term success were implemented as part of a comprehensive tobacco control programme (Schar et al. 2006). Other components of comprehensive tobacco control initiatives were environmental and policy changes (e.g. taxes, price changes), educational programmes, cessation treatment programmes and community-based activism (Schar et al. 2006).

Social marketing can influence policies, laws and other factors that impact on an individual’s behaviour, as well as influencing the individual directly (Evans 2008). Smokefree environment policies and increased cigarette prices have been successful in reducing youth smoking (Glantz and Mandel 2005). Research suggests smokefree environments can reduce the likelihood that adolescents will be smokers by approximately 25% and increase the probability of adolescents becoming smokefree. Concern about the effects of second-hand smoke on people who do not smoke is thought to be a more powerful cessation message for youth than concern about the effects of active smoking (Glantz and Mandel 2005).

Western Australia’s Smarter than Smoking campaign is a good example of comprehensive social marketing with initiatives at a policy level. The project included a range of advocacy activities to help reduce the availability and affordability of tobacco products for young people (Wood et al. 2009). An Australian Network for Young People and Tobacco was established, with representatives from each state and territory. This group worked at a national level to raise the profile of youth tobacco issues with governments, decision makers and health professionals.

Truth was effective in developing a positive youth consumer brand, engaging communities and advocating for state and national tobacco policy changes, such as cigarette tax increases. VERB also worked at an individual and structural level by providing resources and technical assistance to national and community partners to create or improve supportive environments for physical activity (Wong et al. 2008).

Stakeholders in New Zealand’s ‘No Rubba No Hubba Hubba’ campaign said that to encourage behaviour change, the campaign should be part of a broader safer sex strategy incorporating marketing, improved education (using peer educators ideally) and improved access to services (TNS 2005).

14 CDC. Framework for program evaluation in public health. MMWR 1999;48(RR-11).
Long-term duration of campaigns

Papers in this review suggest campaigns sustained over time tend to be the most effective. However, there is not a clear consensus on the ideal duration of social marketing to youth. In the national Truth campaign, significant effects were not apparent after the first few months of the campaign but were identified after the first year (Farrelly et al. 2005). For VERB the second year of advertising was critical to sustaining the momentum of the first year and to producing more widespread behavioural effects (Huhman et al. 2007).

Combination of national and local linkages

The review found links at the local level were important in national campaigns. This included linking with local tobacco control groups and youth initiatives, taking promotions to local communities, going to youth malls and raves and increasing local access to products. The role of influential local elders and community workers was important in the Australian National Tobacco Campaign and the Snake condoms campaign (Hassard 1999; Molloy 2005).

Conversely, in local campaigns, linkages at the national level are also important. This could include the combination of locally tailored programmes with a national marketing approach and linking with policy/environmental changes and relevant services.

Partnerships with key organisations

Drawing on existing networks and experience (e.g. indigenous, local programmes, NGOs) is important for collaboration and an integrated approach to youth social marketing. For instance, agencies concerned about youth smoking can collaborate and present a unified message that may hold more weight with decision makers.

VERB recommended a national framework be developed to build public health brands. It cites the UK model, where a Central Office of Information coordinates all government-funded campaigns. This has helped to improve efficiencies, and encouraged greater sharing of best practice and consistent standards of evaluation (McKinnon 2007).

Being well resourced/funded

Several key authors in this review emphasised that adequate sustained funding was important for successful social marketing to youth, and the large effective US campaigns (VERB and Truth) were especially well funded. Experience in the US indicates that when funding has been reduced, the effectiveness of campaigns may have been affected (Schar et al. 2006). For example, researchers have observed that when funding for the Florida Truth campaign decreased, the campaign’s effectiveness reduced (Sly 2002). However this observation does not necessarily mean a direct link as other factors, such as inability to sustain the rate of decline in smoking rates, may be responsible.

A combination of federal and state government commitment and bureaucratic support was important in the Australian National Tobacco Campaign (Hassard 1999). VERB’s advice was to maximise the campaign’s impact through pooled investments in order to create a larger budget.
3.3 Evidence on effectiveness for specific population groups

**Summary**

An objective of this review was to identify the specific population groups for which social marketing has been effective in improving youth outcomes.

**US ethnic groups**

The strongest evidence on relative outcomes by ethnic group was from the US. Findings from campaigns targeted to several ethnic groups using culturally-specific strategies (VERB and Truth in particular) showed no major differences in effectiveness across ethnic groups (Berkowitz et al. 2008). However, much of the research failed to report on culturally-specific outcomes. The review indicates there is evidence of effectiveness for the general US youth population, Hispanics and African Americans in the US. There was less comparable information for American Indians and Asian Americans.

**Indigenous Australians**

Research suggests youth social marketing campaigns have been effective for the general Australian population, and there is some evidence (but less strong) for the Aboriginal youth population in Australia.

**Māori**

Evidence from New Zealand and the Pacific was more variable in quality and scope. In New Zealand, there is potential for effective campaigns for Māori and Pacific youth populations, but current evaluations are limited to impacts on attitudes and intentions rather than behavioural change. Results indicate there have been some positive changes in attitude and intention to alter behaviour. Social marketing in New Zealand needs to ensure it is culturally relevant for both Māori and Pacific youth.

**Pacific**

Findings suggest there are particular cultural issues that need to be taken into consideration when targeting Pacific groups, e.g. some Pacific people may give health a lower priority than obligations such as church, family and work (St John and Tasi-Mulitalo 2006). While many of the findings were based on anecdotal evidence or evidence on attitudinal change, there was a positive response to the Pacific Quit campaign in both New Zealand and the Pacific region.

**Younger teenagers and tweens**

Youth-specific, tailored social marketing campaigns have been especially successful with younger teenagers and ‘tweens’ (9-14 year olds). There was inconclusive evidence on the relative effectiveness of targeting to narrow sub-groups of youth compared with a wider youth age range such as 12-24 years. Both approaches have been effective.
3.3.1 US ethnic groups

The greatest detail on outcomes for particular cultural groups came from papers on the VERB campaign. VERB had particular strategies for African American, Latino, American Indian and Asian American ‘tweens’. Due to the diversity of American Indian tribes, during the first year of VERB the benefits of physical activity were promoted with generic messages that could be distributed widely throughout the US. In years 2-4, the campaign focused marketing activities on three or four tribal communities. The evidence suggests a similar positive effect on behavioural outcomes for White American, African American, Hispanic and American Indian groups in studies that reported outcomes on ethnic groups (Berkowitz et al. 2008). Although sample sizes were too small to compare behavioural outcomes with other groups, awareness levels were similar to those in the general tween population (Huhman et al. 2008). The sample of Asian Americans was too small to allow comparisons on outcomes with the general population or other groups.

This review included a generic review of interventions (including social marketing) for ethnic minority or ‘communities of colour’. The review was not youth-specific, however. In their review, Yancey et al. (2004) noted the best data related to what it took to engage and retain people of colour in intervention programmes, rather than what it took to achieve behaviour change for these groups (Yancey et al. 2004). The Yancey review found very little outcome evidence. Intervention programmes with ethnic groups tended to have a greater emphasis on the processes of intervening rather than outcomes (compared with mainstream interventions). Ethnically inclusive intervention studies also placed greater emphasis on involving communities and building coalitions from the study’s beginning; targeting captive audiences; mobilising social networks; and tailoring culturally specific messages and messengers. This included the importance of leadership within local government and within communities of colour to set priorities and direct local resources toward disease prevention. In addition, these studies focused more on community norms than on individual norms and had greater use of ‘upstream’ approaches (Yancey et al. 2004).

3.3.2 Indigenous youth in Australia

Only a few social marketing programmes have targeted indigenous youth in Australia and there was a lack of indigenous outcome data (Adams and Briggs 2005). The available outcome data on Aboriginal-specific interventions accessed for this review was mixed and the quality of studies was variable.

Findings of one study found no significant change in prevalence of tobacco use following an indigenous intervention in three remote Aboriginal communities (Ivers 2006). In fact, there was a concerning trend towards an increase in the prevalence of tobacco use. In contrast, the Snake Condom campaign indicated positive improvements in Aboriginal youth outcomes. While the evaluation of the Snake Condom campaign was undertaken only six months after the campaign started, the findings indicate that narrowcast marketing\textsuperscript{13} may be an effective way of reaching indigenous youth (Gregory et al. 2008). Interestingly, the Snake campaign found it was important to charge a small amount for condoms, rather than making them freely available, as low cost condoms were more likely to be valued and used (Gregory et al. 2008). A key
difference between the two campaigns was that the Snake campaign was youth-specific while the remote community intervention above was aimed at the whole indigenous community.

### 3.3.3 Māori youth

While the findings on Māori youth are patchy and mostly limited to attitudes, beliefs and intentions rather than behaviour change, the three campaigns that have been evaluated (No Rubba, No Hubba Hubba, Smoking Not Our Future, and It’s About Whānau) appear to have had some success toward engaging, influencing and ultimately changing the behaviour of Māori youth.

Compared with New Zealand European youth, a greater proportion of Māori young people said they had taken action as a result of the Smoking Not Our Future campaign (Fryer et al. 2008). Results from It’s About Whānau indicate that whānau may be an important motivator to quit smoking for the Māori adult population (Grigg et al. 2008). This may also be important for young people, although research is needed to explore this. Additional analysis showed that It’s About Whānau and other cessation media campaigns aired in New Zealand have been successful in generating calls from Māori to the Quitline service (Grigg et al. 2008).

A growing number of Māori and non-Māori health advocates are articulating a role for social marketing in achieving Māori health goals (Ellis 2006). A doctoral thesis on social marketing from a Māori perspective highlighted the possibility of modifying social marketing to be more relevant to the particular cultural differences in New Zealand (Ellis 2006). The thesis advocated that social marketing must take into consideration the desires of Māori to adopt Māori approaches to Māori health development. Trust, community involvement, economic barriers and cultural context are important issues for consideration in planning and executing social marketing programmes. Sensitivity to language and culture is also vital (Ellis 2006).

### 3.3.4 Pacific youth

Evidence on Pacific youth was also sparse and mostly limited to attitudes, beliefs and intentions rather than behaviour change.

In the ‘No Rubba, No Hubba Hubba’ condom campaign, Pacific respondents were more likely to agree the advertisement reminded them of the need to use a condom every time they had sex (81% of Pacific respondents compared to 69% of the whole sample). Sixty-three percent of Pacific respondents said that as a result of seeing the campaign they were more likely to use condoms in the future. This was higher, though not significantly, than the main sample (49%) (TNS 2005).

This review did not find any information on the impact or outcomes of the Pacific Quit campaign for Pacific people however a descriptive article was included which reported on the development of the Pacific Quit campaign (St John and Tasi-Mulitalo 2006). The article stated that response to the new commercial, launched in late March (2006), was high and resulted in interest throughout the Pacific region, with news items about smoking and the campaign aired in countries such as Samoa.

A social marketing campaign in Tonga being implemented in rugby settings had not yet produced any outcome data, but anecdotal feedback and reflection from campaign workers
indicates both young and older people reported positive support for the campaign’s smokefree message (Fangupo 2004). Unfortunately there was no evaluation data available for this campaign at the time of writing, so these reflections and anecdotal reports need to be treated with caution. Fangupo (2004) reflected on the implementation of this social marketing programme and noted the programme had helped facilitate entry into the community. It also facilitated access to key decision makers at a policy level, such as senior government people whose support was needed to make the changes to the Tobacco Act and in enforcement procedures. These were viewed as positive community- and policy-level outcomes (Fangupo 2004).

3.3.5 Younger teenagers and tweens
Several of the campaigns in this review found greater effects for young adolescents compared with older youth. Despite targeting youth aged 12-17 years, the Florida Truth campaign had the largest impact among 8th grade students (12-13 year olds) (Farrelly et al. 2005). Similarly, the Smoking Not Our Future campaign in New Zealand was aimed at 12-24 year olds and had a particularly strong impact on those in the youngest age group (12-14 years) (TNS 2005). VERB also achieved positive results for younger adolescents with more median weekly sessions of free-time physical activity among children 9–10 years of age, as well as girls, children whose parents had low school achievement, children from urban areas that were densely populated and children who had low levels of activity at baseline (Huhman et al. 2005).

3.3.6 Youth on low incomes
In addition, the review identified the need for social marketing campaigns to emphasise accessibility of activities or opportunities for behaviour change, and to target activities to low income youth. For instance, in the VERB campaign, youth in low socioeconomic areas were given ideas for low cost or home-based physical activity options (McKinnon 2007), and in the Snake condom campaign, youth were sold condoms at a reduced cost (Gregory et al. 2008).

3.4 Unintended consequences
There was little information in the review papers on any unintended consequences of the social marketing interventions. Although unintended consequences have rarely been studied, it represents a legitimate area of interest. While the evidence was sparse, several unanticipated outcomes of social marketing interventions are discussed here.

3.4.1 Positive unintended consequences
The Truth campaign targeted youth 12–17 years of age but the evidence suggests the campaign’s effects operated beyond this age range to older teenagers and young adults (Sly et al. 2002).

Interestingly, the ‘It’s About Whānau’ campaign had a positive effect on the smoking attitudes and behaviours of non-Māori, as well as on Māori who were the target group (Grigg et al. 2008).
3.4.2 Negative unintended consequences

A few social marketing campaigns have failed to prevent unhealthy behaviours among adolescents and may have even encouraged greater use of substances. For instance, an evaluation in 2004 found higher rates of cigarette and drug use were an unanticipated negative consequence of the initial National Youth Anti-Drug media campaign (Farrelly et al. 2009). This campaign was redesigned in order to achieve desirable outcomes with the Marijuana Initiative included in this review.

Similarly, in the Australian National Tobacco Campaign, 23% of teenage smokers and recent quitters said they felt the campaign actually made smoking seem more appealing to some teenagers (Hassard 1999).

3.5 Challenges for youth social marketing campaigns

Various authors in this review highlighted several challenges to the implementation of youth social marketing campaigns. These included the challenge of small public health budgets competing with large industry budgets, partnering with community organisations in a national campaign, and the clash in approaches/values between public health and commercial marketers.

3.5.1 Small public health budgets verses large industry budgets

Public health campaigns are often at a serious disadvantage to well funded commercial campaigns as they cannot create the same high level of exposure to messages and advertising.

3.5.2 Partnering with community organisations in a national campaign

A success factor in the VERB campaign was community organisations partnering together in a national campaign. However, this was not without its challenges as the creative agencies and media organisation partners were unfamiliar with working with individual communities as partners. Inviting community input on business decisions or customising campaign activities and schedules for individual communities, although expected initially by the community partners, was difficult to accommodate. This was mainly because community partners were not familiar with the VERB brand and wanted to create their own marketing and other materials for tweens (Wong et al. 2008).

3.5.3 Clash between public health and commercial marketers

The VERB campaign encountered a divergence in views between public health and commercial marketers particularly in their views on the funding and financial ‘returns’ of social marketing. While the VERB campaign was government funded and based on a public health model aiming for longer term behavioural change, the partnership with commercial marketers meant there was pressure to seek a more short-term ‘return on investment’ (Wong et al. 2008). These different views and priorities had implications for the campaign’s focus on reaching ‘harder to reach’ youth as the commercial model did not see the value in investing in these more challenging strategies whereas this approach was important for public health practitioners (Wong et al. 2008).
The VERB campaign organisers reflected that it took considerable time and persistence for the VERB staff to work out how to bring the two worlds (public health and commercial marketing) together to achieve a workable relationship and a ‘win–win’ outcome (Wong et al. 2008:S180). This was achieved through partnership working, close collaboration and willingness on both sides to build a ‘bridge’ between the divergent perspectives.

### 3.6 Robustness of findings

#### Summary

The review team undertook an assessment of the robustness of findings and overall strength of evidence in this review. The methodology for this stage is described in the Methods section (Appendix A). The assessment considered the strength of evidence for the two main objectives of the review – critical success factors and evidence of effectiveness for specific population groups.

The evidence for critical success factors was strong. The success factors were generally consistent across authors, topics and countries. Most of the common success factors were judged to be applicable to the New Zealand context although differing media and funding contexts need to be acknowledged.

In contrast, the evidence on population groups was inconclusive. Many papers did not include any outcome information for specific populations and the quality was more variable, particularly data from Australia, New Zealand and the Pacific.

#### 3.6.1 Success factors for effective youth social marketing

Twenty nine of the 45 papers in the review directly answered the question on critical success factors for effective social marketing with youth. Of the 29 papers, 17 were judged as high quality (see the Methods section in Appendix A for detail on the quality assessment process). The high quality papers were almost all from the US, with just one paper from Australia. These papers covered five campaigns on the topics of tobacco, marijuana and physical activity – Truth, VERB, Smarter than Smoking, the Marijuana Initiative and the Trial of Activity for Adolescent Girls. Of the 17 high quality papers, 3 were reviews of evidence, 4 were evidence-informed expert opinion and 10 were individual studies (5 observational, 4 quasi experimental and 1 randomised controlled trial). Interestingly, all of these papers focused on social marketing campaigns with a strong youth involvement.

The success factors identified in these papers were generally consistent across authors and topics. In particular, involvement of youth, use of counter-marketing and other commercial marketing techniques, high exposure to marketing, high levels of funding and use of appropriate messages that addressed young people’s needs for independence and rebellion were cited repeatedly by authors as features for effective campaigns. A reasonable level of consistency is
to be expected, as these papers represented only a subset of campaigns. However, the strongest evidence of consistency in success factors was found across five distinct campaigns, which is more convincing than if the common success factors were only found for one or two campaigns.

Potential applicability of the evidence on success factors to the New Zealand context was considered in the assessment of the overall strength of evidence. Most of the common success factors were judged to be applicable to New Zealand, as many of the success factors are known to be best practice in social marketing in various contexts and settings across countries. For instance, success factors such as youth-centred, comprehensive, multi-faceted, integrated and long-term approaches are likely to be applicable to New Zealand.

In contrast, some success factors found in US campaigns may not be easily transferable to the New Zealand setting. High levels of federal, state and public health funding were used in the Truth and VERB campaigns in particular. The funding levels are much higher than the level of funding usually applied to social marketing in New Zealand. It may not be feasible for New Zealand to commit comparable funding amounts to this area in the near future. However, the authors of a New Zealand review of tobacco control interventions, including social marketing, argued there is scope for New Zealand to learn from countries that have used tobacco industry focused campaigns (Wilson et al. 2008). These authors also advocated for a substantial increase in the resources allocated to sustained and targeted mass media campaigns using best practice methods (Wilson et al. 2008). Funding levels influence the amount of campaign research and evaluation that can be undertaken.

In addition, there are differences in the marketing contexts between New Zealand and the US, which would affect how commercial marketing techniques are adapted and applied. In New Zealand there are examples of the adaptation of successful Australian campaigns which may be better suited to a New Zealand context, for instance the Quit campaign (Wilson et al. 2008).

### 3.6.2 Specific population groups

Eleven papers in this review provided information on particular population groups, but only four of these were judged as high quality. Many papers did not include any outcome information for specific populations, although some of the most common campaigns such as Truth and VERB reported ethnic-specific campaign strategies.

The strongest evidence on the groups for whom social marketing has been effective was from the US and was from the VERB, Truth and Trial of Activity for Adolescent Girls interventions. The quality and consistency of the findings from Australia, New Zealand and the Pacific was more variable. The US evidence on specific groups was fairly consistent and the findings were assessed as being possibly applicable to New Zealand. The research findings show that major campaigns such as Truth and VERB achieved positive outcomes across the population groups with ethnic-specific campaign strategies, although there were less strong findings for Asian Americans and American Indians due to small sample sizes.
3.7 Limitations of this review

Limitations of this review include: the limited outcome data for indigenous and ethnic minority populations; the small number of countries in the review; and time and budget constraints of this review.

3.7.1 Limited outcome data for indigenous and ethnic minority populations
This is particularly important in the New Zealand context for learning about what works, or is likely to work, in social marketing for Māori and Pacific youth. There is a need for more research and reporting on the effectiveness of social marketing on outcomes for particular indigenous and ethnic minority youth populations.

3.7.2 Lack of variety of countries in this review
This review had a strong focus on US campaigns and included a small number of papers from Australia, New Zealand, UK and the Pacific. Important gaps are the lack of individual papers on campaigns from the UK, Canada or Europe in the review. This was a result of the selection process, as the requirement to have long term behavioural change may have resulted in a US-focused review. However, the review did include eleven reviews and ten expert opinion articles, many of which referred to evidence from other countries outside the US.

3.7.3 Time and budget constraints
This review was produced with a limited budget and in a relatively short time period. Although drawing on systematic review principles, it was not a full Cochrane- or Campbell-style systematic review. This situation was understood by the funders and met the needs of the MYD in particular for an accessible and timely evidence review.
4. Conclusion

This review focused on the question of what works in social marketing for young people. It included 45 papers covering 15 distinct campaigns, mostly from the US but also from Australia, New Zealand and Tonga. Several large reviews were included that covered evidence from multiple countries including Canada, Scandinavia and Europe.

The main aim was to identify the key success factors for social marketing interventions that have been effective in changing youth behaviour in the longer term (at least 1-2 years). The review confirms that several recent social marketing campaigns have been successful in achieving adolescent behaviour change. The main topics with evidence of effectiveness are substance use including tobacco, physical activity and sexual health.

The literature highlights a range of factors critical to the success of youth social marketing campaigns. Key factors include a youth-centred approach, appropriate campaign messages, the application of commercial marketing success factors, targeting specific groups, the use of research and evaluation, a comprehensive approach, and working across sectors/organisations.

Important lessons drawn from the evidence are to research the audience and target messages appropriately, use creative private sector-based marketing and promotional strategies (such as branding healthy lifestyles), use multiple channels to increase exposure, and address public policy in addition to individual behaviour (Evans 2008). Sustained funding and duration, and high levels of marketing exposure, were especially important in the most effective campaigns such as Truth and VERB. A key message from the review was the need for multiple organisations with an interest in youth outcomes to combine their resources (expertise, time, money) to deliver social marketing campaigns for youth. This requires diverse individuals and organisations to work collaboratively.

The evidence on success factors was strong and consistent. These factors were considered to be broadly applicable to New Zealand, with the possible exception of funding and marketing contextual differences between New Zealand and the US, where the most successful campaigns were held.

The review suggests youth-specific, tailored social marketing campaigns have been especially successful with younger teenagers and tweens (9-14 year olds). The review also found evidence of effectiveness for the general US youth population, Hispanics and African Americans in the US. Youth social marketing campaigns have been effective for the general Australian population, and there is some evidence (although less strong) for the Aboriginal youth population in Australia. In New Zealand, there is potential for effective campaigns for Māori and Pacific youth populations, but current evaluations are limited to impacts on attitudes and intentions rather than behavioural change.

Evidence of effectiveness for particular youth sub-populations was more limited, due to limited outcome studies that reported ethnic-specific findings. However, the Truth and VERB campaigns achieved positive outcomes across several population groups with ethnic-specific campaign strategies, especially for African Americans and Hispanic groups.

This review provides timely and relevant information to assist the New Zealand youth sector in planning appropriate social marketing initiatives with the greatest chance of improving youth
outcomes. Even so, there is a need for action-research as New Zealand social marketing interventions are developed and implemented, especially in the area of effectiveness for Māori and Pacific youth in New Zealand.

4.1 Scope for further research

This review has identified a need for further research in the following areas.

• The effectiveness of youth social marketing in New Zealand (current and future campaigns) and the impact of generic social marketing (to the broader population) on young people (including research into the effectiveness of new media and branding).

• The effectiveness of policy-level interventions such as price changes, taxes or regulations in changing behaviour of young people in New Zealand.

• Outcomes of youth social marketing for Māori and Pacific young people in New Zealand and the effectiveness of ethnic-specific strategies for these groups.

• Formative research regarding motivations, lifestyle preferences, and social and cultural issues for Māori and Pacific youth to contribute to future social marketing campaigns.

• Research into the most appropriate messages for young people in New Zealand, including message tone (e.g. positive verses negative, use of intense emotional appeals), and which messages may be appropriate for particular topics.

• Further research internationally on the effectiveness of social marketing for indigenous and ethnic minority groups.
Reference List


Schar, E., Gutierrez, K. et al. (2006). *Tobacco Use Prevention Media Campaigns: Lessons Learned from Youth in Nine Countries*. Center for Disease Control; Atlanta, United States.


