

# Health Branding and Preventive Health Behavior: Trends in Emerging Markets

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# Presentation Outline

1. Health Risks, Preventive Behavior & Public Health Messaging;
2. “Health” and “Care” as separate but equal concepts; Treating Health Offerings as “health product”; cover all types of offerings concerning health (physical goods, services, ideas, knowledge, etc)
3. Behavioral factors, health protection & wellness; case for branding health products;
4. Health Branding in Emerging Markets; Public-private collaboration;
5. Takeaways; Q&A

# Why Prevention?

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■ *“Prevention is better than cure” - Erasmus*

■ *“The Superior doctor prevents sickness;*

*The Mediocre doctor attends to impending sickness;*

*The inferior doctor treats actual sickness” -Chinese proverb*

■ *“...Spending on treating disease outweighs investment in research to prevent illness. More can be done to find a cure or prevent heart disease, cancer, stroke, neurodegenerative and infectious diseases”*

-Chan Zuckerberg Initiative, Dec 1, 2015

# Antecedents of Health Campaigns: Engaging Individuals & the Publics

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- **Health Protection from Non-Communicable Diseases:** Sanitation & Hygiene, Water, Handwashing, Diet & Nutrition, Tobacco, alcohol, drugs, unsafe sex, etc.,
- **Black Death** (Plague) in Europe in middle ages; 1/2 of Europe wiped out;
- **Opium** impact on China in the 18<sup>th</sup> & 19<sup>th</sup> C
- **India- 3 Pandemics** (Cholera (>19m) in 1817-1860; >20m in 1865-1917; ) Diabetes >60m;
- **Flu Pandemic 1918**, >75m; HIV/AIDS >30m; SARS, EBOLA,
- **Who is Responsible?: Individuals & multiple stakeholders;**

# Response Towards Prevention: Helplessness?

**“God Bless You”** –Holy response if you sneeze  
(Pope Gregory VII, 1020-1085)

Nursery Rhyme (refer. to “Black Death” (Bubonic Plague):

**“Ring around the rosy  
A pocket full of posies  
Ashes...ashes  
We all fall down”**

Innovations: Traditional healing & protection methods;

Public Health Messages: Creating Awareness & Behavioral Change; e.g., **US campaign-cholera (1832); “Patriotic Health Campaigns” China 1940s**

# Health Behavior: Differences in Culture, Branding & Media

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- Health Behavior & Intervention Programs evolved based on the context of high individualistic cultures ;
- People from high-individualistic cultures depend more on media than on social networks for information compared to individuals from high-collectivistic cultures (Hofstede);
- People from high-collectivistic cultures (i.e., Emerging Markets) tend to rely more on personal PHB & less on healthcare as compared to consumers from high-individualism cultures (Shoham, et al,)
- Institutions in advanced nations have a long history in moderating business & evaluating claims of branded health products and services;
- NGOs and media play a lead role in emerging markets, collaborate with public institutions in promoting changes in health behavior;
- E Ms are just catching up with health branding as a strategy to effectively deliver health messages;
- New Media: Both developed and developing countries leverage wireless technologies, social media, smartphone Apps, Brand Ambassadors, etc., , ,

# Public Health Campaigns: Call for Prevention

NY City Board of Public Health, 1832

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**NOTICE.**

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**PREVENTIVES OF**

**CHOLERA!**

Published by order of the Sanitary Commission, under the sanction of the  
Medical Council.

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**BE TEMPERATE IN EATING & DRINKING!**  
*Avoid Raw Vegetables and Unripe Fruit.*

Abstain from **COLD WATER**, when heated, and above all from *Ardent Spirits*, and if habit have rendered them indispensable, take much less than usual.

# People Engagement in “Patriotic Health Campaigns” in China (1940s)

## 防治疟疾

(一) 病民  
害人  
病来  
亡踪  
是害  
蚊叮  
病上  
先身  
后发  
头热  
汗淋  
七入  
易流  
病染  
四蚊

黄人  
脾事  
农力  
劳二  
防疟  
要死  
沟渠  
宜疏  
低洼  
要填  
庭除  
要睡  
先挂  
防蚊

(二) 病信  
了送  
勿因  
活药  
服有  
雷需  
人吃  
不身  
病输  
丁喜  
乐洋

1006

江西省卫生防疫所制



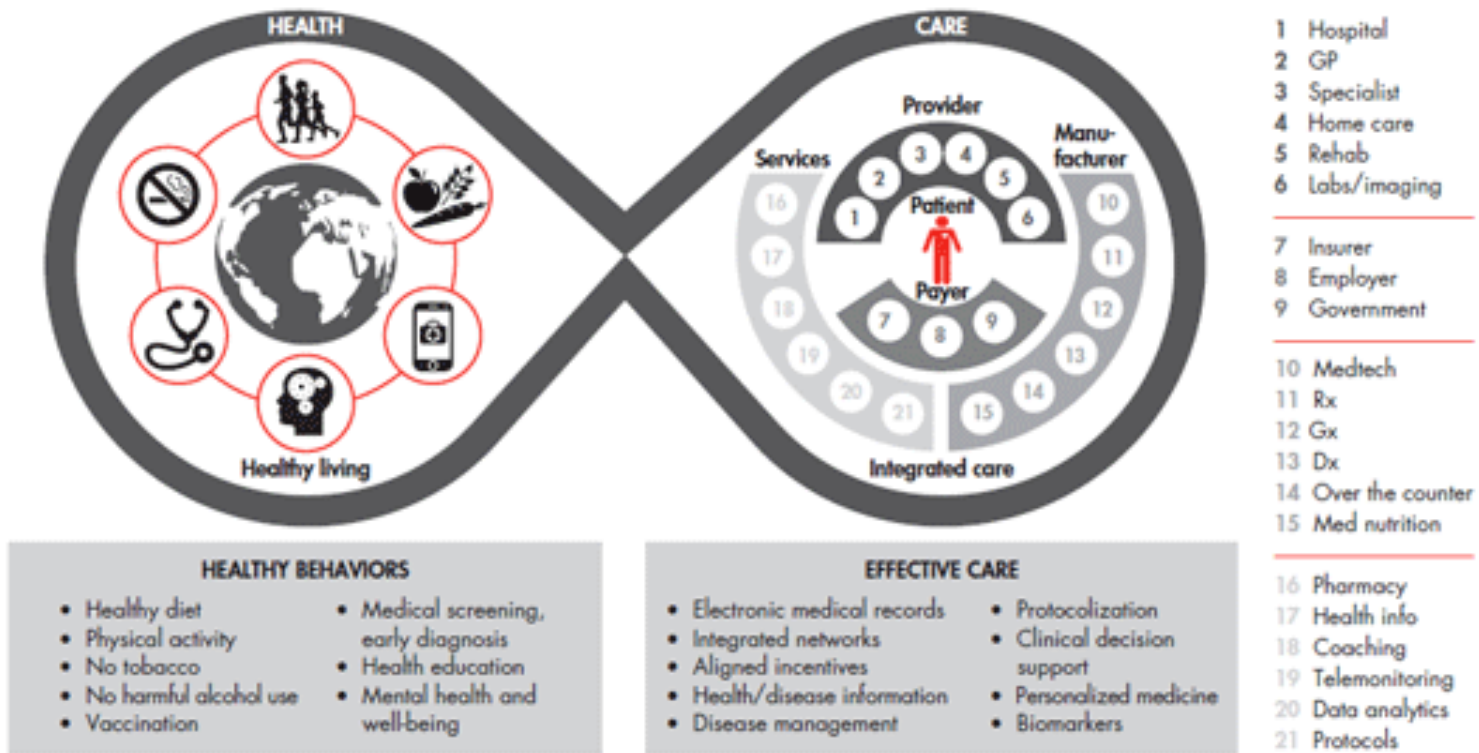
# “Health” Decisions: Behavioral & Institutional Factors

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- People- Are they rational when it comes to health?;
- “Present Bias” –as against long term
- Habits, Opinions & Beliefs guided by intuition, emotions, socio-economic & cultural factors;
- Health decisions- unequal & incomplete information;
- Unhealthy choices & learned behaviors;
- Health campaigns compete against well organized resource- rich corporations;
- Institutional interventions with policies, laws & regulations to mitigate “unhealthy” choices;
- Shared responsibilities for “Health” and “care”

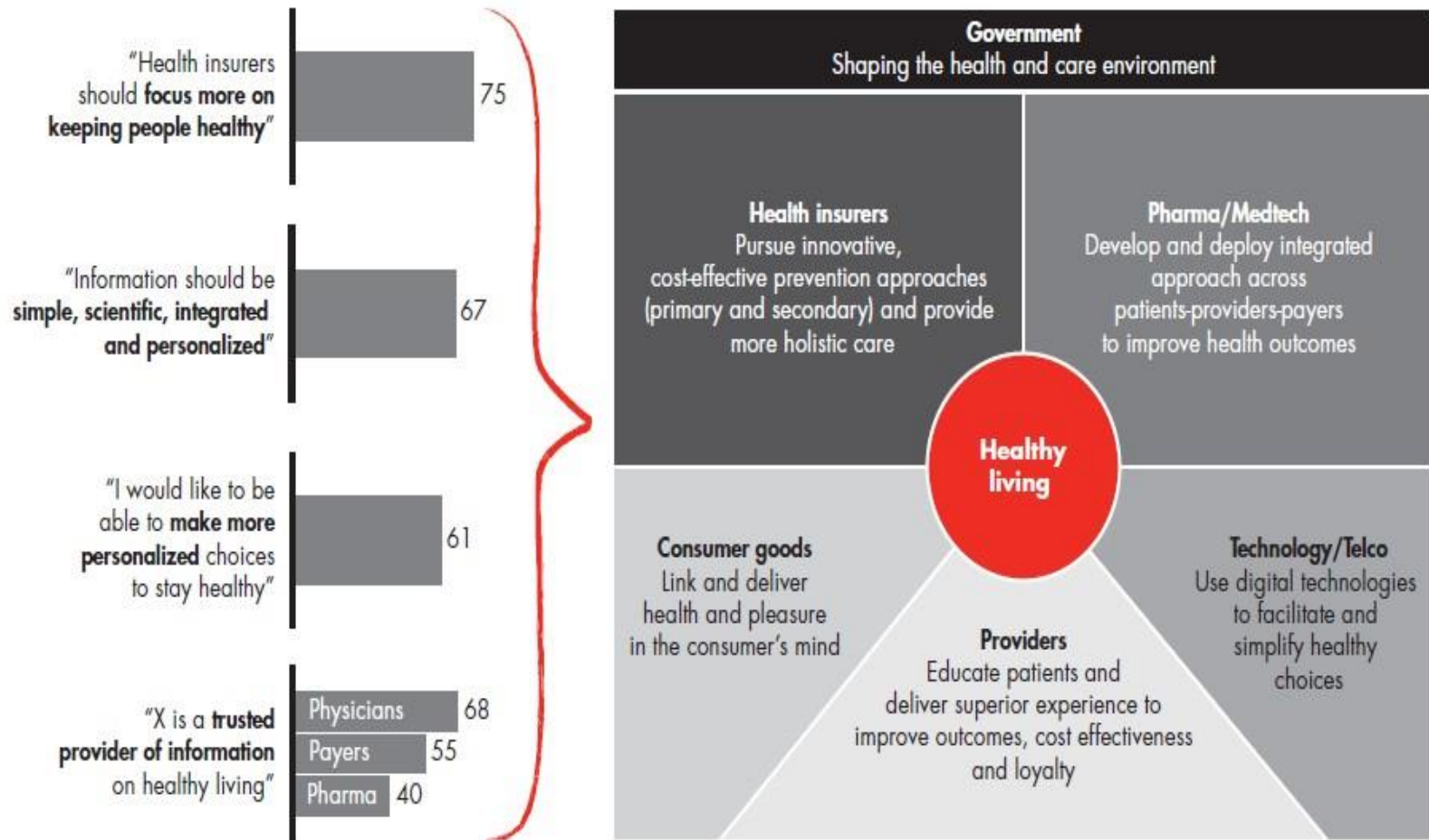
# Decoupling “Health” and “Care” : Engaging Consumers in Healthy Behaviors

Figure 1: Bain’s view on health and care challenges the traditional definition of healthcare



Source: Bain & Company

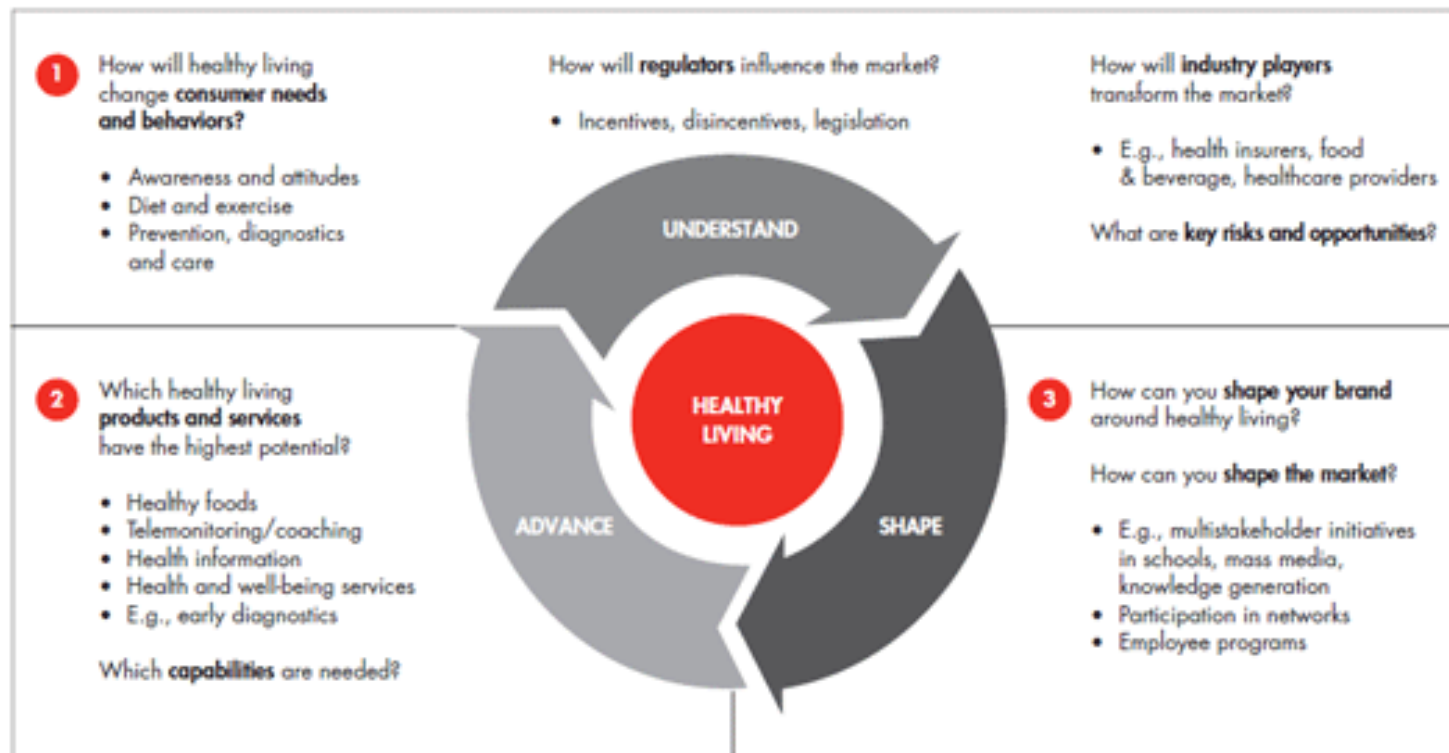
# Business Opportunities Across Multiple Sectors



Source: Healthy Living Survey, Bain & Company, 2013 (Munich, New Delhi, New York) n=1,200

# Health Related Products & Services: Opportunities for shaping Brand around “Health” Benefits

*Figure 2:* Business must understand, advance and shape the market for healthy living



Source: Bain & Company

# Rationale for Health Branding

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- Grounded in Behavioral Change Theories (Health Belief Model, Protection Motivation Theory, Social Learning Theory, Innovation Diffusion Theory, etc)
- Branding establish identity, relationships with products/services & create equity, enable greater uptake of promoted product/service;
- Increase Self & Response Efficacy in favor of health promotion & disease prevention (Evans, et al,2007);
- Creates long term value, engage target audience, adopt its use & sustain it (Ambar & Wang (2009);
- Branding can increase impact of a campaign (Vallone, et al, 2011)
- EX (branded) mass media campaign; Truth Branded campaign;
- Facilitate effective use of IMC, social media, apps, wearables, etc.,
- Brand mediate behavior change;

# Benefits of Health Branding:

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- Public health brands target multiple behaviors and behavior change messages (e.g., *Truth, EX, VERB, 5-A-Day*, campaigns in US; *Bubble Wrap; Sponge* anti-smoking campaigns in China;
- Extending brand **value** to serve multiple causes (e.g., *Lifebuoy, Colgate Palmolive*, handwashing campaigns, *Kimberly Clark*, hygiene & sanitation, *Nike*, physical, );
- Health branding –facilitate use of IMCs & New media: **taglines, label, sign, imagery, symbols, brand ambassadors, wrist bands & wearables, etc;**
- Health Branding –facilitate **co-sponsorships** leverage multiple stakeholders (WHO, UNICEF, Gates Foundation, Clinton Foundation, Bloomberg, etc) – make the message cost effective, credible and trust worthy;

# Successful Branded Health Campaign to Engage Tweens in Physical Activity

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# Building Brand Efficacy: VERB New Media Based Interventions

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- ***Budget: About \$400m; 2002-2006;***
- ***Message: physical activity cool way to have fun with friends;***  
***Media: VERB™ market healthy choices to children, 9–13;***
- ***VERBnow.com -tweens engage with “virtual “sidekicks” on physical activity, view tutorials from sports celebrities, etc;***
- ***Media partners- banner ads drive traffic to VERB site;***
- ***VERB use cell phone technology to send text messages;***
- ***Campaign prompted tweens to type “8372” into a cell phone key pad (spelling VERB) ;***
- ***VERB Yellowball- tweens could use 500,000 Yellowballs distributed throughout the U. S., schools, & malls; pass ball to one another, blog about how they played with the ball;***



# Health Branding: Role of Taglines, Logos, Images, Graphical Identifiers, Symbols (Wearables, Apps, etc)

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- Branding create association in consumer mind; (e.g., Got Milk?)
- Brand Name: linked to a product or service; serve as an identifier of a product, service, idea, source of information (Mayo Clinic, John Hopkins, etc);
- Taglines: e.g., VERB, *it is what you do*
- Graphical identifier: *walk-a-thon; diabetes;*
- Symbols: *wearables (wristbands) for cancer, diabetes, HIV/AIDs;*
- *Brand Ambassadors: Role Models;*

# Treating Health Offerings as Value Propositions to Increase Response Efficacy

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- Challenge of aligning Value Proposition of health offerings with consumer's self interest;
- Commercial brands & public health messages compete for attention between "healthy" and "unhealthy" ads. in the marketplace;
- Response Efficacy: Why so difficult to generate response? Demographics, Social, cultural, environmental factors;
- Messages & Consumer Engagement: Seek positive change in health behavior; promote self & response efficacy to accept or reject a change and sustain at free will;
- Incentives/tangible benefits: E.Ms (e.g., subsidize *Toilets for Rural Communities*, India; *Bolsa Familia*, Brazil, etc);
- Insurance t give financial rewards based on evidence of physical activity & health maintenance: (*Discovery Vitality*);

# Health Branding in Emerging Markets Leveraging Commercial Brands & NGOs

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- Unilever- *Lifebuoy*-brand extension (2002) handwashing campaign in 40 countries-focus to protect children diarrheal infection; 1 billion children by 2015;
- Domestos (Domex) Toilet Academies (in collaboration with (PSI)- to educate local communities on sanitation; train local entrepreneurs to supply, repair & maintain toilets; (India, Brazil, Indonesia);
- Discovery Health, Private Insurer offer *Vitality* program, (Hong Kong based): *Vitality, direct financial incentives for exercise & healthy habits* (South Africa, Australia, Indonesia, China, USA, & now in India);
- World Economic Forum-Clinton Initiative: Promoting Healthy Diets & Physical Activity at Workplace-worldwide campaign;
- Bloomberg: Water, Sanitation & Smoking Cessation
- Melinda & Gates Foundation: Immunization, Malaria, HIV/AIDS Prevention;

# Leveraging Global Initiatives for Health Branding in Emerging Markets

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- **Traditional Chinese medicine** and preventive treatment integrated into public policy;
- **“Clean India Mission”**; **“Total Sanitation Campaign”**; Toilets to all Below Poverty Level (BPL) by 2019; Unilever, Domestos Toilet Academies; World Toilet Day, 11/ 19
- **Handwashing Campaign** ( 1Billion by 2015; Unilever); World Handwashing Day ,10/15
- **Diabetes control**; (Arogya World’s mDiabetes enrolled 1M through Nokia to receive 56 text messages twice a week in 12 languages over a course of 6months; Emery Uni. & Clinton Foundation; World Diabetes Day, 11/24
- **Tuberculosis Control**; World Tuberculosis Day, 3/24
- **Malaria**; Malaria Day, 4/25; **Cancer**, Cancer Day, 2/2
- **AIDS**, Aids Day, 12/1; **Tobacco cessation**; Non-Tobacco Day, 5/31
- **Health Day (Physical Activity)**; 4/17; **Immunization Week, 4/24-30**
- **Safety & Health at Work, World Day, 4/28**

# Takeaways

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- Brands are like reputations; identity & trust; easy to associate;
- Public & not- for- profit organizations may not capitalize on monetary value of brand equity;
- In health marketing, brand value is measured by behavioral factors, number people adopted change in lifestyles, its diffusion effect, etc., rather than the monetary value of a brand;
- Based on psycho-social behavioral theories & IMC, brands may create positive brand equity through changes in health behaviors;
- Health Branding specifies modeling component of Social Cognitive Theory by which the benefits of healthy behaviors may be depicted through role models;
- Social, cultural & physical environment mediate pathways of change;
- Change in attitudes targeted by health messages may be mediated by brand equity;

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