The “Campaign” Considerations for the “Message” and “Look”

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Why “Quotation Marks”

Campaign
• Aligned set of actions designed to achieve a goal.
• Not focused exclusively on an ‘advertising’ campaign.
"Messages"

- The memorable, explanatory words or images that convey an idea.
- Literal words or images that communicate what you want people to know, feel or do.
  - Are crafted after concepts are tested.
  - Concepts are derived from specific behaviors to be promoted.
- More than ever, depend on the medium that will carry them.
- With new media, more of a conversation.
Behavior: All women capable of becoming pregnant need to take folic acid...

Concept: You’re goo goo gaga for babies.

Concept: Pregnancy is the last thing on your mind.
The Look

The ‘positioning’ of breastfeeding...
– how that will be interpreted across all actions included in the campaign.

• Much more than visuals.
• Much more than media.
• Can be considered the ‘brand promise’.
A BRAND

Promise made to the consumer.

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<thead>
<tr>
<th>Rank</th>
<th>Brand</th>
<th>TrustR Score</th>
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<tr>
<td>1</td>
<td>Amazon.com</td>
<td>123</td>
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<tr>
<td>2</td>
<td>FedEx</td>
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<td>3</td>
<td>Downey</td>
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<td>4</td>
<td>Huggies</td>
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<td>10</td>
<td>UPS (United Parcel Service)</td>
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What is a brand?

• A promise made to a consumer.

“Loving Support” is the brand
“Makes breastfeeding work” is the promise.
– It is true?
– For whom?
– Always?
Aligned actions for WIC Breastfeeding Promotion

• Program service delivery
  – Staff
  – Facilities
  – Hours
  – Communications

• Community support
  – Legislative environment
  – Hospital practices
  – Physician practices
  – Peer networks
  – Community attitudes

Campaign promise: Loving support makes breastfeeding work. Does it work for me? Does it happen here? How about now?
Build "campaign" from the ground up for maximum brand integrity.
The “Loving Support” brand...

- ...was based on a specific ‘positioning’ of breastfeeding that was derived from formative research.
- The research was constructed around the leading theory base in health communication at the time.
Product: Positioning of Breastfeeding in Loving Support

Act of breastfeeding defined to distinguish it from the product’s competition — bottle feeding (formula).

– Called for an emphasis on the close, loving bond and special joy that breastfeeding mothers share with their babies.

– Although breastfeeding’s health advantages would be mentioned in some materials, the product strategy emphasized the emotional benefits breastfeeding offers because these most clearly distinguished it from bottle feeding.
Breastfeeding positioning, cont.

- Breastfeeding was positioned as a way families can realize their dreams of establishing a special relationship with their children.
- The campaign slogan—“Loving Support Makes Breastfeeding Work”—and program materials emphasized the role family members and friends play in a mother’s ability to breastfeed.
- Significant departure from traditional approaches to breastfeeding promotion in which breastfeeding was positioned as a “medical choice” by demonstrating the health benefits it offers mothers and babies.
What research is needed to update the positioning and marketing mix for WIC breastfeeding promotion?
Before we go to the audiences

• Think more deeply about how they will be defined.
• Think about what kind of change we desire and how it is motivated.
Theory Base in Loving Support

• Used Social Marketing’s emphasis on lowering obstacles and increasing value of offering.

• Used Health Belief Model to identify the perceived benefits and barriers to breastfeeding.

• Used “Stages of Change” (Transtheoretical Model): Focused on WIC participants considering breastfeeding as “contemplators”.

• Used Social Cognitive Theory constructs for motivation, modeling, self efficacy, and outcome expectations.
We’ve learned a lot more about self efficacy in breastfeeding

Wealth of studies defining and measuring it for breastfeeding. Few applications of learnings, e.g.

• Women will score higher on BF Self efficacy scales administered at 2 days PP and at 4 weeks if:
  – They observed breastfeeding role models through videotapes
  – They received praise from their partners for breastfeeding
  – Their own mothers had significantly higher levels of breast-feeding self-efficacy than mothers who did not.

Arrows suggest critical audiences and media
Self efficacy, cont.

• Mothers who experienced physical pain or received professional assistance with breast-feeding difficulties had significantly lower levels of breast-feeding self-efficacy than those who did not.

• Has implications for how lactation counseling is done.
Revisit Stages of Change

• Many moms and their mothers in pre-contemplation.
• If in contemplation, need to think about pregnancy as giving them several months to move to preparation.
• Trial comes in first days.
• Apply social cognitive theory constructs more precisely to move through these transitions.
Consider More Use of Risk Communication Theories

- Use of “framing” to present benefits in light of the obstacles above.
- Pay attention to fear appeals. May produce Extended Parallel Process Model
  - Leads mom to protect against ‘fear of threat’ rather than against threat itself.
    - Threat is not having enough milk. Fear of threat leads to starting formula feeding.
- Have not tried risk communication principles. E.g. using “Sandman Seesaw” for ambivalent client.
  http://www.psandman.com/CIDRAP/CIDRAPP8.htm
Risk communication is counter intuitive – needs to be part of research plan.

- There might be conflicts between what gatekeepers currently believe and what audience needs to believe to BF:
  - The role of choice and their decision.
  - They can have a breast pump
  - They can have some formula available
  - They are not a failure if they resort to formula once or twice
If you approach audiences

• Not as ‘demographic’ groups but by behavior change desired, ask
  – What is my specific objective for this segment
  – What motivates change in this group
Audience Segments

• Role in breastfeeding:
  – Participant
  – Her Key Influencer
  – Family
  – Community
  – Health Professionals

• Defined objectives
• Theory base to motivate change
Who are the fathers?

- What do I want them to do?
- How can I motivate change?
- How different are they?
More focus on “Grandmom”

• With younger moms, the grandmother wants to get the baby away from the mother asap.
  – Pro: Get her daughter back to school.
  – Con: Doesn’t trust her daughter’s abilities. Doesn’t trust breast milk (She likely did not breastfeed her children.) Doesn’t trust her daughter.
The ‘participant’?

- If you breastfeed your child, no one can take him or her away from you. You are indispensable to your baby.
- Huge achievement for you.
- Many go on to do better with school, career as a result of this accomplishment.
Different “First Generations”

- Mexico and Central America
- Africans: Eritrea, Liberia, Mali, Nigeria, Senegal, Somalia, Sudan
- Haiti
- Russia, Central Asia
- Need for new ‘in-language’ resources in WIC?

- Same issues as in 1986:
  - Didn’t have a choice there.
  - Perceive Americans bottle feed.
Healthcare Providers

For every supportive nurse, there are more maternity floor nurses who refuse to promote breastfeeding.

• Pro: They see it as a mother’s choice.
• Con: They see it as extra work for them.
• They did not breastfeed their own children and feel awkward supporting it.
What do you need to be doing for program providers?
Institutional issues: Although USDA funded the program development...

- ...state WIC programs purchased program materials and supported state and local breastfeeding promotion activities from recurring funds in their budgets.
- This strategy meant to encourage states to take a greater role in implementation; to see this as a continuation of their existing efforts.
- Materials perceived as ‘expensive’ by some state programs.
Behaviors and concepts around Breastfeeding

• Basics haven’t changed, but we do know more advantages. Maybe change in positioning?

• Desire to express milk and feed baby with a bottle quite prevalent in certain sub-populations.
  – Due to “Over sexualization” of breasts
  – Experience with, or fear of, sexual or other abuse
  – Extensive desire for others to feed infant...
Primary Obstacles in 1995

- Embarrassment
- Competing demands on mother’s time (work, school, active social life)
- Confidence in ability to nurse and nourish
- Need for social support and encouragement from baby’s father and grandmother, family and friends
- How much have these changed?
How to approach the public at large?
Social Marketing Mix research needs

• What is the product? What is its positioning?
• Place: Decision points for mother: Virtual as much as ‘reality’.
• Price: Cost and benefit analysis needs to be honest. For each audience segment.
• Promotion: Multi-channel, multi-media, harmonized message.
  – Doesn’t mean redundant. Doesn’t mean ‘uniform’. Use stages. Match approach with communication objectives.
  – Where does the population seek out information?
Day 2 question

• How should message development and creative processes be handled?

Here’s a hint. Think about UGC-next talk.
Day 3 questions:

• How should brand management be handled?

• What is needed to assure the logo and design elements are relevant currently?
  – If you use new media, easier to refresh campaign as needed.
  – Is a brand necessary? To consumer? To service providers.
Please maximize research resources.

• Been there, done that?

Last Words

• If you have the money, please put it into support for community resources and lactation counseling personnel and hot lines.
• Focus on public opinion and healthcare providers. Without their support-difficult to sustain.
• Explore risk communication and related theory.
• Match new media to audiences and behavior change objectives. Don’t use kitchen sink just because we can.