

Social Marketing and Public Health: An Ethnographic Investigation

Kelvin Ka-Wing Chan
Peterhouse

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Abstract

Social marketing is the latest public health strategy deployed against a wide range of health imperatives, especially ones associated with people's behaviour. This investigation examines the 'social' in such social marketing, by focusing on the relationships between the people, communities, organizations, institutions and material of one such initiative. Most studies determine the 'effectiveness' of a social marketing programme according to measurable outcomes. However, this has created a gap in knowledge about what actually happens as a programme is initiated at a local level, how constantly-changing social contexts influence its delivery, and how social marketing impacts people, especially marginalised populations. Rather than viewing social marketing as a form of 'intervention', which is typical of the 'conventional' approach, this investigation examines social marketing as an iterative and social process. Launched in 2008, Change4Life (C4L) is the English Department of Health's first anti-obesity social marketing programme. C4L multimedia advertising is found throughout the English landscape, converting the built and virtual environment into a moral space. However, a key characteristic is the way such a national remit is converted into a wide range of specific initiatives at local levels. This investigation considers four case studies within one region of the UK to explore the varied ways in which a general social marketing venture is translated and implemented. By building up ethnographic accounts using participant observation, in-depth interviews, and interpretative analysis, these case studies illustrate how local health officials responded to the local tensions created by the national all-encompassing C4L programme, particularly in their attempts to relate C4L to 'hard-to-reach' communities. The diversity of their efforts highlights the limited applicability of the 'conventional' approach to social marketing. This investigation therefore suggests an approach for developing a more 'social' form of social marketing and contributes to the greater discussion on how to develop public health strategies that actively solve the underlying social problems of public health.

Declaration

This dissertation is the result of my own work and includes nothing which is the outcome of work done in collaboration except where specifically indicated in the text and has not been submitted for another qualification to this or any other university. This dissertation does not exceed the word limit for the respective Degree Committee.

A handwritten signature in black ink that reads "Kelvin Chan". The signature is written in a cursive, flowing style.

Kelvin K Chan

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Image extracted from Change4Life (Department of Health 2010a)



Image extracted from *Change4Life Local Supporter's Guide* (Department of Health 2010: 3)

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If we are to have the health outcomes we want as a society, we need everyone, be they individuals, families, communities, schools, businesses, civic institutions or voluntary organisations, to help us make this happen. In this sense, health is everyone's business.

– Department of Health (UK), 2011¹

Introduction

Social marketing refers conventionally to the design, implementation, and control of programmes calculated to influence behaviours (Kotler and Zaltman 1971: 3-12; Kotler and Lee 2008: 8) with marketing principles and techniques (Kotler and Lee 2002: 5). It is conventionally considered an activity for 'social improvement' (French 2009a: xii) designed to deliver 'positive benefits for society' (Kotler and Lee 2008: 8) and the 'target audience' (Kotler et al. 2006), which can either refer to policy makers or the public (Siegel and Lotenberg 2007: xvii).

Conventional definitions of social marketing also emphasise social marketing's promise of delivering measurable returns on investment (French 2009b: 14-5). Although the notion of 'profit' or 'financial gain' is set in the financial and economic sense (Wheelan and Malkiel 2011; McConnell et al. 2011), it is less clear what those terms refer to in the context of social marketing (Newman et al. 2003) because they can refer both to financial gains (Kelso 1966) and to immeasurable constructs, e.g. quality of health and education (Subarrao and Raney 1995), the endorsement of philanthropic institutions (Ford Foundation 1991), and community improvement (Newman et al 2003). In other words, an insistence on the 'measurability' of 'return on investment' takes for granted the qualitative and social aspects of social marketing.

Nevertheless, social marketing has emerged as the answer to the modern obesity epidemic. Since it launched in 2009, England's premier anti-obesity social marketing programme, Change4Life (C4L), has changed the physical and virtual landscape of the country into a canvas for C4L adverts. These adverts are in the waiting rooms of doctors' offices, the backs of buses, between songs on the radio and television segments, and even the sidebar of a web page: the advertising space for C4L expands into many aspects of contemporary life. Saturating the environment

¹ Department of Health. *Changing Behaviours, Improving Outcomes: A social marketing strategy for public health*. Crown Publishing, 2011. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147325/dh_126449.pdf Accessed 20 May 2013.

with C4L messages enacts the notion that social marketing will change the public's health behaviours and end England's obesity epidemic.

The following is a study of the specific social marketing practices of C4L, and social marketing more generally. Conventional approaches to social marketing research are focused on measuring population behaviour change to determine 'effectiveness'. This study takes a different tack. The analytical focus is shifted onto the practices of social marketing—rather than its outcomes—to explore the more fundamental issues posed by the rationale and motivation behind its activities in the context of obesity control. In particular, the experiences that public health professionals had with delivering social marketing serve as the platform to 'test' how well the premise of conventional public health social marketing holds up in praxis.

The point of this is not to disprove or categorically criticise public health social marketing and quantitative approaches to social marketing research. Instead, the aim is to study the 'social' of social marketing, i.e. the complex interactions between the ideas of social marketing and the people this involves. This study is undertaken with the purpose of exploring those issues that are 'taken for granted' in the prevailing approaches to public health and social marketing investigations. This research is a step towards refining the premises of public health social marketing, and its practices, so that public health practitioners are guided from inadvertently creating new, or exacerbating existing, social problems through their motivations and actions. My thesis is that the emphasis on behavioural change and the production of measurable outcomes in conventional social marketing takes for granted what is 'social' about social marketing; such assumptions create conflict between 1) local communities and local health officials, 2) local health authorities and the central health authority, and more generally 3) the social marketer and the target audience.

To explore this argument, I focus on observing the activities and experiences of public health professionals delivering C4L programmes. By turning the analytical gaze onto the activity and experience of the 'social marketer', it is possible to see the process where abstract ideals are translated into specific local initiatives and activities. This translation puts to the 'test' how conventional approaches and definitions to social marketing hold up in complex social contexts and the real

world. At this level, the social marketer has to develop her/his own solutions to issues unaddressed by conventional approaches.

Pursuing an understanding of the ‘social’ of social marketing entails the exploration of complex issues that cannot be articulated with quantitative constructs. I am particularly interested in the relationship between a local health authority and local communities, how people are represented in social marketing initiatives, and the imbalance of power between the social marketer and target audience. By applying a qualitative approach, this study captures a social understanding of C4L, and a set of conceptual issues that might be employed for evaluating the social dimensions of health-related practices more generally.

For example, the rhetoric, graphics, and auditory components of social marketing are illustrative of those aspects of social marketing that are taken for granted, and considered no more than the vehicles or medium to encourage behaviour change. Yet, these symbolic devices are subject to analysis despite often being the most prominent elements of social marketing. By examining these components, it is possible to see the ways in which they actively construct values for the target audience and articulate the assumed characteristics of the target audience.

Ultimately, this study provides an essential perspective on how social marketing is adopted and adapted in specific community settings. By exploring the ‘social’ aspects of social marketing, this study concludes with a call to change the conceptual focus of social marketing away from trying to directly change population behaviours by reframing the practice of social marketing as an opportunity to 1) improve relationships between health agencies and local communities, 2) improve the social and public infrastructure to enable all populations to embrace the ideals promoted in social marketing, 3) enhance the intellectual rigor of social marketing research by critically examining the values represented by social marketing messages and the practices they inspire, and 4) practice social marketing in ways that are more adept at resolving the social causes of poor public health than they are at perpetuating or exacerbating them.

This research is not presented as formal anthropological research; it is an application of anthropological methodologies to public health research. This initiates interdisciplinary dialogue about public health social marketing. Ultimately this work explores novel aspects of public health social marketing, especially as they relate to

how social marketing influences relationships between local health officials and the local communities they serve.

This investigation comes from an earlier attempt to study another public health initiative in England, Healthy Start. As a public health initiative, it focused on addressing the nutritional needs of expectant mothers and young children who qualify for public assistance or ‘welfare’ programmes. Healthy Start is similar to The Supplemental Nutrition Program for Women, Infants, and Children (WIC) programme in the United States and provides beneficiaries with vouchers for milk, fruits, vegetables, infant formula, and vitamins. Framed as a nutritional intervention I wanted to study how a public health programme with a specific focus reckoned with the fundamental issues that make the programme’s target audience vulnerable and ‘hard-to-reach’ in the first place. The issue of access notwithstanding, I wanted to understand how ‘social’ Healthy Start is a public health programme primarily focused on nutrition. How do the social relationships between programme officials, the institutions they represent, and members of the target population impact the overall goal to ‘reach’ and ‘intervene’ in mothers and children in nutritional risk? How do the underlying social, political and moral issues raised in the focus on nutrition get addressed in Healthy Start?

This research into Healthy Start began in October of 2009. Coincidentally, this occurred during a period of major political change in the UK: the Labour government was replaced with a Conservative-Lib Dem coalition government. This ground Healthy Start and other public health programmes to a standstill in the area I was working in. This coincided with the beginning of a tumultuous reorganization of England’s public health system, continued throughout the course of my research.

Many of the interlocutors were made redundant in this period, rapidly diminishing my leads into Healthy Start. Consequently, after four months of waiting for Healthy Start to start in the area where I was studying, I abandoned the idea of investigating Healthy Start. Changing my focus onto a different public health initiative, C4L, I focused on a programme that maintained its momentum despite a disruptive political transition.

With the launch of C4L, England’s first anti-obesity public health social marketing programme, I found an opportunity to ask the same research questions about a different health programme. Similar to Healthy Start, C4L focused on a specific issue – altering the health behaviours of the English population. How this

programme made ‘healthy lifestyle’ accessible to everyone in England, especially those living in socially and economically marginalised communities, is of particular interest to me. The bold, catchy, and evocative graphics, sounds, and moving images surrounding C4L also provided a richer set of ‘data’ to explore than Healthy Start.

I vigorously networked for the next three months to identify leads into C4L. I began by pursuing informational interviews with governmental officials, e.g. agency directors and managers, who my academic supervisors referred me to. My persistence aside, my supervisors’ referrals provided me with an ‘in’ with the people implementing C4L programming. Many of my informants made it clear that they would not have responded to my enquiries had it not been for the fact that my referrals came from a valued member of their social network. The informational interviews I pursued with these contacts led to subsequent referrals, and so on.

Eventually, I was introduced to public health officials who actually spent most of their time designing and delivering C4L programming. By studying how they approached the implementation of local C4L programmes, I was able to see the social and political context of public health work. Capitalising on the need for someone to evaluate the C4L programming my interlocutors were running, I marketed myself as a PhD student who would provide them with pro-bono consulting and evaluative services as a *quid pro quo* for studying how they ‘translated’ a national public health social marketing initiative, C4L, for local communities. This is how I initially established my relationship with my key informant, the obesity lead of a Strategic Health Authority. The following describes how I organised my investigation based on the C4L initiatives the obesity lead introduced me to.

Chapter one reviews the literature on social marketing and establishes a conceptual starting point for this study. It begins with an overview of the various definitions that influenced the shape and form of social marketing. Special care is taken to identify how social marketing differs from terms that are often associated with it, e.g. ‘health education’ and ‘health promotional campaigns’. By going over these definitions, this part of the review lays out the rationale for social marketing and introduces the key themes raised by the ways in which these programs are conceived by the authorities on social marketing.

This is immediately followed with a brief overview of “nudge theory” and works related to the notion of “libertarian paternalism”. The point of this overview is

not to point out theoretical merits or detriments. Instead, it is to explore the underlying conceptual foundation on which so many contemporary public health directives and practices, including C4L, are based.

The review then turns to the White papers and other publications explaining the design and strategy of the C4L programme. This section lays out the set of intents that C4L activity is supposed to have and provides context for the case studies presented in the later chapters. Again, the point is to lay out the ideological assumptions built into the C4L programme rather than to discuss the merits and detriments of the rationale; this is reserved for later chapters that have observations and other ethnographic examples for critique.

The subsequent sections of the literature review encompass varied texts that provide the different conceptual lenses that contribute to the interdisciplinary analysis of the social marketing practices observed in this study. This section includes a review of a postmodern theory on semiotics, political philosophies on the relationship between individuality and democracy, and critical perspectives on the ideological foundation of public health policies and practices. The shape of this chapter is a consequence of this being an interdisciplinary approach to studying social marketing and an attempt to tie disparate literatures into one coherent and fundamentally interdisciplinary approach to the study of social marketing. Moreover, the relationship between these varied intellectual resources will become more apparent in light of the case studies in Chapters 3-6 and conclusion.

Chapter two describes the analytical approach of this study. This section begins with an introduction of the concept of ‘work’ used throughout the study as a conceptual focus for field observations. This is followed by a section that lays out the rationale behind interpreting the symbols in C4L advertisements and how Baudrillard’s theory of simulacra and simulation influenced the ways in which symbolic analysis was done in this investigation. The subsequent section describes how case studies were selected for investigation and discusses how my relationship with my key informant influenced the scope of this investigation. In conclusion, this chapter elaborates how these research techniques are complemented by the use of ethnography and in-depth interviews in this study.

Chapters three through six are considered the ‘data chapters’ of this study and present four self-contained case studies. Each highlights an important set of social issues that have been overlooked by the literature on public health and social

marketing. Chapter three concentrates on the advertisements of C4L. Based on the premise that the representation of the C4L brand is itself a form of social marketing, this section commences with an interpretative approach to analyse the visual, audio, and rhetorical devices drawn throughout C4L advertisements. This chapter lays out the key aesthetic components of the C4L brand, which are found in both national and local C4L efforts.

Chapter four features the second case study that revolves around subsidised convenience store refrigerators. Operating on the strategy to represent a social marketing brand on physical objects, the activities surrounding these branded refrigerators demonstrate the social tensions generated when the meaning of the C4L brand is far more varied than is anticipated by the 'social marketer'. This chapter captures the missed opportunities to address the greater set of social issues facing communities identified as food deserts when social marketing is treated as simply an exercise of brand representation and behaviour change.

Chapter five features the third case study. Similar to the previous case study, this chapter begins with an example that regards the representation of the C4L logo as, itself, a form of social marketing. However, the C4L brand here is not applied to physical objects, per se, but is instead attached to activities; specifically a walk into the countryside. Notably, no one from the local community attended the walk. This is followed by a counterpoint example of a C4L a community walk scheme, in which local community members attend regularly despite the absence of C4L brand representation. By juxtaposing these examples, the point is not to describe one as a success and the other a failure, but to appreciate how varied the interpretation of what social marketing is to different local health officials. Most importantly, the chapter illustrates how social and organizational contexts affect social marketing practices.

Chapter six presents the final case study. It features a C4L programme set out to change a population's health behaviours using 'incentives'. This case describes how the themes raised in the previous chapters pan out in one coherent example. By observing the complex issues that local health officials had to juggle in the face of implementing a C4L program, e.g. balancing different roles, priorities and values, this chapter ultimately identifies social marketing as an iterative process of compromise.

The final chapter synthesises the observations made in the previous chapters. I also critically assess a recently published ‘how-to guide to C4L social marketing’ with respect to the observations made in the previous four chapters. This final analysis makes the case for replacing the obtuse practices of conventional social marketing research with approaches that are more socially aware, intellectually rigorous and conceptually robust. In conclusion, this chapter identifies opportunities for future studies that will refine what is known about social marketing as a moral concept, a public health practice, and a social phenomenon. Though this investigation borrows heavily from research approaches in anthropology, it demonstrates how they are complementary to the investigation of the social aspects of public health and social marketing.

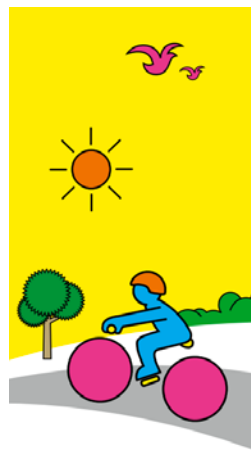


Figure i. ‘Moving more’ with Bike4Life. Image extracted from *Bike4Life Local Supporter’s Guide* (Department of Health 2011: 1)



Figure 1.1 The representation of 'FAT' building up in the body. Image extracted from the Change4Life Snack Swapper advertisement (Department of Health 2009b at the sixteenth second)

Chapter 1 Toward an Interdisciplinary Understanding of Social Marketing

The following is a review of literature related to the interdisciplinary study of social marketing. This is not meant as a critique of different literatures: the point is simply to lay out an understanding of how different scholars have approached the characterization and analysis of social marketing directly, and where they may not have directly engaged with the study of social marketing, how they approach the analysis of complex social phenomena. Effort is taken to look at how ideas are presented and concepts defined in these texts. As a conceptual exercise, this review establishes a conceptual starting-point for an interdisciplinary study of social marketing that is liberated from behavioural and outcomes-centred rationales.

A discussion of social marketing cannot ignore the related concepts of 'health education' and 'health promotional campaigns'. For the intents and purposes of the discussion, I regard these as the antecedents to social marketing. Though they are similar to one another, the following two sections articulate what distinguishes social marketing from health education and health promotional campaigns. I begin with a section on health education, followed by one on health promotional campaigns, and conclude with a discussion on social marketing.

Health Education

According to Horrace Mann (1848), “education is a great equalizer of the conditions of men, the balance wheel of the social machinery”. The spirit of this adage is captured in the World Health Organization’s (WHO) programmes that place education as the basis for social change, e.g. the programme on human rights and gender equality (WHO 2011a), and the health professionals training programme (WHO 2011b). Consistently, the WHO (2013) defines health education as any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.

Practically speaking, health education is concerned with conferring health information to a population (Gilbert et al. 2010: 1). In this regard, ‘health literacy’ refers to a patients’ knowledge about her/his health (Torpy et al. 2011), options for treatments (Williams et al 1998), and what s/he must do to self-manage disease (Bodenheimer et al. 2002). More formally, the US Department of Health and Human Services (2013) defines health literacy as the ability to understand health information and to use that information to make good decisions about one’s health and medical care.

The origins of formal health education can be traced to the early 1900’s (Allegrante et al. 2004). The rise of health education coincides with technological advances in sanitation and hygienic practices: in combination they are responsible for rapid declines in the incidence of infectious disease between 1930-1950 (Centers for Disease Control and Prevention 1999). Nevertheless, it was not until the 1970s that health education became a distinct profession (Livingood and Auld, 2004). This is also a time when the boundaries of health education began to blur and shift away from top-down strategies to encompass ideas of health promotion (Cottrell et al. 2009).

In the United States, federal initiatives for public health education and the monitoring of population-wide behaviour patterns were spurred by the development of the publication, *Health Objectives for the Nation* in 1980 (Glanz et al 2008: 7), the precursor to the *Healthy People* White papers published by the Department of Health and Human Services. The agent responsible for getting the public ‘health literate’ is the ‘health educator’ or ‘health education specialist’ (Allegrante et al. 2004): s/he is responsible for “awakening learners to their own capacities and providing opportunities for them to be responsible for their own learning

opportunities and/or ignorance” (Bensley 2010: 5). In other words, health education is focused on conferring morals, values, and knowledge onto ‘learners’ (McKenzie et al. 2009: 3-4).

While traditional health education is didactic (Brouse et al., 2005), or what I consider to be ‘top-down’, the latest research indicates that the field is stepping-away from this model and towards dialectical (Ibid.), intimate (Zhou et al. 2011) and more ‘social’ approaches to health education (Lohrmann 2009), i.e. those designed with the awareness of the importance of building relationships between, crudely, the ‘health educator’ and the ‘learner’. Pedagogical orientation aside, health information is at the heart of health education (Plomer and Bensley 2009): it is the *raison d’être* for the activities surrounding it.

Health Promotion

The overlap between the health promotion and health education lies in their shared use of health information (Bettinghaus 1986; Van Duyn et al. 2007; Harris et al. 2012). However, unlike health education, health promotion is not entirely about learning health information. This point comes across in the authoritative definition of health promotion known as the *Bangkok Charter for Health Promotion in a Globalized World* (2005), which was formalised at the Sixth Global Conference on Health Promotion in 2005, co-convened by the WHO and the Thailand Ministry of Health, which states:

Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health.

The use of the term ‘people’ is significant in the sense that the entity who is being directed with health promotion is recognised as a social entity who exists in relation to other humans. As humans, the beneficiaries of health promotion in the above definition are vested with the inalienable rights laid out in the *United Nations Declaration of Human Rights* (2013), which contains Article 25, which states that “Everyone has the right to a standard of living adequate for the health and well-being of himself...”. In this regard, while education may play a part in the wellbeing of people, it is not in itself sufficient for the achievement of wellbeing; it also requires social and infrastructural support (Flora and Flora 1993, Malecki 2001, Ha

and Feiock 2012) and the involvement of key decision and policymakers (Catford 1992).

The use of the word ‘enabling’ in the definition of health promotion also clarifies that ‘people’ are considered actors in the context of health promotion and suggests that health is not simply a behavioural issue but also a social one. Though people are accountable for making their own decisions, they are not held personally accountable for the barriers that limit their choices. The responsibility falls on the health promoter, and the government or agency that s/he represents seeks to remove the barriers that limit people’s ability to make healthy choices (Fox 2004). In this regard, both the ‘people’ described in health promotion and the health promoter are envisaged to play a part in the production of health (Wanless 2004; Commission on Macroeconomics and Health 2001). Health promotion is socially dynamic and recognises a reflexive relationship between ‘people’ and the institution that performs health promotion.

The notion of ‘health promotion’ was first proposed by Lalonde (1974: 57-58; Minkler 1989; Coburn et al. 2003), who was then the Minister of National Health and Welfare of Canada. Lalonde proposes that health is not strictly a biomedical issue; it is also an environmental, lifestyle, and organizational concern. However, it was not until the late 1980’s till the “first and best known view of health promotion” (Minkler 1989) was coined as “the art and science of helping people change their lifestyle to move toward a state of optimal health” (O’Donnell 1986). The WHO’s (2013) definition of health promotion takes this a bit further:

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

The use of the term ‘intervention’ identifies that the need for change is considered urgent. This comes across in the materials that accompany health promotion campaigns (Bettinghouse 1986; Job 1988, Bennett and Hodgson 1992). Critics are concerned with how this urgency translates into fear tactics (Job 1988), which Heath (2006: 146) calls “disease mongering”, and which “exploits the deepest atavistic fears of suffering and death”. While health promotion campaigns are also a platform providing people with ‘the facts’, they are part of a larger project that builds infrastructural support to make health information both accessible (Eng et al. 1998) and reasonable for people to act on (Tang et al. 2005).

For the intents and purposes of this discussion, the developmental focus of health promotion campaigns is its defining characteristic. In comparison to health education, health promotion is more open-ended because it claims the former as part of its repertoire (Labonte 1986) as well as a range of other strategies and activities (Jackson et al. 2006). Put differently, health education is part of a larger “continuum” (Bettinghaus 1986) of activities aimed at enabling people to make healthy choices (White and Dorman 2001; WHO 2009). This sets the stage for a discussion on social marketing, which raises similar themes about health information and infrastructural support, though it is distinct from health promotion and health education. Critical perspectives on health promotion will be visited later in this chapter.

Social Marketing

Whereas the sections above present health promotion as a public health strategy that is more open-ended than health education, the rest of this chapter focuses the discussion on an even more open-ended approach to public health: social marketing. Claiming both health education and health promotion as a part of its repertoire, the open-endedness of social marketing is captured by the ways in which social marketing are discussed in the context of social marketing scholarship. The ‘evidence’ in support of the ‘effectiveness’ of social marketing – at changing health behaviours – includes studies that do not even mention the phrase ‘social marketing’, e.g. those cited by Stead and Gordon (2009). However, before going into the fine points of social marketing scholarship, I begin with an overview of the prevailing definitions of social marketing.

Produced in the academic tradition of ‘marketing studies’, I consider the definitions mentioned in this section ‘conventional’ on the basis of their ubiquity and influence on the rationales and conceptual premises of mainstream public health social marketing. How these sources distinguish social marketing from regular marketing is a point to pay attention to. This is where the rationale for using social marketing in public health begins to get articulated. This overview serves as a basis to understand what is meant by ‘social marketing’ when the term is invoked in mainstream sources, e.g. government-issued White papers and the popular media. It also identifies the social issues and themes raised by conventional definitions of social marketing.

Given the fact that textbooks set the standard for the knowledge and methods of social marketers at the most basic level, they are considered reference-points for what ‘social marketing’ conventionally refers to in this review. Special attention is paid to the use of vague and ambiguous language: I believe they capture the ‘open-endedness’ of social marketing. The language also reveals what concepts and ideals are taken for granted in conventional social marketing literature.

Although I pay closer attention to the semantics and rhetoric of conventional social marketing definitions than most literature reviews about social marketing, this is part of a conscious effort to pursue a deeper understanding of what is meant by the ‘social’ and other grandiose words found in conventional definitions of social marketing. The point is to read these texts more closely in order to explore where textbook authors are coming from and to contribute with a critical understanding of the issues raised by their conventional social marketing definitions. Moreover, the semantics and rhetoric of conventional social marketing definitions are the most ‘tangible’ parts of the ideals valued by social marketers. As highly abstract as these may be, they are windows into the cultural values of authors, and this is important to developing a deeper understanding of conventional social marketing.

This is not to say that quantitative methods have not contributed significantly to our current understanding of the social dimensions of public health. These studies have demonstrated how obesity spreads in social networks (Christakis and Fowler 2007), how HIV travels within socio-geographic matrices (Wallace 1991), and how susceptibility to the common cold corresponds with the diversity of social network ties (Cohen et al. 1997). However, they have a common limitation: social complexity is explained in terms of the intricacies of social networks. Though this points out that there are aspects of social relationships that can be learned with quantitative and other reductionist approaches, they are better treated as part of a more rigorous approach to understanding the social dimensions of public health that integrates qualitative approaches. In particular, I am interested in understanding the complexity of social relationships. While the particular connections between these individuals is one way to understand these social relationships, this approach to understanding is limited in what can be learned about the quality and dynamics of those specific relationships. By pursuing a qualitative route, I intend to contribute with new insights to enrich the existing knowledge about social relationships derived from quantitative investigation. I begin with a review of the literature; to

lays out what is known about social marketing based on ‘conventional’ social marketing research.

The ‘Target Audience’ and the ‘Society’

A good starting point to pursue conventional definitions is the article written by Kotler and Zaltman (1971), popularly referred to as the ‘co-founders of social marketing’,²:

Social marketing is the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research.

The term ‘influence’ is an important word that sets the tone for the definition: as a play on power, it emphasises the fact that the act of social marketing is not spontaneous or unintended. Rather, the founders conceived of it as a conscious, active, and ‘calculated’ effort. In other words, ‘influence’ is not to be considered epiphenomenal to social marketing; it is, by definition, what this activity produces.

Writing to marketing professionals and specialists, Kotler and Zaltman take for granted what they mean by the ‘social’ of social ideals and did not think it necessary to clarify how this relates to the motivations of being ‘calculated’. This raises questions about the relationship that is envisioned between the ‘social marketer’ and the ‘target audience’ given the manipulative nature of marketing (Kirmani and Zhu 2007). We turn to other definitions to fill in the qualities that this definition does not provide about the relationship between social marketer and the ‘target audience’.

Another curiosity with conventional definitions of social marketing relates to the relative anonymity of the recipients. The definition provided in *Social Marketing: Influencing Behaviors for Good* (Kotler and Lee 2008), a popular textbook in the list of required readings for many university-level social marketing courses, which is co-authored by the same Kotler as that in Kotler and Zaltman (1971), provide a definition of social marketing that is a case in point. Framed as an executive summary of the definitions of social marketing found in the literature, they provide the following definition:

² “Philip Kotler”. *Wikipedia*. Accessed 30 May 2013 from http://en.wikipedia.org/wiki/Philip_Kotler

Social marketing is about influencing behaviours...it utilizes a systematic planning process and applies traditional marketing principles and techniques, and...its intent is to deliver a positive benefit for society (8).

Notice how ‘influence’, decades later, remains a central component in the definition, though who or what this influence is directed to remains unarticulated. As much as the term ‘society’ is invoked in this definition, there is no follow-up to clarify what is ‘social’ about the composition of this ‘society’ or what how the activity of ‘influencing behaviours’ can be the platform to implicitly exclude people from this ‘society’ (Lupton 1995; Tesh 1996).

Kotler, Roberto, and Lee (2002: 7) offer some clarification on where they, as social marketers, stand relative to the target audience, and write, “we select and influence a target audience”. This statement agrees with Smith (2001), who also contributes by describing social marketing as an ‘institution’. However, neither of these texts offer insight into what makes the term ‘target audience’ meaningful. Nevertheless, these authors’ statements illustrate the point that the social marketer is framed as the actor in social marketing. The ‘target audience’ is the opposite of this and is the recipient of the social marketer’s actions.

It is known that textbooks dominate what students learn (Tyson-Bernstein 1988). The textbook is the primary written source of information on and interpretation of fundamental social and political issues for the overwhelming majority of college students (Green and Hurwitz 1980). With these points established, what is even more curious about conventional social marketing textbooks is the fact that their authors do not indicate awareness of how they, by taking an authoritative voice in the context of academic training, are socialising future social marketers to take for granted the same ideas that they do (Mendoza 2007 and 2008). However, texts – old and new – continue to disregard this possibility and appear to assume that the institution of social marketing is inherently ‘good’ and will inevitably deliver what Kotler and Zaltman (1971) promise: ‘a positive benefit to society’ even if the parameters for this ‘society’, as the subsequent sections describe, are problematic.

(Inadvertent?) Infantilisation of the ‘Target Audience’

By framing social marketing as unquestionably ‘good’ activity, conventional authors on social marketing set the precedence of regarding the target audience as

being 'in need' in some way. Though researchers acknowledge that it is important for consumers to play a part in defining what they 'need', this ideal is not yet a standard practice (Grier and Bryant 2005). Though this has the potential to be infantilising to the target audience, this issue is not addressed. Yet, this issue extends beyond the notion of 'need'. Real life examples of social marketing, as described in Chapter 3, illustrate how the 'target audience' is infantilized by the way that they are represented in widely distributed social marketing adverts, e.g. Change4Life.

Kotler and Lee (2008) take a slightly more reflective tone in their text by contemplating on the notion of 'good'. Divulging two-thirds of a page in their textbook, they explore the question, who defines what is 'good' and surmise it as a subjective matter (Ibid.: 46). They conclude with a panacea: taking the recommendation of Donovan and Henley (2003), they set the UN Universal Declaration of Human Rights³ as an 'external ethical referent' (Donovan and Henley 2010: 209) for 'the baseline for what is "good"' (Ibid.: 7). As unsatisfying as this may be to some readers, the important part of this definition is that the target audience continues to be denied of any part in this decision. What is 'good' remains something determined by an external source, may it be the UN or the social marketer. This captures a different aspect of how the 'target audience' may be infantilised in the context of conventional social marketing.

Although they draw on the Declaration to claim some absolute position, there is significant scholarly discourse surrounding the Declaration, and it has been intelligently criticised for its androcentrism (MacKinnon 1998), poor articulation of 'health' as a human right (Mann 1998), and Judeo-Christian assumptions of 'rights' (Littman 1999). Historically, its contents were considered contentious to the point where eight member-nations of the UN abstained to vote on ratifying the Declaration (United Nations 1949). In other words, the universalism claimed by referring to this document itself a moral claim that warrants critical reflection. Though Kotler and Lee (2008) and Donovan and Henley (2003) do not offer any guidance on the definition of 'good', the choice not to is itself infantilising. They are dictating what is 'good' to both the reader and the target audience.

³ Ibid. referring to www.unhcr.ch, which no longer works as of 30 May 2013. However, the UN Universal Declaration of Human Rights was accessed from the following URL on the same day: <http://www.un.org/en/documents/udhr/>

Social Exclusion and Social Marketing

The theme of social marketing being something inherently ‘good’ is continued in the definition of Kotler et al. (2002):

Social marketing is the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, and modify, or abandon a behavior for the benefit of individuals, groups, or society as a whole.

Though this definition is basically a paraphrase of the definitions mentioned in the texts discussed above, this contributes by naming the ‘who’ of social marketing more directly. The fundamental question of whether a target audience is part of a state or society remains unarticulated. However, some clarity is provided about the ‘target audience’ in their statement: “we select and influence a target audience”. (Ibid.: 7) This boldly confirms that the authors of this and other conventional textbooks consider themselves as the agents of change.

Cheng, Kotler, and Lee (2009: 2) contribute with a more inclusive description of who benefits from social marketing. They consider it an institution that is ‘for the good of a society and the target audience’. Nevertheless, the distinction between ‘a society’ and ‘the target audience’ in this statement indicates that the ‘target audience’ is not necessarily included in a society. An apt example is that of the undocumented immigrant, who brings economic and agricultural benefits (Bouvier and Gardner 1986) and increased cultural and economic diversity to a nation (Bosco 1994; Mehta et al 2002). This opens the potential for social marketing to be a platform for an implicit form of social exclusion, a point that has been explored by authors such as Shakuntala (2011). Shakuntala writes about European youth civic websites that explicitly invite people to engage in civic activities but implicitly exclude those without the means to access them from participation.

Another important point about the early definition provided by Kotler et al. (2002) relates to the suggestion that it is up to the target audience to “voluntarily accept, reject, modify or abandon a behaviour”. While this suggests that the authors view the target audience as actors or agents, this does not necessarily resolve the social inequality between the social marketer and the target audience. The same authors clarify any confusion that their suggestion of agency implies with another statement later on in the same textbook, “we select and influence a target audience”. (Ibid.: 7) Although the authors do suggest that their statement can cause tensions

between them and the target audience, this clarification provides confirmation that conventional definitions of social marketing are more project of behaviour change than improving the authors' relationship with society or that of a society with a target audience.

Perhaps the 'social' that conventional social marketers use in conventional textbooks has nothing to do with relationships. This can explain why conventional social marketing is more concerned with changing behaviours than with building relationships. Yet, this does not justify treating 'behaviours' as the synonym for 'social': behaviours refer to personal or psychological issues. Social refers to issues have less to do with individuals than they have with the relationship between them.

Without consideration of relationships, the authors of conventional social marketing texts overlook the question of why the target audience should find it salient to believe that what social marketers do is for "the benefit of individuals, groups, or society as a whole". Though altruism is a meaningful attribute, it begs the question of why it is reasonable to expect target audiences change at all, especially if they do not find what they do problematic. Yet, an explanation along the lines of altruism is inconsistent with the attitude that social marketers have with respect to what is being 'sold'. As Kotler, Roberto and Lee (2002: 10) explain: "Similar to commercial sector marketers who sell goods and services, social marketers are selling behavior change". Nevertheless, what is the currency the target audience expected to 'buy' 'behaviour change' with? Moreover, does 'buying in' to social marketing afford the target audience inclusion into a social group or society?

General definitions offer no insight to answer these questions. The 'demand' that the target audience is supposed to have in order to drive the 'sale' of 'behaviour change' remains an abstraction that must be taken for granted in order to get past this gap in the conventional social marketing literature.

On the theme of inadvertently alienating the target audience with social marketing, McVey and Lynn (2009: 101) contribute by describing the need for social marketers to "understand disadvantaged and marginalized groups". However, the motivation of this 'understanding' is one-sided: there is no suggestion that this 'understanding' will place the target audience into a social position equal to the social marketer. Instead the call is driven by the motivation to enhance the 'influence' of social marketing. This 'understanding' is not explained as an opportunity to build a better relationship with the target audience.

Social marketing as ‘Intervention’

As it relates to the expectations placed onto the target audience, McVey and Lynn offer this statement: “social marketing is not simply an activity that is meant to produce benefits for ‘society as a whole’, it is an activity that is based on ‘intervening’ with the behaviours of the target audience” (Ibid: 101). The term ‘intervening’ is interesting in that it raises questions about whether it is reasonable to liken social marketing to clinical interventions that are legitimated through controlled trial trials (Kaptchuck 2001; Grossman and Mackenzie 2005).

The fact that social marketing studies cannot meet the ‘gold standard’ of biomedicine confirms it to be impossible to conclude whether social marketing causes behaviour change. Social marketing can only be associated with certain outcomes (Sorensen 2011). However, this is not as central an issue as it relates to the fact that clinical interventions are provided in the context of ‘choice’, whereas the implementation of social marketing is not. The NHS (2013) may make the claim that “modern medicine is more a partnership between doctor and patient than ever before”, but social marketing is not a ‘partnership’ between social marketer and the target audience. Authors neither frame it as such nor is there the pretence of an equitable power dynamic between social marketer and target audience. This is compounded by the fact that choice in the context of social marketing has to do with what happens *after* social marketing, i.e. the ‘voluntarily’ changed behaviours (Kotler et al 2002). The choice to be social marketed to belongs to the social marketer who sets the agenda and schedule for when social marketing is implemented (Andreassen 2006). Should social marketing be treated as a formal intervention, then informed consent should be a part of its practice. This would formally acknowledge the people’s autonomy, i.e. the foremost principle of bioethics (Kottow 2004), as well as the rules, regulations, and laws that protect the rights and interest of patients (Annas 1992; Troup 1992; Rodwin 1994). Yet, none of these are in place in the context of social marketing.

So what does it take for someone to opt-out of social marketing? Must s/he remove herself/himself from a society to regain her/his autonomy and escape social marketing? When such question are applied to statements found in social marketing textbooks, e.g. “social marketing can be applied wherever one has a target audience and a behavior one wants to influence” (Andreassen 2006: 6), the answer appears to be that there is no way out of social marketing; it is simply the moral thing to do.

This is not to say that legitimate public health interventions are free from moral justifications; the compulsory isolation and quarantine of people in the event of infectious disease control is a case in point. However, what sets this example – where citizens’ freedoms are momentarily restricted for a public good – apart from social marketing is that the former is backed by the power of law (Parmet 2007). The moral authority to implement social marketing, even when a target audience wishes neither to be targeted nor marketed to, is not, as yet, backed by any legal justification.

If social marketing is neither a formal intervention in the legal or clinical sense, perhaps social marketing is no more than a moral practice? The answer to this question will become more apparent in light of the real-life examples of social marketing found in chapters three through six. In these chapters, observations are made where social marketers are forced to decide whether to ‘intervene’ when the ‘target audience’ explicitly prefers to be left alone. This discussion is a prelude to some of the social and ethical tensions raised by social marketing approaches that frame ‘moral practices’ as public health ‘interventions’. This also captures what I call the ‘top-down’ orientation of conventional definitions of social marketing: the social marketer sets the agenda for what requires intervention. Power and influence flows down to the target audience.

There is also a sense of entitlement that social marketers have for the target audience to care about what they are trying to achieve. Assumed in all of the texts reviewed so far is a direct line of communication between the social marketer and the target audience. This conceptualisation is problematic because it assumes that a poor and untrusting relationship between the social marketer, the client s/he represents, and the target audience is never an issue with social marketing communications. The focus is instead on the contents of social marketing messages, and the ways in which strategies can be exploited to enhance their ‘influence’. This focus inspires new research question: why should a target audience comply with the demands of strangers? This is especially problematic if the target audience considers the issues described in social marketing messages irrelevant. Is the problem with the target audience or the social marketer in this situation?

The public health literature contains erudite examples of how mixed-methods have been applied to developing complex interventions and public health solutions. Bass and colleagues (2008) used qualitative interviews to develop and validate a

post-partum depression screening tool indicated for the population in the Democratic Republic of Congo. This new clinical tool is what made it possible to improve the understanding of the mental health issues facing this specific population. In another example, Bradley and colleagues (2001) demonstrated how public health research that includes qualitative methods is important to developing strategies for increasing the use of β -blockers in patients with acute myocardial infarction. On the topic of AIDS among women, Amaro (1991) analysed interviews with over 2528 women to discover how behavioural approaches to HIV prevention tend to ignore how gender, women's social status, and women's roles affect sexual risk behaviors and the ability to take steps to reduce risk of infection. This inspired Zierler and Krieger (1997) to rally epidemiologists to re-frame the study of AIDS in women as more fundamentally an investigation of discrimination (Krieger, Sidney and Coakley 1998; Krieger 2000), violence (Zierler, Witbeck and Mayer 1996), poverty and social inequalities (Zierler et al 2000), racism (Ford et al 2009), and gender inequality (Krieger et al 2003). Each of these studies is significant for deepening the understanding of complex interventions in public health research by applying an interdisciplinary and critical perspective.

Social Marketing as an Empty Shell

To this end, Kotler and Lee (2008: 17) concede that “social marketing is clearly not the only approach to impacting a social issue, and social marketers are not the only ones who can be influential”. Though this statement admits to the shortcomings of the field, it falls short of discussing these limitations in relation to the types of social issues created by their efforts. We can take this as a general sentiment in the field of social marketing because other popular social marketing textbooks also note that social marketing is not a panacea: there are alternatives to “solving social issues” (Ibid.).

Encompassing the strategies of health education and health promotion, among many others (Evans 2006), social marketing researchers consider studies that refer to programmes that are not even called ‘social marketing’ as evidence in support for social marketing. This is the basis for Stead and Gordon’s (2009) claim that the interventions studied by Pentz et al. (1989) correlating social marketing with lowered prevalence of drug use among adolescents, and Luepker et al. (1996) associating social marketing with improving children’s diets, demonstrate the

effectiveness of social marketing even if neither mention ‘social marketing’ in their respective publications. Yet, this all-inclusivity illustrates how social marketing is not anything in particular and why it is a characteristically ‘empty’ strategy. The way conventional researchers use the term ‘social marketing’, it is an ‘empty signifier’ that can stand for anything depending on the agenda of the author.

Yet, despite its ‘emptiness’, social marketing is viewed as the weapon of choice to win one of the toughest public health problems of the day: obesity (Department of Health 2013). With over 61.3% of adults in the UK classified as overweight or obese, the UK government has declared a “war against obesity” (BBC 2012). Although a war against an immaterial object is arguably nothing at all⁴, it is interesting that the ‘weapon’ of choice in this war is an ‘empty shell’. The lack of discourse on the ‘social issues’ of social marketing may have to do with being more of a militaristic operation than it is a social one. Perhaps this is the reason why social marketing textbooks, and social marketers by extension, do not approach social marketing as a project requiring critical introspection. Instead, it is a project, if not an imperative, focused on ‘influencing’ the target audience.

As if in counterpoint, French and Blair-Stevens (2009: 1) note that “social marketing is not about doing things to people but about working with and for them”. Though this statement promises a different perspective to the conventional definition of social marketing, the text does not deliver. However, in a separate description in another part of this textbook, French (2009: xii) describes social marketing as a project for “a social good” (French 2009: xii). This contributes by acknowledging the morality of social marketing. However, no clarification is offered on what ‘a social good’ is.

This definition, like many of the ones described earlier, also takes for granted the identity of the target audience by focusing on the function and intent of social marketing rather than its anonymous target. Rather than clarifying who the target audience is, they continue to describe that social marketing as a project that produces “measurable return(s) on investment” (French 2009). This definition contributes with an insight into the proclivities of conventional social marketers:

⁴ For different perspectives on what this ‘war’ is about, see Balko, R. *The “War” Against Obesity*. Cato Institute. Accessed 31 May 2013 from <http://www.cato.org/publications/commentary/war-against-obesity> and Zelman, KM. *How to Win the War Against Obesity*. WebMD.com Accessed 31 May 2013 from <http://www.webmd.com/diet/features/how-to-win-the-war-against-obesity> and Gluckman et al. (2011) “Losing the War Against Obesity: The Need for a Developmental Perspective”. *Science Translational Medicine*. 3(93): 93

they value a simplistic understanding of social marketing, i.e. one that does not critically reflect on the problems created when complex social phenomena are reduced to crude measures of attitudinal and behaviour change. This is especially interesting in light of the claim that social marketing is designed to solve ‘social problems’. Note that the public, to which a government is supposed to be held accountable to in a democratic society, is unmentioned in this definition as an agent for social change. Later on in this textbook, the author corroborates with other authors by calling social marketing an ‘intervention’ (McVey and Walsh 2009). Ironically, though this textbook emphasises the need of “unambiguous success criteria” for social marketing, it is itself a highly ambiguous definition that neither defines what the “success criteria” are, nor describes what this has to do with solving “social issues”. Though French’s definition of social marketing is the most broad of the definitions reviewed so far, it only contributes to the discussion by highlighting the buzzwords and themes of conventional social marketing.

Though social marketers do not explicitly make claims about the long-term effects of social marketing, they imply this in statements about the role of marketing on making “social change” (Kotler and Zaltman 1971), “cultural change” (Steenkamp 2001), or “cultural shift” (Department of Health 2008). However, studies have yet to produce evidence in support of what they imply. For example, Robinson (1999) found that reducing children’s television viewing prevents obesity. However, there is no evidence in support of this claim beyond one year of the intervention. Project Northland, a “multi-level and multiyear intervention” to reduce under-age alcohol consumption, indicated impact on alcohol consumption 2.5 years into the programme, this effect dissipated 1.5 years later (Perry et al. 1996). The same can be said of the study of Campbell et al. 2000, whose findings are limited to two-years after implementation of an intervention on fruit and vegetable consumption among Black Church goers. These studies highlight the limited sustainability of the impact of social marketing along the lines of measurable outcomes. They also reiterate the point about the ‘emptiness’ of social marketing because social marketing experts have appropriated them into the body of evidence in support of social marketing (French et al. 2009; Stead and Gordon 2009) even if the studies never use the phrase ‘social marketing’ to describe the intervention.

On a similar note, these studies also underscore the limitations of understanding ‘lifestyle’ as a quantitative construct or ‘behavioural outcome’. This

is symptomatic of the culture that dominates research on ‘behavioural health’. Even in high-profile studies that highlight a need to intervene with the behaviours of obese patients in clinical encounters discuss the ‘problem’ in terms of ‘outcomes’, e.g. the ask-rate of patients being advised to lose weight (Gulaska et al. 1999) or rate of recommending them to do more exercise (Wee et al. 1999). Such studies frame the need for intervention as a procedural issue rather than a social or cultural problem (Nestle et al. 1998).

To conclude this review of conventional ways in which social marketing is discussed in textbooks and the public health and biomedical literature, I posit that conventional discussions on social marketing strongly suggest, but never explicitly claim, that social marketing *causes* behaviour change. This is captured in statements issued by the government that frame social marketing as a panacea for obesity and overweight in England. (See section ‘The Public Health Justification for Change4Life’ later in this chapter). As much as social marketing may be considered a behavioural intervention, it is important to remember that social marketing does not take place in a highly controlled environment like that of randomised, controlled clinical trials. This highlights my main critique of ‘conventional approaches’ to social marketing research: they rely on the simplistic use of attitudinal and behavioural outcomes, and they are ‘simplistic’ for insufficiently considering the fundamental social issues that belie what they are measuring. In the absence of critical reflection, ‘conventional approaches’ trivialise the problem inherent with projects based on controlling or ‘influencing’ target audiences: this goal is untenable due to the diffuseness and uncontrollability of the environment where social marketing takes place. Unlike the commercial world, this cannot be taken for granted in social marketing. There is no empirical basis for the implicit claim that social marketing causes behaviour change. This is a moral claim that is often hidden in ‘the facts’, as the Nobel Laureate for Economics, Gunnar Myrdal (1969), points out in his critical discussion about quantitatively-based research.⁵

⁵ Myrdal writes that ‘Biases are thus not confined to the practical and political conclusions drawn from [quantitative] research. They are much more deeply seated than that. They are the unfortunate results of concealed valuations that insinuate themselves into research at all stages, from its planning to its final presentation. As a result of their concealment, they are not properly sorted out and thus can be kept undefined and vague’. (p.52)

A Brief on ‘Nudge Theory’ and ‘Libertarian Paternalism’

A discussion about social marketing cannot avoid a discussion of Thaler and Sunstein’s (2008) ‘nudge theory’. This is especially the case since the theory is taken so seriously by the government that the UK government has assembled a ‘Nudge Unit’, more formally known as the ‘Behavioural Insights Team’ in the Cabinet Office to guide policy making (Cabinet Office 2013). More formally, ‘nudge theory’ is called “libertarian paternalism” (Sunstein and Thaler 2003a and 2003b), a term that even the authors regard to be an oxymoron. According to Thaler and Sunstein (2008), “nudges are not mandates. Putting fruit at eye level counts as a nudge. Banning junk food does not”. In other words, nudging people is about getting them to change their behaviour without necessarily banning activities (Triggle 2011).

Libertarian paternalism seeks a middle ground between a state-dominated coercive paternalistic approach to creating social change and a more liberal approach that emphasizes free choice and the power of the market as the key driver (French 2009: 9). At its heart, ‘nudge’ centres around presenting choices to people in a strategic way: the way they are presented is called the ‘choice architecture’ (London 2008). Though a “ban on junk food” may also affect the choices available to individuals, it ultimately “blocks individual choices”; this is not what ‘nudge’ stands for (Sunstein and Thaler 2003b: 1161). As De Martino et al. (2006: 684) carefully point out, human choices are remarkably susceptible to the matter in which options are presented. Choice architecture uses “framing effects” (Ibid.; Redelmeier et al. 1993: 72-73), a form of cognitive-bias (Deppe et al. 2005), to “steer” (Thaler and Sunstein 2003a: 177) people toward making better choices. The paternalism of ‘nudge’ comes across in this deliberate attempt to influence people into making choices that make them “better off” (Thaler and Sunstein 2003b: 1162). As the authors note (Ibid.), this corroborates with VanDe Veer’s (1986) influential work on paternalism and benevolence. In this regard, social marketing is a form of ‘nudge’ designed to change people’s lifestyles by presenting healthy choices as default choices and not depriving people of their right to make unhealthy choices (Bonell et al. 2011).

Libertarian paternalism makes its mark in the most unlikely places, including urinals. The Michigan State Police’s Office of Highway Safety and Planning has installed ‘talking urinal cakes’ in bars that, upon irrigation, literally tell patrons what

is safe for them, e.g. “Call a sober friend or a cab” (Taylor 2012). In this regard, the messages ‘spoken’ by the urinal cakes assume that the moment of urination is an appropriate moment to change the ‘choice architecture’ of bar patrons and enacts on the morality that disrupting an intimate moment is justified because of the inherent ‘goodness’ of the motivation to prevent drunk driving. From the perspective of Thaler and Sunstein’s libertarian paternalism, the benevolence of the Michigan State Police Office of Highway Safety Planning justifies a disruption in the urinal and formatively re-structures choice architecture for the better of male bar patron. Yet, this begs the question of whether this is going ‘too far’ with social marketing? Or conversely, is this going far enough? Why not include statements about the detriments of drug use, sexual harassment, and rape?

Astute critics argue ‘nudge’ to be less an issue about choice, as Thaler and Sunstein propose, as it is, simply, about paternalism (Mitchell 2005). Some characterise ‘choice architecture’ as the exploitation of cognitive and psychological techniques (Jones et al. 2011) that are known to violate human rationality (De Martino 2005) and create the illusion of choice as a smokescreen to manipulate the ‘chooser’ (Downs et al. 2009; White 2013). These counterpoints importantly highlight the contentiousness of libertarian paternalism despite its adoption by governments and other influential institutions. This lays out the underlying conceptual foundation on which so many contemporary public health directives and practices, including Change4Life, are based on.

Critical Perspectives on the Motivation Behind Public Health

According to a tracking study, the Department of Health reported that a year after launching the Change4Life programme, evidence “shows a high degree of claimed change, with three in ten of those mothers who are aware of Change4Life claiming to have made a change to their children’s behaviour as a direct result of the campaign.” (Department of Health 2010e: 60). Nevertheless, the validity of these findings is not thoroughly addressed, specifically as it pertains to conducting face-to-face interviews and the propensity for social desirability bias (Evan and Miller 1969, Holbrook et al. 2003). As such, we can, at best, take these favourable results *cum grano salis*. Simply put, alluding to a direct cause in behaviours as it relates to exposure to a social marketing programme, e.g. Change4Life, is misleading. There are simply too many variables in the uncontrollable environment, i.e. the entirety of

the English landscape, to make it possible to explain behaviour change as a direct effect of social marketing.

Yet, one cannot ignore the demand for ‘evidence’ in support of the effectiveness of an expensive social marketing campaign that is funded by the government. The government is accountable to its citizens as to how tax money is expended on public works, e.g. public health programmes against obesity. Therefore, it remains central for governmental agencies, e.g. the Department of Health, to produce materials in support of how a social marketing campaign such as Change4Life is creating a positive impact on England. The publication above is an example of this, despite the issues it raises.

Foucauldian scholars add nuance to the critique on social marketing as it relates to the role which social distance plays in the placement of responsibility onto private individuals of the public to solve public health problems. In a recent article by Crawshaw (2012), he notes that social marketing is an exemplar of neo-liberal governance intended to change attitudes and behaviours from “a distance” through the inculcation of shared values and dispositions towards wellbeing and consumption practices. He explains, in agreement with Dean (2010), that the problem with requiring individuals to take control of their own lives under the guidance of expert discourses is that these are removed from everyday experiences and interaction. In other words, social distance keeps authorities out of touch with the reality facing real communities, and some scholars are concerned with the social problems created by this form of governance.

Going back to the notion of urgency captured in the language of social marketing, the use of the word ‘intervention’ ties into the points raised by Lupton (1995), and also shines a new light on public health:

When disease threatens to rage out of human control and science and medicine appear to be ineffective in containing it, notions of blame draw upon fears which can be traced back to medieval notions of sinfulness and punishment, purity and contagion, cleanliness and dirtiness(47). It is assumed that all individuals have the potential for social action in the name of good health, and that it is simply up to the health promotion officer to encourage or ‘facilitate’ the realization of this potential (75).

By applying Lupton's interpretation to the conventional definition of social marketing, we can see a subtext to the 'society' that conventional social marketing is supposed to 'benefit'. It has to do with an old-fashioned notion that political ideology keeps the target audience apart from the those in power. This corroborates with the idea proposed by Crawshaw (2012), who regards social marketing as a form of "health governance" designed to "improve health at a distance". Similarly the imperative to intervene has nothing to do with public health, per se, and more to do with maintaining an unequal power structure that is highlighted by the presence of social 'distance'.

Similarly concerned with the relationship between the target audience and this notion of 'society', Nobel Tesh (1996: 82) contributes with this insightful criticism:

If advocates of personal prevention hope for really effective disease prevent, they do have a responsibility to prescribe social prevention as preeminent and to put individual action in a context that indicates its surrogate role. The very notion that individual people can be conceptually separated from the society in which they live needs examination.

This criticism provides a different lens to interpret the vague language used in conventional social marketing definitions. It reveals the 'hidden argument' behind conventional social marketing explanations, which is to use social marketing as a way to keep the target audience from ever belonging to the 'society' that social marketers are constructing with their practices.

The Public Health Justification for Change4Life

From the publication of the policy document *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* (Department of Health 2008) emerged as the call for a public health strategy centred on creating a 'cultural shift' towards a lifestyle consisting of healthier eating and more physical activity. Encoded in this 'cultural shift' is an economic rationale. Given the resource intensity of clinically based services, economic factors made it necessary for governments to develop approaches to public health that circumvent the need for a clinical interface. Likewise, the shift away from controlling contagions to the management of "lifestyle diseases" such as obesity (Gostin 2007) and coronary heart disease

(Ornish et al. 2007) further highlights how the agents of disease have shifted from non-humans to humans. Though this is the idea intimated in the following rationale provided by the UK Department of Health (2013) for using social marketing as a public health strategy, they give it a different spin:

The role of marketing will be to create a movement, in which everyone in society plays their part, helping to create fundamental changes to those behaviours that can lead to people becoming overweight and obese.

In this regard, the focus on ‘behaviours’, as Armstrong (2009) points out, shifts the onus away from public structures to produce public health, but onto the shoulders of private individuals. This interpretation also clarifies the sentiment behind the government white paper, *Securing our Future Health* (Wanless 2002), where it was proposed for individuals to take ‘ownership’ of their role in influencing the public health of the nation.

The motivation for behaviour change is further complicated by the UK government’s interest in being “the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight” (Department of Health 2008). This focus on being the ‘first’ introduces the question of what the public has to gain from this project or how this strategy has anything to do with neutralising the social determinants or ‘fundamental cause’ of public health (Phelan et al. 2004 and 2010, Phelan and Link 2005). The emphasis on being ‘first’ makes a sport out of obesity reduction, and this really has nothing to do with resolving the social causes of obesity.

The Interpretation of Symbolic Representations

Symbols play a large part in the communications of social marketing and health promotion. Logos, sound clips, a colour scheme: these are examples of the symbolic dimensions of social marketing adverts. They are the products of design, and not to be taken as unintentional. Encoded in these symbols are the values of the social marketer, and it is important to regard these aspects of social marketing as items to be interpreted. To this degree, Lupton (1995) explains:

Students and practitioners may also be encouraged to engage in media analysis discourse analysis and other methods of revealing

ways in which ideas and truths are created and power relations reproduced through language and discourse (159). Symbols and cultural metaphors are employed in advertising to make links between the initially meaningless product and desirable values (122).

The work of Baudrillard (1994) contributes to this discussion by providing a different set of terminology to discuss the symbolic representations found in social marketing. Calling symbolic representations of reality “simulacra”, he discusses the challenges of differentiating a representation of reality from actual reality. Even if simulacra appear to be ‘real’ – as is the case with photo-realistic simulacra – they are not to be considered reproductions of reality: they are simulations of reality. He names these ‘simulated realities’ created by simulacra ‘hyperrealities’.

To Baudrillard, simulacra are powerful. Though they may appear passive, e.g. a poster on the wall, they blur the viewer’s distinction between reality and hyperreality. Baudrillard regards simulacra in a negative light because they manipulate the viewer into believing simulated realities to be more ‘real’ than the ‘real’.

Simulacra either directly impact audiences by replacing their ideals with those portrayed in simulation or indirectly by changing their cultural norms. Baudrillard uses the term “precession of simulacra” to describe the moment when a person bases their preferences and actions in the real world on those depicted in hyperreality. To the extreme, Baudrillard explains that the threat of war portrayed with simulacra can be sufficiently powerful to incite an actual war.

For some conventional public health researchers, Baudrillard’s work is easy to dismiss on the basis of its conspiratorial air. Nevertheless, we cannot ignore the prominence of simulacra and simulation in Change4Life, or any public health social marketing campaign in general.

Though Baudrillard never discusses public health social marketing directly in his work, the heavy use of signs and symbols in this public health strategy makes Baudrillard’s theory a relevant one to apply when analysing the symbolic representations of Change4Life. By scrutinizing social marketing adverts of the hyperrealities created by their symbolic representations, we come to appreciate why we cannot take for granted the visual and aesthetic components of public health social marketing campaigns. By focusing on the events taking place in Change4Life,

we come to realise that far more information is being communicated with an advert than health information.

On Social Differences and Identity in the Context of Democracy

The literature review concludes with a brief mention of the work of the political philosophers, Young (2000), who is concerned with the confusion between equality and ‘sameness’ in a democratic society, and Gutmann (2003), who is concerned with identity in the context of a multicultural democracy.

Young (2000) discusses the problem with ‘sameness’ in problematic interpretations of ‘equality’ in multicultural democratic societies. The ‘equality’ that she speaks of refers to that captured in the principle that ‘all men are created equal’ and the right to due process. Young recommends:

Inclusion ought not to mean simply the formal and abstract equality of all members of the polity as citizens. It means explicitly acknowledging social differentiations and divisions and encouraging differently situated groups to give voice to their needs, interests, and perspectives on the society in ways that meet conditions of reasonableness and publicity (119).

Young emphasises that a multicultural democracy cannot be treated as one consisting of a monoculture. To Young, accepting and acknowledging differences between people does not diminish their equality within the democracy. This is a sophisticated take on inclusion that treats ‘difference’ as a value rather than reason to exclude different people from a democracy.

Furthering the discussion on the politics of difference, Gutmann (2003: 57-58) describes how the notion of ‘fairness’ fits into the construction of a multicultural democracy:

The challenge for a multicultural democracy is not to be culture blind but to be fair to all individuals, whatever their cultural inheritance. Fairness, in turn favors democratic support of cultural practices that are compatible with respect for individuals while rejecting those practices that are not. Fairness does not claim to be culturally neutral standard, but neither is fairness specific to any single culture (or full realized by any culture).

Though Gutmann speaks of the ‘individual’, she refers to her/him as someone who is part of a greater society. The uniqueness of the ‘individual’ is rejected as a reason to isolate individuals from the multicultural democracy that they fundamentally belong to. In this regard, acknowledging the individuality within a multicultural-democratic context is not an exercise to isolate individuals from their society; it is a fair way to appreciate individual differences as a value of a multicultural society.

These works provide an important perspective to apply when interpreting representations of people and the target audience found in Change4Life adverts.



Figure 1.2 A visual representation of unhealthy behaviour. Extraction from the Change4Life ‘Snack Swapper’ advert (Department of Health 2009b at the tenth second



Figure 2.1 'Sherlock' is looking for salt in her/his food in Change4Life. Image from <http://www.nhs.uk/Change4Life/Pages/avoid-salty-foods.aspx>

Chapter 2 Approaches to Understanding Social Marketing and Public Health

Introduction

The following chapter describes the approaches used in this study of public health social marketing. This study uses approaches that capitalise on the subjective views of those who carry out social marketing as their profession. Their “intimate familiarity” (Lofland, 1976) with the issues provides a unique perspective on what is important about social marketing. This study also utilises approaches that apply an interpretative lens onto the objects related to social marketing, e.g. advertisements, in order to see what the world looks like from the perspective of the objects’ authors. Collectively, these approaches capture information that is typically discarded from consideration, but which have large impacts on the shape of the programme. They are designed to capture observations of the subjective, arbitrary, political, and ideological aspects of social marketing.

The analytical strategy described in this chapter confronts the immeasurable qualities of social marketing in order to understand the social dimensions of social marketing. By “closing the distance” (Morrow, 2007; Silverman, 2009) reflected in conventional research perspectives, the following approaches consider what social marketing means to those who are entrenched in the life of social marketing. Each approach is discussed in terms of its methods and how its appropriateness to the study of public health social marketing. Note that it is ‘artificial’ to discuss each approach separately. It creates the impression of complicatedness when in fact, the goal of this study is to capture the irreducible complexity of social phenomena in

these descriptions. Nevertheless, the following chapter attempts to describe the different approaches taken toward understanding the social complexities of social marketing.

A New Conceptual Focus: 'Work'

The following approach is one that I am proposing to apply onto the investigation of social marketing: I call it 'work'. This approach is meant to take the attention away from the 'outcomes' of social marketing and place it onto the effort inducted into social marketing. Generically, 'work' concerns the ideological force behind an activity, particularly how ideals are applied to praxis. This change in focus is also an attempt to fill a gap in knowledge created by a body of knowledge fixated on assessing outcomes, e.g. changes in health behaviour, and documenting programme outputs (Wickizer et al., 1993), organizational efficiency and productivity.

Research on 'work' centres around the people who are carrying out the activities of social marketing. The point is to understand the social dynamics surrounding programme implementation. As a human endeavour, social marketing is never free from the "bounded rationality" (Simon 1955, 1991, 1997) of the people and institutions that carry out the job. It would be unrealistic to regard it as an activity free of human error and subjectivity. This approach provides a realistic view of social marketing.

When applied to this investigation, a focus on 'work' shifts observations away from what happens at the end of social marketing and onto what happens during it. Accordingly, social marketing is framed as an iterative process that is ongoing, constantly changing, and responsive to social context and contingencies. To see this process in motion requires long-term observation. Research methods based on 'capturing' different moments of a process, e.g. with periodic surveys, assume a perfect accuracy in using motionless 'snapshots' to study a process that is neither linear nor predictable.

As something constantly changing, it is difficult to tell when 'work' begins or ends. The choice to satisfy one requirement in the process of implementing social marketing can leave another up in the air, especially when unintended consequences are created. From this perspective, the motivation for social marketing is not fixed to the official definition of social marketing. It is less mechanistic, more context

specific, and is in tension with the multitude of other reasons to pursue social marketing.

By studying ‘work’ we come to appreciate how ‘outcomes-focused’ research can distort the understanding of what is being studied, replacing the day-to-day experiences of social marketing with an idealised version of it (Jayaratne and Stewart, 1991, p.88; Reinharz, 1979). To ‘test’ the relevance of formal definitions of social marketing, we turn to those entrenched in it to see what they believe and understand about social marketing. This entails actively engaging with the subjectivity aspects of social marketing rather than filtering them out from consideration. This will provide not only a more realistic understanding of social marketing; it will also lead to new ways of seeing what it is.

A discussion of ‘work’ is incomplete without consideration of the notion of ‘process evaluation’. More generally, Patton (1987: 23) explains that

The process focus in an evaluation implies an emphasis on looking at how a product or outcomes is produced rather than looking at the product itself; that is, it is an analysis of the processes whereby a program produces the results it does.

Though this generic definition sounds similar to what ‘work’ is meant to accomplish, Wickizer and colleagues (1993: 561, 566) clarify how they contrast with one another:

process evaluation is designed to analyze community organization efforts and to gather information on the organizational processes and activities undertaken to advance community health promotion objectives.

The term “efforts” is an important clue that differentiates process evaluation from ‘work’. In the context of process evaluation, “efforts” are held differently than “activities undertaken” in the context of “advance(ing) community health promotion objectives”. However, “efforts” are “health promotion objectives”; this type of work is a noun. This contrasts with the ‘effort’ referred to in ‘work’, which does not necessarily have anything to do with objects, e.g. a profession or “health promotion objectives”; it is a verb that refers to the application of an immaterial resource, i.e. ‘effort’. To demonstrate this point, we turn to Wagner et al (1991), and Wickizer et al. (1993: 686) in reference to their explanation of process evaluation. They write:

The evaluation seeks to provide information about...intervention effects that could be useful to other communities considering health promotion efforts.

For the sake of clarity, I refer to the “efforts” referred to by Wagner et al (1991) and Wickizer et al (1993) as ‘conventional efforts’. ‘Conventional efforts’ are somewhat premeditated and have an industrial quality inherent with their purpose to reproduce ‘intervention effects’ in different settings. This contrasts with the ‘efforts’ in ‘work’, which are not meant to be reproduced, per se; they are a reaction to contingencies. In this regard, the ‘efforts’ of ‘work’ are spontaneous and arbitrary.

As much as Wagner et al. (1991) and Wickizer et al. (1993) are attempting to break out of ‘outcomes based’ research, the method they are advocating for is itself an artefact of outcomes based research. The “processes” are themselves a form of an output or artificial precipitant in an otherwise iterative and on-going process. This point is underscored by the fact that process evaluations depend on surveys (Myers and Stoto, 2005) to create impressions of processes. These likens taking a couple of ‘snapshots’ of a fast moving event and expecting these static images to accurately describe something that is in constant motion. Labelling outputs as ‘process measures’ does not make them any less of an ‘output’ than the studies they criticise. I am not discounting quantitative approaches to understanding complex phenomena; they have contributed significantly to our current understanding of the social aspects of public health, e.g. how obesity spreads through social networks (Christakis and Fowler 2007). Nevertheless, a qualitative framework provides a unique opportunity to further explore the social dynamics surrounding public health works that have to do with the ideological issues raised when social relationships are formed or dissolved in the context of social marketing. This perspective takes the analytical gaze away from determining the shape of a social network by focusing on the social and cultural factors issues that unfold during of social marketing. These qualitative findings promise to contribute with deep insights about social marketing that, when combined with quantitative approaches, can serve as the basis of formulating an even more rigorous research approach that can be used in the future to understand the social dimensions of social marketing.

Patton (1987: 12) advocates the use of observational data in process evaluation. He explains that the point is to “take the reader of the evaluation report into the program setting that was observed”. This is more akin to the way I propose

to study 'work'. Nevertheless, I disagree with Patton's approach on the basis of its focus on the "program setting". Such a focus takes for granted that actors have a clear understanding of what they are producing, i.e. whatever the "programme" is set to produce. A realistic understanding of social phenomena requires us to leave Patton's "setting" to enter the real world, which is chaotic, unpredictable, and riddled with complex social contingencies. A conceptual focus on 'work' frames public health social marketing as an iterative process that involves the application of 'effort', which is a metaphysical and impalpable substance.

Work has been previously described as a process of 'fabrication' (Arendt 1958). This work is performed with hands and produces physical things (Grint 2005). The 'work' that I am describing is not about production. Instead, the focus is on the ideology that drives and concerned with how different people relate to one another. It is not about production, *per se*. Instead, my 'work' refers to activities in the present and how people conceptualise their every day activity and relationships.

Distinguishing 'Work' from that of the 'Sociology of Work'

My choice to call the efforts inducted into social marketing 'work' is not meant to confuse it with that referred to in the 'sociology of work' (Grint 2005). However, I stand by my decision to refer to the efforts put into public health social marketing as 'work': this term not only identifies that the purpose behind activities is not fixed and that *praxis* is not simply the enactment of ideals; it is also a process of negotiation, a response to uncertainty, and ultimately a matter of compromise between ideals and the availability of resources.

In contrast, the 'work' in the 'sociology of work' more generally refers to that of the industrial sector (Scherer 1980; Simpson 1989; Gent 2005). Abbott (1993) explains that research in this field is housed, in part, in the area of 'industrial sociology' (188), what Smigel (1954) referred to as "applied sociology". Abbott further explains that this field contributed primarily to the literature on organizations and bureaucracy, and is somewhat prescriptive: it finds application in the applied setting, e.g. business schools (188). This parallels with Woodrow Wilson's (1887) objective to study administration: to understand how a government can carry out its functions with the 'utmost possible efficiency and lowest cost' (197). This line of logic carries through this literature, and is driven by the desire to identify business solutions in complex organizational settings, e.g. studies of the impact of informal

relationships on the power dynamics of a mining company (Gouldner 1964; Ross and Staw 1993); investigations about how organizations are organized (Blau 1960; Hofstede et al. 1990; Entwistle et al. 2007); research on incentives that mobilise a workforce (Etzioni, 1961; Barbuto 2005); case studies on how to build high performing organizations (Burns and Stalker 1961; Osterman 1999; Ahmadjian and Robinson 2001); investigations on how the behaviours of executives impact the work environment of their subordinates (Fiedler, Chemers, and Mahar 1974; Fiedler and Garcia 1987); and studies on how employees use their time in the workplace (Perlow 1999). This literature ties neatly into Miller and Form's (1951) ubiquitous description of industrial sociology: it is the study of occupations and work behaviour (ix) for the purpose of solving the problems a business or industry.

In contrast, the 'work' that I am pursuing is meant to problematise the notion of industry in the context of social marketing: treating social marketing as the reproduction and distribution of marketing materials creates problems. Even if I may be studying aspects of public administration by focusing on the activities of public health officials, my objective to study 'work' also departs from Wilson's objective. My study of 'work' seeks to deepen the understanding of how ideological and cultural constructs impact the relationships between the different people involved with public health social marketing.

My investigation of 'work' is part of a bigger project to understand what is required to practice social marketing as an activity that solves social problems instead of worsening them. Though objects, e.g. graphics, are analysed as part of this investigation of 'work', they are assessed as symbolic representations of ideals exerting a force on a socially complex world. In short, the "sociology of work" pursues an understanding of businesses, organizations, and industries. The 'work' that I am investigating is an analytical tool to understand the social dynamics of ideologically driven activities, i.e. social marketing.

A Qualitative Framework

The overarching approach of this investigation asks investigators to conceptualise social marketing as a complex social phenomenon. This conceptual 're-packaging' identifies the interactions between the people, institutions, and objects as the most important aspects of social marketing. Observing these interactions is the bases for understanding how cultural and normative values

structure these interactions. The material cultural surrounding these interactions is symbolic of the values, contexts, assumptions, and motivations behind these interactions. This identifies why the analysis of social marketing advertisements is considered important to the study of social marketing. Though Mack et al (2005) do not speak directly to the study of social marketing, they describe how a qualitative framework contributes to the understanding of complex social phenomena:

The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. It provides information about the “human” side of an issue – that is, the often contradictory behaviours, beliefs, opinions, emotions, and relationships of individuals. Qualitative methods are...effective in identifying intangible factors, such as social norms...whose role in the research issue may not be readily apparent.

This description articulates the importance of studying the ‘non-outcomes’ of social marketing. As social marketing relates to ‘intangible factors’, such as culture, morals, and relationships, a qualitative approach is an important way to study the ‘intangible aspects’ of social phenomena. This approach challenges the assumption that conventional social marketing experts have for the ‘measurability’ of social marketing’s impact.

The patterns recurring in qualitative data (Patton 2011) are referred to as “themes” (Braun and Clarke 2008) or “codes” (Turner 1986). Though themes may originally come out of a specific case study, they form the link that makes it possible to compare and contrast different case studies with one another (Larson 1993). In this regard, even though the case studies featured in the following chapters each focus on a specific local Change4Life programme, the themes they raise tie into a larger conversation that compares and contrasts them with one another. In turn, these themes bridge the findings from this qualitative study on Change4Life to the more general discussion on public health social marketing held by the greater research community.

Likewise, a qualitative approach asks a very different set of research questions than those using quantitative approaches. Where conventional social marketing research takes for granted what the term ‘social’ means in the context of social marketing, a qualitative approach offers the opportunity to observe how the

ideological intents of social marketing hold up in practice. Moreover, qualitative approaches create the analytical basis to understand how the values raised in social marketing practices create tensions to the social relationship between the social marketer and target audience.

Putting the pieces together with Ethnography

Ethnography is a systematic description of complex social phenomena. It offers the conceptual framework to tie different pieces of qualitative information together into one coherent narrative. Hammersley and Atkinson (1983), offer some important points about how ethnographic information is processed:

The accounts produced by the people under study must be treated in exactly the same way as those of the researcher. They must neither be dismissed as epiphenomena or ideological distortions, nor treated as 'valid in their own terms' and thus as beyond assessment and explanation. ...Rather, all accounts must be examined as social phenomena occurring in, and shaped by, particular contexts. Not only will this add to sociological knowledge directly, it will also throw light on the kind of threats to validity that we may need to consider in assessing the information provided by an account. (126)

In this light, an ethnographer's unfamiliarity with the culture and people he studies can be his greatest asset. Even if an ethnographer is familiar with what he is investigating, he is encouraged to apply the interpretative lens that was discussed previously in this chapter. In this study, ethnographic data about Change4Life comes from a variety of sources. They include: 1) Change4Life advertisements; 2) official publications explaining the Change4Life; 3) the personal accounts of local health officials designing and running Change4Life programmes; 4) field notes on specific Change4Life programmes; and 5) in-depth interviews with the people running the public health social marketing programmes. Each offers a different perspective on the complex and fragmented phenomena related to the delivery of local Change4Life programmes. Together, these constellations of form a complex picture about the social dimensions of social marketing. The role of ethnography is to articulate the different aspects of this picture in the form of a narrative.

The point of telling stories in ethnography is to lay out the interpersonal and social dimensions of complex social phenomena. These stories are also an opportunity to see how well existing theories and definitions explain events in the real world. Where theories fail to explain ethnographic observations, ethnographic data can be used to develop new theories to test with future investigation.

Selecting Case Studies for this Investigation & the Key Informant

The case studies included in this investigation were selected on the basis of the different interpretations each represents on how public health social marketing should be carried out in local settings. Each case study reflects a different take on how best to ‘translate’ a national-public health message into something relevant to a specific population. Though these case studies feature activities that differ significantly from one another, the themes they raise are similar and related to one another. They also serve as substantive examples illustrating the points raised in the previous chapter.

The first case study was selected to establish familiarity with the most recognisable aspects of Change4Life: its advertisements. Not only are Change4Life adverts an important part of the material culture of Change4Life; they demonstrate how social marketing is carried out in the complete absence of any direct social interaction. Composed of open signifiers, Change4Life advertisements take advantage of graphics, sound, and text to convey its ideals: they are supposed to increase “sales” (Blisard 1999). By turning to the clues encoded in the symbols contained in Change4Life adverts, this case study explores the simulated world created by the adverts’ authors. In addition to getting acquainted with the ‘people’ inhabiting the Change4Life-world, the adverts communicate the authors’ vision of how this simulation is meant to translate into reality.

The second case study – The Refrigerators Programme – was selected to illustrate the social dynamics created when social marketing is treated as a branding exercise. By studying the human interactions around convenience store refrigerators branded with the Change4Life logo, we come to see how social contexts influence the meaning of the Change4Life brand. Most importantly, this case study illustrates the social problems created when social marketing efforts are primarily driven to bring the simulation described in the first case study into reality rather than to

engage with local communities in pro-social ways to simultaneously improve social relationships and improve the understanding of local needs and contexts.

The third case study – the Walk4Life Programme – was selected to reflect on the social dynamics of social marketing programmes that try to brand activities rather than objects. The first example in this case study looks at the Sity Walk4Life programme where the Change4Life brand was applied onto activities instead of objects. This example further pushes the use of the Change4Life logo by broadcasting images of local celebrities and representations of the local population going for a walk in the countryside. Though no one from the local population may have literally participated in this ‘walk’, this example highlights how getting people to literally walk was not the central motivation of this social marketing exercise: public health officials were more interested in simulating a Change4Life-branded walk. In contrast, the second example considered in this case study features the Hamlet Walk4Life Programme, which is marked by a complete absence of Change4Life branding. Nevertheless, this programme managed to mobilise the local community to regularly go for walks in the countryside. Though these two examples may focus on walking, they differ significantly by their interpretation of what is meant by the ‘social’ of social marketing.

The final case study – the Incentivised Exercise Programme (IEP) – was selected to illustrate how the themes raised in the previous three case studies tie together in one coherent example. This case study further contributes to the discussion by illustrating the challenges involved with calibrating national-level social marketing programme for a ‘hard-to-reach’ population set in an environment that lacks many of the basic infrastructural and social elements assumed to be present in all social settings in Change4Life adverts. Ultimately, this case study demonstrates how social marketing becomes an exercise of compromise so long as local needs and contexts do not parallel closely with what the imagined world looks like in Change4Life advertisements. I use a construct, ‘Maundyton’, to refer to the three towns and two villages where IEP was implemented. Undoubtedly, it is important to acknowledge that the five places that Maundyton represents are unique. Yet, describing the idiosyncrasies of each of the five places that Maundyton represents, e.g. the specific crops grown in each place, does not substantively contribute to the discussion about IEP. In this regard, a shortcoming of this investigation is that I did not look more deeply into what makes these places

different from one another. However, focusing on these differences belabours the fact that they share a set of social and cultural issues, which is also the basis for the common-identity that people share in the towns, villages, and hamlets where IEP took place. Moreover, the construct frames IEP on a similar scale to how it exists in the public health system: it is a district-level public health initiative run by a district-level local health authority, i.e. the most ‘local’ branch of the public health system in the area. As there are no programmatic sub-components that are specific to any of the constituent locations of Maundyton, the construct effectively captures the generality of IEP’s design. While the choice not to discuss the differences between the different places represented by Maundyton may be critiqued for essentialising these places, I made the conscious choice to use a construct to describe where the programme takes place – Maundyton – to limit the inadvertent suggestion that IEP has a greater level of local-specificity to its design than it does. Despite the shortcomings of this choice, I regard the use of a construct as an appropriate trade-off: not only does it focus the description of IEP, the focus helps to articulate the important themes and issues raised in this case study. In agreement with Rolfe (2002), Vickers (2010) points out that a construct can position the reader to see the truth of another person’s experience without actually being there. This is consistent with Rowland and colleagues’ (1990: 291) point about the use of stories in qualitative research: they help us learn from our own experiences and the experiences of others by enriching descriptions with texture and context. Along these lines, Maundyton is designed to highlight the complex issues facing those delivering public health social marketing in resource-deprived settings. The construct heuristically connects the themes in this case study with those from the other cases in the investigation.

The cases in this study were selected using a convenience sampling method. At the time of investigation, the public health system was too volatile to use a different method. Moreover, in the absence of a central source keeping track of Change4Life programming, there is no way to know what a ‘representative’ sample of local Change4Life programming is. In addition to overcoming the barrier to a ‘representative sample’ of local change Change4Life programming, convenience sampling limited the impact that a volatile political situation could have had on the investigation by focusing on programs that continued despite major changes to the English public health system.

Access to the cases in this investigation was mediated by a key informant, the regional obesity lead from a certain Strategic Health Authority. She is significant for connecting me to each and every informant in this investigation. In essence, she was my 'in' with the local health authorities. Hence, the examples in this study reflect the diversity of programmes taking place within a specific geographical area and social network.

Note that I began this investigation with six cases. These six C4L programmes are also all of the programmes known to my key informant. Only four are featured in this investigation because two cases got dropped. The first that I 'dropped' featured a Change4Life branded van that brought fresh produce into 'food deserts'. This programme, and the local health agency that ran it, was made 'redundant' as part of the national reorganisation of the English public health system. I gathered insufficient data about the programme to develop an ethnography for it. Unable to collect additional information upon the programme's termination, I decided not to include it. The second case that I 'dropped' featured a Change4Life branded mobile gym driven out to remote towns and villages in a rural area. The point of the programme was to make gym facilities accessible to geographically isolated communities. However, similar with the first 'dropped' case, the programme, alongside the entire local health authority that ran it, got terminated as part of the national reorganisation. With insufficient data, I dropped the case. Moreover, as with both of these dropped cases, I was concerned with the data that I collected on the two 'dropped' cases: I found it unethical to use the little data for my personal use, i.e. this investigation, because I did not satisfy the terms of the agreement that allowed me to collect this data in the first place. Without, first, conducting an evaluation of the respective programmes, I found it unethical to use the information I collected. To help me make an informed and ethical decision about the data collected from the programmes I eventually dropped, I sought advice from research officers that remained in the local public health agencies I had access to.

Although none of the governmental officials I spoke to were willing to provide me with any advice – on the record – on the subject, they happily discussed the situation with me off the record. They universally recommended the expungement of the data that I managed to collect on the defunct programmes. They explained why it is unethical to use information collected based on an agreement that I could never satisfy. Compelled by this rationale, I intentionally dropped the

two defunct cases from my investigation. While this may be criticised as a fundamental manipulation of the data in my investigation, I believe it to be a fair and ethical resolution to a complex problem.

As for the range of visual and material culture analysed for this investigation, which are primarily featured in Chapter 3, I purposively selected the first televised Change4Life advert for analysis. Circulated since the launch of Change4Life, the advert continues to be relevant because it raises issues, e.g. the symbolic representation of ‘people’ and the use of colour and sound, that continue to be raised in subsequent Change4Life adverts. I regard this advert as the archetype for all Change4Life material culture: the aesthetic of this is replicated in all Change4Life pieces, limited not only to televised adverts, but also posters, key chains, web-based materials, phone apps, and Change4Life-branded paraphernalia. Analysis of the archetypal advert is also strategic for familiarising the symbolic components of Change4Life more generally. Analysis of the Start4Life advert, the newest Change4Life advert at the time this analysis was conducted, heuristically illustrates how the archetypal Change4Life advert pans out in later materials, even when they feature specific health issues, e.g. pre, peri, and post-natal issues, never mentioned in the archetype.

The four case studies in this investigation reveal how social marketing is unlike the picture painted using conventional definitions. This one contains social complexity and ideological tensions. Though each case study illustrates a different strategy to handle the social dimensions of social marketing, they raise a very similar set of themes and issues. The following approaches offer different ways to ‘read’ these case studies and the ‘bigger picture’ that they compose.

Participant Observation

This approach refers back to how the information captured in the case studies are collected. While the ‘observation’ part of ‘participant observation’ suggests a primary interest in what can be observed within a certain context, this approach is also concerned with understanding why certain events do not happen. This line of investigation benefits from a perspective embedded inside the social setting where observations are made; this is often referred to as an “insider’s perspective” (Jorgenson 1989).

However, what I offer in the case studies is not necessarily an “insider’s perspective”. As much as I would like to claim that I was able to embed myself in the various social settings where observations were made, my phenotype, nationality, ethnicity, and speech pattern frequently identifies me as an ‘outsider’ in the setting for participant observation. Therefore, the participant observations in this investigation are limited by the fact that I am transparently not a native of the places described in this investigation. I may have overlooked cultural clues and communications from this perspective. Nevertheless, the observations contained in the case studies are mine.

I made every effort to integrate myself within the settings described in each case. I worked with many of my interlocutors for two or more years, and made every effort to understand my informants’ perspective. Apposite to this point, Dewalt and Dewalt (2002) explain:

The “quality” of participant observation will vary depending on the personal characteristics of [researchers] (e.g., gender, age, sexual orientation, ethnic affiliation, their training and experience (e.g. language ability, quality of training, etc), and perhaps their theoretical orientation. As interpretive anthropology makes clear, all of us bring biases, predisposition, and hang-ups to the field with us and we cannot completely escape these as we view other cultures (81).

In other words, it is the nature of qualitative research to consist of subjective observations. While this may be a reason for conventional researchers to reject participant observation as a valid form of research, it is naïve to believe that it is not, in itself, a moral judgment to decide that the only things worth studying about social marketing is quantifiable. It is just as naïve to believe it to be impossible to produce good research with participant observation. Just as one would expect from any good research practice, the observer must be aware of his biases, and disclose them (Myrdal, 1964) and leave it to the research community to decide whether the conclusions drawn by the participant observer are reasonable. This combined with Narayan’s (1993: 672) “enactment of hybridity” describes the style in which field observations are presented in this investigation: the writing takes on a voice that is minimally bicultural in terms of belonging simultaneously to the world of engaged scholarship and the world of every day life.

By approaching the study of public health social marketing with participant observation, we come to see more clearly the social factors that come into play when public health professionals equivocate public health problems with 'behavioural ones' in their approach to social marketing. Especially since the events in this investigation take place in the middle of a massive and chaotic reorganisation of the English public health system, what is described is not simply social marketing: it is also the complex response to unpredictable social, political and organisational contexts. In light of the diminishing capacity of the most distal branches of the public health infrastructure and infrastructural deficiencies facing the local communities they are situated within, the ideals of conventional social marketing are put to the test with the actions and decisions made by local health officials.

In-Depth Interviews with Public Health Professionals

The success of participant observation rides off of the relationship that the researcher develops with his informants. Another opportunity to foster these relationships is through in-depth interviewing, as Jorgenson (1989) describes:

In-depth interviews develop intimacy; in this respect they resemble the forms of talking one finds among close friends.

As a research strategy, in-depth interviews may be viewed as an opportunity to delve deeper into the views of interlocutors as well as a strategy to build rapport.

Note that in-depth interviews are meant to be supplemental to the other data collected in this study, e.g. participant observation. To this point, Holstein and Gubrium (2001: 104) describe:

[in-depth interviews] are used in conjunction with data gathered through such avenues as lived experience of the interviewer as a member or participant in what is being studied... [and] to verify independently (or triangulate) knowledge they have gained through participation as members of particular cultural settings, or to explore multiple meanings of or perspectives on some actions, events or settings.

In-depth interviews provide an important opportunity to clarify the outstanding issues raised in participant observation. Though it would have been best to arrange in-depth interviews to take place after the collection of participant observation, thus providing the researcher with time to identify the right questions to ask, this was not possible in any of the four case studies because of 1) the limited availability of

interlocutors to spend towards activity that is unrelated to programme implementation and 2) interlocutors being made redundant because of the major reorganisation of the English public health system. In this sense, the information captured in the in-depth interviews and participant observation of this study is ephemeral and captures the spirit of the time.

The topic guide used in each in-depth interview conducted in this investigation is found in Appendix A. In total, I spoke to thirty two public health officials in this investigation; this is literally everyone in the department of the four different local health authorities that I investigated. I succeeded in conducting in-depth interviews with thirty one of these local health officials. Though the thirty second health official had agreed to being interviewed, this person left civil service for a job in the private sector before I could conduct the interview.

I recorded each interview on a voice recorder owned by the NHS and developed the transcripts for each myself. These recordings and transcripts were saved on an NHS computer. I was given permission to use this data only on NHS premises when I am logged on as myself in the computer system. However, as each of the local health authorities I investigated were eventually dissolved after completing this investigation, I do not know what happened to this data and no longer have access to it.

Each in-depth interview conducted in this investigation was carried out in my capacity as an 'independent consultant' to each of the local health authorities I had access to. It was explained to me by an informant that I am 'not his boss or underling'. As another interlocutor explained, she 'tells it like it is' because she regards me as her equal. To maintain this equitable power dynamic, the interviews in this investigation were conducted primarily in my interlocutors' office, i.e. a space where they are in control. If not their office, they took place in a reserved conference room with the door closed. The door was closed to signify the confidentiality of the discussion, and to create a figurative social distance for my interlocutors to contextualise their experience with public health social marketing.

Applying an Interpretative Lens

By applying an interpretative lens to the case studies, we can begin interpreting the signs and symbols contained in Change4Life. Though the visual, textual, and sonic elements of Change4Life adverts provide an important set of

information to interpret, this study also considers actions symbolic and appropriate to study with an interpretative lens. As Chandler (2002: 2) aptly explains, the interpretation of symbols involves,

the study of not only what we refer to as 'signs' in everyday speech, but of anything which 'stands for' something else. In a semiotic sense, signs take the form of words, images, sounds, gestures and objects. [The interpretation of signs] is the study how meanings are made and how reality is represented.

This approach focuses the attention onto aspects of social marketing that are conventionally taken for granted. Interpretative analysis entails taking apart observations and to understand them of their respective components. To this, Berger (2006: 11) adds:

Deconstructing and contesting the realities of signs can reveal whose realities are privileged and whose are suppressed. Such a study involves investigating the construction and maintenance of reality by particular social groups. To decline the study of signs is to leave to others the control of the world of meaning which we inhabit.

In this regard, interpretative analysis provides a portal into the worldview of the authors of Change4Life adverts as well as the practitioners who are implementing Change4Life programmes. These perspectives are important to understand because they are integral to understanding the values that they hold and how they balance them with those of local communities.

An interpretative lens also brings to light how social marketing, down to the aesthetic of an advert, is the product of design or intentional decisions. Although some of the intentions for Change4Life are partially explained in official publications and explanations, they leave many questions unanswered about the choices reflected in the adverts, e.g. why are 'people' represented as colourful, sexless yet androcentric, plasticine things in Change4Life? Even if the compendium describing the strategy behind Change4Life contained the answer, which it does not, an interpretative lens is helpful for identifying the subtext to the explanations, especially when they are vague or missing information.

The Ethics and Limitations of this Investigation

The Social Care Research Ethics Committee (REC), a national-level third-party agency that evaluates the ethics of studies on NHS patients, approved my investigation of IEP January 2012 (reference number 11/IEC08/0034). Approval was sought and granted to collect and study IEP participants' physical exercise diaries. This reflects the arrangement made between the local health authority and myself to evaluate IEP-participants' experience in the programme, which is a *quid pro quo* for pursuing my personal investigation on how they run the programme. Since the evaluation of IEP entails the collection and analysis of data from 'NHS patients', it was necessary to get REC-approval in order to pursue this evaluation. I queried the REC about whether ethnographic research on NHS staff required approval. Per the clarification of the REC, it was determined that my 'research' is not considered 'research' under NHS guidelines; it is considered a 'service evaluation', and 'where a project [is] considered...a service/therapy evaluation...there is no need to submit applications to the REC or NHS/HSC R&D office' (NHS Health Research Authority 2010). Thus, REC approval was not sought for the ethnographic components of this investigation. This reveals the built-in structure to the research taking place under the regulation of the REC: they are geared up for a certain type of investigation which my 'work' does not fit into. Nevertheless, the issue of consent was an ongoing event throughout my 'evaluation' of C4L social marketing.

I regularly reminded each of my interlocutors that I was there as a researcher in addition to whatever role they assigned to me. I never did any research surreptitiously or covertly. I also regularly discussed the ethical issues I encountered in the field with my academic supervisors throughout the three-year period of this investigation.

The use of pseudonyms in this investigation was made as my pro-active attempt to protect the identities of the informants and communities they work with. The names of places and locations named in my observations were pseudonymised to prevent people from being associated with any identifiable information, which is also a practice that is often used in research conducted in the auspices of the NHS. Moreover, my informants requested that I refrain from using the actual names of people and places in my investigation. They were afraid of being associated with an

investigation that was not explicitly sympathetic to the public health system. Although the use of pseudonyms is not commonly used in ethnographic research, I used them in this investigation to honour my informants' wish to remain anonymous.

Public health programmes that are evaluated by 'experts' are considered more relevant and valuable than those that are not. I learned this when I overheard some of my informants bragging to other public health officials about having an 'expert' from a major university – me – conduct an independent evaluation of their programme. Though I took advantage of this perception to conduct this investigation, e.g. the social desirability for collaborating with a researcher from a major university, the foundation of this research is based on an equitable agreement. In each case, I fulfilled a stringent set of conditions set by my interlocutors, e.g. to evaluate the programme and to assist them in the field. Failure to satisfy these conditions would have led to the revocation of any permission or consent I was given to use any data collected about the programme. In other words, no research was conducted without the informed consent of my informants, and each case study contained in this investigation represents my faithfulness to the parameters set by my informants. However, my role and identity was not confined to that of an 'expert' or 'independent consultant'. It was fluid and changed depending on the context, especially when I was out in the field alongside my informants.

Note that my interlocutors never presented me as the 'principal investigator' or 'independent consultant' when I accompanied them in local communities. In the field, my interlocutors often presented as an 'American student', but never a 'PhD student', and certainly not a 'Cantabrigian'. I confronted all of my interlocutors about this phenomenon and they all provided the same explanation: being associated with someone labelled as any of the aforementioned can damage their credibility with the local community. My interlocutors explained how being associated with stigmatised entities, e.g. 'PhD students' or 'people from Cambridge', can damage their reputation in the community. People branded with the aforementioned labels are believed to be selfish, have a sense of entitlement, and oblivious to the day-to-day hardships facing marginalised communities. They are also mocked as being 'God's gift to the world'. Hence, my informants emphasised the importance of sticking to the identity that they prescribed for me, e.g. the 'American student', whenever I accompanied them in the field. I also see this as an example of 'work' –

to distance themselves from me – that local officials put into practicing public health social marketing in specific cultural settings. I agreed to it this arrangement, and discovered the benefits of being the ‘American’ accompanying them in rural England: my presence often initiated conversation – who’s that? – between my interlocutors and the public. Interestingly, this never led to dialogue between the local community and me. Although exploring this further may have led to interesting findings about local perceptions of foreigners, I maintained the focus of my observations on local health officials.

Field observations were also made in my capacity as an ‘assistant’ to my interlocutors. My informants often gave me this title in the field as I carried and fetched Change4Life paraphernalia for them. This role also importantly placed me within the organization I was studying, which made it possible for me to ‘study up’ the public health system.

While the benefits of my ‘embeddedness’ are evidenced in the intimacy of the observations presented in this study, there are some shortcomings to this. One of these is that, over time, I built friendships with my interlocutors. On the one hand, this can be viewed as necessary to developing nuanced insights on the life of social marketing. On the other hand, this can compromise the objectivity of my observations; especially when I inadvertently corrupt the programmes with my opinion, or replace my interlocutors’ opinions with my own. This was especially challenging when I disagreed with the choices made by my interlocutors in the context of what they did in the field. However, I withheld my opinion as much as possible from them, even when my interlocutors asked for it. I handled these situations by deflecting their requests with statements emphasising how they are the experts of the local population, and that they should apply that knowledge to their judgement. I exploited my race, ethnicity, nationality, and American accent to highlight to my interlocutors that I am ‘not from around’ and that my opinion is irrelevant relative to what they know.

Yet, this type of deflection can be disruptive to the relationships I was constantly developing with my interlocutors. I could only withhold information up to it being socially acceptable. I admit to offering my opinion to my interlocutors. However, with regular supervision from my academic advisors, who were completely removed from the programmes and people I observed for this investigation, I was able to discuss my field observations to an effective ‘third

party'. These discussions helped to 'clean' the ethnographic data I collected. The conversations I had with them also served as a 'sandbox' to work out constructive solutions to conflicts and challenges I encountered or anticipated.

Likewise, as true as I am to the statements and opinions of my interlocutors, it is important to acknowledge another limitation of the ethnographic method: the observations presented in this investigation are my own, and reflect my understanding of what I observed and experienced. In this regard, it is essential to acknowledge my role in how the ideas, scenarios, and conversations described in this study are presented. Nevertheless, this section illustrates the reflexive nature of conducting ethnographic investigations, and points out some of the strengths and weaknesses of this approach.

Closing Remarks on 'Work'

My proposal to study 'work' is meant to problematise the tendency to treat social marketing as a phenomenon that has a clear beginning and an end. 'Work' is an analytical approach; it opens certain questions that other research approaches applied to social marketing have not raised. By treating social marketing as a human activity instead of an 'industry' for behaviour change, the hope is to arrive at a new understanding of social marketing based on its social and ideological aspects. This approach promises to contribute new knowledge rather than dragging-out the tired discussion over whether social marketing is 'effective' at changing behaviour and public health.

Research focused on 'work' is meant to complement the other approaches presented in this chapter with a new perspective on what social marketing is, particularly of its immeasurable dimensions. By understanding the 'work' of social marketing, this approach identifies social marketing as a fundamentally social and ideologically-driven project that changes social relationships. Greater awareness of how relationships are changed with social marketing promise to provide practical guidance to any future public health strategy that includes social marketing. Though the details included in the ethnographies may not themselves evoke 'rigour', the details in which I describe the observations verify that I was there, in the field, making direct observations of real events. This is not to claim objectivity, but to identify that I am solely responsible for what I observed and how I described them in the following chapters.



Figure 2.2 'Don't forget Start4Life.' This is a message attached to the end of the *Change4Life Local Supporter's Guide* (Department of Health 2010b: 15)



Figure 3.1 Out of control snacking. Image extracted from the Change4Life Snack Swapper advert (Department of Health 2009b at the twelfth second)

Chapter 3 Interpretative Analysis of Change4Life Advertisements

Where the previous chapter articulates the conceptual definitions of social marketing, this chapter is the first of four chapters to feature practical examples of social marketing. Care is taken to see how these definitions are operationalised in the form of mainstream social marketing advertising. This is also the first case study of public health social marketing that demonstrates how advertisements do not simply aim to provide health information. Inspired by Iris Marion Young's (1989, 1990, 2000) critique and analysis of universal citizenship, justice, and the politics of difference, in addition to Baudrillard's theory on the precession of simulacra, this chapter is a critical study of the visual, audio, and rhetorical devices laced into Change4Life advertisements.

Based on the premise that the representation of the Change4Life (C4L) brand is itself a form of social marketing, this chapter focuses on aspects of social marketing adverts that are taken for granted by conventional research perspectives. In addition to getting acquainted with the 'people' inhabiting the C4L-world, we also come to recognise the adverts as a multifunctioning vehicle: they bring ideals into reality; they induct 'work' from a social distance; they communicate; and they

lay out the expectations and intents of their authors. The repercussions of these activities reveal that social marketing communications must be more carefully wrought if such campaigns are intended to ameliorate social and health inequalities rather than exacerbate them.

A Closer Look at Change4Life Advertisements

C4L is a national campaign in England that promotes healthy eating and increased physical activities using print, web-based, and televised media. The C4L brand contains many sub-brands, i.e. programmes that adhere to the principles of Change4Life, but focus on specific activities, e.g. walking (Walk4Life), swimming (Swim4Life), and breastfeeding (Start4Life). To date, there are at least six stand-alone adverts, ranging from about one minute to two minutes in length, that are broadcast on television and constantly available online. Likewise, there are at least eight ten-seconds-long vignettes broadcast during the animated show, *The Simpsons*. The ‘Simpsons adverts’ showcase C4L’s sponsorship of the show, and use the opportunity to slip-in sounds and images that are supposed to remind people about making healthier lifestyle choices.

With its characteristically bold use of colour, sound, rhetoric, and constant movement, C4L commands attention. The title of the program itself – C4L – immediately conjures an aura of contemporariness. Rather than spelling out the word ‘for’, as a ‘traditional’ public health programme would, this one is given an alphanumeric treatment. By collapsing an otherwise laborious three-word title, the programme’s name is gelled together with the number ‘4’. This is a direct reflection of the time and place in which C4L unfolds. In the Information Age, alphanumeric shorthand is the *sine qua non* of fast-paced communications. It is what modern people use to communicate with each other via instant messaging and mobile-to-mobile texting. From this angle, C4L is apparently ‘with it’, capturing the spirit of the time in its very name and aesthetic. The title of the programme is, then, also a statement about contemporary people: they demand simplicity, have limited attention spans, and prefer not to ‘waste’ time.

Yet, as much as the C4L logo embraces modernity with the use of the number 4, its adverts also blame modernity for the problems facing the contemporary British population.



Figure 3.2 The gravity of the Sugar Shack. Extraction from C4L advert
(Department of Health 2010c at the sixteenth second)

Caricatured as a universally unhealthy setting, the modern world is represented as an urban one dominated by unhealthy choices. As Figure 3.2 depicts, ‘people’ in this modern environment literally lose control over themselves by their obsession with unhealthy choices. Yet, this simulation suggests that all modern neighbourhoods are urban and only contain unhealthy options. However, based on lived experience, it is clear that the setting above is referring to lower socioeconomic neighbourhoods rather than wealthier ones with, e.g. organic and whole food stores instead of ‘sugar shacks’ selling ‘salty gloop’ and ‘crispy fried’. This reveals a couple of immediate problems with the simulation portrayed in C4L adverts. Modernity is being blamed for problems caused by socioeconomic inequality and presumes the modern world to be urban. However, there are other clues that reveal how problematic the C4L simulation of reality is:

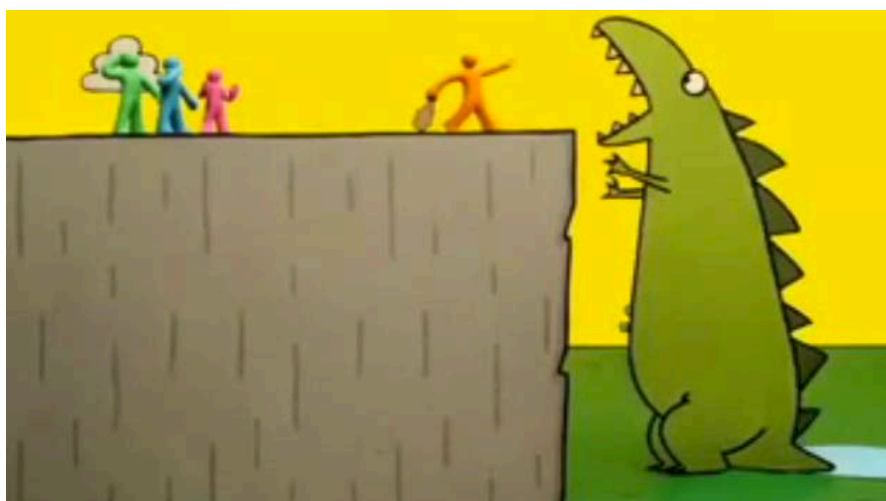


Figure 3.3. 'People' coexisted with dinosaurs when they 'had to run around for their food'. An image extracted from C4L.(Department of Health 2010c at the sixteenth second)

Figure 3.3 is a screen-shot captured from one of the C4L advertisements. In this advert, humans are imagined to have once co-existed with dinosaurs in the distant past. This representation of the past is insinuated to be 'healthier' than the modern one, because 'people' had to 'run around for their food' in prehistoric times. The absence of fast food places is also implied to be a trait that makes this imagined setting somehow 'healthier' than the modern one. Yet, this is clearly a scientifically uninformed imagination of the human past. This makes it difficult to take C4L seriously. Yet, these adverts are designed to make it easier for local health officials to 'translate' C4L into local anti-obesity programming.

The Representation of Universal Citizenship in Change4Life

As part of the nationwide effort to consolidate local initiatives promoting a lifestyle of healthier eating and increased physical activity into one national movement, the C4L logo and sub-brands are intentionally open-ended. This creates space for local health officials to connect their local programmes with a national movement. The continuity created by this strategy also reduces the burden on local health authorities to develop new promotional materials. They can simply use C4L materials to promote local C4L programmes.

Print-based adverts for local C4L activities are found in the most common places, from the sides of telephone booths (See Figure 3.4), to the backs of buses (see Figure 5.2 in Chapter 5), people's key chains (See Figure 5.3 in Chapter 5) and

even such unsuspecting places as behind the brochure rack in the waiting room of GP surgeries (see Figure 3.5). Combined with the televised, print-based, and web-based materials, C4L sufficiently saturates the environment with its presence on the neighbourhood, regional and national level. This converts the modern landscape into a moral space.

In an age where health information is available everywhere, one must question what makes C4L more worthy of the British public's attention than any other anti-obesity message or programme. The fact that the programme does not focus on providing health information is what gives the programme an edge over similar competing products in the marketplace. Making the programme down-to-earth, short, catchy, and aesthetically striking appears to be the priority. These choices suggest that the explicit intent of the programme is to target everyone in the UK. For example, race and ethnicity are not a matter of distinction in the C4L universe. Instead, colour may represent personality: a unique colour for a unique personality. Though associations are often drawn between gender and personality, there is no suggestion of this association in the semiotics of C4L. This presents a unique challenge for the viewer of C4L visuals, and arguably the greatest challenge for viewers: how do we know what it is that we are seeing? Which character represents me? The sound bites and visuals provided in the campaign provide a few bases to ground these visuals with a certain cultural context, but ultimately it is the responsibility of the viewer to identify with what they are seeing. Failing to relate raises complications, especially as it relates to whether one even 'belongs' to the society that C4L is trying to construct with social marketing.



Figure 3.4 (Left) “Power up your robot”, a recommendation for how one can increase their physical activity on a phone booth. Photograph taken by Kelvin Chan.



Figure 3.5 (Right) “Good for you...and baby too”, a moral message found behind the information brochure rack in the waiting room of a Physicians’ practice. Notice the similar pose between the green Change4Life ‘person’ and the person in the photograph that is adjacent to it. Photograph taken by Kelvin Chan.

In briefly considering the auditory components of the C4L adverts, one is met with the prominent absence of Received Pronunciation for any of the characters in the campaign except the invisible character providing the voiceover⁶, who belongs to a world outside of the C4L universe, and who also has the ability to manipulate the people of this realm. This god-voice-character represents a higher authority within the C4L universe. He has sufficient moral authority to be able to instigate changes in the ‘people’s’ actions by merely mentioning what is right and wrong. This disembodied voice is arguably that of the State, i.e. the author of the C4L campaign. Yet, it is not this voice that influences the knowledge base of the characters in the C4L universe. The little knowledge that is referred to by the characters, comes not from the god-voice-character, but crucially, comes from elsewhere. Statements such as “mum says” or “a little bird once told me”,

⁶ Note that this analysis was conducted in 2011. Subsequently, new adverts include voiceovers with regional accents, e.g. the voice in Change4Life Helping Hand (Department of Health 2013). Nevertheless, the points made in this analysis remain relevant because the adverts considered in this investigation continue to be circulated in England.

proclaimed by the characters, reveal that their knowledge derives from sources found within their social network, i.e. trustworthy sources. Figure 3.6 shows a scene where a little bird literally flies into the scene to chirp at Jack-The-Lad, one of the characters in the C4L campaign.



Figure 3.6 Jack-the-Lad learns from a 'little bird'.
(Department of Health 2010c at the fortieth second)

The invisibility of the god-voice-character is, then, a deliberate attempt to hide the identity of the author of the C4L message. This creates the illusion of the information being self-evidently 'good', indicating the culture of mistrust between citizens and 'the Government'. The conscious effort to distance the State from the campaign materials reflects the awareness of the campaign's architects of the public's wariness of the State having already overstepped the public/private divide in its other public works. Embedded within this semiotic device is also the assertion that the imperative of health now rests on the shoulders of individual citizens. However, the State will continue to influence the choices made by individuals by exercising this imperative and define what is 'good' for the public, and what citizens should do in order to be 'good'.

The fact that C4L is a public health campaign against obesity is also left out of the content of the televised adverts. While obesity may be the reasons why the C4L programme was launched, never are the words overweight and obesity used in any of the advertisements. Yet, there are ample visual queues to suggest that this is what these adverts are about. In this regard, the graphical and audio components of C4L adverts are free from information in the classical sense. Even if information is implied, it is not directed. This identifies how social marketing is more diffuse in its technological reach, but this creates an emptiness that requires filling. This invites local health officials to apply 'work' to recontextualise national C4L adverts for local communities.

Making Change4Life 'Familiar' to Citizens

One of the strategies deployed to make C4L 'familiar' to the intended audience is encoded in the aesthetic of the campaign. When considering the work of the late street/pop artist Keith Haring, there is no denial where the C4L aesthetic comes from. His work is influential for its commerciality and association with social movements, especially the "STOP AIDS" movement in the United States from the mid-1980s through early 90s. Here is an example Haring's revolutionary art that inspired a global sensation:



Figure 3.7 STOP AIDS (Haring c.1987)

Notice the similar line quality and colour palette between C4L and Haring's aesthetic. Juxtaposing the C4L artwork with another iconic work from Haring's portfolio (in figures 3.7, 3.9, 3.11) underscores the inspirational source of the C4L aesthetic.



Figure 3.8 C4L logo



Figure 3.9 Untitled, Multicolored Dance (Haring c.1986)



Figure 3.10 C4L baby



Figure 3.11 Radiant Baby (Haring c. 1980)

The striking similarities in these pieces – in terms of colour palette, line quality, and use of ‘movement’ in their respectively abstract fields – show that C4L is borrowing heavily from a visual language established by Keith Haring. Popular culture has

made his artwork familiar to the masses, irrespective of race, ethnicity, nationality, and socioeconomic background. ‘New’ as C4L may be to the UK, the mimicry of Haring’s aesthetic arguably gives the visual language of C4L a certain familiarity. The inane messages explicitly conveyed in C4L adverts further exaggerate this familiarity. While this idea was never explicitly stated in the publication *Change4Life Marketing Strategies* (Department of Health 2009), the deliberate use of Haring-esque graphics is complementary to the point made in this publication, “C4L was presented to the public not as a government diktat on how to live but rather as a social movement in which everyone – government, NGOs, industry, schools, the NHS, community groups, families and individuals – could play their part” (Ibid.). From this angle, the deliberate use of familiar visual language in a mass social campaign further underscores the ethos of C4L: to make its messages about healthy behaviours salient and easily understandable to UK citizens.

The choice to describe ‘people’ as ‘citizens’ is intentional. The term implicitly identifies the relationship that people have with a government. This relationship is structured by legal and political constructs that endow citizens with certain rights. Citizens are also expected to participate in some way, shape, or form. Depicting citizens as plasticine people in C4L adverts suggests that a citizenry is mouldable. Who is doing the shaping and moulding of the citizenry is not spelled out in C4L adverts. We turn to the other symbolic devices used in the adverts to learn more about the connection between the material representing citizens in C4L adverts, i.e. plasticine, and how this relates to the notion of the plasticine or mouldable citizen.

The Infantilisation of People

While the emptiness of the literal messages of C4L may be a direct response to the wide variety of information available to everyone in the digital age, understanding the graphical design of C4L is central to understanding what is truly at stake when the audience encounters a C4L advert. Let us reconsider the representation of characters in the campaign (as shown in figures 3.8 & 3.12) and take the logo’s design as a starting point:



Figure 3.12 C4L, the logo (Department of Health 2009)

No information is provided by the campaign about the ‘people’ depicted in the campaign other than one statement in the Marketing Strategies publication: “little ‘people’ [in the logo] whose presence gives the identity [of the programme] humanity [sic]”. (Department of Health 2009) This is the only clue that we are given to explain why ‘people’ are even depicted in the campaign at all. The use of the gender-neutral word ‘people’ is key. At the outset, one cannot tell the difference between man and woman, boy and girl in the visual language of the C4L universe. This is also an invitation to imagine values of these ‘people’, and the relationship they have with one another. Some of the clues to ground this interpretation are encoded within their actions and activities depicted in visual media. Yet, as empty signifiers, they can mean anything. Without context, the meaning behind these empty signifiers in C4L adverts is manifold and limitless.

Notice that the ‘people’ in the C4L logo are arranged in playful formations, contorting into letters that constitute the very symbol of the mass media campaign. In the complete absence of secondary sexual characteristics, they are literally babies that take on an androcentric appearance. Their ambiguous gender identifies them as vulnerable and highly impressionable entities. Their lack of agency is further emphasised by the fact that they are in a state of suspended animation within the C4L logo. While this may not necessarily be what the authors meant, it does not matter their intention. The point is that the infantilisation cannot be avoided within the symbolic language of the campaign.

As much power as adults have over the behaviour of children, the message of C4L has the same over the ‘people’ in the campaign. With the voice-over’s

proclamation and directive to move more, the people begin to move. Some even contort to form the words ‘move’, ‘eat’, and ‘live’ according to the words uttered by the campaign’s authoritative voice-over. Though belonging to an invisible character, this voice has significant power(s) over the ‘people’ of the C4L universe and is an authority to them. In this sense, the State asserts its authority over the ‘people’ of C4L as a parent would over his/her child. However, the concept of ‘adulthood’ becomes complicated when considering what the ‘adults’ within the C4L universe do. Though it remains a matter of choice as to whether the characters within the C4L universe comply with the statements of the programme, the ‘people’s’ adulthood is subjugated by the fact that they were told what to do by the disembodied voice.

Though much health information is easily accepted as common sense, Briggs (2009) reminds us “we should not assume that state power or processes of medicalization turn patients and public into dupes who passively accept dominant constructions”. (Ibid: 304) Yet, the authority of the information presented in C4L comes from the fact that it is considered common sense or something obvious. The general public is not expected to question its verity. This assumption is represented much the same way through the immediate changes that occur in the lives of the characters – the ‘people’ – portrayed in C4L adverts. In fact, the characters are so moved by the truth of the C4L message that they immediately take on the changes advocated in the advertisement.

The way in which the word ‘Life’ is spelled out in the C4L logo is another example that illustrates how the citizen is conceptualised within C4L adverts. By spelling the word ‘Life’ with their own bodies, the logo captures, quite literally, how ‘people’ are supposed to respond to the programme. Like infants, they have little to no agency over their lives: they are acted upon, talked to, told to do things a certain way, and harangued for being un-thoughtful. In other words, these ‘people’ are in constant need of supervision. Without intervention by a higher authority, it is fair to assume that these ‘people’ are incapable of living healthfully, and will maintain unhealthy lifestyles without the interventions that each C4L advert represents. Their directive to “Eat Well, Move More, Live Longer” creates the very foundation for the ‘people’ within the C4L leitmotif to anchor their reality. This is visually reinforced by the fact that the directive, in the form of spelled-out words, is placed beneath the standing/sitting/one-handed-hand-standing people in the logo, providing them with a foundation to live on. In so many ways, the ‘people’ of C4L represent the essence of

those life changes that the campaign intends to inspire in the English population. They are archetypal good citizens depicted in graphic form: They do as they are told.



Figure 3.13. A visual representation of 'Moving more'.
Detail from the C4L campaign (Department of Health 2009)

While the theme of infantilisation may be coming across in the symbolic communication of C4L advertising, it remains unknown as to how this is translated, if at all, into the other aspects of the campaign, e.g. the meaning of the campaign to health officials and local communities. Yet, despite the heavy use of empty signifiers in C4L advertisements, the meaning of the adverts is treated as self-evident. Little is known about how the infantilisation found in the visual language of C4L advertisements relates to how local health officials should translate the C4L programme into real life. Neither the authors of the programme nor the public health literature discuss this. This identifies a clear avenue for future research focused on how the infantilisation of a virtual 'people' impacts people in the real world, especially as it relates to how public health officials and local communities interact with one another in the context of C4L programming.

The Sexless and Racially Denuded Citizen

The choice to represent 'people' as colourful plasticine figures is another aspect of C4L adverts that requires unpacking. Notice the similarity between the C4L figures and Morph, the iconic British plasticine superstar, who, like the 'people' of C4L, is highly infantilized in his physical appearance:



Figure 3.14 (left) Morph at the National Media Museum, Bradford (Farrington 2009)
Figure 3.15 (right) “Jack-the-Lad”, a “person” from the C4L universe

As a sexually undifferentiated youth, Morph can only speak gibberish. Yet, he is held as a universally safe and familiar character in British culture. The fact that the same studio that created Morph also created Wallace and Gromit (Aardman Animations), and the plasticine people in C4L is not coincidental. These authors are familiar with the visual language that is associated with a sense of ‘wholesomeness’ and ‘safeness’ to British families. This gave rise to Jack-The-Lad, who represents a middle-aged adult with a penchant for drinking and inactivity. Though he may engage in risky behaviours, he looks like Morph. He is comprised of a visual language that is uncomplicated and understandable. This lends a familiarity and safeness to the C4L aesthetic.



Figure 3.16. A gender ambiguous family in C4L (Department of Health 2009)

In the absence of secondary sex characteristics, or the use of stereotypical visual queues, e.g. gender-associated accessories, one is hard-pressed to discern a man from a woman, a boy from a girl in the grouping of four depicted in Figure 3.16. Given the context that some C4L adverts target families, it is fair to assume

that the image is depicting a nuclear family. While I may have a penchant to assign the orange 'person' in Figure 3.16 as the father, whose hand is hung over the shoulder of a green 'person', who is the mother, there is nothing within the visual language that precludes the possibility of them being two dads, or two moms. Yet, the role of each of the figures in the 'family' remains unclear.

The cohesion of the 'family' depicted in Figure 3.16 is represented by their handholding. This contrasts with the families portrayed in the C4L adverts that do not eat or play together prior to being intervened. Instead, they are in a loose arrangement in a living room, in front of a television. In this regard, the family portrayed in Figure 3.16 is not just any family, but one that has 'benefited' from C4L.

Just as sexual orientation is avoided in this visual vocabulary, so is the notion of race. The basic family unit, as depicted in the logo (Figures 3.8 and 3.12) and in the 'family' (Figure 3.16), indicates that all members of the family have a different colour. Colour becomes a visual marker for personality, bypassing race altogether. This does not render race a non-issue in this campaign. Instead, it places it front and centre as a problem to avoid. The idea that each 'person' in C4L can be any race down-plays the important differences that, for some, constitutes the very fibre of their being as, e.g. White, Black, Asian, Latino. Ethnicity is another element that is edited out of the reality of the C4L universe. It is deliberately rendered out of the campaign. In the name of establishing an imagined commonality between individuals in a population that is as obviously diverse in terms of gender, race and ethnicity as England; the homogeneity that is superimposed onto the gender-neutral 'people' indicates a problematic understanding of multiculturalism and the politics of difference.

Should colour refer to something other than race and ethnicity; perhaps it is a depiction of 'personality' with a unique colour for a distinctive personality. The adverts install into it a deliberate ambiguity that provides 'space' for the viewer, who can be anyone, to assign the roles. This space is like that of outer-space, consisting largely of vacuum, but containing constellations of ideas for someone to work with in order to assemble a more physical reality, one that they can 'put their hand on'.

With the current C4L calibration – one where neither colour represents race, nor where physical appearance suggests gender – there is a strong argument that the

deliberate ambiguity resulting from these graphical choices does not necessarily make it more difficult to assemble a certain nuclear family out of the visual pieces of the campaign, but actually strategically makes it easier. This ease of assembly heightens the potential salience of the campaign to its viewers, creating not obstacles to understanding its applicability to their lives, but enables them to see how these ambiguous ‘people’ can directly correspond with real people in their family and life. As far as the printed, purely graphical components of the campaign are concerned, these ambiguities hold strong.

The C4L programme relies on a problematic construction of universality in which everyone shares the same values and beliefs. Universal citizenship assumes the homogeneity of the citizenry, where equal rights for citizens is mistaken for sameness, thereby overlooking those differences in the social lives of citizens that drive needs to differ from one citizen to the next (Young 1989, 1990, 2000). With respect to universal citizenship, the assumption is made in C4L that anyone can relate to the message of the campaign, when, in reality, this is impossible for all. A citizen’s choice or inability to live the lifestyle promoted in the C4L programme should have no bearing on the viability of his/her citizenship. There are countless socioeconomic situations that make it challenging, if not impossible, for families to, e.g. walk or swim for health, if they live in neighbourhoods that are too dangerous for such activities or physically unsuitable to engage in these activities safely.

Yet, the programme is regarded as a “social movement in which everyone...can play their part” (Department of Health 2009). If C4L were to be a mere health promotion, the aim may be, in part, to create an educated public that is aware of the benefits of healthy eating and increased physical activity. Such a program misses the point of it being a social movement. The aim of C4L is to fundamentally change the sensibilities of an entire people, to promote the C4L way of life as the best way to live, and to progress towards a healthier England. While it may be the ethos of a social marketing campaign to impact the lives of everyone, in actuality it is addressing this effort only to a subset of the nation, i.e. those who are literate, English-speaking, with enough social capital to be able to jog, go to the gym, or swim, without problems. Created is the implicit statement that those with insufficient social capital to live a life similar to that described in the C4L campaign will detract from the State’s attempt to create a healthier nation. Though implicit, this message creates a dangerous possibility for the C4L campaign to reinforce those

social inequalities that contribute to the health disparities and poor public health that remain a problem in England, particularly for marginalised social groups.

Other problems arising from hiding information within social marketing campaigns reveal that there must be full disclosure of the programme's authorship. By embellishing the identity of the author through semiotic tricks, there is little reason for the public to believe in the voracity of a social marketing message if the author cannot even own-up to his own work. While a strong aesthetic is central to creating 'catchy' public health social marketing messages, the choice to value 'catchiness' over substantive communication misses the point of effective communications, if that is to be another goal of social marketing. The value of time should not negate the need to communicate clearly to the audience the point of the social marketing campaign. A programme that is meant to be an anti-obesity campaign should be declared as such, not one that merely promotes healthy lifestyle. C4L clearly shows that the relationship between the State and the Citizen cannot be taken for granted if the purpose of public health social marketing should go beyond simply laying down the position of the State, to inspiring change in individual citizens, if not an entire nation.

Literally Moulding the Plasticine Citizenry

The following section looks at an example of C4L advertising, Start4Life, that takes the representation notion of the universal citizen even further by depicting this 'generic' citizen as a literal lump of plasticine, this advert explicitly suggests the mouldability of the citizenry using social marketing. Though the following advert is directed at expectant mothers, it contains important clues that answer the general question of 'who' moulds the plasticine citizenry and how social marketing relates to this activity.

What is required to become a C4L family begins at the moment of birth. The Start4Life advert targets soon-to-be-mothers and promotes breastfeeding and other infant rearing practices that are healthy or 'best' for an infant/infant-to-be. The Start4Life television adverts begins when a real person – a blonde, white woman who is presumably a soon-to-be mother – appears holding a pink lump of plasticine that morphs into a Haring-esque baby. (Department of Health 2010d). Whether we are to read into the choice of depicting the archetypal 'mother' as a white, blond women remains undefined and highly ambiguous.

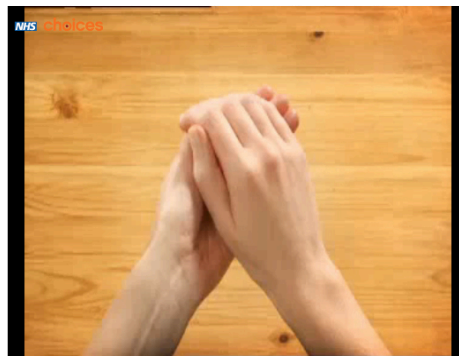
Nevertheless, the archetypal mother in the Start4Life advert holds a lump of clay about the size of her hands. Based on the monologue of the film-piece, one gets the sense that the pink lump has a life of its own, though it is something that she can shape. Pink, along with a whole host of reds, is also the colour of a developing foetus. Though the monologue hints at what a child will become – from a little pink foetus in her hands into a pink person that crawls, and eventually walk –the lump of clay represents an imagined universe that forecasts things to come.

Though there is a high degree of abstraction – combining an imagined future that the mother wields in her hand, though it has a will of its own – the mother’s control over how the clay morphs suggests that she has agency in the matter. With each transformation of the clay baby, it becomes a more and more developed pink child. However, each step is mediated by the real woman’s physical manipulation of it, though it is depicted only as a simple tug or fold of her hand. The ease of moulding the clay hints at the implicit message that it is easy to raise a child the right way. But, this ease comes along with adhering to the message delivered by the disembodied woman. This voice is mystical, coming from nowhere – after all, the woman depicted in the film does not move her mouth to speak. The voice belongs to whom I will refer to as the Start4Life oracle, because it engenders a sagely and profoundly calm persona, literally an experienced voice, and one with a moral high ground.

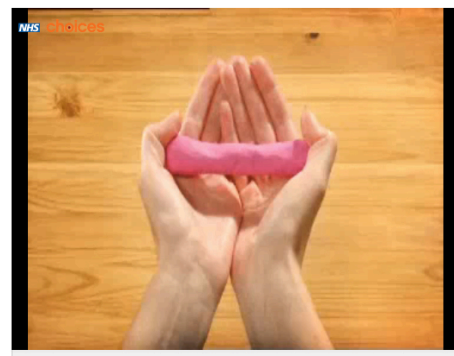
Perhaps the woman depicted in the film is the oracle and her ability to communicate with the audience, let alone to project the future through a lump of pink clay is a revelation of her awesome powers as a clairvoyant health communicator. Nevertheless, the message is clear, though implicit: without the instrument of the oracle, i.e. the woman manipulating the clay according to the oracles directions, the course of evolution of the lump will be different.

At this point, the Start4Life advert is going well beyond its means as a public health message, and becomes a piece that takes a stance on what is ultimately and moralistically the right thing to do. The oracle represents this Kantian perspective; she represents the categorical imperative to rear infants a particular way. By giving voice to this imperative, she is revealing how a child should be raised.

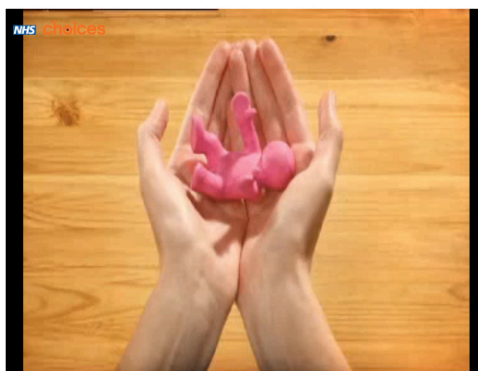
Figure 3.17. (below) Time-Elapsed images from the Start4Life advertisement (Department of Health 2010)



3 seconds



4 seconds



5 seconds



15 seconds

In this light, mothers are not simply agents responsible for shaping of their babies' development, as the oracle is to the lump of clay; they are the very instruments for C4L to shape the future of the English population. What is healthy is defined by the disembodied voice. Deviating from the C4L child-rearing plan may result in a malformed plasticine baby who is destined for obesity and a voracious tenacity for unhealthiness.

This advert, and the other C4L adverts, present free will as a double-edged sword. On one side, free will can lead to the realization of the oracle's vision of the future of England's population. This is the case when mothers abide to the Start4Life recommendations, of their own volition. This is also the trajectory that the social marketing campaign intends to achieve with the English population. On the other side, free will is why 'people' are wrong. Within the context of C4L adverts, it is the wrongness of people that has made it so difficult for the government to achieve the public health goals of a nation. It remains unclear as to what mothers will gain personally by subscribing to the values of the oracle: the status of being a 'good' English national? This is especially challenging so long as the recommendations

made by C4L adverts remain unreasonable for everyone to accomplish due to the realities of social and economic inequality.

Concluding Remarks

Given the impossibility of ascribing a causal impact on population behaviour change or health outcome to a social marketing campaign, the value of social marketing lies in it being a forum to lay out the moral position of the state. An inclusive ethic must not misalign equal rights of citizens with the quality of sameness, especially in light of the cultural diversity of the English population. This is a revelation for the design of national-level campaigns: if they are to be truly useful and sensitive to local contexts, they cannot be simply visually appealing. As the adverts described in this chapter indicate, their emphasis on looking good rather than being thoughtful and substantive have created pieces that dare to suggest that social problems should be treated as personal problems.

A crucial aim for any national endeavour to promote the health of a nation through social marketing is to improve the coordination of all public health programmes within a community. The metaphor of a mosaic (Gibbon 1938) is especially helpful in conceptualising this idea, where each distinct public health initiative represents one tile of the greater mosaic, i.e. the totality of public health programming. The point is that each public health programme contributes to the gestalt, i.e. a public health infrastructure that is greater than the sum of its individual parts. Social marketing is effectively the agent that can gel all these individual components together.

The first step to creating this mosaic is to, henceforth, implement social marketing campaigns that do not commit the logical fallacy of equating equal rights with sameness. The following three chapters contain case studies which rigorously question the continuing high value of social marketing despite the impossibility of proving that social marketing is a scientifically sound public health strategy.

We dived deeply into the hyper-reality of C4L advertisements in this chapter. In this yellow universe, ‘people’ were made of a highly mouldable substance, plasticine. Correspondingly, they were treated as infants in need of figurative and literal reshaping. The following chapters take us out of the super-saturated representation of the world and into a far more complex and mundane reality. How the notion of moulding ‘people’ translates into the ‘real world’ is the focus of the

case studies to follow. The social contexts found in real communities will ‘test’ the ideology and themes drawn out in C4L advertisements. This investigation will also provide us with the opportunity to see how ‘work’ relates to filling the ‘emptiness’ of social marketing.

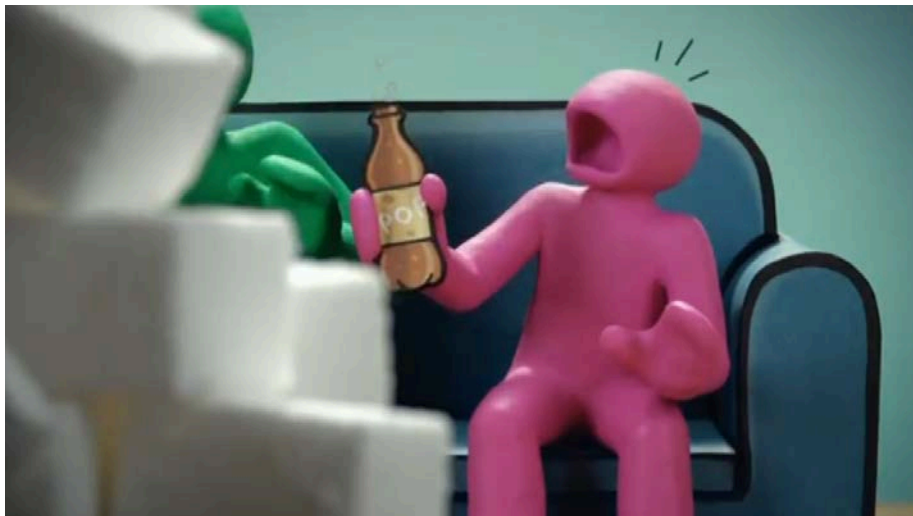


Figure 3.18. Change4Life shocks with the facts in this visual representation of a ‘person’ learning about the seventeen cubes of sugar in her/his fizzy drink. (Department of Health 2013b at the seventeenth second)



Figure 4.1 Juggling 5-a-Day. Image extracted from C4L Local Supporter's Guide
Department of Health 2010b: 6)

Chapter 4 The Social Life of a Refrigerator

The following case study focuses on a local Change4Life (C4L) programme that centres on 'Eat Well', a component of the national programme's message, 'Eat Well. Move More. Live Longer.'. This chapter focuses on a social marketing campaign, The Refrigerators Programme⁷, as it was implemented in The Region⁸. Specifically, this programme aims to make fresh produce available in stores in 'food deserts'. Food deserts are defined as low-income neighbourhoods, both urban and rural, with limited access to full service supermarkets and convenience stores that stock fresh fruits and vegetables (Cummins and Macintyre 2002; Jiao et al. 2012). This programme takes a 'top-down' approach to getting people to engage in the 'good behaviour' that is imagined to result from this programme, i.e. getting people to 'Eat Well'. This 'good behaviour' is conceptually framed as the result of branding physical objects in the environment with the C4L logo.

⁷ This is not the actual name of the programme. This and the other names of people and places used in this chapter are pseudonyms deliberately used to maintain confidentiality.

⁸ For the intents and purposes of this study, The Region is an example of a local health authority – formally the Strategic Health Authority of a certain part of England – whose domain spans across several counties.

Increasing the availability of fresh fruit and vegetables in food deserts

Eating at least five servings of fresh fruits and vegetables is a fundamental part of what 'Eat Well' is intended to convey. Not only is this statement a dietary recommendation, it is a moral imposition of the ideals that gave shape to the C4L programme itself. In this light, the C4L campaign is tightly coupled to *5-a-Day*, i.e. the namesake of another English public health social marketing campaign promoting the consumption of five servings of fruits and vegetables every day as part of a healthy diet.

Public health officers in The Region understand that familiarity with the *5-a-Day* message remains irrelevant for some citizens because the built environment does not support the realisation of the message. This is especially relevant to deprived neighbourhoods with limited to non-existent access to fresh fruits and vegetables. Hence, the Refrigerators Programme aims to reconfigure the built environment to include fresh fruits and vegetables in these neighbourhoods.

There are neighbourhoods in The Region that resemble the built environment caricatured in the C4L campaign. This chapter features communities such as these, where one can walk for miles without coming across a single store selling fresh fruits and vegetables. The public health officers in the Region understand that life in food deserts predisposes communities to unhealthy lifestyles due environments that are unsupportive of healthy lifestyles. Instead, food deserts support 'bad' things, as demonstrated in C4L adverts (See Figure 4.2):



Figure 4.2. An unhealthy landscape. Pink cannot resist the magnetic pull of the Sugar Shack. Image extracted from the C4L Snack Swapper advertisement (Department of Health 2009b at the 22 second)

In C4L, unhealthy institutions are depicted as powerful magnets. These institutions pull citizens into them and there are no 'good' options to counter their attraction. The lack of control that people have for 'salty gloop' and 'crispy fried' is derived from their surroundings.

Refrigerators will do (?)

The public health authority in The Region aims to offset the impact of food deserts on people by making fresh fruits and vegetables available. With the intent to re-engineer the built environment in deprived neighbourhoods to become supportive of healthy lifestyle, the main question is how best to get fresh fruit and vegetables into food deserts? The Region's answer is refrigerators.

The Refrigerators Programme provides subsidies – 50% of the cost – for the purchase of C4L-branded refrigerators by convenience stores operating in deprived areas. These branded refrigerators are to be stocked exclusively with fresh fruits and vegetables. In other words, once store managers take the subsidies they commit to selling fresh fruits, fresh vegetables, and C4L. Morag, the director of the Refrigerators Programme, does not foresee any barriers that franchise owners/store managers (because these are often one and the same in deprived neighbourhoods, for

the sake of brevity either shall be henceforth referred to as ‘store managers’). She comments:

Why wouldn't they take the money? They get a new chiller out of it.... Once the store managers get the chillers, fresh fruits and vegetables will become available...and people will buy them. People in The Region need to get their 5-a-Day. And the Refrigerators Programme will make this happen... Not only is [the Refrigerators Programme] a good deal for convenience store managers...When people see the [yellow] shelves, they are reminded of C4L.

This explanation frames the subsidy as a catalyst for structural and behavioural change in food deserts. By providing the ‘initial energy’, these bursaries are imagined to activate a chain reaction in deprived neighbourhoods that will positively change the built environment. This will make fresh fruits and vegetables available where they would not be otherwise, and eventually this will cause people to eat fresh fruits and vegetables in food deserts.

A Region that has people eating their *5 a Day* is the future that Morag is working to achieve. Getting convenience stores to sell fresh fruits and vegetables plays an important part in attaining this goal, Morag explains:

We know customers come [to these convenience stores] to purchase crisps, alcohol and cigarettes.... When they come in and see the fresh fruits and veg they will think about fruits and veg.... Store managers should ask their customers if they would like to buy an apple or orange instead of crisps, a smoothie instead of a fizzy drink.

The mission to get citizens to eat fresh fruits and vegetables is very explicit in this explanation. Capitalising on the community institution that is the neighbourhood convenience stores, this social marketing campaign is intended to make fresh fruits and vegetables enticing and relevant to the public. The C4L branding further imbues physical objects with the meaning of a national public health social marketing campaign. By juxtaposing public health messages with refrigerators stocked with fresh fruits and vegetables, the scheme is to reverse what has become the public’s tendency to not ‘Eat Well’ within parts of The Region.

I focused my observations on the workforce implementing the programme, namely civil servants, contractors working for the government, and convenience store managers. Their actions reveal their goals and motivations. These aspects are systematically ignored by the current approach used by Morag and the Department of Health to evaluate public health social marketing programmes. A presumed dyadic relationship between the author of the social marketing campaign or its implementer and the beneficiary, the citizen, informs the tendency to focus on things such as sales information. 'Outcomes' are limited to consumer behaviours, where sales information of fresh fruits and vegetables is assumed to measure behaviour change. Missing from this approach is any consideration of the actions, motivations, and experiences of the store managers implementing the programme. By paying attention to these issues, this investigation is an important opportunity to understand what social issues are raised by this particular approach to social marketing.

Therefore, this project requires setting aside the proclivity to measure social marketing campaigns solely for health and behavioural impact. This is not to denigrate these quantitative approaches to understanding the programme, which have their obvious benefits, but an attempt to acknowledge and reckon with the complexity surrounding social marketing as a concept and social phenomenon. Where the traditional definition of public health social marketing is incomplete, this study deepens the understanding of how this powerful tool works by focusing on the social issues it raises.

To launch a Refrigerator

Refrigerators are commonly found in convenience stores throughout England. They provide infrastructure for the modern aesthetic of convenience stores, i.e. shelves filled with sugary fizzy beverages and pre-packaged foods. Every convenience store participating in the Refrigerators Programme had more than one refrigerator operating in the store at the point of enrolment. For the intents and purposes of this study, let us make the basic assumption that customers expect convenience stores to have refrigerators. There is nothing unusual or extraordinary about a convenience store with refrigerators. Despite the financial hardship facing its deprived neighbourhoods, this holds true even in The Region.

Suffice it to say, the installation of a new refrigerator is rarely met with interest by the press. Yet, when a new refrigerator is installed under the auspices of

the Refrigerators Programme, The Region treats it as an extraordinary event. Met with the fanfare of the press and celebrities – figures of local and national reputation – The Region hosted ceremonial launches for the new C4L refrigerators installed in deprived neighbourhoods. The following section considers the phenomenon that the refrigerator has become through the Refrigerators Programme.

It is unusual to consider the installation of a new refrigerator newsworthy. To underscore this fact, The Region actively corrals the press to attend the launch of C4L refrigerators. By creating news out of something that is generally considered unremarkable, the transformation of a refrigerator from an industrial object into a social phenomenon begins and a symbol of power is born.

While the press may be a salient venue to publicise social marketing messages, Morag explains,

*We don't have the money to pay for adverts [in the newspaper].
But what we can do is capture people's attention by throwing a
launch.*

In other words, while there may be financial barriers to publicising the programme in the local newspaper, Morag maintains that they may be circumvented with creativity. Another way to think of this, though she did not discuss this with me, is that the launch attracts the attention of the press, which affords her with the opportunity to promote the programme in the form of an article instead of an advert. This is an inspired workaround to the financial issues she is faced with. I think this reflects her resourcefulness, which sheds a different light on the notion of governmental efficiency. This action highlights the importance of creativity in public health works, especially when there are tight budgetary constraints.

As a governmental agency, The Region was able to compel the press to make a story out of a refrigerator. By creating news, the launch brings social strands together where they are unlikely to come into contact with one another without intervention. On the verge of committing theurgy, social marketers in The Region succeeded to invoke the presence and attention of the press at, what is otherwise, a non-event. The epiphenomenal promotion of the social marketing message via news coverage, though not the exclusive channel for this endeavour, diffuses the message into society. We also see 'work' in this example, or the induction of values into the activities of the Refrigerators Programme.

Morag is careful to explain the rationale of the Refrigerators Programme to me without explicitly declaring her association with The Region. Yet, her expectation for the world to respond to refrigerator subsidies assumes that this response is as natural as Newtonian action-reaction. In her view, this is just the way things are. Especially with respect to her expectation for the press to cover the refrigerator launches, social marketing reveals itself to be a medium for communiqués, i.e. the expression of the State's moral imperative and position on a particular subject.

The institution of the free press is a significant to the 'work' that Morag accomplishes with refrigerator launches. Though she does not articulate this in her statement, I view it as a buffer between the author of the Refrigerators Programme – for the intents and purposes of this case, not just The Region, but more conceptually the State – and the citizen. Press coverage of refrigerator launches temper the social marketing message by introducing yet another voice – that of the press and third-party – into social marketing. Although press coverage may not necessarily be, in itself, be a traditional social marketing strategy, Morag's statement hints that she is co-opting the press to carry out social marketing – in the form of a news story or article – instead of something more financially intensive, e.g. a paid advert in the paper.

The use of the press, or any other media coverage, to publicise C4L messages in the opens a path that can lead to an unsavoury conclusion: The State can, to a certain degree, control the news. However, this tactic carries the obvious risk of rendering the metaphysical 'nudge' into a didactic shove. Morag's careful choice of words in her statements suggests an awareness of this issue.

The prescriptive nature of Morag's explanations of the Refrigerators Programme – e.g. 'customers will....' and 'managers should...' – signals that she regards herself as someone with authority over the community. This parallels with the dynamics raised in conventional definitions of social marketing (See Chapter 1 for further discussion). As Morag's descriptions suggest, changing the built environment is a means to prescribing public behaviour. Whether this is reasonable or realistic is a matter of perspective and ideology. Capturing a special type of 'work' that I call 'keeping up with appearances', Morag appears to be steering the public eye away from the ideological issues raised in the Refrigerators Programme.

Though Morag explains the involvement of the press as a matter of financial resourcefulness, they raise a deeper set of issues that invite interpretative analysis.

A closer look at the refrigerator launches identifies another strategy – the involvement of celebrities – that may further distance the government that Morag represents to the programme audience. Their personal charisma aside, stars are individuals with special status in a society. Celebrities have sufficient social capital to reorient their place in social networks, transcending their identity as citizens – a social “apotheosis” – to become institutions in and of themselves, i.e. a point of social nucleation whereby individuals with shared interests – in the celebrity and what s/he stands for – organize themselves.

Theoretically, celebrity endorsements⁹ 1) impart meaning to the social marketing message through their participation, increasing its salience to the public, 2) enhance the diffusion of the social marketing messages by taking advantage of the density of connections surrounding star clusters, and 3) obscure the paternalistic motives of the State, converting didactic prescriptions into socially desirable ideas and behaviours.

While celebrities’ power over the built environment can be influential, it is ephemeral. Hence the quality and quantity of this resource varies over time and space, affected by the unpredictable fashion in which stars appear and fade. By including local celebrities in the launch events of the Refrigerators Programme, I believe that Morag is harnessing charismatic and legal-rational authority to influence the public’s interest, converting a mundane object – the refrigerator – into a signifier of the State’s will.

In summary, Morag’s aims for the Refrigerators Programmes focus on affecting the behaviour of different segments of the population. Her statements suggest that store managers are expected to take the subsidies and sell fresh fruits and vegetables in a specific way. My interpretation of her actions and statements

⁹ For insight into the scholarship that has gone into understanding celebrity endorsements in advertising, here are some papers that add nuance to the discussion:

Larson et al. (2005). “Celebrity Endorsements of Cancer Screening”. *Journal of the National Cancer Institute*, 97(9): 693-695.

Agrawal and Kamakura. (1995). “The Economic Worth of Celebrity Endorsers: An Event Study Analysis.” *Journal of Marketing*, 59(3): 56-62.

Kamins et al. (1989). “Two-Sided Versus One-Sided Celebrity Endorsements: The Impact on Advertising Effectiveness and Credibility”. *Journal of Marketing*, 18(2): 4-10.

Surgu et al. (1988). “Celebrity Endorsements – Scripts, Schema and Roles: Theoretical Framework and Preliminary Tests”. *Advances in Consumer Research*, 15(1): 69-76.

suggest that she expects people to buy and eat more fresh fruits and vegetables in response to their increased availability. In my view, Morag is fixated on changing the public's health behaviours. Though she may be consistent with conventional approaches to social marketing, her words and actions fail to address the practical and theoretical problems with treating social marketing as an industry for behaviour change.

The Social Life of the Refrigerator

Having described the theoretical issues feeding into The Region's choices for the form and function of the Refrigerators Programme, the following is an example of a refrigerator launch. Placing the refrigerator as the central object for life to revolve around, this demonstration will reveal anachronisms between The Region's expectations for the Refrigerators Programme and real life, each highlighting opportunities to refine both the specific programme and the definition of public health social marketing in general. I start with an ethnographic account of a launch, followed by an in-depth analysis of the observations.

Special attention is paid to moments of discord, i.e. contingencies or unanticipated events, within the theatre of public health social marketing. These moments are important because they are at the interface between differing values. In this position they also serve as heuristics, demonstrating avoidable conflicts or opportunities for programmatic and strategic improvement. The sociological implications of these tensions provide a basis to better understand the Refrigerators Programme as a social phenomenon.

I observed a total of twelve refrigerator launches. This is the total number of launches made in the Refrigerators Programme. While each launch was faced with a unique set of operational challenges and anachronisms, I regard the event in Chilton as the archetypal refrigerator launch. Encapsulating dynamics found in all the other observed launches, this launch illustrates neatly those interesting tensions emerging from the Refrigerators Programme's top-down approach. Observations of how the programme was managed by public health officials and store managers enrich the discussion how social issues unfold in the context of social marketing.

The Fruit Pureeing Bicycle

The following case takes place in Chilton, a town and food desert located in The Region. Better known by its colloquialism, ‘The Estate of Chilton’ or simply ‘The Estate’, this town is notorious for its high concentration of public housing. Geographically isolated, no train lines go through the town. Bus service is infrequent, and a journey to the closest city takes over two hours. There is pavement in some areas of the town, and no pavement beyond the town border. A refrigerator launch is taking place in one of the convenience stores in Chilton, Affordable Grocery; it is part of a chain found throughout England. This store is situated on a residential street, with the town’s grammar school half a block away.

Attending the event are local celebrities – two members of the Chilton Council (for the intents and purposes of this demonstration, they represent citizens elected to govern the township), and the Mayor who is a portly man, in his late 50’s, wearing a three-piece suit with a heavy ceremonial chain-necklace – similar to those found in the Crown Jewels in the Tower of London – with a large pendant displaying the town’s coat of arms. Also in attendance are a group of 20 school children (about 7 years old), their teacher, the director of public health programmes of the region, two health trainers from the Chilton community centre, a photographer/reporter from the neighbourhood newspaper, the store manager, a representative of The Region’s strategic health authority, and myself (a common bystander).

With so many people there, Affordable Grocery was very crowded. Though this is extraordinary – the store is never crowded – this does not make it newsworthy, *per se*. Other circumstances transform this non-event into something special.

According to the store manager, Singh, there are no more than 10 people in the store during peak time. Customers typically come into the store to purchase cigarettes, alcohol, lottery tickets, crisps and sweets. The store also sells pet products – there is a whole aisle designated for birdfeed, dog and cat food, kitty litter, etc. – and frozen snacks, e.g. ice cream.

Sales are made at the front of the store, where the cashier rests on the store’s counter top. Behind the counter is the store clerk (typically the manager or his son, the assistant manager) who stands before a display of cigarette and alcohol-lined the

shelves. There are also a couple of black and white television monitors displaying video captured by closed circuit television. In the space below the counter are shelves displaying pork scratchings and a wide range of sweets. The store counter is next to the entrance and exit of the store, which has a motion-sensor door that chimes and opens whenever someone walks into or out of the store.

Perpendicular to the cashier and store entrance/exit are four aisles, one designated for paper products, another for pet products, one for sweets and crisps, and one with perishable goods stored in the refrigerators and freezers. Each aisle is just wide enough for one to crouch down to pick up something from the lower shelf, with just enough space to clear the opposite shelf. The back of the store holds another set of freezers, stocked mostly with frozen dinners, chips and onion rings, and bags of ice. The store's office and storage area is at the back of the store, behind the freezers. The bay in front of these freezers is wide enough for the freezer doors to open with about one foot of space between the edge of the door and the closest shelves.

The store is clean, though the linoleum flooring is worn out by foot traffic and dolly wheels. Lit with overhead fluorescent-tube lighting typical of English convenience stores, one tube flickered, creating a strobe-like effect at the front of the store above the cashier counter.

A C4L ambient fruit stand stands out at the front of the store, conspicuously yellow and new. The oranges, and red and green apples in the stand are shiny and fresh, contrasting with the yellow colour of the stand itself. However, the store subsumes the C4L refrigerator, which is not visible at the entrance of the store. It only becomes apparent a third of the way down the refrigerator/freezer aisle. Situated between a refrigerator filled with sodas and beer, and a freezer packed with ice cream and other cold sweets, the C4L refrigerator is relatively small, with shelves less densely packed than those around it. Unlike the ambient stand, the yellow branding of C4L is reduced to the space on the edge of the refrigerator shelves. This is also where the prices of the things in shelf are displayed. The bottom shelf is divided into four sections, with onions, potatoes, sweet potatoes, and carrots. The middle shelf contains six punnets of mushrooms, two bunches of celery, eight courgettes and six aubergines in their own respective piles. The top shelf has two containers of pre-sliced pineapple, and four punnets of strawberries. The produce looks fresh. The store manager assured me that it arrived the day before the launch.

Two hours before the launch, the health trainers from the community centre arrived, bringing with them a foot powered blender mounted on the back of a bicycle. The sight of this contraption moved the store manager, a taciturn greying south-Asian man with a thick ethnic accent. He gave a slight smile at the device when one health trainer – an athletic white man in his early 20’s with a pronounced regional accent – volunteered an explanation of what he was carrying into the store. The other health trainer, an energetic white woman in her early 20’s with the same thick regional accent, came in right behind him carrying a couple of heavy orange plastic carrier bags with the logo of a national supermarket chain not found in The Estate.

While the male health trainer was setting up the bicycle in the space where customers tend to form queue-up at the counter, the female health trainer started taking out items from the plastic bags. She set them up – plastic cups, fresh and canned fruits, and cartons of juice – on the countertop next to the cash register. ‘It’s time to make smoothies’, proclaimed the male health trainer as he got on the bike. He asked his colleague to put some of the fruits and juice that she brought to the store into the blender.

Upon placing the lid onto the loaded blender, he said ‘Let’s see if this thing works’! He pedalled at a leisurely rate, causing the fruits to swirl slightly inside the blender. After about a minute, he turned around to look at the contents of the blender to discover that the fruit, coarsely chopped, was nowhere near as smooth he wanted.

‘Bloody ‘ell’, said the health trainer under his breath.

He began pedalling harder; this time, standing up. His colleague, the female trainer, standing two feet from the bicycle observing this, gave friendly encouragement to commiserate, saying ‘almost there’. While he was pedalling, she began pushing the beverages in one shelf of the refrigerator aside to create a space for the finished smoothies.

After about 5 more minutes of the male health trainer’s increased level of cycling, the female health trainer said, ‘Bless you! I think it’s ready’. Her colleague stopped pedalling immediately, looked at the blender, and sighed, smiling, saying ‘That was bloody ‘ard work’! She proceeded to pour the smoothies into small, delicate, disposable plastic white cups that bend under the pressure of the slightest grasp. The cups were filled a quarter of the way up and from the way the fruit puree was settled in them, the cups looked uncouth and scummy, i.e. more like cups that

previously contained fruit smoothies rather than newly filled cups of smoothies. The male health trainer refilled the blender with more fruit and juice and started pedalling again. He panted loudly. (see Figure 4.3).

The physical exertion required to powering the bike-blender is not simply a demonstration of how inefficient the fruit pureeing contraption is; it is a demonstration of how strenuous it is to promote *5-a-Day* in a food desert. This example importantly captures the ‘work’ associated with the Refrigerators Programme.

While the smoothies were underway, the store manager was busy attending to his morning customers. A carpool of men dressed in the attire for a construction site came into buy their cigarettes and a non-alcoholic beverage for the day. The customers were friendly despite having to ask the female health trainer to get out of their way in order to access the sodas in the refrigerator. Some had to remove the plastic cups in order to get what they wanted.

No one wanted to taste the smoothies.



Figure 4.3 The fruit pureeing bike and cups of minced fruit next to the fizzy drinks.

The spectacle of the health trainer pedalling hard on his fruit-pureeing bicycle raised the brows of all customers coming into and out of the store. None of the customers were interested enough to enquire about what they were seeing. The lack of exchanges between the health trainers and the manager suggest that everyone had an idea about what was going on in the store, except the customers. The store manager was not even bothered by the blender-bike getting in the way of everyone entering the store. He, also, did not want to get in the way of the health trainers' work, and kept to himself.

The health trainers continued to make fruit smoothies for the next hour in preparation for the launch. Ten minutes before the launch, two council members and the town Mayor arrived on foot, accompanied by the photographer/reporter from the local paper. With the store manager behind the counter, Morag, the representative of The Region's strategic health authority, was the first to greet the officials, engaging them with small talk.

The health trainers, at this point, had finished with their smoothie production, and were standing next to each other in the beverages aisle. The male health trainer was still breathing heavily, though he was recovering from the strain of rigorous pedalling. Pinning their name badges on, they stood quietly in the aisle as if to get out of the way of Morag's meet-and-greet. It was apparent that the launch was neither in the control of the store manager nor the health trainers' event; Morag was in charge.

The arrival of the school children, filing into the store in pairs, chaperoned by their teacher and the regional director of public health programmes, signalled the start of the launch. Morag welcomed them into the store and shepherded them to the bay of freezers at the back of the store, where a cardboard box filled with brightly coloured C4L backpacks rested on the floor. The director of public health programming asked the children, 'who wants one of these'?, while waving one of the branded backpacks in the air with a smile on her face. The children's hands darted into the air, as if in a classroom, as they shouted 'me'! As she began distributing them, the children crowded around her with enthusiasm.

All the while, the photographer/reporter was at the front of the store, where he was busily taking pictures of the Mayor watching the event. The children put on their backpacks, and showed them off to each other. Only one child bothered to look immediately at what was inside the backpack. His plain facial expression showed

that the content – informational leaflets about the virtues of eating fresh fruits and vegetables, and other health information – was not interesting to him. As the noise level peaked, the teacher clapped three times to get the children’s attention. The children responded by repeating their teacher’s clapping pattern, in unison, and quieted down.

Next, the director of public health programmes, asked them ‘who can tell me what five fruits and vegetables are in their 5-a-day’? Though only some of the children darted their hands up in the air, asked each student, one at a time, for the next ten minutes, to share what they would eat.

To move the children to the next segment of the launch, the director said ‘Very good, now lets go to the front to see what fun things we can do with fruits’. She led the children to the front of the store, walking past the C4L refrigerator without anyone noticing, including herself, that it was there. Though the C4L refrigerator is the centrepiece of the Refrigerators Programme, it was invisible in the launch. The little attention directed at the actual C4L-refrigerator during the launch signals that bigger issues are at hand.

The rotund mayor met the children at the front of the store whilst sitting on the bicycle-blender. He was pedalling at a leisurely rate. The C4L ambient stand was also placed next to the bicycle at this point, against a backdrop of shelves densely packed with crisps, sweets, alcohol, and cigarettes. Introducing himself to the children as the town Mayor, he testified that it was fun and easy it to make fruit smoothies. All the while, he was pedalling to get the stuff inside blender to whirl. He continued his monologue about healthy diet and health for about five minutes.

Getting more and more out of breath from the pedalling, he eventually stopped. By the way the children giggled and spoke secretly to one another, it was evident that the sight of the Mayor struggling on the bicycle amused the children, unlike the contents of his lecture. He asked for a volunteer to help him finish-off the smoothie. Again, the children’s hands darted into the air: they were excited to get on the bicycle-blender.

The Mayor chose the tallest one in the class, a lanky boy who literally jumped up when he was selected. The boy hopped onto the bicycle with ease that the Mayor lacked. The child proceeded to pedal. However, he struggled and was out of breath. After about a minute into it, the boy’s face was red, he was panting, and a the children were chuckling with amusement. Some exclaimed their desire to give it a

go: 'let me try'! Straining for another minute, he gave up, and exclaimed 'I can't do it! It's too hard'! The Mayor immediately volunteered the male health trainer to take over the job, who smiled, hopped on the bicycle pedalled rigorously.

When he finished making the smoothie, the female health trainer stepped and asked, 'who wants to try a smoothie'? An awkward silence overcame the group, but the Mayor rose to the occasion, saying 'me'! The health trainer poured the Mayor a cup, catalysing, albeit slowly, the raising of hands in the air. Eventually, the female health trainer pointed to the crusty cups lined-up next to the sodas in the refrigerator. She told the children to help themselves. Some children ventured over to the smoothies. Others remarked longingly for something else; one child said, 'Oh, I want a Ribena', others said lemonade, Coke, etc. Eventually every child had a smoothie in her/his hand.

There were mixed reactions to the smoothies. A few children finished their smoothie, smacking their lips. Some tasted it and put it back on the shelf. Others just held the sticky cup, not sure what to do with it.

The Mayor took the opportunity to thank the children for coming, and told them to queue for a free piece of fruit from the ambient stand. The photographer/reporter took this opportunity to ask everyone to hold still and look at his camera, and say 'cheese'! His shot is typical of images taken of elected officials in the community, with smiling children surrounding the Mayor. In this particular shot, there was also a C4L ambient stand behind them, against a background of cigarettes, alcohol, crisps, and sweets.

After the photo, the teacher asked the children to find their partners. As each child received a piece of fruit from the Mayor, the photographer/reporter asked each pair to pose for a picture with the Mayor, holding their piece of fruit. With the last pair leaving the store, the Mayor took the opportunity to shake hands with everyone involved with the launch, including the store manager, thanking them for their service. Accompanied by his councilmen, he left the store soon after the children departed.

At no point did the store manager say anything in the launch.

This ethnography points to some important similarities between the refrigerator launches and C4L adverts. The 'voice' of the Refrigerators Programme belongs to governmental officials or the 'social marketer'. Throughout the launch, the 'target audience', which included the store manager and the children in the store,

were literally being ‘moulded’ into the citizens that they ought to be according to the vision laid out in C4L. In the ‘intervention’, the ‘social marketer’ succeeded to silence the store manager, the owner of the setting where the event took place, in order to pronounce what is ‘good’ for the ‘target audience’. This is not simply a conceptual issue, as was discussed in the previous chapter about advertising; this is a literal translation of those concepts into reality, in the form of a refrigerator launch.

Giving the refrigerator is not the point

The anachronism presented by the C4L refrigerator itself may be the most apparent one of them all. As an object within the launch, other than being a part of the backdrop of the event, the actual C4L refrigerator was not central to the ceremony. While the spatial constrictions of the convenience store may have had much to do with this, not once was the C4L refrigerator mentioned within the event. Literally in the periphery, the launch never mentioned the symbol of the Refrigerators Programme. This is at odds with the explanation presented by Morag, who framed the refrigerator as the *raison d’être* of the Refrigerators Programme. Furthermore, the store manager, rather than empowered, was subdued in his own store. Taking centre stage is something immaterial yet substantial: the work of outsiders.

The outsiders in the performance included the health trainers, the director of public health, and Morag, whose role is almost invisible within the launch. Although their jobs tie them to The Region, these outsiders regard Chilton as only a place to work. Though he actually lives in Chilton, the Mayor’s position of power places him in a social space that is inaccessible to regular citizens of the town. As outsiders, their perspectives reflect a set of values that are different from the citizens of Chilton. When these differences come into contact, they create social tension.

One such moment of tension stripped the store manager owner of his own status in his own store: he was momentarily muted during the launch. Stripped of his autonomy and personhood, he was no different than a passive object, taking up space, in the store. To this extent, it did not matter what the store manager thought about the ceremony. The silence of the store manager serves as a profound acknowledgement of the social problems created by the launch.

The transformation – from store manager to prop – reflects the dehumanising effect of this top-down approaches to social marketing. Morag’s dialogue reveals

that her rationale for the programme lacks awareness of this dynamic and identifies her as the agent in the Refrigerators Programme, and the ‘deprived community’ in Chilton as the object to mould. To her, the goodness of refrigerator subsidies is self-evident and trumps all other issues with the programme. While this may be unintentional, this orientation rendered the public’s perspective on the programme irrelevant, to the extent where storeowners were stripped of their status within their own store. Revealed is the imperialistic sensibility embedded within the premise of the programme: it undermines the localism that the Refrigerators Programme is supposed to champion.

The launch-event itself is the very stage upon which ‘work’ is applied onto the local community. The motivation of the outsiders, e.g. the health trainer literally struggling to pedal the bicycle-blender, identifies how Morag characterised the community in Chilton as the ‘deserving poor’. The community is vulnerable, in this view, because they are believed to be incapable of solving their own problems, e.g. the lack of fresh produce in the neighbourhood. As passive entities, the poor citizens of Chilton have become trapped in an unfavourable environment. The passivity of the store manager highlights this predicament, which is highlighted by his silence in the launch event.

While it is certain that The Region did not sell the Refrigerators Programme to store managers on the premise that they will become tools of the State, a top-down approach to public health social marketing reveals itself, in abstract form, to be a potential outlet for imperialism. A top-down approach carries the hazard of corrupting public health works, e.g. a programme to provide refrigerator subsidies for store managers operating in poor neighbourhoods, into expressions of oppression. As much as the Refrigerators Programme appears to be a public health programme to enable convenience store managers and owners to sell healthy foods in food deserts, the programme takes advantage of the unfavourable social conditions found in ‘food deserts’ in order to fulfil a political and ideological vision. We have seen this vision set forth in C4L advertisements. The notion that C4L-branded refrigerators will, on their own, literally transform a real neighbourhood into the ‘healthy’ and ‘mouldable’ one simulated in C4L adverts is both naïve and patronising. Nevertheless, programmes such as the Refrigerators Programme have rolled out in many ‘deprived’ communities in England with little care for how this

activity relates to ameliorating the fundamental issues that keeps food deserts as food deserts.¹⁰

Refrigerators' Intended Consequences

Eye-catching as they may be (and they are not always so, e.g. the Chilton refrigerator that is not in line of sight), unless the observer associates the logo and other related graphical devices of the campaign with the C4L message, these images will fail to be anything more than just colourful images. While the C4L-refrigerator and ambient fruit stand are both vehicles for the promotion of the C4L message, they are both passive and may fail to enable viewers of the stand to make the connection between what they see and what C4L means. Morag's concern for this is expressed in a statement she made previously:

store managers should ask their customers if they would like to buy an apple or orange instead of crisps, a smoothie instead of a soda.

Within this vision, store managers do not merely sell fresh fruits and vegetables in their store per the requirements of the Refrigerators Programme, they actively push them onto customers. Within this imagination, the compulsion to perform this activity comes from within the store manager, as if it is common sense. No doubt this 'common sense' is a reflection of Morag's point of view, which places the C4L message as something so obvious and central that it is inconceivable for collaborators, e.g. store managers, to not do what she does, i.e. promote the C4L message. Morag cannot imagine why the community would not share the same values that she has for the Refrigerators Programme.

Encapsulated in her statement about what store managers should do is a glimpse of her vision for Refrigerators Programme. Her vision is of something ideal

¹⁰ The evaluation of the C4L Convenience Stores project can be found at <https://www.gov.uk/government/publications/C4L-convenience-stores-evaluation-report>. Note that the report does not discuss how social desirability bias may have inflated the self-reported amount of fresh fruits and vegetables consumed by people living in 'deprived' areas, how literacy and numeracy are low in these areas, and how the focus on sales data is misleading because one of most important artefacts of the programme is that the sale of any amount of fresh fruits and vegetables in these stores are invariably an 'increase' from before the programme was implemented because the stores selected into the programme were chosen for their 'limited sales of fresh foods'. Because we are provided with no parameters for what this means, it is not unreasonable to assume that this includes stores that did not sell them. In this case, the sale of any amount of fresh fruits and vegetables, even just one apple, will create the impression of a huge increase in sales. Moreover, how sales hold up in the long-haul is questionable and begs the question of whether such 'interventions' address any of the problems that members of these 'deprived' communities identify to be important.

that is unlike what the Refrigerators Programme can be in real life. For Morag, ‘should’ does not merely refer to a recommendation for store managers to push fresh fruits and vegetables onto customers; she expects them to do this. This expectation is informed by her place as someone who, in turn, pushes the programme onto The Region. From this angle, the purpose of the launch event has less to do with pushing fresh fruit and vegetables, *per se*, than it has to do with metamorphosing convenience store managers into extensions of herself, i.e. people who promote the C4L message with her same conviction.

But the vision does not stop there. Once store managers are converted, they spur other changes to the convenience store. Eventually, the customers are changed, and eventually the entire population. From what it was prior to intervention – a reservoir of unhealthy foods – the placement of the C4L refrigerator in the store transforms the store into an oasis within a food desert. But not just any bastion of healthy foods, convenience stores are further transformed into extensions of The Region, i.e. the local government, whose morality is promoted by convenience store managers. Given the fact that convenience stores are private venues, public works taking place in convenience stores benefit from the inevitable third-party endorsement that comes with this configuration. Convenience store customers – the objects intervened by the Refrigerators Programme – are eventually converted into good citizens, such as the archetypal citizens depicted within the C4L campaign. The fantasy extends to the point where entire communities are converted, such that even The Region will be part of the future-English imagined in C4L adverts.

The actual role that the store manager played during the launch-event betrays Morag’s vision: he stood silently in his own store in the moment he is ceremonially transformed into an extension of her. Should we accept Morag’s role as the agent of the launch, then it is entirely her fault that store manager played a passive part in the scripted activities of the launch. However, Morag’s conviction is that it does not matter. To her, it is in the nature of convenience store managers to promote the C4L message; they do not need to be conscripted into a public ritual, i.e. the launch, to ensure that they will carry on as she intends. In their current state they already know what they need to do; The Region merely needs to guide them to doing it.

Refrigerators' Unintended Consequences

While no litmus test exists to verify store managers' buy-in for C4L, the subject of store manager buy-in remains centrally important because it indicates how social marketing campaigns, e.g. the Refrigerators Programme, can depend on an untraditional public health workforce to promote public health social marketing messages. Studying the physical layout of convenience stores gives insight into the ideals and values of store managers. The following section attempts to gauge store manager buy-in for C4L with respect to the physical layout of convenience stores.

The following observations were made with the expectation convenience stores will continue to display the C4L-related materials associated with the Refrigerators Programme even after the launch. Observing this level of continuity would suggest that there is some level of sustainability to The Region's Refrigerators Programme. I consider the arrangement of products in a convenience store as an indicator of store managers' buy-in for the programme. It is also what I believe to be a way to gauge how realistic it is to expect a refrigerator to change a community. Putting this idea to the test, I made unannounced visits to convenience stores enrolled in the Refrigerators Programme six months after the launch to assess store manager buy-in.



Figure 4.4 Examples of healthy foods from C4L.
Images extracted from C4L's tips for getting 5-a-Day
<http://www.nhs.uk/C4L/Pages/five-a-day.aspx>

There's Ham in the Fridge

Demonstrating the difference that corporate buy-in makes for convenience stores enrolled in the Refrigerators Programme, let us consider the situation in the Corner Store in Townville, six months after the launch. The store's manager and owner is Gemma, a white woman in her late 40's. The flare of her personality is also expressed in her dress. On the day of the unannounced visit of the store, she wore bright blue eye shadow, black eye-liner, a lot of mascara, and bright pink lipstick. She also wore leopard print leggings and an oversized Corner Store uniform-shirt,

which is a t-shirt. Her white roots are showing beneath her dyed blond hair, which is plated down the side of her head, forming a huge braid hanging over her right shoulder. While sorting the shelves by the entrance of the store she greeted customers entering the store with a smile and a warm ‘Hello’!

Since the launch, the aisles of the store have been significantly reorganised. The C4L refrigerator has moved from the back of the store, where the other refrigerators and freezers are, to the front. Now it sits prominently across from the cashier counter, right next to the area where people queue to make their purchases. Gemma explains

Well, first thing we did is move [the refrigerator] away from the back. So we moved it. So customers can see it.

In the current configuration, the C4L presence is apparent in this store. Not only is the refrigerator visible, beautiful, and colourful, there are also yellow streamers and bright C4L posters hovering above the C4L refrigerator, hung from the ceiling.

Where there were five aisles very close to each other during the launch, the current store only has four. This made the store more spacious and welcoming than before. It is also reminiscent of the aisles in large supermarkets. To this, Gemma adds

we’re showing that you don’t have to go to the supermarket to get fruit and veg, do you? See, you can get it at your doorstep for very reasonable prices.

In this statement, Gemma raises the important point that it is not typical for people from Townville to go to a convenience store to get fresh fruits and vegetables. Fresh produce is culturally associated with supermarkets, which are not found within the small town. (The closest one is a ten minute drive outside of the Town, but since there are no paved streets for people to walk on to get to the store, nor regular buses going in that direction, the public infrastructure is insufficient to make it easy for people to go the supermarket if they cannot drive or own a car.)

Though Gemma’s convenience store is not the only one in Townville, her store is the only one to emulate the aesthetic of supermarkets. By transforming her store from one that was cluttered – her vision of an archetypal convenience store – into one that is spacious – her vision of an archetypal supermarket – she reconfigured the identity of her convenience store in Townville.

The removal of a full aisle is only the beginning of other major changes made in Gemma's Corner Store. The refrigerator-space designated for fresh fruits and vegetables also doubled since the launch, with the original C4L refrigerator standing back-to-back with another one identical to it, save for the edging being white instead of yellow. Nevertheless, the colourfulness of the pineapples, apples, oranges, bananas, plums, cucumbers, and fresh berries that this new refrigerator is stocked with makes up for the drab colour of the fridge.

The original C4L refrigerator now features only fresh vegetables. It is brimming with broccoli, carrots, courgettes, cabbages, peppers, sweet potatoes, swedes (rutabaga), green beans, butternut squash, and prewashed bags of salad greens neatly arranged on its shelves. The care that was put into this display is apparent. Gemma also inspects the produce refrigerators three times a day, editing what is on the shelf of things she calls 'tired looking'. However, there are tins of ham filling the entire top shelf of the fresh fruit and vegetable refrigerators. There are C4L promotional information, held in neat, clear plastic leaflet-holders, interspersed with the tins. They are meant for customers to take.

'No one takes them' informs Gemma, standing behind the counter whilst operating one of the two cashiers at the front of the store. The sales assistant, a woman no more than eighteen years old, is operating the other one. It is noon, and six people are in the queue buying lunch.

One customer – who is buying a sandwich, a bottle of soda, and crisps – takes an apple from the ambient C4L fruit stand next to the cashier counter. This is one of the only stores to feature an ambient stand six months after the launch. Neatly filled with fruits, against the backdrop of a well-stocked and well-maintained store, the stand is very attractive.

After asking her sales assistant to take over the tills, Gemma walks over to do another inspection of the C4L refrigerator, and explains:

Well, sales have been going up. And obviously because we're doing C4L at the moment, I can really choose whatever I like. So I'm going to have more variety. So we test out different things. They'll limit you to how much you can have. They'll give the store a range, different items that they can sell... You can ask and have them put on, but they didn't want me to go mad. So now,

they changed it all. So I can virtually order anything that I like.

So, that's really working. It's really working.

Gemma views the Refrigerators Programme as a trigger for organizational change in her store, both in terms of the physical layout and her relationship with “They”, i.e. the corporate managers of the Corner Store Corporation. She had to earn the freedom that she now over how her store is stocked and laid out. She had the responsibility of proving to the corporate office that selling fresh fruits and vegetables in a Corner Store is financially sustainable. Having proven herself, she is given freedom that is typically unavailable to other Corner Store store managers and franchise owners. Empowered by this, she transformed her Corner Store into something of her own.

The case of the Shrinking refrigerator space

Singh happened to be off on the day of my unannounced visit to his Affordable Grocery. His son, Vijay, co-owner of the store, is sitting behind the cashier counter. He is in his early thirties, unshaven, with a spiky haircut and a metal stud piercing the top of his right ear. He appears uninterested in the customers perusing the aisles of his store. Wearing a polo shirt buttoned all the way up and thin-legged jeans, he has one ear bud in his left ear; the other dangled and tapped the countertop as he rocked to the music blasting from it.

The layout of the store is largely the same as it was at the time of the launch. However, the C4L ambient fruit stand that was at the front of the store is no longer there. Since nothing replaced it, no fresh fruits or vegetables can be seen upon entering the store. However, the front of the store is more spacious without the stand.

In the refrigerated aisle, the C4L-refrigerator is where it was during the launch. Deep inside the store, the refrigerator remains invisible to anyone at the front of the store. Nevertheless, the refrigerator is in good shape and looking new. However, where some shelves were stocked with fresh produce at the time of the launch, they are now filled with pre-packaged sandwiches, pots of mayonnaise-based salads, and bottles of soda. However, the labels on the edge are mislabelled. They were meant to be stocked with aubergines, broccoli and courgettes. Correspondingly, there are fewer fresh fruits and vegetables in the C4L-refrigerator.

Vijay, who is responsible for ordering and maintaining stock in the store, explains the reasons why the ambient stand was removed:

it's not that we've decided we don't want fruit and veg as a stand. When there's a promotion – we have promotions every other week – we have stands come in... Personally, I find it a nightmare just putting the stand out. And the fruit and veg stand, it's obviously quite bulky. Not that I wouldn't like it. It's just that if I had the space, of course it would be out. But it's just...I don't want to put it out, and then take it away. I want it to be consistent; I want it to be always there. So, if we find space, it'll go back out. Definitely.

Based on the weathering pattern of the linoleum floor and shelving throughout the store, it is evident that the store's layout has not been changed for a while. With respect to his statement “if we find space”, given the relative permanence of the store's layout, Vijay is aware that he is likely not to find any space for the stand, ever. This represents a trade-off: he prefers having a store with more space and prefers to keep the C4L stand removed in order to achieve this.

In the grand scheme of the Refrigerators Programme, the C4L ambient stand is but a perquisite for accepting the refrigerator subsidy. As a bonus item, it was never intended to be central to the sale of fresh fruit and vegetables in convenience stores, although it does bolster the infrastructure to sell these healthy foods. As the centrepiece of the campaign, the refrigerator – especially how it is stocked – is the most important aspect to consider. Vijay explains why the C4L-refrigerator is stocked the way that it is in his store:

We've cut [fresh fruit and vegetables] straight down. Ever since we cut it down we've had less waste. It's not that we are having less products. We are just not stocking so much of the products on the shelf. So, really, less on the shelf, so when it's sold through, we're not having a lot left over. So really the other side of the chiller, our number of sandwiches have increased, and other parts of the chiller, which sells better. There's no point stocking so much fruit and veg if it's just going to go out of date. Yeah, so be decreasing it, it's actually helped us.

Vijay is not concerned about his store's decreased capacity to promote the C4L message given cutbacks on fresh fruit and vegetables and removing the C4L ambient stand. Instead, he focuses on financial issues, justifying the diminished stock of fresh fruit and vegetables in the C4L refrigerator on the basis of controlling losses related to expiring produce.

Profits aside, Vijay raises another important point related to selling fresh fruits and vegetables:

If any of our suppliers' out of stock, there's nothing much we can do. If their supplies don't come to them, they can't bring them to us. You can say it's a hit and a miss.... We've tried a local supplier not too far from here, somewhere down Chilton. But what it is is that he only provides single units. He doesn't have pre-packed. So, really, right now it's about getting the weighing scales in. But trying to find space for everything, we're really quite tight for space. We got to look at cutting our range because we don't have the space. We can't try everything. If we had a lot more space, we can do many things.

Once again, space is cited as a limited resource that prevents him from doing what it is that he wants to do for the store. However, physical space is not entirely what Vijay is referring to; he also refers to the limited space that he has to interpret the corporate rules to which he is bound.

As a franchise of the Affordable Grocery Corporation, Vijay is bound to corporate rules and regulations set by the executives of Affordable Grocery. Though also owns the franchise he manages, he has no choice but to maintain his store according to the 'Affordable Grocery way', i.e. the rules and regulations that all Affordable Groceries must comply with.

The executives of the Affordable Grocery Corporation determine the suppliers Vijay can work with to restock fresh fruit and vegetables in his store. Even if a local supplier in Chilton has better prices and more choices than the suppliers of Affordable Grocery, Vijay must turn to latter. Whatever the consequences are for breaking the company policy, Vijay is convinced not to pursue the cheaper option: he places greater value on maintaining his association with Affordable Grocery than stocking his store more affordably.

In this case, there is no incentive for Vijay to find space in his store for a scale or the C4L ambient stand. Trapped in a frustrating situation, he said ‘we can’t try everything’. This is a testament to the futility of going against the rules set by the Affordable Grocery Corporation.

The myopic focus on store managers in the Refrigerators Programme also overlooks the significance of the relationship between franchise owners and the corporate office. Vijay’s experience demonstrates how the Refrigerators Programme had inadvertently introduced conflict into his business. Driven by the aim to set a moral precedence within The Region, Morag failed to identify Vijay’s store as one unsuitable for the Refrigerators Programme. Without support and buy-in from his corporate managers, Vijay is set up to fail with the Refrigerators Programme, even if he buys-into the C4L campaign.

In Townville, where Gemma initially did not have the freedom to stock her refrigerators and lay out her store as she liked, overcame barriers to selling fresh produce by changing her relationship with the corporate office. This is in stark comparison to Vijay’s situation in Chilton, where the corporate office is more restrictive. He is stuck in an organization that intentionally makes it difficult for him to do what Gemma achieved. In other words, the Affordable Grocery Corporation did not buy-into the Refrigerators Programme, whereas the Corner Store Corporation did. Combined with Gemma’s inherent motivation and belief in the importance of selling fresh fruits and vegetables in her store, her store is a paragon of the Refrigerators Programme.

However, there is one anachronism within Gemma’s Corner Store that is worth pursuing. In response to my enquiries about the tins of ham in the refrigerator, she said:

I think that is my assistant manager who done it. (she turns to the woman working at the cashier) do you know if that’s the assistant manager who did that on the top there?

Her sales assistant gave a look of confusion. With Gemma staring at her, she acquiesced with a tentative reply, ‘yeah, I think so’. At this point, Gemma was not yet ready to take responsibility for her own actions. However, she explains:

I think the suggestion is that you have a little bit of salmon with your salad. Yeah, sometimes you have some tuna on there. Or

such as during the summer time, we might put some salad cream, dressings. That's reminding them.

To push things further, I complemented this strategy, using this opportunity to confront her about the truth, saying 'That's really clever. So what inspired this? Was it you'?

Gemma finally gave up. With a knowing smile on her face she reveals the truth:

I suppose that's what it's like to do retail, isn't it? Some items you'll put something next to another item. Because they go together, like crisps. So we've got crisps next to the dips. See what I mean?

Gemma's acknowledgment reveals that the premise and expectations of the Refrigerators Programme is off. Where C4L refrigerators are supposed to be exclusively stocked with fresh fruits and vegetables, non fruit and vegetables made their way into them for very different reasons. In one case, they entered because the programme was thriving, i.e. Gemma's Corner Store; in another, they entered because the programme was struggling, i.e. Vijay's Affordable Grocery.

No support or Care

Given Morag's insistency with her own vision for the programme, it is expected for her to make a stir about Gemma's ham sitting in the C4L refrigerator; the same goes with soda and sandwiches that crept into Vijay's refrigerator. However, since The Region does not have the capacity to audit or perform long-term surveillance of Refrigerators Programme, not all of the store managers had the support that is required to succeed with the Refrigerators Programme: the contrast between Gemma's and Vijay's respective stores is a case in point. Morag simply does not have the resources to induct any more 'work' into the programme than she already did at the launch.

Even with the situation in Gemma's store, whose fresh fruit and vegetable operation is evidently thriving, the lack of support from The Region introduces questions about the sustainability programmes that depend on store managers to promote a governmental message. Though there are stacks of C4L literature for customers to take in Gemma's store, their availability did not create any demand for it. Even if customers are actually taking them, Gemma says

I do not know how to get more of those leaflets. We got them at the launch, and no one has taken one. I'd quite like to get some C4L t-shirts to wear in the store. It's better than promoting just the Lottery. (She points to her shirt, which bears the logo of the Lottery)

Gemma perceives that The Region's government is uninterested in seeing how she is doing with the Refrigerators Programme. Her statement indicates her expectation for The Region to care about the programme by following-up with her. Without this support, she is unsure about what she is expected to do, although she understands that it is her responsibility to keep selling fresh fruits and vegetables in her store. Her disappointment in the programme is underscored by her suggestion to improve the Refrigerators programme: to wear C4L-branded t-shirts instead of those for the Lottery. The lack of correspondence from Morag promulgates the understanding that the programme is unimportant to The Region despite the bells and whistles that accompanied the launch.

The last time anyone from the Department of Health spoke to me was when the Minister of Health came to see the store months ago, but I don't know how to call if I need more C4L stuff.

Gemma's statement is not unique. All the store managers have at one point or another indicated that no representative of Refrigerators Programme has contacted them since the launch. The mixed messages that store managers are getting when high-profile figures, e.g. the Minister of Health, visit their store to tell them how important it is for them to be enrolled in the Refrigerators Programme, but this is not followed with any continued contact, confuses store managers about what they are involved with. So far as Gemma, Vijay, and Singh are concerned, they are only following their own vision of the Refrigerators Programme. The lack of interest perceived by store managers on the part of The Region undermines the relevance of what it means for them to be in the Refrigerators Programme.

Searching for the Silver Lining: Store manager Buy-in and support

Should traditional measures, e.g. sales, be the only criteria to assess the utility of the Refrigerators Programme, the programme is expected to fail. There is nothing in the literature to suggest that mere availability of fresh produce increases demand for them. While studies show a relationship between proximity to

supermarkets and the uptake of fresh fruits and vegetables in deprived neighbourhoods, the relationship is not indicated for convenience stores. Moreover, the positive relationship between proximity to supermarket and healthy eating was only found in the USA, and more recently in Ireland (Layte et al. 2011). Ireland is the only place in Europe where this relationship was found to be statistically relevant.

The Department of Health commissioned two market-research firms to evaluate a programme that the Refrigerators Programme is based on – the Convenience Store Project. The Refrigerators Programme and the Convenience Store Project overlap in almost every respect, except that the Refrigerators Programme focuses exclusively on The Region’s food deserts. As market research pieces, the methodological robustness of these reports – with respect to qualitative or quantitative techniques – is atypical of academically grounded, evidence-based public health research. But as these reports illustrate, the ‘evidence’ supporting the Convenience Store Project is scientifically or academically weak. The Region overlooked this point and mimicked the Convenience Store Project with the Refrigerators Programme. Nevertheless, the following observations demonstrate how the Refrigerators Programme, despite its flaws, can be a valid reference point for future evidence-based public health works.

To evaluate the Refrigerators Programme, Morag commissioned Milton, an expert on C4L. He was an employee of the central Department of Health until he was laid off as a result of changes to the English public health system’s structure. Nevertheless, by hiring Milton as an independent consultant, Morag succeeded to maintain a level of stability to the immediate structures of the public health infrastructure she is in. Likewise, she saved herself the trouble of training Milton about the Refrigerators Programme. He already knew what the programme was from the work he did as a civil servant.

The methodological challenges to Milton’s report notwithstanding, the approach taken for the evaluation – focusing on “measuring” phenomena, or as Milton called it, “quantifying the data” – begs the question of what success is in the context of the Refrigerators Programme, and social marketing more generally. Likewise, who is responsible for promoting the C4L message after the launch event is also left unanswered by Milton’s pseudo-scientific investigation.

As far as the report is concerned, the ‘measure’ to assess how well the programme is impacting the consumption of fresh fruits and vegetables in the Region is determined by the sales data. This mimics the report commissioned by the national-level office of the Department of Health to assess the C4L Convenience Store project, which is what the Refrigerators Project is primarily modelled after.¹¹ Nevertheless, they do not have access to this information. The franchisers of the convenience stores involved with the Refrigerators Programme refused to release this information to The Region. Their solution is to interview store managers, and ask them, point blank, whether they observed increases in sales of fresh fruits and vegetables since they joined the Refrigerators Programme. Yet, without sales or ethnographic data to corroborate the managers’ responses, Milton’s information from the store managers – some reporting up to 33% increase in sales related to fresh fruits and vegetables – cannot be taken for granted, and is, at best, anecdotal.

Milton also endeavoured to interview 100 customers from all the convenience stores in the Refrigerators Programme, to understand whether they bought fresh fruits and vegetables ever since the store started selling them. Included are questions about people’s recognition of there being fresh fruits and vegetables in the store. Interviewing only people who bought something from the store, excluding customers who only bought alcohol and cigarettes, the responses to his survey are not representative of customers generally shopping in convenience stores. However, this did not stop him from concluding that customers responded positively to the C4L-refrigerator, and that they were buying fresh fruits and vegetables because of it.

Nevertheless, under the auspices of the Refrigerators Programme, Morag insists that the onus is on store managers to promote C4L. The launch is but the moment where the store manager is given this role. Ironically, there is no role literally written into the script for store managers. However, their presence and silence during the launch-ceremony reveals that they have an implicit role: to be docile, silent, and acted upon.

In this silence, it no longer matters what a store manager’s motivation actually is to enrol in the Refrigerators Programme. Morag implicitly confirms this

¹¹ Note that the ‘qualitative findings’ are separated from the evaluation of the C4L Convenience Store programme and are stilted in their presentation. There is also very little concern for how one-sided the responses are, and how social desirability bias impacted the qualitative ‘findings’. This is even the case when the only perspectives presented in them are supportive of the C4L convenience store programme.

by her lack of interest in store managers' motivation to be in the programme. So far as Morag is concerned, this information is irrelevant to her agenda for the Refrigerators Programme. This identifies Morag's failure to recognise the importance of store managers' motivation: it is central to the sustainability of her vision for the Refrigerators Programme. Without buy-in, the transformation that she hopes for, whereby store managers become extensions of The Region pushing the C4L message onto customers, is nothing more than a fantasy. But given the reality of the situation, where the financial situation of The Region predisposes a blind eye to the reasons why programmes do not work, the major question becomes *what value does the Refrigerators Programme add to The Region despite its fatal flaws?*

Reasons for enrolling

The actual reasons store managers enrolled in the Refrigerators Programme provide an opportunity to gauge their buy-into the Refrigerators Programme. This provides insights on store managers' willingness to promote C4L on their own. The following vignettes illustrate the diversity of reasons store managers accepted a C4L-refrigerator into their stores. In light of how real people run convenience stores in food deserts, these examples show how the ideology of The Refrigerators Programme meshes with the practical matters in reality.

Cheap Chillers

Imogen, a middle aged white woman with a heavy regional accent and deep raspy voice, manages a convenience store in Braeburn, a small rural town. One month after the formal launch of the C4L-refrigerator in her store, she explains her motivation to be in the programme. Standing outside the door of her convenience store, taking deep draughts of a nearly finished cigarette, she explains:

Well the half towards the contribution of the cost of the chiller was obviously a good incentive. It benefits my fruit and veg. Gives it a longer life and obviously the customers look at it as better. [Seeing that her cigarette has burnt to the filter, she throws the nib onto the pavement and lights a new one. The air is still. She is squinting from the lingering second hand smoke of her newly lit cigarette. She continues, smoke billowing from her mouth, each word accentuated by vapours.] Yeah better quality.

It was just an ordinary ambient fridge before, well not a fridge, just a stand, and this gets 3-5 days life and there's extra days in their fridge as well.

The subsidy makes the refrigerator affordable to her. While Imogen's reason for participating in the programme focuses initially on the financial benefit, i.e. the subsidy, provided by the programme, the more important reason for her is that the refrigerator increases the capacity of her business.

So far as the financial incentive is concerned, store managers such as Imogen meet Morag's expectations. With fresher vegetables on her shelves she believes their attractiveness increases the likelihood of sales. Longer shelf life also reinforces the financial benefits of the refrigerator subsidy, decreasing transactional costs related to frequent reordering, which can increase profit margins.

However, the assumed active-role that Morag hopes for Imogen is not realised in this example. While increasing sales is a goal shared by Imogen and Morag, Imogen's motivation is driven by the promise of financial gain, whereas Morag's is driven the hope of increasing fresh fruits and vegetable consumption. Going back to Milton's assessment of the programme, measuring fresh fruit and vegetable sales tells us nothing about whether Imogen sees it as her responsibility to also promote the C4L programme. In Imogen's case, she neither promises nor exhibits the aggressiveness that Morag hopes store managers to have once enrolled into the Programme.

Despite some of Morag's expectations coming into fruition, Imogen's position does not support Morag's expectations. The two of them obviously do not share the same values, similar as they may be in some aspects. Without dialogue, it is unreasonable to expect them to ever be on the same page.

Convenience stores such as Imogen's represent organizations that have been shaped and moulded by the environment, rationalising why stores operating in Braeburn and Chilton are resistant to selling fresh fruits and vegetables. In fact, Imogen's store should be regarded as an exceptional convenience store: there was already an ambient fruit stand in there prior to her enrolment in the Refrigerators Programme. But the Refrigerators Programme was designed and implemented without exploring why the demand for fresh fruits and vegetables is low. Without addressing the greater problems, e.g. unemployment and poverty, the ideologically driven Refrigerators Programme cannot be viewed as a solution to the fundamental

issues in Braeburn. In other words, it is presumptuous to devise and roll-out a programme under the premise that low-availability is the primary reason for low fruit and vegetable in food deserts.

Morag's moral position on what is 'good' for store managers is at odds with store managers' understanding of what is 'good' for their business. Should fresh fruits and vegetables become the focus of small town convenience stores, as hoped by Morag, then what the Refrigerators Programme is aiming for is the complete overhaul of the business model that has kept small town convenience stores in operation. Cigarettes and alcohol keeps these stores running, not the sale of fresh fruits and vegetables. Morag does not realise that the Refrigerators Programme puts convenience stores in financial risk because it interferes with their existing business model. The programme incurs costs beyond that of purchasing a new refrigerator. Failing to develop a relationship with store managers, or to simply listen to them, Morag and Milton's do not see how Refrigerators Programme as disruptive or conflictive.

Building Trust

Singh, the silent store manager described previously in the launch in Chilton, provides a very different reason for enrolling into the Refrigerators Programme. He explains sitting at the cashier:

Well, at least it shows that us as independent retailers, you can say that we are concerned, or actually trying to help everyone. So if we are trying to bring this C4L out there, we're showing our customers that we care. And, obviously, we are letting them know that there are other things to eat other than junk food. There is fruit and veg as well.

For Singh, enrolling in the Refrigerators Programme is an opportunity to build good will with his customer base. This indicates the tensions exerted onto small businesses by socioeconomic problems, e.g. unemployment and poverty. Ill will between local businesses and the community heighten when cultural misconceptions transform the former into an exploitative institution to take advantage of the latter. The Refrigerators Programme empowers Singh to correct these misconceptions.

The fact that Singh is an employed ethnic minority – a South Asian living in a poor and predominantly white neighbourhood – further exacerbates the distinction

between his business and the community. Though he is undeniably a citizen of Chilton, he is effectively an Outsider in his hometown. This parallels with the situation facing the Mayor in Townville. However, it is Singh's understanding that an organization associated with the C4L message, such as the Refrigerators Programme, will benefit from the institutional meaning that the programme represents. As a programme endorsed by a national government, it represents something valid and safe to Singh. By projecting this view onto the community, Singh hopes to temper his place within his community with the Refrigerators Programme, and to rebrand his business as one that is a source of 'good' in his community.

While Singh's rationale for joining the Refrigerators Programme is the closest to Morag's vision for convenience store managers to promote the C4L message, his explanation only uses language related to promoting the C4L message. The heart of his reason has nothing to do with promoting the programme, *per se*. Caught in an unfavourable series of social and economic conflicts, Singh views the Refrigerators Programme as an opportunity to reconfigure his social relationships with the community and to establish conviviality in Chilton. Nowhere in his narrative did he mention the pushing of fresh fruits and vegetables onto customers. Singh only aims to rebrand his business and his identity using materials from what he regards to be a reputable source. Singh's testimony demonstrates how the benefits he hopes to gain from the Refrigerators Programme are undetectable in the sales data or people's attitudes towards purchasing fresh fruits and vegetables in convenience stores. This anachronism indicates how the Refrigerators Programme is conceptualised by the local health authority as a conventional social marketing 'intervention' – to 'change' the purchasing patterns in food deserts – instead of an effort to remove the social barriers that maintain certain communities as food deserts.

Imogen and Singh's testimonies importantly demonstrate the social complexity in store managers' reasons to enrol in the Refrigerators Programme. This is not something that Morag anticipated or Milton detected with their un-scientific evaluation. This leads to the conclusion that store managers' enrol in the Refrigerators Programme for reasons that have little to do with their buy-in for the C4L message. Even Singh's claim, which is related to the C4L message, had little to

do with the literal contents of the C4L-campaign: he enrolled in order to publically declare himself a trustworthy entity in his community.¹²

Given the economic and political climate surrounding the Refrigerators Programme, the connection between the C4L-refrigerator and the consumption of fresh fruits and vegetables is inevitable. Rather than it being a moment to question the tenability of this connection – an academic endeavour – the evaluation of the programme is meant to prove that the programme works. Given the explicit preference for market-based solutions of the Conservative-Lib Dem coalition government, there is pressure for programmes such as the Refrigerators Programme, i.e. a public-private partnership, to be proven ‘effective’.

Conventionally, public health programmes are evaluated with epidemiological and biostatistical approaches. Rooted in the scientific tradition, public health investigations based on these quantitative traditions benefit from the legitimating force of Biopower¹³. The ‘evidence’ in evidence-based public health is often assumed to be scientific in nature. Morag makes the same assumption with respect to the evaluation that she commissioned. The report, however, is merely a foil. It is un-scientific, though it exploits a ‘scientific’ aesthetic through the use of graphs and other ‘statistical’ summaries. Unfortunately, to the uncritical consumer of such information, this type of ‘evidence’ is acceptable.

In the end, Milton’s report, filled with graphs and tables mapping out the different responses he collected from his surveys, create the illusion of a scientific method to his work. Insistence to use what Milton describes as ‘quantitative methodology’ to assess the Refrigerators Programme indicates his awareness of the legitimating force that scientific approaches have for evaluations. Not that Morag is technically trained to discern the statistical integrity of a study, she is satisfied with Milton’s report. On the day he handed her a physical copy of the report, I witnessed her holding it to her chest as if it was something valuable. With a look of

¹² This is similar to a case presented by Shirley Lindenbaum (1979), in *Kuru Sorcery*. In this example, members of a Fore community publically proclaimed their part in ensorcelling neighbours. Capitalising on unique social engagements, these individuals realigned their social identities within Fore society.

¹³ Michel Foucault developed this idea in the seminal lectures he delivered at the College de France between 1977-1978. In these lectures, he explores the ways in which scientific discovery is used as a power strategy to govern the masses. These essays are collected in *Security, Territory, and Population*, 1st Edition, Picador, 2009.

excitement, Morag remarked that she was going to share the results with her colleagues, as if the findings are definitive and something to brag about.

The Unsuspecting Public Health Element

While the Refrigerators Programme may be regarded as a public-private partnership, which is something preferred by the Conservative-Lib Dem government, this case study reveals the hazard with this approach. By taking for granted the importance of developing relationships between local health authorities and local business-owners in public-private ventures, this case illustrates why it is unreasonable to assume that financial subsidies are enough to transform local businesses into extensions of local health authorities. However, this ideal is consistent with the themes discussed in the previous chapter about C4L adverts. Whereas adverts may represent citizens as plasticine figures to be shaped and moulded with political ideology, the Refrigerators Programme illustrates how this does not work in reality.

The Refrigerators Programme highlights the problems when social marketing is treated as simply a branding exercise. The meaning of the C4L brand is far more complex and varied than even the social marketer, i.e. The Region's local health authority, anticipated. The provision of subsidies, without care for the relationships that are important within local community contexts, demonstrate how unsocial the Refrigerators Programme is. No matter how much 'work' social marketers put into advertising the Refrigerators Programme, the sustainability of the programme remains questionable so long as nothing is done to improving the relationships between corporate entities, local business owners, local government agencies, and local communities. The Refrigerators Programme, with all its flaws, identifies opportunities for future public health social marketing programmes to capitalise on.

Social marketing is much more reflexive an activity than the unidirectional dynamic described in traditional definitions. The insights developed by the store managers enrolled in the Refrigerators Programme reveal how their wisdom, despite their role as the 'beneficiary', promises to enrich the 'agent's' approach to implementing the social marketing campaign. The fact that Milton was retained in the public health workforce, though in the form of a contractor, demonstrates how the agent implementing the Refrigerators Programme is also a beneficiary of the campaign. This problematises the mutual exclusivity of the 'target audience' and

‘social marketer’ suggested in conventional definitions of social marketing. The effect that social marketing has on preserving the organizational capacity of The Region’s public health infrastructure, e.g. retaining Milton and his institutional memory in The Region’s workforce, cannot be ignored as a product of the Refrigerators Programme.

The local health authority of The Region regards itself only as the ‘agents’ of the Refrigerators Programme. As such, the programme is indicative of an effort to literally translate what the oracle did in C4L, as discussed in Chapter 3, into reality: to mould store managers in the Region into extensions of the local health authority and C4L-toting citizens. Fixated on promoting C4L and branding refrigerators with the C4L logo, their activities miss the point that neither refrigerators nor the ways in which people respond to the C4L brand have anything to do with the limited access to fresh produce and the social problems facing marginalised neighbourhoods.

The ethnographies of store managers further reveal how important it is to understand ‘consumers’ more critically. No matter how many fresh fruits and vegetables are actually sold under the Refrigerators Programme, the premise of the programme remains flawed because it downplays, if not completely overlooks, the social determinants of health. An increase in fresh fruit and vegetable consumption in marginalised communities still does not, in itself, resolve the problems with the social fabric that has kept ‘deprived’ communities in their state of marginalisation. In other words, public health strategies that are developed and implemented without critical reflection are at risk of deepening the issues that cause public health problems. They turn the institution of public health into an industry to perpetuate social inequalities under the guise of ‘intervention’. Treating social marketing as a branding exercise is a case in point. Nevertheless, the Refrigerators Programme illustrates how social marketing can create opportunities to build stronger relationships within a community: taking advantage of them should become a priority in future efforts.

The following chapter follows through with the idea that social marketing is a branding exercise, though it applies it onto activities instead of physical objects, i.e. refrigerators. Where ‘work’ came in the form of mincing fruits on a stationary bike, and creating a spectacle of C4L branded refrigerators in food deserts, the following examples of ‘work’ illustrate how a different set of values and social contexts greatly influences the ways in which ‘work’ is expressed.



Figure 4.5 The elements of 'Eat Well'. <http://www.nhs.uk/C4L/Pages/cut-down-on-sugar-when-you-shop.aspx>

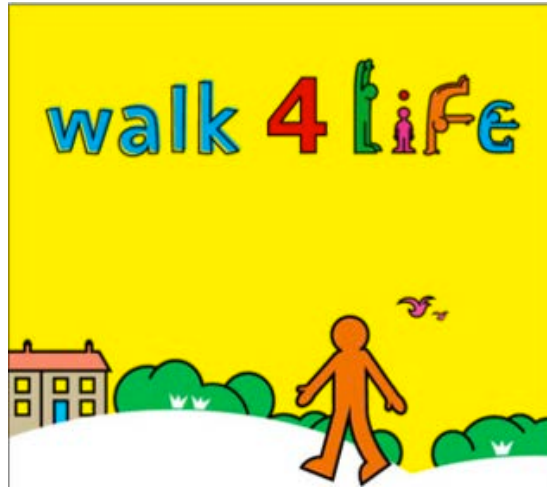


Figure 5.1 The Walk4Life logo. (Department of Health 2011c: 1)

Chapter 5 Walk4Life

Focus on Move More?

This chapter examines a sub-brand of Change4Life (C4L), Walk4Life. The Walk4Life logo is shown in Figure 5.1. Focusing on the ‘Move More’ aspect of C4L, the programme promotes increased walking in people’s daily routines; at least this is what appears at face value. Two examples of Walk4Life programming are examined in this chapter. The first demonstrates social marketing as an activity focused on representing the C4L brand on a specific activity, i.e. a simulated walk that was broadcasted on television. In stark contrast, the second case study demonstrates how a Walk4Life programme managed to mobilise a community to walk more without the use of Walk4Life or C4L branding. By focusing on the public health workforce behind these Walk4Life programmes, this case illustrates how the ideals communicated with the aesthetic, semiotics, and rhetoric of a national-level social marketing campaign are translated into two very different examples of local community health practice.

The means by which a public health workforce interprets its responsibility and accomplishes its tasks is often overlooked by ‘evidence-based’ approaches to public health practice and evaluation. By having a narrow focus on health outcomes and quantitative constructs, conventional studies fail to take into account the impact of the symbolic and ideological elements in public health social marketing. Similarly, many immeasurable aspects of public health organizations fall outside the scope of what is generally considered ‘relevant’ to conventional public health and social marketing research. The common approaches of public health evaluation too-

often depend on the simplistic use of attitudinal and behavioural outcomes as the sole indicator of programme effectiveness. This chapter turns the gaze onto those aspects traditionally overlooked in formal public health and social marketing approaches. Specifically, this is an investigation of the ‘work’ of Walk4Life, which appears as the promotion of ‘behaviour change’. Just as Chapter 3 analyses C4L pursues an understanding of the literal and symbolic meaning of semiotics, this chapter treats the activities of social marketing and public health as symbolic phenomena ripe for ethnographic analysis. This approach to understanding the relationship between public health and social marketing will demonstrate how future public health research will benefit from the critical perspectives revealed with an ethnographic lens.

Like many other social marketing messages, the Walk4Life message is found in many locations throughout England. Ranging from the backs of buses to key chains, local health authorities have attempted to promote Walk4Life across a wide variety of public and private spaces (see Figures 5.2 and 5.3).



Figure 5.2 (Left) The faded Walk4Life bus advert asks, ‘could you walk it?’

Figure 5.3 (Right) The Walk4Life key chain recommends a swap

Though found throughout England, Walk4Life is not a centrally administered programme. The decentralised organization gives rise to a diversity of Walk4Life programmes, with the common use of the logo being the most apparent similarity between some examples. The onus is therefore on local health authorities

to imagine and define what Walk4Life is for local communities. These agencies are tasked with interpreting the purpose of social marketing in the context of local community health work. In keeping with this principle of localism, each Walk4Life programme in England takes a different approach to promoting active lifestyles. Designed, and often run, by public health professionals whose local knowledge derives from their upbringing or current life in the neighbourhoods where they implement public health programmes, Walk4Life is meant to be culturally specific and sensitive. Nevertheless, tension is created when the ideals underpinning this endeavour are translated into practice, especially since the ideals being translated are not always explicitly laid out by the central authority. Instead, they are embedded within the semiotics of Walk4Life campaign-materials, e.g. aesthetic elements of adverts, which are rarely treated seriously in the discourse of formal public health or social marketing analysis. To begin exploring how ideals relate to the activities of social marketing, the section below is a sociological overview of the public health infrastructure that led to the production of two contrasting Walk4Life programmes. These two versions of Walk4Life capture how the expression of cultural sensitivity relates to what I call ‘work’, or the activities pursued in the name of an ideological purpose. In other words, this chapter is concerned with the interface between theory and action in social marketing. This not only offers a social context to the Walk4Life programme, but also provides an opportunity to contribute to the understanding of social marketing and how it relates to the practice of public health, especially when the notion of ‘effectiveness’ is not confined to quantifiable constructs.

The Lay of the Land, a Metaphor for Social Distance

The theme of creating a figurative distance was raised in Chapter 2 in a discussion about Received Pronunciation, the use of the disembodied voice and the minimised use of the NHS logo in C4L adverts. This idea was expanded in Chapter 3, which featured the social impact of the figurative distance between grocery store managers and local health officials implementing the Refrigerators Programme. In the following chapter, the figurative distance relates to the organisational configuration of the English public health system and the people implementing Walk4Life in specific local contexts. This chapter illustrates how the placement of an agency within the English public health system impacts both the social distance created by its programmes and the style in which a public is treated through social

marketing programmes such as Walk4Life. The sustainability of the two Walk4Life programmes described below reveals a situation that seriously problematises the parameters for success and effectiveness in social marketing, especially when success was achieved without use of the C4L and Walk4Life logos.

Before going into detail about these two examples of Walk4Life, it is important to consider the organization of the public health system that is responsible for designing and running these programmes. This is not only useful for building a deeper understanding of the English public health infrastructure, it also reveals how the organizational dynamics of a public health system pans influences the style and variety of public health programming over a large geographical region. While the current public health landscape may not be the same as it is shown below, the issue of social distance remains a central issue to any discussion of translating national-level public health programmes for local populations.

Understanding the geographical subdivisions of England is a useful starting point to describe the hierarchy of the English public health system that existed when the two Walk4Life cases featured in this chapter took place. As of 2006, the Department of Health divided England into ten regions (see Figure 5.4). Each region corresponds with the geographical area that a local Strategic Health Authority (SHA) is responsible for.

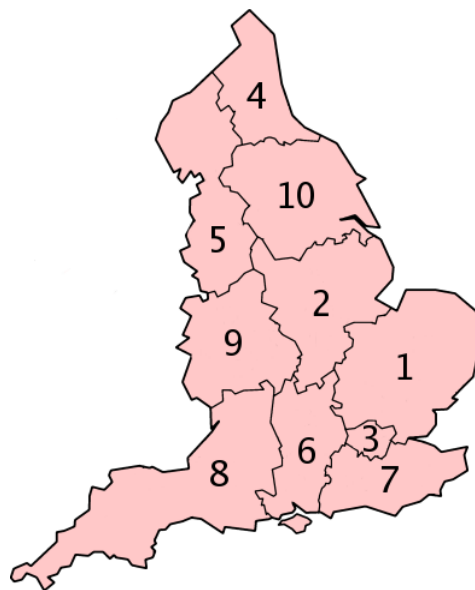


Figure 5.4 England's ten Strategic Health Authorities
http://en.wikipedia.org/wiki/NHS_strategic_health_authority

Each region contains a number of counties, districts and other geopolitical designations. Matters that are 'regional' refer to those concerning the space bound

by each of the ten divisions of England. Though SHA's are a type of local health authority, their focus on regional matters is less specific than those of local health authorities on the county, district and town-level, i.e. governmental structures with an increasingly specific set of citizens within a region. Subordinate to the national-level Department of Health, SHA's translate national health policies and initiatives into regional community health practices, either by commissioning or implementing public health works.

Within each region are multiple Primary Care Trusts (PCTs). PCTs translate the directives set by SHA's down to the level of neighbourhoods. Each region contains multiple PCTs, with each PCT focusing on the clinical and public health needs of specific counties, districts, and neighbourhoods. Championed as experts of local health needs, PCTs establish county and even village-specific public health goals and programmes. Though they often work in partnership with the SHA and share the goals set by the Department of Health, they are autonomous entities. However, they remain loosely coupled with their respective SHAs. Authority, commissions, and funding flow from SHAs to PCTs, not the other way around. Given these complexities, the coordination of services between SHAs and PCTs is not centralised, giving rise to overlap in public health works.

The hierarchical nature of the public health infrastructure can serve as a metaphor for the social distance between public health agencies and the public that they serve. The 'higher' an agency is within the public health infrastructure, the greater the social distance this agency has from the public. The role of the 'higher' agency has more to do with guiding and commissioning 'lower' agencies than actually delivering public health and clinical services to specific communities. This is highlighted by the fact that PCTs run programmes that entail regular contact with members of the public, whereas SHAs generally work with community organizations such as district and county councils. SHAs depend on these agencies to run public health programmes for the public along with PCTs. This dynamic is indicated in the previous chapter's discussion of the Refrigerators Programme, where Morag, a representative of the SHA, worked with PCT staff, grocery store managers and bureaucrats from a local district to promote the C4L message in food deserts. Though both PCTs and SHAs may be in the business of promoting C4L through programmes like the Refrigerators Programme and Walk4Life, the onus is generally on 'lower' agencies to actually engage with the public. The PCTs are

responsible for adapting messages produced from ‘on high’ for specific local communities and populations.

Playing into the peripheral vs central division of space shown in the central NHS organization, Sity¹⁴ is conventionally regarded as the centre of civilisation for a larger geographical area called the Shire. As such, Sity houses the region’s most important commercial, academic, administrative, legal, and other institutions. Sity is where citizens of the Shire commute to work, socialise, shop, respond to court summonses, pay taxes, etc. With Sity at the centre of society, places beyond its borders exist in the periphery. In this regard, Hamlet, being further away from Sity than anywhere else in the Shire, is literally in the margin of society.

The marginalisation of Hamlet is also manifest in socioeconomic and cultural factors. This area holds the distinction of having the highest level of unemployment in the Shire, as well as the lowest literacy rate. It is also notorious for its poor public transportation, lack of pavement, and other infrastructural and socioeconomic deficiencies. For those living in Hamlet, Sity is regarded as a place for the literati, elite, wealthy, wasteful, arrogant, and privileged. Conversely, people from the Sity regard those from the Hamlet as poor, lazy, inbred, backwater, and stupid. Irrespective of whether any of these stereotypes are true, the tension between the Sity and the Hamlet is real, highlighted by an incident with one of my interlocutors from Hamlet, who, on our first meeting, showed me her hand before letting me shake it, saying, ‘see, no webs’! Though said in jest, she points out some serious tensions between the Sity and Hamlet populations. Against this cultural backdrop, this chapter examines Walk4Life programming that took place simultaneously in the Sity and the Hamlet. Though they are both Walk4Life programmes, they approach the design of local community health programming very differently and arrive at very different degrees of ‘success’.

The Sity Walk4Life programme

It rained heavily on the day of the event.

Verity, the staffer from the SHA in-charge of the day’s events, is stationed at the Sity Walk4Life tent, which is situated on a green in the city centre. When I arrived, she was making sure that everything is in place and according to plan.

¹⁴ This is not the actual name of the place. This and the other names of people and places used in this chapter are pseudonyms deliberately used to maintain confidentiality.

There is a small crowd of about 20 people gathered around the Walk4Life tent, all wearing vivid-yellow Walk4Life t-shirts. The yellow t-shirts signify the wearer as staffer; this is reinforced by the fact that everyone is either wearing an ID badge with either the logo of the SHA on it or one of the NGOs co-sponsoring the event. However, I was given a Walk4Life t-shirt and a similarly coloured drawstring backpack, printed with a juvenile graphic of two C4L people walking hand-in-hand beneath a sun (a circle with sticks representing its sunrays surrounding it, see figure 5.5). The bag, which is too small to be conventionally regarded as an adult's accessory, is filled with a C4L card game and miscellaneous leaflets explaining the health benefits of physical exercise. Expecting my arrival, Verity warmly greeted me, explaining her relief to see me: I was the only member of the public to arrive at the event so far. She said, "it's really important for [members of the public] to be here. With the MP and Joe, a minor celebrity, coming, I can't have just a few people here when they arrive".

Out of necessity, Verity began recruiting people off the street to participate in the Sity Walk4Life programme. Anyone walking past the tent was tempted with a free t-shirt and backpack.



Figure 5.5 A Walk4Life backpack.
Image taken by Kelvin Chan.

Giving out free Walk4Life paraphernalia proved to be a fruitful recruitment tactic. In an hour, Verity and the staffers assembled a crowd of about 60 people (see figure 5.6), some of which are foreign tourists who neither speak English nor understand what Walk4Life is. But they are bodies filling up space, creating a small crowd, though they may not have been the intended audience of the programme. But this is not Verity's concern: she needs participants, whomever she could find.

An elderly couple recruited by Verity, who just happened to walk by the Walk4Life tent that morning, approached me whilst we were all waiting for the event to start. They informed me that they wouldn't have joined the walk had it not been for Verity's recruitment effort. Living in Sity, they neither heard about what Walk4Life is nor saw any adverts for the event. What brought them out that day was a popular alumni event hosted at the local University, where many people travelled far to attend. Yet, despite the large number of alumni attending the event, they explained that they are the only two from the alumni event at the Sity Walk4Life programme. They thought that if the Sity Walk4Life programme was advertised to the alumni, there would be more people attending the event.

Verity was unaware of the alumni event coinciding with the Sity Walk4Life programme. Out of frustration, she said, 'Had I known! Maybe we'd've had more people [participating in the event]!' The voracity of her recruitment efforts appear to be in direct response to this missed opportunity. She continued her efforts recruiting passersby, few of which are citizens of the Shire based on their language and their constant use of digital cameras, into the event.

Eventually, the Shire MP arrived in a raincoat, without an umbrella, soaked in rain. Verity immediately introduced herself to him, giving him a Walk4Life t-shirt to wear. By the time Joe arrived, the camera crew immediately directed their attention to him, taking him aside for interviews. Though offered a t-shirt, he refused to wear it. With all the other participants wearing yellow Walk4Life t-shirts, he stood out in the small crowd.

Ironically, Joe was also the man to launch the walk. Looking into the cameras, he did the count down, and declared 'Let's go'! A second take had to be made because the participants just stood there in the initial take, unaware of the cue to move en masse.

With camera crews, giveaways, and a multitude of colourful tents filled with information about Walk4Life and the other programmes run by the sponsors – including corporate and not-for-profit entities – the Sity Walk4Life programme is a concentrated burst of public health social marketing. What this is supposed to achieve is unclear. Verity, the leader representing the Shire SHA at the event, claims that the event is meant to get people to 'Move More'. To me, this only holds up if when I ignore the fact that this programme is a one-off event and the fact that no one from the local community attended the event. Combined with poor advertising, it

appears that literally getting the citizens of the Shire to walk is not the purpose of the event.



Figure 5.6 Branded tourists walking in Sity Walk4Life. Image taken by Kelvin Chan.

Layers of ‘Work’ in the context of Sity Walk4life

Embedded in the activities, interpersonal interactions, and objects surrounding the Sity Walk4Life programme is a complex story of ‘work’. ‘Work’ consists of activities pursued according to a predefined purpose. As action, ‘work’ is the format in which an organisation’s mission, vision, and goals are translated into purposeful activity. In this regard, ‘work’ is an expression of the ideological underpinnings of a programme’s design. The mission and vision of an organization is a likely place to identify the rationale for the ‘work’ produced by an organization. However, they are not the only factors influencing the purpose behind the ‘work’ that is executed; the politics and social dynamics of an organization are examples of other sources.

Nevertheless, when Sity Walk4Life is regarded as a set of actions and aesthetic materials that are symbolic of the ideals behind the programme, the question, ‘what ‘work’ is being done’?, is an especially relevant question to ask in light of the obesity epidemic spreading across England and the major reorganisation of the English public health infrastructure. The story of ‘work’ is further

complicated by Sity Walk4Life being an inter-agency endeavour, i.e. the culmination of work of an array of different organisations, ranging from private for-profit corporations (e.g. the design firms responsible for the graphics used in the campaign) to not-for-profit organizations (e.g. one that promotes nature conservation) and different departments within the Department of Health. With so many agencies involved, the Sity Walk4Life programme is the culmination of ideals represented by each agency and individual involved with the production. This dynamic introduces complexity to the Sity Walk4Life programme, especially when conflicts arise from competing claims of what the programme is meant to accomplish and what it actually accomplishes as a result of the actions that are taken in the context of delivering the programme.

Sity Walk4Life is a complex series of social phenomena consisting of layers, each representing a different take on ‘work’. The focus on ‘work’ reveals how the social and political contexts brought in by the different organisations and individuals, who each exert their influence on what ‘work’ is, find their way into the objects and activities of Sity Walk4Life. It is through these connections between ideals, things, and actions that we get to see what Sity Walk4Life does to the public, the people running the programme, and the organisations and institutions with stakes in the programme.

At the surface, Sity Walk4Life is a programme about getting people to ‘Move More’, i.e. the purpose for running the programme. This relies on a superficial take on the programme’s materials and a conventional take on social marketing. This, however, is the result of what a special kind of work that I call ‘keeping up with appearances’. It relates to managing an audience’s interpretation of the symbols and activities of the programme. It deliberately steers the audience toward a particular take on Sity Walk4Life, and maintains their gaze on this superficial layer.

The fixation on behaviour change is explicit in the materials of the programme, e.g. backpacks printed with cartoon images of ‘people’ walking under the sun, key chains embellished with statements about the goodness of walking, and broadcasted footage of a walk led by Joe, a local celebrity, saying “let’s go”! As the face of the campaign, it is consistent with the ideals reflected in the policies, White papers, and other ‘official’ sentiments that led to the production of the programme.

Sity Walk4Life is deliberately given the look of a behavioural change programme. However, all it takes is a closer look at this surface to penetrate it.

The fragility of this top layer is owed to its literality or tendency to ignore the allegorical or metaphorical dimensions of the programme. This is a contradiction because, at the same time, the campaign depends on simulations of reality to express its effort to get people to 'Move More'. I propose to look underneath the C4L branding and associated imagery and aesthetic: this is where the deeper issues belying the programme. As the following illustrates, the incoherence and uncontrollability of these issues give rise to conflict and contradiction.

In my view, the danger with a perceptive audience is that it will see that Sity Walk4Life has little to do with the needs of a public. The significance of this relates to the 'work' of maintaining an audience's gaze in the 'right direction' in the context of Sity Walk4Life. This is consistent with the infantilisation discussed in Chapter 3, where 'people' in the context of C4L, are equated with children who are prone to making the wrong choices. Weak as this case may be, it sets the Sity Walk4Life up as a programme concerned with asserting authority over a population. In this regard, 'work' in Sity Walk4Life is also about controlling how the audience interprets the semiotics of the programme. This work broadens the scope of public health to encompass private spaces, especially where individuals carry out moral work, e.g. aligning their personal identity with what is 'right'. Given this dynamic, Sity Walk4Life, and social marketing in general, is an ideological project to change the public's morality by infantilising them. Yet the deliberateness of this infantilisation seems to be taken for granted by the very people who are doing it in Sity Walk4Life. I perceive this lack of awareness as the social marketer's unwillingness to own up to his status as an 'infantiliser'. This denial is yet another indicator of the conflicting values that is simultaneously at play at any given moment in Sity Walk4Life.

Nevertheless, maintaining a figurative distance between the audience and Sity Walk4Life is a necessary part of what makes infantilisation possible. As discussed in Chapter 1, this is consistent with the power structure that conventional definitions of social marketing implicitly lay out: the role of the social marketer is to 'influence' target audiences. Distracting the audience from being aware of this authority is central to 'keeping up with appearances'. The volume of activities and stimuli built into the Sity Walk4Life programme underscores this point. This observation also points out that social marketers are somewhat aware of their

paternalistic tendency. However, without practical guidance discussing how to manage this in conventional sources, this example illustrates how the social marketers in Sity Walk4Life attempted to manage this by keeping the target audience distracted. An over abundance of visual and audio stimuli keep the audience from seeing what the programme is actually accomplishing, i.e. infantilisation and maintaining unequal power dynamics. The provision of freebies in the name of ‘marketing’, the pitching of tents to let sponsoring organizations market their respective products and services, and the invitation of minor celebrities to ‘host’ the event throws off the audience’s gaze. These all create an innocuous façade for Sity Walk4Life. In this sense, even the rain on the day of the Sity Walk4Life programme is a serendipitous circumstance that distracts the public from seeing Sity Walk4Life as nothing more than a programme about ‘moving more’.

The ‘distance’ in which Sity Walk4Life was designed is highlighted by Verity’s un-awareness of the University alumni event and inability to appeal to the community in the Sity. Though the social distance of neo-liberal governance¹⁵ relates to the Sity Walk4Life programme, the dynamics are different between the two. For the intents and purposes of this discussion, let us regard the distance of the former as an inadvertent one created out of deep social inequality. In this milieu, the actual challenges facing the public are inconceivable to the ruling elite; it is something that they cannot understand because they do not see the challenges facing real people as challenges in their lived experience. In neo-liberal governance, public needs are based on an inaccurate assumption of what matters to a citizen, irrespective of social place, shared values or sensibilities and is based on the imagination of those in positions of power. This imparts an artificial homogeneity to the public, which is captured in the ‘sameness’ represented in the C4L. However, this is in contrast to the use of ‘distance’ in Sity Walk4Life: social distance is deliberately installed to prevent the public from developing critical perspectives on the programme. In this regard, even though Sity Walk4Life is presented superficially

¹⁵ The ‘distance’ in neo-liberal governance derives from the systematic inequality inherent with the assumption that all people – irrespective of race, gender, and social position – share the same values or can relate to the same experiences. The incongruity between these assumed values and those of the public create a metaphorical social ‘distance’ between them. Failure to account for social contexts beyond the political elite’s in policymaking creates this ‘distance’, which reinforces the structural inequalities of a society. The intentionality of this remains unclear, though the problem is rooted in the incomplete perspectives presented by those in positions of power. Other points related to this discussion are found in Chapter 2.

as a programme to get people to ‘Move More’, a closer look at the activities surrounding the programme reveals the presence of other motives, including the promotion of moral ideas.

When regarded as a media piece, the activity and objects surrounding Sity Walk4Life are part of a larger semiotic exercise. This perspective refocuses the process of objectification and infantilisation that a virtual people was subjected to in an advert, as discussed in Chapter 3, into a practice in reality. Like interchangeable units, tourists replaced the local population in the theatre of Sity Walk4Life. The activities they pursued as part of the programme simulate what a ‘compliant’ local population looks like. In the hyperreality presented in televised pieces about Sity Walk4Life, the ‘people’ portrayed in Sity Walk4Life appear to have internal locus of control. This suggests that they are the agents enacting on the ideal to ‘Move More’. In actuality, Sity Walk4Life is a media composition and an expression of the social marketer’s agency and ideals. In this case, it does not matter that no one from the Sity actually attended the event. The point of this semiotic exercise is to simulate what reality *should* look like. To this end, we come to see what ‘work’ is accomplished with televising video coverage of the Sity Walk4Life: it replaces the sensibilities of the audience with those portrayed in Sity Walk4Life and creates the illusion that such ideals have always been a part of what ties individuals in the Sity, if not a nation, together. This work hinges on the programme taking the appearance of an innocuous programme focused on physical activity; this hides the ideological and political purpose behind it.

A closer look at the experience of running Sity Walk4Life reveals that, from the perspective of those doing social marketing, changing worldviews is not central to their motivation. However, in my view, these perspectives are deliberately hidden from the public because they are not as easily justifiable as ‘promoting public health’, whatever that means. To articulate these values, in the next section, I consider Verity’s experience with running Sity Walk4Life. This will show how other purposes beyond changing behaviours come into play in this social marketing programme.

To begin, I turn to the frustration that Verity experience on the day of Sity Walk4Life. At face value, this frustration signifies inadequate local knowledge. Yet, this is not an aspect that is for the public to see. Yet, by hiding this, Verity reveals the friction between the ideals captured in the design of Sity Walk4Life and its

applicability to the real world. While cultural sensitivity and patient centeredness are central values of the English public health institution, this example highlights that they are not built into Sity Walk4Life. I believe this is indicated by the lack of participation by the local population and Verity's oversight of the alumni event in the Sity. But, awareness of this did not instigate actions to resolve the problem. Instead, what I witnessed was a flurry of activity to cover it up.

As heroic and creative as it is to recruit tourists and to the missing local population with them, this activity does not resolve the problem that led Verity to this predicament. In my perspective, the force behind this 'work' relates to the complex organizational and political context that led to the requirement of 'keeping up with appearances'. I believe Verity is conflicted by her limited capacity to enact on "patient centeredness" and "cultural sensitivity" as they are articulated in White papers and political speeches. Without relinquishing her control over the programme, e.g. delegating experts in local health authorities, she failed to gather the requisite information about the local population. This is especially relevant since the very agency she works for was getting dissolved whilst Sity Walk4Life took place. However, this did not diminish her insistence to give Sity Walk4Life the appearance of "patient centeredness" and "cultural sensitivity". In other words, what distinguishes Sity Walk4Life from a programme that actually expresses patient centeredness and cultural sensitivity is the genuineness of what is portrayed.

Recall that the local PCT, whose responsibility includes public health programming in the Sity, was excluded from the Sity Walk4Life programme. Clarissa, a programme administrator from the local PCT, who is responsible for running Walk4Life programming in the county encompassing Sity, explains this dynamic:

Verity never really told us [i.e. those working in the local PCT] what she was planning [for the Sity Walk4Life programme]. She left us out of the picture. I mean, yeah, we was busy then, and she [said she] didn't want to add to our pile [by putting us in charge of the Sity Walk4Life]. It's the same day as the Hamlet Walk4life [programme] we was running. But seriously, there are things we could've told 'em. She knows this. I mean, it's a load off our back, but we knew about the alumni event at the University. That could have been something they took advantage of.

For Clarissa, Verity's actions created tension in their relationship. Whereas Clarissa felt it reasonable to engage with the Sity Walk4Life programme – by virtue of her expertise on Sity culture – Verity excluded her. Though Clarissa accepts Verity's decision, this is done begrudgingly. Though Clarissa rejects the way in which the Sity Walk4Life programme was designed, she decided to maintain her relationship with Verity. By being complacent with Verity, Clarissa is also maintaining the power structure of the public health system that is responsible for the Sity Walk4Life programme. I detect that Clarissa's believes that the Sity Walk4Life could have been a community centred had Verity included her in the project.

The ways in which 'work' is layered in Sity Walk4Life also pre-empt the tensions between Verity and Clarissa. However, this is not simply a story about the tensions between two individuals. It is also an indicator of the structural issues created by the organizational arrangement of the public health infrastructure. Beyond the issues of hierarchy, or the size of the organization and the inherent social distances within it, 'work' also points out how Walk4Life and social marketing are conceptualised very differently between the different 'levels' of the public health infrastructure. To Verity, i.e. someone 'higher up' in the public health infrastructure, based on what was observed of Sity Walk4Life, social marketing is more about brand recognition and the representation ideals. To Clarissa, i.e. someone 'lower' in the public health infrastructure, social marketing is more about filling in the contents of marketing with activities and objects that will literally mobilise people. The marginalisation of Clarissa reproduces the tensions created by a public health system going through a disruptive reorganisation. This sheds a new light on the differences in the ways that C4L, Walk4Life and social marketing are interpreted between different levels of the public health system, and the government more generally.

To Clarissa, community centeredness is not apparent in Verity's Walk4Life programme. This critical perspective is unique in that it pierces through the façade created by 'keeping up with appearances'. I regard this perspective as Clarissa's tool to seeing Sity Walk4Life as a programme to preserve the hierarchical power structure of a diminishing public health system instead of one to get the population to 'Move more'. Though Clarissa may not have directly contributed to the programmatic design of the Sity Walk4Life programme, per se, this does not imply that she did not put 'work' into the programme. Her acquiescence to Verity's directive to stay out of the Sity Walk4Life programme is her contribution. By

choosing not to interject with her expertise with the goings on of Sity, she accepts her role as Verity's subordinate and maintains the status quo.

Preserving the power dynamics of the public health infrastructure emerges as yet another layer of 'work' carried out with Sity Walk4Life. The implementation of Sity Walk4Life reveals how the focus on health behaviours creates a distraction that hides the institutional infighting triggered by a politically motivated institutional reorganization. This captures how 'empty' or 'open ended' the Sity Walk4Life is: it takes on different meanings at the same time. Sity Walk4Life shows how the programme is not simply a social marketing programme, but also a political tool, and a means to maintaining organizational stability in a changing public health system. Though Sity Walk4Life may be considered the SHA's response to increasing obesity rates in England, this is but a small fraction of what Sity Walk4Life is doing with 'work'. However, as the following shows, the picture changes dramatically when the setting for social marketing shifts further out into the periphery, where the constraints of political norms are relaxed by increased social and geographical distance.

The Hamlet Walk4Life programme

Taking place miles outside of the Sity, in the rural countryside, the Hamlet Walk4Life programme is the counterpoint to Sity Walk4Life. Clarissa – the same person Verity excluded from Sity Walk4Life – is the public health official in charge of the programme. However, as the following demonstrates, her role is actually ceremonial. The community of Hamlet is in complete control of the programme. Yet, the connection between Clarissa and the Hamlet Walk4Life is what makes this programme officially a Walk4Life programme, even though the participants of the programme have come to know the programme by a different name. Hamlet Walk4Life demonstrates how a more thoughtful approach to social marketing succeeded to get people in the Hamlet to literally 'Move More'.

The 'Bottom-up' approach to community organisation

Unlike Sity Walk4Life, Hamlet Walk4Life is not flashy. In fact, this example of Walk4Life is unique in that the venue is completely void of Walk4Life branding and imagery. For reasons that are described below, the PCT is only marginally related to the event. The control of Hamlet Walk4Life programme is in the hands of

the community members who volunteer to organise the programme. In fact, the Hamlet PCT's attempts to control the Hamlet Walk4Life programme were met with resistance and an unprecedented backlash. For the intents and purposes of this discussion, let us regard the Hamlet Walk4Life programme as a grassroots or 'bottom-up' approach to social marketing. In this configuration the community is in control of the programme and literally mobilises a community to 'Move More'.

Unlike the Sity example, which is a one-off event, the Hamlet Walk4Life programme meets regularly throughout the year, rain, shine, or snow. Rotating around a few sites per week, the programme features organised forty-five minute walks in and around the villages and nature reserves next to the villages. Considering the high level of socialising that takes place before and after the walk, the Hamlet Walk4Life is more accurately a social engagement that lasts for hours at a time. Participants refer to these walks as 'pub walks' since they invariably end up having pub lunch at the end of each forty-five minute trek. With attendance regularly consisting of the same thirty people, the walks are very much a gathering of friends.

Participants in the Hamlet Walk4Life are all retired people, generally over the age of sixty, with the exception of Clarissa, who is in her late twenties. Though being retired is not a requirement to join the programme, the age of Hamlet Walk4Life participants indicate how the aging population is distributed in the Shire, and more generally in England. The young people of Hamlet have moved into suburban and urban settings for work, leaving the aging population in rural areas. Likewise, because Hamlet Walk4Life is held in the middle the workday, people who work cannot participate in the programme.

Clarissa, having worked with communities in Hamlet for the entirety of her public health career, as well being raised in the Hamlet, is intimately familiar with the local contexts in Hamlet. All the attendees of Hamlet Walk4Life are familiar with Clarissa outside of her official capacity as a government official. Many have seen her growing up in Hamlet and have an established relationship with her outside of her engagements with them during 'pub walks'. They continue to develop their relationship during the walks. Clarissa attends all of them, except when they are cancelled. Clarissa told me that this is an important dynamic because people from the Hamlet, in general, do not like the 'government'. They regard it as an institution run by outsiders who do not understand the values of Hamlet. Viewed as an

oppressive force, imposing rules and regulations onto them without regard to their needs and local contexts, citizens of Hamlet may be regarded as anti-establishment and insular. Clarissa continues to explain:

This is why we have the community organise Walk4Life. If I bossed them around, they'd have none of it. What's great is that they come all the time, the same people, and they're all just friends. It's funny to think that this is a PCT programme when it's their's, really. I tried cancelling a walk last year around Christmas because of the snow and ice, officially cancelling it. Of course this did not matter. The lot of them did the walk anyway. I think, what did they tell me, ten people walked? And they all went to pub lunch afterwards, with others [who didn't go on the walk] showing up at the pub. Bless them. They are keen. I want to be like them when I'm their age.



Figure 5.7 First, a long walk in the countryside. Picture taken by Kelvin Chan.



Figure 5.8 Then, a walk to the pub. Note that this is all organised by the villagers.
Photo taken by Kelvin Chan.

Clarissa recognises how important it is for the Hamlet community to have control over Hamlet Walk4Life. Even should an official cancel a walk, the community is compelled to reject this status in order to socialise with friends. She is aware of the community's ownership of the programme and recognises that though her job may be to 'run' the Hamlet Walk4Life programme, her involvement is not essential to the programme's success. This is not to say that the position held by Clarissa is redundant. She serves as a ceremonial role that explicitly bestows agency to the community. This is also captures how the local health authority expresses its accountability to the local community in a culturally sensitive way.

By leaving it to the community to shape and organise Hamlet Walk4Life, the programme has developed a life of its own. This is a dynamic that is missing from the Sity Walk4Life, or other didactic examples of local C4L programming focused on changing the public's behaviours. Even more importantly, Clarissa demonstrates how *not* doing is itself a form of 'work'. This conscious pause provides the space, freedom, autonomy, and control – all of which are non-monetary, but social resources – to the community. What appears to be Clarissa's non-activity is an expression, par excellence, of culturally sensitive public health 'work' that she is putting into Hamlet Walk4Life.

Though Hamlet Walk4Life is undoubtedly an opportunity for people to engage in regular physical activity, the programme is also a platform for citizens to build and maintain social relations and friendships. It is a programme that collapses the distinction between socialising and healthy activity, institutionalising Hamlet Walk4Life into something more than just a public health social marketing programme. In this approach, there is no need to dictate the contents of a programme to anyone or to overstep the boundary of personal spaces to influence the public's morality.

Moreover, Hamlet Walk4Life illustrates how the C4L message to 'Move More' is actually considered common sense in Hamlet. The sustained high-level of participation in Hamlet Walk4Life is a clear example of a successful public health social marketing programme. Most importantly, this demonstrates how a 'social' form of social marketing can be achieved when the social marketer is liberated from the role defined for her in conventional approaches.

Another benefit of the Hamlet Walk4Life is the low economic impact it has on public funding. With volunteers in charge of the programme, the financial cost of the programme is relatively low. While Clarissa's salary is the largest component of the programme budget, it is an investment that produced returns in the form of goodwill and a local population that is happy to 'Move More' on their own terms.

Marketing Hamlet Walk4Life

In stark contrast to the Sity Walk4Life programme, which is dominated by the C4L logo, the Hamlet Walk4Life programme is characteristically absent of corporate branding. Free branded giveaways, televised adverts, and other forms of advertising used in conventional social marketing did not play a part in the local population's participation in Hamlet Walk4Life. Clarissa once pointed out to me in the field that she had provided free C4L jumpers to the local volunteers; they just chose never to wear them. Instead, they chose to wear neon vests and jackets furnished by themselves. Clarissa informed me that these outfits are typically old uniforms worn previously by the volunteers themselves or their spouses when they worked as farmers and labourers. Removed from the graphics-heavy advertising of C4L, Hamlet Walk4Life created its own unique aesthetic based on the identity of the community.

The homey look of Hamlet Walk4Life indicates a rejection of the simulation contained within C4L. Not only is the choice to give Hamlet Walk4Life its own look derived from economic frugality, it is also a figurative stand against having foreign interpretations of healthiness and social engagement affect the community's perception of reality. Nevertheless, the vibrancy of Hamlet Walk4Life comes from the community's ownership of the programme. They express an internal locus of control by shaping the programme according to their own values and lived experiences. However, this is only to the extent of the 'grassroots' level of the programme, or the participants' perspective on the Hamlet Walk4Life. More formally, the programme is called 'Hamlet Walk4Life'; it is represented with the Walk4Life and C4L logos in 'official' communications issued by the local health authority about the programme. Clarissa's formal involvement with the Hamlet Walk4Life and the fact that her funding is tied to C4L programming further formalises the programme as an official C4L programme, even if it does not look like one in the field.

This identifies another peculiarity of Hamlet Walk4Life: the marketing for the programme is minimal. No televised adverts or posters on the sides of buses exist to promote this programme. Volunteers design and market Hamlet Walk4Life. The promotional materials are primarily posted on the local church and library bulletin boards. The aesthetic of these 'advertisements' are worth describing: they lack the flash of C4L branding. These postings are sober, utilitarian, and take on the colour of whatever paper was free and available to volunteers. They are often printed on the back of old posters or rejected copies from copy machines. However, where they lack in graphical design and corporate branding, Hamlet Walk4Life posters shine with a homemade aesthetic. To this extent, an encounter with a Hamlet Walk4Life poster is un-extraordinary; they fade into the carpet of other notices tacked onto the community bulletin boards in Hamlet. Yet, as important as the community bulletin board may be as the ceremonial place to announce opportunities for social engagements in this tight-knit, rural community, Clarissa explained to me that the primary way people in Hamlet communicate with each other is by word of mouth. This is how walks continue throughout the year even when they are officially cancelled by the Hamlet PCT. This indicates how meaningful these walks are to the people of Hamlet.

Likewise, as much as the sustainability of the Hamlet Walk4Life programme is indicated by the popularity and regularity of walks taking place in the villages outside Sity, this is only true in the short-term. Though each walk in the Hamlet Walk4Life programme reinforces the bonds and social connections between the regular attendees of the programme, the network of friends represented in the programme is aging. This is also an aspect consistent with the general population in Hamlet.

Without new people joining the Hamlet Walk4Life programme, the number of participants is bound to eventually drop as a result of age and health related issues. One prominent volunteer, George, announced in a Hamlet Walk4Life gathering that he will retire from volunteering because he ‘feels it in his bones’: he is losing mobility from arthritis. Other participants, such as Bronwyn, are leaving the programme because they have to care for a bed-ridden spouse.

Clearly, age-associated issues undercut the sustainability of the Hamlet Walk4Life. Nevertheless, the success of the Hamlet Walk4Life programme is owed to the strong social cohesion affixed to one particular social network. As more and more members leave the network, new connections must be added to in order to maintain Hamlet Walk4Life on a long-term basis. However, this issue remains one that has not been resolved by the local health authority or the community.

Looking at the Big Picture

The Sity and Hamlet Walks4Life are very different takes on social marketing. In the Sity example, social marketing is rationalised as a platform to assert a specific point of view onto a population. In this conventional programme, the social marketer is responsible for changing the population’s behaviour. This is in contrast to the Hamlet example, which rejects this take on social marketing. Instead, the ‘target audience’ has full control over when and how they will commence with physical activity. This dynamic is communicated in the aesthetic of the different programmes. The flashiness of the Sity example represents ideals coming from outside a community. The hominess of the Hamlet example represents ideals coming from inside the community. In other words, no matter how much social distance exists between the ‘social marketer’ and the ‘target audience’, social marketing is an activity that changes the relationship between a government and its citizens.

The contrast between the Sity and Hamlet examples feature the didacticism built into the traditional social marketing approach. What is ‘sold’ in Sity Walk4Life is defined by the government. The local community and even the local health authority are excluded from participating in how the programme is shaped. This enacts on the presumption that local values are unimportant points to consider with respect to the inherently ‘good’ intentions of social marketing. In this regard, social marketing can be an institution that marginalises groups and individuals that do not share the same morality as the social marketer.

The conventional definition of social marketing focuses on what an audience ought to do. This is a focus maintained by the special work called ‘keeping up with appearances’; it is a process that maintains the veneer that social marketing programmes are about behaviour change. This hides the other ‘work’ that takes place during social marketing, especially as it relates to maintaining power structures, controlling how a public interprets empty signifiers, and reinforcing the social inequalities that make it difficult for some citizens to subscribe to the status quo. To the authors of the Sity Walk4Life programme, the connection between the public health brand and the public health message is so self-evident that the distribution of branded materials and televising branded video footage as a sufficient form of social marketing. By studying the social marketer, this chapter demonstrates the shortcomings of social marketing that are based on didactic and infantilising assumptions.

In comparison, the Hamlet example demonstrates how a rural community was literally mobilised with social marketing. This programme underscores the distinction between representing the ideals of walking more with actual walks in the countryside. Giving the community agency over how a social marketing programme is structured is an important way to deliver culturally sensitive and community centred Walk4Life programming. Although the grassroots approach to Hamlet Walk4Life reveals how social marketing can work, the sustainability of this strategy remains problematic in light of the diminishing social network participating in the programme. Without participants, even a programme as successful as the ‘pub walk’ will eventually come to an end. Sustainability is further threatened by the fact that the Hamlet PCT, the agency that Clarissa works for, was dissolved in 2013, and replaced with Clinical Commissioning Groups – ‘CCG’s’– and Public Health

England. How this will further impact the sustainability of Hamlet Walk4Life remains to be seen.

This chapter demonstrates how social distance can be emphasised or addressed by the premise behind social marketing. Where social distance was emphasised in the Sity example, the Hamlet example shows how local contexts can create solutions that tackle social and public health issues simultaneously. In addition to successfully mobilising local populations, the Hamlet example also demonstrates how this can be accomplished with a minimal budget, community centeredness, and cultural sensitivity.

Ultimately, this chapter shows how ‘grassroots’ or ‘bottom-up’ social marketing can not be defined with a corporate logo or brand. At this level, social marketing is about ‘filling in’ the ‘emptiness’ of a national brand with ‘work’. However, when ‘moving up’ the public health infrastructure, social marketing is more a noun or a medium to convey values rather than a verb or action to mobilise communities. Both approaches are equally valid examples of social marketing despite their stark differences. Continued exploration of the social issues raised by the organizational aspects of the public health infrastructure, especially in a setting that is as socially and geographically isolated as the Hamlet, is recommended to refine what we know about social marketing. In the next chapter, I consider how local health officials even further ‘down’ the public health infrastructure than those represented in this chapter interpret and practice social marketing in a classically ‘deprived’ or ‘hard-to-reach’ setting.



Figure 5.9 'People' walking in C4L. Detail from *Walk4Life Local Supporter's Guide* (Department of Health 2011d: 6)



Figure 5.10 Real people walking in the Hamlet despite 'cancellation'.
Photo taken by Kelvin Chan.



Figure 6.1 A representation of how physical activity increases the heart rate in C4L.
Image extracted from <http://www.nhs.uk/Change4Life/Pages/be-more-active.aspx>

Chapter 6 The Change4Life Incentivised Exercise Programme

Introduction

This chapter presents a case study that ties the themes raised in the previous chapters into one cohesive example of Change4Life (C4L) marketing, the Incentivised Exercise Programme¹⁶ (IEP). This is the final case study in this investigation of social marketing practices. Rounding out the discussion, this chapter discusses social marketing as a compromise between 1) fulfilling the institutional responsibility to deliver the health directives set by England's highest health authority, 2) anticipating and meeting the needs of local populations with cultural-specific local programming, 3) maintaining and building a relationship with the local community, 4) dividing extremely limited resources to cover the administrative and managerial demands of delivering both existing and also new programmes, and 5) resolving the organizational challenges emerging from the ever-evolving public health infrastructure and national political scene. Ultimately, this chapter illustrates how the concept of 'work' is central to contextualising complex field observations, especially those that take the appearance of situations where no one is doing anything in particular. This lens shows how social marketing is fundamentally a social process, which is a perspective rarely explored in usual public health research.

The following case features a place called 'Maundyton'. As explained earlier in Chapter 2, Maundyton represents a construct comprised of three towns and two villages in a continuous geographical area; they are each characteristically 'hard-to-reach' communities. I created this construct to keep the discussion away from the idiosyncrasies of each of these five places, e.g. the specific crops grown in each

¹⁶ This is not the actual name of the programme. This and the other names of people and places used in this chapter are pseudonyms deliberately used to maintain confidentiality.

place and to focus instead on the thematic issues that the towns and villages have in common. Undoubtedly, it is important to acknowledge that each of the five places have their own unique characteristics. Though I am aware of the criticism that the Maundyton-construct essentialises these five places, I use the construct to focus on the thematic issues facing all of these towns and villages.

The notion of 'social distance' ties into the discussion with respect to the incongruities between the societal values of Maundyton and those promoted in C4L. These incongruities are symptomatic of the social distance that keeps those setting the public health agenda from seeing the real situation facing marginalised communities, which are culturally richer and more complex than a biostatistically derived 'population'. The ways in which neighbourhoods are portrayed in C4L adverts serve as an important reference point to see how those in the 'social distance' imagined local environments to look. Unlike the resource-rich, convivial, and safe environment portrayed in C4L adverts, i.e. the assumed setting where the 'target population' dwells, Maundyton is a place rife with high unemployment, poverty, poor physical infrastructure, low social cohesion, and historic discrimination. Although being physically active and eating *5-a-Day* may be an important focus in contemporary public health rhetoric and politics, they are not culturally relevant issues in Maundyton, *per se*: there are far greater issues at hand. In this regard, 'social distance' directly relates to the 'hard-to-reach' designation of Maundyton. This population has become insular and unmoved by government initiatives and communications because these missives focus on issues that are contextually unimportant to Maundytons. Compounded by the geographical isolation of Maundyton, the national public health initiatives derived from the 'social distance' inadvertently heighten the experience of social isolation and exclusion of an already marginalised people, reinforcing their place on the fringe of civilisation.

Ironically, the conventional focus of social marketing practice is set on the target population: the reason to implement C4L is to intervene with their behaviours. As much attention as the 'target population' gets in C4L, as it does in conventional social marketing more generally, this case study demonstrates how this focus did not translate into a better understanding of the issues and priorities of Maundyton on the part of the national government. Yet, the dissimilarities between the imagined 'target population' and the real community in Maundyton are not a major source of concern

to those in the highest levels of governance. As a moral imperative, the foremost concern with C4L is to promote what is ‘good’ for a nation. This highlights the implicit role carved out for local health authorities: to carry out national health directives in local populations.

But at what cost?

Maundyton officials found it difficult to answer this question. The tensions and practical challenges created by the ‘social distance’ between the different layers of the public health infrastructure further added to this difficulty. Occupying the lowest position in the organizational hierarchy, the directives coming from the highest levels of the public health infrastructure do rarely reflect an awareness of or concern with the practical issues facing the local health authority in Maundyton. As moral imperatives, programmes such as C4L are designed with practical concerns being secondary to the primary to the ideological priorities. However, in light of the massive wave of layoffs in the public health system and the low morale that accompanied it, the Maundyton local health authority fell into a state of distress.

Nevertheless, Maundyton officials understood the importance of maintaining their relationship with the local community despite the system-wide reorganisation of the public health system. These relationships provided local health officials with the capacity to directly work with the ‘hard-to-reach’ community in Maundyton. To Maundyton officials, the local population is not merely a ‘target population’ or a group whose form derives from demographic and biostatistical inference. They know Maundyton as a real community people of people that they had a social relationship with. This social ‘closeness’ gave local officials direct insight into the local needs and priorities of Maundyton.

Before describing and analysing the ‘work’ Maundyton officials put into IEP, the following section is an overview of the programme and a brief description of the historical and sociological circumstances that led to its implementation in Maundyton.

The Incentivised Exercise Programme

The story of IEP begins in 2009 when the Department of Health (DH) awarded the Gwydir Primary Care Trust (PCT) £4.5 million to develop the IEP. Focused on the ‘Move More’ aspect of C4L, IEP was designed in light of the community values of Gwydir. With a sizeable budget and cultural sensitivity built

into the programme, it was hoped that IEP will remove the barriers to healthy lifestyle in Gwydir.

Akin to customer loyalty schemes in the for-profit sector, IEP participants earn points for doing physical activity at approved venues, e.g. the Gwydir Leisure Centre. In turn, these IEP-points may be redeemed for free products and subsidised services, e.g. IEP-branded paraphernalia and reduced rates to the local fitness centre and swimming pool. These objects are not meant to be rewards to recognise the achievement of a certain amount of physical activity. They are conceived as incentives to motivate participants to continue their pursuit of regular physical activity. They are meant to motivate the public to take on the lifestyle portrayed in C4L.

However, for complex reasons unrelated to the theoretical underpinnings of the programme, IEP was terminated at an early-stage of development.

Within one year of IEP's cancellation, the Conservative-Lib Dem coalition government came into power. This led to the imminent dissolution of the basic components of the English public health infrastructure, e.g. Primary Care Trusts (PCT) and Strategic Health Authorities. To the civil service, this also was the beginning of a major culture change and the end of job security.

In a closed meeting at the national headquarters of the Department of Health (DH), where the media was not permitted, the then newly appointed Minister of Health addressed the civil service about the new vision for the agency. Many present were visibly distraught by his declaration to reduce 'bureaucratic burdens' in the DH.

Faced with an uncertain future, low morale pervaded the offices of my key informants. Some went on unannounced 'vacation' for weeks; others were on sick leave for extended lengths. Many were simply made redundant and left without notifying even the colleagues they sat with in the office. However, some saw this chaotic moment as an opportunity to prove their indispensability to the public health system.

One such group is the local health authority in Maundyton. Comprised of people from the local PCT and the District Council, Maundyton officials successfully won a national competition for DH funding. However, the funding they secured was a few orders of magnitude less than what Gwydir originally secured in its budget for IEP. Nevertheless, with the tens of thousands they received from the

DH, they sought to resurrect IEP and to calibrate it for the community in Maundyton.

At face value, IEP is a programme that aims to increase Maundytons' physical activity. Based on the assumption that physical activity can be motivated through the provision of incentives, the programme gives out C4L branded objects and small home-exercise devices, e.g. resistance bands, to participants. In order to receive these 'incentives', participants are asked to record their physical activity – writing down what they did and for how long – in monthly diaries, which they receive at the beginning of the month, and send back to the local health authority in pre-posted envelopes at the end of the month.

A member of the Maundyton local health authority assesses the monthly diaries by evaluating the types of physical activity and the amount they recorded. Based on this assessment, an individualised goal is developed for each participant to increase the amount of physical activity they do in the following month. Participants are reminded by a member of staff via telephone or post to return their diaries. Participants also receive a bi-monthly newsletter featuring success stories gathered from IEP participants, in addition to short articles about the health benefits of physical activity and tips on how to exercise at home. This newsletter is compiled and written by a member of staff. Over all, the point of IEP is to engage Maundytons with the ideas raised in C4L in a culturally sensitive and appropriate manner. The following illustrates this holds up in a complex social and organizational environment.

The Social Context of Maundyton

A rural district, Maundyton is notorious for having some of the worst health inequalities, poverty, and unemployment in the country. The villages in Maundyton are far apart from each other, separated by privately owned fields and grazing for livestock. There are roads running between these expansive plains, but few are public or well maintained. The poor public infrastructure, i.e. lack of pavement and public transportation, in Maundyton makes travel between the hamlets/villages time intensive and difficult without a car.

Though cycling is an important alternative to driving, it is not a safe activity in Maundyton. With few cycle paths, the roads that cyclists take are often narrow, unlit, and/or shared by tractors, lorries, and cars. To avoid moving vehicles on the

road, cyclists veer to the side of the road. Running along many roads in Maundyton are dykes, i.e. a feature of the agricultural drainage system that can be over six feet deep, and invisible should enough vegetation grow around them. These dykes lead to fatalities every year, typically with victims drowning in them.

There is a social stigma associated with Maundyton. Fuelled, in part, by the place's reputation for crime, poverty and unemployment, Maundytons are considered lazy. The perception is that they choose to be unemployed out of sloth. The high prevalence of illiteracy also perpetuates the ill-conceived notion that Maundytons are ignorant and stupid. Their geographical isolation further pushes them into the margins of society where they allegedly pursue immoral activities, e.g. incest and robbery. Maundytons further suffer from accusations of having webbed hands and feet; their children are often referred to as 'rats'. With low levels of community engagement and high levels of voting apathy, Maundytons do not trust the government and generally do not believe that elected officials make decisions in their interest.

The long history of geographical isolation and bigotry against Maundytons developed into a deep-seated mistrust for outsiders. With Maundytons typically achieving no more than secondary school education, only a few native Maundytons manage to have the credentials to become professionals, e.g. physician or nurse. Therefore, health professionals in Maundyton tend to be outsiders and are regarded with suspicion. Set in this cultural backdrop, public health is but a component of a larger set of serious social problems.

The local health authority of Maundyton is cognizant of this antagonism, and understands how conventional methods of social marketing, e.g. canvassing and televised advertising, are insufficient to overcome the cultural and social barriers in this community. This awareness is central to their understanding of the national C4L campaign as a source of problems for Maundyton rather than a solution for obesity. Heston, a manager at the Maundyton health authority, attests to this, describing:

You can't just put up C4L posters everywhere in Maundyton and expect people to sort it out themselves. First of, many Maundytons can't read. Yeah, they recognise the C4L logo, but they don't care much for the programme: they think it's for kids. Besides, Maundytons think they can't get exercise because there's no gym or pool here. I mean, there's a leisure centre [i.e.

a community sports facility] in Barley [a town in Maundyton], but you can't get there without a car. This is a deprived community. C4L is the least of Maundytons' worries, you know what I mean?

It is interesting to note that Heston describes C4L as an object in relation to a social context, i.e. the community in Maundyton. In this regard, he does not hold C4L – as a concept or its individual components, e.g. posters and logo – as an object with self-evident meaning. Instead, the meaning of C4L – to him and to the community – is mediated by his personal insights and the social mores of Maundyton society. This is not to say that Heston does not think that there is an ‘official’ or intended message in C4L. Rather, in raising counterpoints about his and Maundytons’ understanding of C4L posters and C4L logo – that it is a programme asking people to ‘sort it out themselves’ or that Maundytons regard C4L as a ‘children’s programme’ – he is identifying that the ‘official’ C4L message is not what the audience in Maundyton is getting out of C4L adverts. In the context of ‘work’, he identifies the necessity to put effort into ‘filling-in’ the ‘emptiness’ of the national C4L advertisements for Maundytons. In other words, Heston identifies the need for ‘work’ that re-aligns C4L into something that is relevant to Maundytons.

However, before going into the specifics of what Heston’s ‘work’ entails, it is important to tie this discussion into the issues raised in Chapter 3, where I first raised the issue concerning the empty-signifiers in C4L adverts. Despite the ways in which Maundytons interpret C4L adverts differently from what they are meant to communicate by the central health authority, it is important to reject the judgement that Maundytons are ‘misinterpreting’ C4L. Doing so will frame Maundytons as the problem, and not the other way around. Heston’s statement strongly suggests that this is his understanding of the situation. The problem he is observing is not with Maundytons, but in the ways in which C4L adverts cannot mean the same thing to people living in an environment unlike that of the ‘people’ in C4L hyper-reality.

As Heston’s actions illustrate in the sections to come, he considers it culturally inappropriate to promote C4L in Maundyton only with televised adverts and posters. These formats of communication do not satisfy the standard that Maundytons have for important communications, which take place in-person. In light of the low-literacy rate in Maundyton, text-based advertisements, e.g. posters

and leaflets in GP surgeries, are not only considered impersonal, they threaten to further marginalise an already ‘hard-to-reach’ population.

Going back to Heston’s statement above, he is also critical of the conventional approaches to studying the ‘effectiveness’ of social marketing. Although he acknowledges that Maundytons, for the most part, are familiar with the C4L logo – ‘they recognise it’ – he astutely points out that this is not the same as getting the ‘official’ C4L message, whatever it may be. He justifies his position with his observation of the community: ‘...they don’t think much of it: they think it’s for kids’. In other words, he does not find it reasonable to assume that the ‘official’ meaning of the C4L is conveyed through a logo; the meaning of a brand cannot be treated as self-evident. (This corroborates the observations made in chapters 4 and 5.)

Heston’s statement also illustrates the sensitivity that Maundytons have for being infantilised. They are not allowing C4L adverts to infantilise them as the ‘people’ in C4L adverts were. They identify the C4L programme as something for ‘kids’ because they do not see themselves as ‘babies’ or as ‘plasticine’ moulded by governmental messages. The widespread belief that C4L is a ‘children’s programme’ illustrates why the representation of ‘people’ in social marketing advertising is not simply an aesthetic issue. It is far deeper, and relates to issues of fairness, representativeness, and cultural appropriateness. The design of C4L adverts did not make it easier for Heston to ‘sell’ C4L to Maundyton; in fact, it did the opposite. In turn, Maundytons are distancing themselves from C4L.

Heston is weary of how C4L has alienated Maundytons; this is captured in the tone of his narrative and the furrow on his brow throughout this discussion. On a related note, Heston calls attention to the cultural association between C4L, exercise, and the associated facilities, the gym and swimming pool. The unattainability of these resources to most Maundytons is an important point that underscores why open discussions of ‘healthy lifestyles’ are considered inappropriate in Maundyton society. Such discussions tend to ignore the infrastructural deficiencies that undercut Maundytons’ sedentariness. In this regard, Heston’s statement, “C4L is the least of Maundytons’ worries”, is not simply referring to the infrastructural deficiencies of Maundyton, he is also referring to the cultural problems that Maundytons have for a programme that presumes it to be acceptable to openly discuss ‘healthy lifestyle’.

Penny¹⁷, an administrator at the Maundyton local health authority and part of the team putting on IEP, who is also a native of Maundyton, describes ‘healthy lifestyle’ in contemporary Maundyton culture:

To be honest, being healthy is not something we [Maundytons] want to talk about. It’s kinda out there, you know what I mean? But, yeah, being active is considered going to the gym and the pool. You know, there’s a gym and pool in Barley: no one can get there! I mean, yeah, people in Barley go [to these facilities], but they’re not like most Maundytons. It’s funny, Maundytons think people from Barley are so posh: they go to the gym and the pool, carrying ‘em fancy [gym] bags, and they’re vegetarians! It’s bullocks really. They’re Maundytons, too, you know. But they’re “posh” [she makes air quotes]. They’re not considered one of us. Of course, most people in Barley didn’t grow up in Maundyton. I guess it’s somewhat true, isn’t it? But, you know, I live in Barley. But I stick to telling people that I’m from the village my parents live in Maundyton. The last thing Maundytons want is to be called posh. It’s not nice to be posh around here; it means you’re not one of us.

Penny identifies that it is taboo to directly discuss healthy lifestyle in Maundyton culture. The shift in her discussion away from the topic and onto the notion of being “posh” demonstrates this sensibility. Likewise, as an issue that is placed “out there”, Penny identifies healthy lifestyle as an issue that divides the Maundyton community. This is to the extent where some people, e.g. those living in Barley, are stripped of their status as Maundytons. The lengths that Penny took to preserve her credibility with the Maundyton community – to the point where she deflects answering the question of where she lives, Barley, to where her parents live, an ‘authentic’ part of Maundyton – emphasises how the conflict brought by C4L into Maundyton has blurred the boundary between the realm of the private and that of the professional. The passion in Heston and Penny’s narratives identify how intertwined their personal lives are with their professional role in the Maundyton local health authority. In other words, keeping up with appearances is an informal yet

¹⁷ This is not the name of the actual place. It is a pseudonym deliberately used to maintain confidentiality.

compulsory aspect of running public health social marketing in a community as insular as Maundyton.

Whereas 'healthy lifestyle' is presented as an issue of personal control and agency in the C4L campaign, Maundytons see it differently. Although C4L adverts challenge the stereotype that being physically active is limited to exercising at the gym and swimming pool, the alternatives, e.g. cycling or taking a walk, presented in C4L campaigns remain culturally irrelevant to a community without the infrastructure to make them reasonable. The inaccessibility of the gym and swimming pool aside, the absence of pavement and well-lit streets highlight the deeper issues that need to be addressed in Maundyton. Yet, as a social marketing programme that overlooks these greater issues by focusing on people's personal responsibility to live healthier lifestyles even if they are unattainable for most Maundytons, Penny and Heston are faced with a conflict that they cannot ignore as local health officials.

Despite Heston and Penny's criticism of C4L, they recognise that it is their responsibility to promote C4L. This is tied to their institutional responsibility to deliver the national health directives determined by the highest authority on health, the Department of Health (DH). IEP comes in as Heston and Penny's attempt to translate C4L into something culturally appropriate for Maundyton. Likewise, IEP is an effort to satisfy their various other roles and responsibilities: to the national government, to the local health authority, to the local community, and to themselves. Highlighting the tensions created by this situation, Heston describes the rationale behind IEP:

We have to help people realise they don't need these things [gyms and swimming pools] to be physically active; they can be at home and [and be physically active]. They'd prefer this anyway; it's not safe to walk around these neighbourhoods. I know a lady who doesn't go outside anymore because she was burgled the last time she did. Anyway, there isn't even pavement in many of these parts. People tend to stay in cause it's hard to get anywhere. Of course, we can't [sic. promote C4L] if we sound like nags. ...IEP is a way to get people to get Maundytons to take on healthy behaviour, like those in C4L, and to have them come up with

solutions for themselves. We can't tell them what to do. Our role is to create the support structures to help them do this.

At face value, his description of IEP as an effort to get Maundytons to create “solutions for themselves” contradicts with his earlier criticism for C4L as a message telling Maundytons to “sort it out themselves”. However, his closing statement clarifies that this is unreasonable so long as Maundytons do not have the resources to exercise this responsibility. For Heston, IEP is conceptualised as an effort to build “support structures” that make healthy lifestyle reasonably achievable to Maundytons. To understand what this effort entails, the following focuses on the actions and processes, or ‘work’, involved with delivering IEP in Maundyton. This will also clarify what “support structures” are according to Heston.

In light of the many roles and responsibilities that Heston are responsible for in Maundyton, part the ‘work’ of social marketing is to satisfy these roles. Contradictions emerge when these roles conflict with one another, as captured in Heston’s ‘work’ and narrative. To better understand how this ties into the notion of compromise, let us consider how the ‘citizen’ is defined in Heston’s ‘work’.

At the heart of IEP is the notion of the ‘citizen’. The narratives and actions surrounding IEP illustrate how local officials define the ‘citizen’. The ‘work’ that local officials put into delivering IEP demonstrates how their definition of ‘citizen’ contrasts with the one operationalised in C4L adverts. Interestingly, the narratives of Maundyton officials seem to contradict this observation. They describe IEP consistently with the centralised language of C4L, e.g. to change population behaviours or to get them to ‘Move More’. Rather than their voiced narratives, it is their effort or ‘work’ that differentiates their definition of the ‘citizen’ from that encoded in C4L ads. This distinction is especially apparent in the compromises they made in order to implement IEP.

Most notably, for Heston the ‘citizen’ is someone whom he has a relationship with. This is apparent in the quality of his descriptions about the people in Maundyton. Although the conventional public health rhetoric would designate Maundyton as the ‘target population’ of IEP, this designation diminishes the connection that Heston has with the community. The relationships and interactions between Heston and members of the community close the social distance between the government that Heston represents and the ‘hard-to-reach’ population in Maundyton.

Unlike the ‘citizen’ caricatured in C4L adverts, whose sedentariness is attributed to the convenience of modern living (see Chapter 3 for analysis of C4L adverts), Heston points out importantly that Maundytons stay at home for very different reasons. They do not have access to the resource-rich environment portrayed in C4L adverts. The chronic environmental circumstances in Maundyton have led to the cultural institution of staying at home. Yet, Heston’s example is not meant to suggest that Maundyton has always been a dangerous place; it is to illustrate how danger¹⁸ emerged in his and others’ narratives about Maundyton. In fact, I did not witness anything, e.g. crime, in the field that gives me reason to regard Maundyton as ‘dangerous’. In this regard, the issue of danger is not meant to be the defining characteristic of Maundyton; it is but one of the many cultural dimensions that makes going for a walk, riding a bike, playing ball, and other activities that take place outdoors, socially complex and not culturally salient for Maundytons.

Apposite to this point, Heston discusses why it is important be wary of the spaces where he promotes IEP in Maundyton:

You know those pamphlets at the GP surgeries? Nobody in Maundyton gives a toss about them. They don’t want to hear it! You know what I mean? They don’t even want to be there [GP surgery]. If we promote IEP with just those [pamphlets] no one would be in the programme. You see we have to go right into the community – the market square, the high streets, into people’s businesses – and talk to people. [Maundytons] have to see that there are real people behind this programme, people they can trust. There’s no catch to joining the programme. The programme is meant for them. A piece of paper just doesn’t say it.

¹⁸ Change4Life adverts reference ‘danger’ through their aesthetic, which obviously references the works of Keith Haring, a late pop artist, whose works feature street culture, sex and drugs. In light of the fact that Haring has set the bar for pop and commercial art and by virtue of the sizeable amount spent towards designing Change4Life, there is little reason to call the similarity between the two a mere ‘coincidence’. The fact that a commercial giant, M&C Saatchi, designed Change4Life emphasises how unlikely it is for Haring to be anything less than a household name. And even should the claim remain that Change4Life’s reference to Haring’s work on street culture is ‘inadvertent’, this only identifies how problematic the notion of behaviour changing is: it reduces social marketing into an exercise of cultural and historical ignorance. (See Chapter 3 for full analysis of the Change4Life aesthetic.)

When I first came to Maundyton to work, people'd stay away from you in the streets. I'm not even kidding: I was jeered at I was. But when you are in the community long enough, month after month, doing the same thing – just being there talking to them, not even talking about health issues, but just talking about anything, really – the community no longer sees you as a threat. It's important, this. Then they start coming up to you to talk, telling you things about their life in Maundyton. You know this is when they are open to hear what you have to say about health and stuff. It's their way of saying 'OK. Go on. I'm ready to listen to what you have to say now'. It's hard work, this.

Heston recognises how the clinical setting puts Maundytons in a vulnerable state. As patients, they are subject to the authority of the medical establishment. As patients, they wait because they are under the control of an external authority. Patients do not have choice over when they can be seen by a medical professional; they must wait till the medical professional is ready to see them. Implicit with this arrangement is the sense that a good patient is a patient one, or one who is compliant with what they are told to do.

When the waiting room is adorned with social marketing adverts and promotional materials it is transformed into a moral space. Correspondingly, the 'good' patient is also one who accepts social marketing messages. Heston finds it unreasonable to expect patients to be empowered in what he recognises as an oppressive setting for Maundytons. He recognises how it is predatory for health authorities to take advantage of the captive audience in patient waiting rooms to promote social marketing messages. He suggests that the moment a patient sees the words and graphics of a social marketing advert in this setting, they are being communicated to in a time when they may otherwise want to be left alone. Unless patients can shield themselves from the social marketing adverts found in the clinical setting – an action that is, in my view, neither easy nor reasonable for anyone facing illness and the disempowerment of the diagnosis – they will be subjected to a moral communication. This is the 'catch' of entering the waiting room as a patient, and Heston understands how Maundytons do not want to be subjected to this problem.

Recognising this to be an alienating and upsetting experience for Maundytons, Heston understands that he has to take a different tack to promote IEP and C4L. Instead of the traditional approach, Heston is choosing a form of social marketing that is not based on indoctrinating the audience but one that relies on the unpredictable and socially dynamic process of maintaining relationships: between him, the government he represents, and the community in Maundyton. This contrasts with the ‘pamphlets in GP surgeries’ tactic that approaches social marketing as the replication and distribution of moral messages. Aware that this will distance him from the community and weaken the social relationships he worked so hard to develop over time, he is rejecting how social marketing is typically done in Maundyton. The adamance of his narrative reflects how protective he is of his relationships with the community and how he is unwilling to compromise them for the sake of convenience.

Heston’s narrative also identifies how valuable these social relationships are to him. While there may not be any monetary value to these relationships – after all he is not in the business of selling commodities nor does he hint at this being an eventual goal of his – their worth is symbolic. Before he established these relationships, the community responded negatively to him. He was considered a ‘threat’, an object to repel with ostracism and jeers. Heston approached this community reception with cultural sensitivity. He explains this as simply ‘being there ...just talking to them’. In my view, he is demonstrating his commitment to engage with the community.

Heston explains that despite the initial resistance from the community to his efforts, they eventually gave into him. Heston knows this to be the case when Maundytons go up to him to talk to him about their lives. These unsolicited conversations are symbolic of a change in his status in Maundyton society. I believe that they authenticate his identity and identify him as someone who does not need to be antagonised. While this achievement may be viewed as a gain in Heston’s social assets in Maundyton, it also illustrates how he has become a social asset to the community: he is someone to turn to for trustworthy information and genuine social interaction.

However, Heston understands the spatial boundaries of these relationships. Particularly, he identifies the physicians’ practice as a place where Maundytons just “don’t want to hear it”, where ‘it’ refers to the social marketing message. Though his

statement is made in reference to the promotional pamphlets and brochures in the waiting rooms of physicians' practices, which are technically read and not 'heard', it points out his awareness of the community's preference for verbal communication and social engagement. Nevertheless, Heston does not consider the clinical setting – even for someone such as he – an appropriate place to promote IEP.

Notice the language he uses to describe his version of social marketing. Rather than explaining social marketing as a one-sided activity, e.g. a situation where he is imposing IEP onto Maundyton, he explains it as an interactive one mediated by the community's participation. This reflexivity is an apt example of 'work': he is not simply treating social marketing as a way to 'intervene' with Maundytons' behaviour, but as an effort to engage with the public and to build relationships with locals. In this configuration, he is not the one determining when it is appropriate to promote IEP to Maundyton. Maundytons decide when they are ready to engage with whatever he may want them to know about by approaching him. This is reminiscent of the 'work' of restraint exhibited by the local health officials involved with the Hamlet Walk4Life in Chapter 5. This, again, departs from the conventional take on social marketing, where the timing and placement of a certain communication is determined for the public, e.g. the waiting room in a physicians' practice or the poster on the side of a bus. In this regard, Heston's take on social marketing is not simply about providing information. It is about respectfully communicating with the public according to Maundyton's specific code of etiquette. He is also enacting on what I regard to be a 'bottom-up' approach to social marketing. It appears to be the most culturally sensitive way to engage with the hard-to-reach population in Maundyton.

Based on Heston's conceptual description of what social marketing should look like in Maundyton, the promotion of C4L and IEP is expected to feature social interaction as a central component of 'work'. The following section contains observations of Heston and Penny actually practicing social marketing in Maundyton, not simply talking about it. The interpretation of these observations will provide an important opportunity to understand how well their ideals about social marketing are enacted in the real world. They are also an opportunity to test how their ideas hold up in praxis.

Translating Ideas into Practice with IEP

Standing in the market square in one of Maundyton's historic market towns, Heston and Penny are recruiting participants into IEP. There are few stalls in this square, and they are all in a row. There is a vegetable stall whose wares consist primarily of potatoes; the greener ones are on discount. Next to this is a stall selling mobile phone accessories, also featuring a sign that reads 'We Buy Gold'. Next to this is a stall selling shrink-wrapped breads and cakes. A closer look at their labels reveal that they were made in a factory outside Maundyton. At the end of this row is a burger van, billowing unctuous vapours cut by the sharp tang of malt vinegar. The steady sizzle of the grill announces that food is served.

The burger van is the most popular spot in the square. There is consistently a group around it, munching on burgers and chips, or just smoking cigarettes over a paper cup of hot coffee. Heston and Penny are recruiting next to this van.

They are both wearing oversized, boldly yellow IEP t-shirts over their jackets. Their arms are strung with canvas totes branded with the C4L logo; they are giving these away to people in the square. Against the predominantly grey cobblestoned square, the two of them stand out, two shocks of yellow.

Neither Penny or Heston are walking up to Maundytons. Instead, passersby are coming up to them, and greeting Penny and Heston as familiars. Some engaged in small talk with them before heading off to wherever they were going. It is unlike Maundytons to go up to strangers like these people did, which points out how Penny and Heston actually know quite a few people in this community.

Penny hands me a C4L tote. Inside is a variety of generic C4L brochures and keepsakes, including a boldly yellow C4L keychain with a message recommending that I walk more and a flyer about 'cutting back on fat' featuring a green cartoon person holding a hamburger dripping with the word 'fat' across the patty.

For a second, the wind changed direction wafting the square with the ripeness of freshly manured fields. The olfactory incursion awakens my senses, sharpening my awareness for my surroundings. I notice a large representation

of people riding mobility scooters throughout the market square. Most are not in retirement age. One obese man, looking around his late forties, parked himself next to the burger van, noshing on chips. His grossly discoloured feet were too swollen for shoes and were tipped with thick, brittle-looking toenails. Another man, looking to be in his early fifties, is walking his enormous dog across the square whilst seated in his scooter: he is missing a leg. Noticing Penny he zipped over to her to chat about how things were going. She bent down to ruffle up the pet's hair in a friendly gesture whilst engaging in small talk with the owner. They must know each other from before, as no introductions were made, and people generally do not go up to strangers to talk about themselves in Maundyton. As he zipped away, Penny turns to me and says with sympathetic eyes, 'Bless him. I've known him since I was a kid. Now he's lost his leg to diabetes'.

Penny explains to me that the people in the square live in the market town. The few who come into town are from the surrounding villages; they come in to gamble in one of two gaming shops a block and a half from the market square. Everyone goes to the burger van to grab a cheap, quick bite between slots and greyhound racing.

At lunchtime, Heston, Penny, and I got food from the burger van and sat in one of the benches in the middle of the market square. Ironically, Heston and Penny were wearing their C4L t-shirts while we ate our greasy cheeseburgers on white buns, with chips. These are foods featured in C4L adverts to be 'swapped' for healthier options. But there are no salads on the menu here save for the grilled onions and sliced tomato for the burgers.

Heston talked about what he and Penny were doing in the market square:

We are recruiting people into IEP. That's why we're giving out these free totes. You know, one thing Maundytons love is freebies. If you want their attention, you have to give them something they can hold onto. They don't give a toss about ideas. People like things; they don't like being told what to do. This is why we wanted to do IEP in Maundyton, even though it bombed in Gwydir. Getting Maundytons to 'Move more' requires giveaways. By incentivising physical activity, we're saying, "come on, it's worth your effort! It's rewarding, exercise is"!



Figure 6.2 Eating 'FAT'. The food options in the market square are reminiscent of what the 'people' in C4L love. Image extracted from <http://www.nhs.uk/Change4Life/Pages/cut-back-on-fat.aspx>

The image of Heston and Penny in the market square, wearing oversized C4L t-shirts over their coats with tote bags strung on both of their arms, is a fruitful starting-point to understand the 'work' they were doing in the market square. By branding themselves with C4L t-shirts and C4L tote bags, Heston and Penny have become living C4L adverts. This is an effort to overcome the cultural barrier built by national C4L adverts that lack this human element. Though Penny and Heston may have come across as passive – leaving it to passers-by to approach them, and not the other way around – they were putting their personal identity and reputation on the line by representing the C4L brand, i.e. something that Maundytons find irrelevant, at best, in the market square. While their approach is reminiscent of canvassers wearing NGO-branded t-shirts soliciting donations in public spaces, the public is responding to Penny and Heston differently. Whereas people may walk a little faster to get away from canvassers in the street, avoiding eye contact, Maundytons are independently walking up to Heston and Penny in response to their presence in the square. This relates to the trust that they developed with the Maundyton public over time. It is through this 'work' that they developed the capacity to promote something as anachronistic to Maundyton culture as C4L.

Another way of looking at the 'work' that Penny and Heston are putting into the market square is to regard it as a type of social investment into the community. The time, conversations, and effort put into this endeavour are all examples of social resources that they are injecting into the social environment in Maundyton. The returns on these social investments are expected to come in the form of improved relations with the community and strengthened social networks. Most importantly, it appears that the most important return on their social investment is the removal of

barriers that would otherwise make it difficult for them to communicate with Maundytons. It is important to note that what I observed in the market square is not their initial effort to engage with the community: they had been regularly doing this for years. While the market square may be a utilitarian place for Maundytons to go for a quick bite or to walk through in order to get somewhere else, from the way that Maundytons responded to Heston and Penny's presence, it is also a place to socialise, even if this is temporary.

To emphasise the authenticity of their actions, I observed Penny and Heston taking care to maintain Maundyton-customs for social interaction in the market square. They got lunch from the burger van – it's what Maundytons do in the market square – though it may be contrary to what C4L stands for. Had they brought their own lunch – no one brings their lunch out to the market square: they get it from the burger van – and even worse, had a salad, I believe they would have set themselves apart from the community, inadvertently branding themselves as 'posh' people, i.e. people who hold themselves above Maundytons. But they did not do this. By eating what Maundytons eat, doing what people do in the market square, they expressed their solidarity with the community. To me, this demonstrates their cultural competency and fluency in Maundyton culture.

Although Heston and Penny's 'work' creates the impression that they are just socialising rather than 'social marketing', or doing anything related to 'public health' for that matter, this interpretation presumes that these activities are mutually exclusive. This is yet another important example of 'work': they are embedding themselves into the community and explicitly demonstrating to locals their respect and knowledge of local values. Though they may have been providing brochures and pamphlets in the C4L totes bags, what makes this different from those left in the waiting rooms of physicians' practices is that these are provided as part of an authentic social encounter in the market square. There is no 'catch' to Maundytons receiving this information. They are not undermined of their authority or autonomy. They are not taken advantage of. Instead, the fair and convivial exchanges and small talk in the market square demonstrate that these encounters are between equals.

Another observation worth noting is the low-key profile that Heston and Penny maintained for themselves despite wearing oversized t-shirts and stringing tote bags on their arms. They communicated that they had something to tell Maundytons without presuming that anyone wanted to hear their message. Though

this is not an aggressive effort, it conveyed ideas to passers-by. This strategy gives Maundytons the choice to opt-out of social marketing, i.e. to receive the message about IEP and C4L only when they are willing.

Likewise, to carry out their institutional responsibility to promote IEP and C4L in Maundyton, Heston and Penny are leveraging their social relationships to carry out this task. Without these relationships they would not be able to communicate with the public. As Heston explained previously, Maundytons are suspicious of information coming from sources with which they are not personally familiar. Both Penny and Heston owe their ability to communicate with the community to the developed trust and personal relationships they have cultivated with many people in the community. However, trust and relationships require maintenance because relationships are dynamic and evolve over time and with each social interaction. Each opportunity to directly engage with the public is viewed as opportunity ‘work’ on developing community relations and to maintain their capacity to communicate with the community.

While wearing oversized C4L t-shirts and giving out C4L tote bags in the market square may not seem as like a lot of ‘work’, it is important to regard this observation in the context of the ‘work’ that they had previously invested into this community. Recall that Heston started his career in Maundyton without any social relationships with the community: he was jeered at, ignored, and rejected. Without a relationship with the community, he experienced great difficulty communicating with them. It took years to cultivate the relationship that was observed in the market square. In other words, what the observation above demonstrates is how important it is to regard ‘work’ and community engagement within a greater historical context. This also points out how reducing ‘social distance’, e.g. the one between Maundytons and the government that Heston and Penny represent, is a slow process involved with building trust and social relationships that take many years to mature.

The community’s positive response to their activity in the market square illustrates the reflexive nature of Penny and Heston’s approach to social marketing. The community is taking the two of them seriously because they are, in turn, demonstrating how seriously they take their relations with the community. Penny and Heston’s efforts in the market square are authenticated by the way in which the community responded to them with greetings and small talk. When Maundytons approach Penny and Heston to ask them about what they are doing in the square they

are actively choosing to engage with them. Unlike the dynamic created by social marketing adverts in the clinical setting, Heston and Penny are not choosing on behalf of Maundytons to hear about IEP and C4L: they are giving Maundytons the choice to learn about it on their own terms.

Heston and Penny's activity in the market square takes advantage of the theatre of public engagement. By wearing t-shirts over their coats and stringing their arms with tote bags, they are creating a spectacle of themselves to draw the attention of passers-by in the market square. The ritual of giving things away in the market square appeals to Maundytons because it captures a redistributive spirit that is meaningful to a people who regard themselves as the victims of socioeconomic deprivation and injustice. These totes, which are provided in the context of greetings and small talk, provide Maundytons with "something to hold onto" that simultaneously stands for a gainful relationship and a solid effort to address the problems facing Maundyton.

Penny and Heston continued to recruit participants into IEP in the market square, and other neighbourhood centres, for another month. They had to stop going to the different neighbourhoods in Maundyton when they concluded the recruitment phase of the programme because they had to focus on implementing IEP, which incurs a heavy administrative burden. In essence, the delivery of IEP led them to the compromise of staying in the office because they do not have the resources to go into the community and run the programme simultaneously. Though it may seem as if Penny and Heston managed to develop a relationship with the people in the market square, the question remains how sustainable these relationships are if they are no longer socialising with people in person. The following observation provides some insight into this matter, which was made after Penny and Heston concluded recruiting and had been implementing the IEP for two months.

Penny is in her office sorting out piles of exercise diaries returned from IEP participants. She is doing data entry, in-putting the amount of physical activity, measured in minutes, recorded in each diary. The algorithm for how many points a participant receives each month is based exclusively on the amount of exercise they do.

Penny's phone rings. She picks up the phone and recognises who is calling. They engage in small talk, the topic being what herbs they are going to plant this season. The caller, an enrollee in IEP, is calling to apologise for being unable to

exercise as much this week: he twisted his ankle yesterday. The way Penny spoke on the phone – relaxed, laid back, and without pretence – creates the impression of a conversation between people who have a history of social interaction. She assures him to focus on recovering and to forget about exercise until he’s recovered. They continued for a little while more talking about their respective plans for the coming weekend.

The window behind Penny’s desk looks into a thick yellow field of blossoming oilseed rape. The sun, emerging from behind a passing cloud, causes the field to fluoresce against the cerulean sky. Against this backdrop, Penny’s silhouette is framed in a plane of glowing yellow reminiscent of the C4L logo.

Penny points out ‘They’re [the oilseed rape] bloomin’ way too early this year. Causing all sorts of trouble. Help yourself to a tissue if you need’. My hayfever independently confirms this.

She hands me one of the diaries on her desk, pointing to a pencil-scrawled note written in the margin of one of the IEP diary sheets, saying, ‘You wanna look at this’. Taking the sheet I read the note:

Dear Penny,

I am no longer continuing with the programme. I don’t think the prizes are worth it. Sorry!

XXX

Penny remarked, ‘Bless him, he didn’t have to be so nice to me, leaving me a note and all’! Handing me a couple more, she said, ‘Look at these’.

The first note, written in very neat and careful handwriting, read:

I am going to try harder next week, I promise!

The second note is on a post-it, and not in the margins, and it read:

Dear Penny,

Last week I have been restricted, keeping to the house and garden because it’s a year since I was burgled. They came back in March both times whilst the fair was in town and were in the garden trying to break in when I was returned from shopping. Just wanted you to know.



Figure 6.3 The landscape in Maundyton. Photo taken by Kelvin Chan.

I ask Penny, ‘do they always write’?

‘Do they’?, she retorted, drawing my attention to the many diary sheets strewn all over her desk. I notice that most of them had notes scrawled in the margins.

I asked ‘are those all notes from participants’?

‘See for yourself! [she picks up some of the diaries and hands them to me.] It’s lovely, really. I mean, there’s no way for me to put them in the computer, but this stuff shows that they trust us, doesn’t it? It’s showing Maundytons that we aren’t treating them like numbers; they’d’ve left in a heart beat [if they did]. I mean, I call them when I can – not as often as I want to, really, but I just don’t have the time between all the paperwork and mailings I do for IEP – but when I call them to remind them to turn in their diaries, they like to chat [with me]. They call us too, as you saw. It’s nice, this. But it’s hard work keeping the conversations straight. It’s even harder to get them off the phone sometimes: For some, my call’s the only one they get that’s not from a telemarketer. But it’s important, this is, calling them and writing back. It makes people feel connected. They feel we are looking out for them’.

I noticed that several of the diary entries included 'cooking', 'house work', and 'hoovering'. I asked her, 'do these really count as physical activity'?

She replied, 'I was afraid you'd notice. But you know, we are here to motivate people. If we start telling people how they're not doing physical activity when they think they are they get discouraged. Telling people that they are wrong is not motivating: they didn't join IEP to be told off. We're here to encourage them. I mean, when you're cooking and doing house work, or hovering, you're moving around. You're picking things up; getting things from the larder; going up and down the stairs, you know what I mean? We have to count them as physical activity and give people points for these'.

The observation above is important for identifying a few issues about IEP, and more generally about the implementation of social marketing programmes, that have only become apparent through the implementation of the programme. The first theme relates to data entry and what it represents. Although data entry is typically considered a precursor to analysis, and not itself a form of analysis, Penny's actions challenge this assumption. The difference between the information contained in each diary and the information entered into the IEP database highlights data entry to be an interpretative process: information deemed relevant, e.g. the type and amount of physical activity, is entered into the database; everything else, e.g. the notes scrawled in the margin, is eventually shredded without record.

Yet, the notes are important for demonstrating that IEP was successful at creating opportunities for Maundytons to socialise with their local health officials. These notes are the fruits of the 'work' put into communicating with this hard-to-reach population. Maundytons are reciprocating with communications of their own by re-appropriating IEP into an opportunity for social engagement. These notes also mark a shift in participants' locus of control. They are not passively following the directions of IEP. They are reshaping IEP into something that better suits their needs and interests. More importantly, these notes suggest that Maundytons are starting to, in the words of Heston, "develop solutions for themselves". They are using IEP as a platform to accomplish this.

However, this point is lost to the local health authority. "Lovely" as these notes are to Penny, the exclusion of these notes from the database diminishes their value because they are not considered relevant to understanding IEP. By extension, the telephone calls that Penny receives from IEP participants are as irrelevant as the

notes. Though these conversations signify Maundytons' proactive effort to use the resources generated by IEP, they are being figuratively discarded from consideration because they are excluded from the database.

However, there is an institutional context to discarding these notes. Penny and Heston operate within a public health system that champions 'evidence-based' practices. They are expected to be 'scientific' about their delivery of public health programming. The observation above illustrates how local health officials consider themselves to be scientific in the implementation of IEP: they keep a database, tracking the amount of time that IEP participants are allegedly exercising, and simplistically using these behavioural indices to demonstrate the effectiveness of the programme. However, cooking and housework and other domestic activities unrecognised as forms of physical activity by the NHS physical activity guidelines for adults¹⁹ were recorded in the IEP database as physical activity. Therefore, any 'evidence' derived from their database cannot be understood or compared to other measurements in the NHS. Yet, this is not seen by Penny and Heston as an opportunity to clarify the definition of physical activity to IEP participants, or to themselves for that matter. Instead, the Maundyton IEP is leading participants into believing that they are being physically active when they are not according to the national guidelines for physical activity. In this regard, it does not even matter whether people are fabricating their diary entries or truthfully recording what they are doing for physical activity because they are not being informed about what physical activity is. What is taken to be important, however, is the times recorded for the amount of exercise that they thought they did. This is the information that gets entered into the database. Everything else is discarded.

Another important issue raised by the observation above relates to the distinction between what Maundytons think physical activity is relative to what it is considered to be according to national guidelines. It appears that the local health officials are so busy measuring how much physical activity is being performed by

¹⁹ According to these guidelines, adults between the age of 18-64 should do 150 minutes of 'moderate physical activity', which is described as that where 'you can still talk, but you can't sing the words to a song', or 75 minutes of 'vigorous physical activity, which is described as that where 'you won't be able to say more than a few words without pausing for a breath', a combination of the two, or a combination of the two in addition to muscle training. Suffice it to say, these guidelines are not straightforward and are neither clear to Maundytons nor Maundyton health officials. The full guidelines can be found on the NHS Choices website <http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-adults.aspx>

programme participants that they are missing the opportunity to clarify to participants – and themselves – what constitutes physical activity. However, this only demonstrates the cultural dependence of the definition of physical activity. In a sense, both Penny and Heston are aware of this issue. They know that Maundytons generally regard physical activity to be restricted to those activities performed in a gym or an outdoor setting. In many ways Maundytons were better off thinking that physical activity consists exclusively of activities that can be accomplished in a gym; at least this stereotype is more consistent with the national guidelines for physical activity than the variety promoted by IEP. By rationalizing that it would be demotivating to Maundytons to learn that “housework” and “cooking” are not legitimate forms of physical activity, and to force a rationale behind why they can count them as physical activity, indicates how IEP, in practice, is, ultimately, a programme driven towards a recognised social marketing outcome rather than a programme to address the issues identified by the community. The drive to demonstrate an efficacious outcome – an increase in physical activity – is so strong that local health officials are willing to overlook the details recorded in the diaries to massage outcomes into suggesting that IEP is effective. Although local health officials may have spoken at length about the importance of developing social relationships with the community, this observation demonstrates that local health officials find it reasonable to compromise these relationships in order to conform to conventional approaches to social marketing.

Another important point raised by the observation above relates to a different type of note written in the margin by a participant leaving the programme. The participant wrote, “I don’t think the prizes are worth it”. This demonstrates that participants have their own sense of ‘value’, and feel undermined by what IEP provided as ‘incentives’. This participant does not regard them as incentives; they do not motivate him. To me, this points out how he regards them ‘prizes’ to mark an achievement – doing a certain amount of physical activity – which he also does not find meaningful. However, in writing this personal note to Penny, this outgoing participant identifies what is meaningful to him: the opportunity to communicate with his local health official. Yet, somehow, Penny seems to be missing this point by resigning this note to the shredder because it did not have a place in her database. Although she recognises how extraordinary it is for this individual to have gone out

of his way to write her a note, she remarked, “he didn’t have to be so nice”, she fails to take this communication into account in any scientific or meaningful way.

This identifies the repercussions of switching the priorities of IEP. From a programme that focused on strengthening the social connections within a community, IEP turned into a programme that placed greater value in the delivery of health outcomes, even if they are not valid. I believe this to be a response to the cultural pressure to align IEP with the more conventional standards of social marketing and public health programming. This change created new problems in Maundyton, the least of which being that locals were being confused about what constitutes proper ‘physical activity’. By turning IEP into a more ‘conventional’ social marketing programme, i.e. one focused on producing outcomes, the local health authority ceased to be the culturally sensitive and socially aware institution that it once was. This points out a major flaw in the conventional definition of social marketing: it can perpetuate a culture of ignorance and social insensitivity in order to turn public health programmes into simplistic industries for behaviour or attitudinal change. Even though Maundyton may be a construct, it frames the local C4L programming I observed in the towns and villages where IEP was implemented on the same scale that it was framed by the local health authority.

Though the Maundyton IEP may have started off as a promising example of a more ‘social’ example of social marketing, it became a very unsocial activity when it reverted to being a programme to shape Maundyton into the generic community represented in C4L adverts. (See Figure 6.4) As much as Penny and Heston attempted to turn IEP into an ‘effective’ programme in the conventional sense, we cannot consider IEP ‘effective’ on the basis of the unscientific ways in which they attempted to demonstrate it. Nevertheless, the value of this case study lies in how IEP importantly illustrates the constructiveness of approaching social marketing as a platform to strengthen community relationships. This harkens back to the early stages of the programme, where Heston and Penny were in the market square just hanging out, having a burger, and simply socialising with the community. By treating these activities as examples of ‘work’, we come to see how IEP was important to resolving some of the social issues that made C4L irrelevant for a specific hard-to-reach community. Although Penny and Heston made progress towards this goal, they threw it all away the moment they caved into the pressure of proving the ‘effectiveness’ of IEP using conventional measures. The programme, at

that point, took a turn away from solving social problems; it started creating them. IEP is a valuable example of social marketing: it clearly illustrates how social problems were somewhat solved with social marketing when the ‘public health problem’ was framed as social and cultural, not behavioural.



Figure 6.4 The active community. Image extracted from C4L Wheelchair advertisement (Department of Health 2012b at the eleventh second)



Figure 7.1 The moment of realisation. Image extracted from the Change4Life 'Wheelchair' advertisement (Department of Health 2012b at the twelfth second)

Chapter 7 Discussion and Conclusion

What is 'social' about public health social marketing? The search for the answer to this fundamental question began in the first chapter, where the literature provided a set of definitions of 'social marketing'. No clear or complete answer emerged from this exercise. However, it clarifies that 'social marketing' conventionally refers to 1) an 'intervention' against unhealthy lifestyles, 2) a 'nudge' to get people to make healthier choices, 3) an inherently 'good' activity, 4) an activity that produces 'measurable' outcomes, and 5) the 'weapon' of choice in the 'war against obesity' and other non-communicable diseases.

Conventional authors of social marketing have adopted many studies into the evidence-base to justify social marketing. Even studies that do not use the term 'social marketing' in the source-material are embraced. Encompassing a range of empirical and moral arguments, the review in Chapter 1 described the irregularities in the rationale for this form of public health. Even the term, "social marketing", is used as an 'empty signifier' or 'empty shell' to signify any activity or strategy related to the agenda of the author. In the literature on public health social marketing, the discussion typically begins by framing public health as a behavioural issue. The discussion then drifts into a discussion on changing a population's health behaviours. Ultimately, individuals are held accountable for their unhealthy choices. However, the careless appropriation of health education and health promotional campaigning as strategies for 'social marketing' captures the characteristic open-

endedness of mainstream social marketing. This openness contrasts with the relatively substantive nature of its intellectual antecedents, health education and health promotional campaigning. Unlike the rudderless ‘social marketing campaigns’, health education and health promotional campaigning are built on different conceptual foundations and traditions, e.g. conferring health information and developing support structures that make it reasonable for people to enact on health information, respectively.

This review also highlighted the cultural tendency for mainstream studies to focus research questions on what happens *after* social marketing, i.e. to study social marketing by ‘measuring its outcomes’. This raised a fundamental question: is social marketing as concrete as authors are implying with their position on the measurability of social marketing? Mainstream researchers have taken such questions for granted. They do not reflect on how their values influence the types of research questions they are asking or the types of measures they are using to study social marketing. My main critique of the conventional study of social marketing is that it is a form of evaluation based entirely on attitudinal or behavioural outcome measures. Conventional researchers are unconcerned with how they are inadvertently superimposing qualities, e.g. orderliness, onto what they are observing with their measures.

To date, the conventional approach to studying social marketing created a gap in knowledge. This study is the first to address it by investigating how social marketing relates to improving the relationship between a government and its citizens, reducing social inequalities, improving the infrastructure of marginalised communities, and developing a better understanding of the cultural boundaries in a society. To answer these questions – all of which are different forms of the fundamental question posed at the start of this chapter – requires a different approach than that used in previous social marketing studies. It also requires the investigator to step away from the assumption that what is worth knowing about social marketing is limited to its quantifiable aspects: the even-less sophisticated examples of ‘qualitative research’ portrayed in mainstream sources underscore this point.

Though quantitative approaches have become the prevailing way to understand social marketing, this investigation identifies how they can be complemented with qualitative approaches to understand those immeasurable

aspects of public health social marketing, e.g. the ideological issues captured in the semiotics of social marketing advertisements. In the second chapter, I proposed a novel concept of 'work', an analytical tool, to focus field observations onto the processes carried out by social marketers in response to complex social problems and other contingencies. 'Work' is a research approach as opposed to the 'industry' or 'profession' that the word refers to in the 'sociology of work'. This shifted the analytical gaze away from the outmoded 'outcomes' and onto the ideological and practical efforts that unfold during social marketing. This approach revealed the processes involved when abstract ideals, e.g. public health directives, are translated into specific interventions and local initiatives for a specific social setting.

A conceptual focus on 'work' also liberated the definition of social marketing from the conventional, simplistic impression of it being a practice driven by a singular goal: to change health behaviours. This also shifted the analytical focus onto what happens *during* social marketing, which revealed how the goals and motivations behind social marketing are socially dynamic in practice. Ultimately, this challenged the prevailing assumption that 'social marketers' know exactly what they are trying to achieve at every moment of social marketing.

The third chapter critically analysed Change4Life (C4L) advertisements, which treated social marketing as an exercise of representation and simulation. These advertisements enact on Baudrillard's (1994) theory of the *precession of simulacra*. One of the objectives of the C4L advertising is to make the brand recognisable to the masses. This value is captured in government reports that brag about the recognisability of the C4L logo (Department of Health 2010e: 7, 18-9, 21). The emphasis placed on this outcome ignores the 'open endedness' of the C4L logo itself. Though people may recognise the logo, it is an empty signifier that does not communicate anything in particular. However, these adverts assume that they are communicating something specific with the logo and other open-ended symbols. What is exactly communicated by these adverts remains unclear, and the representation of 'people' as plasticine, denuded, infantilized, sexless forms who have supernatural encounters with little talking birds in the ads is a case in point. These questions set the stage for observing real life examples of C4L as a starting point for understanding how social marketing relates to community-specific public health programming. Though interpretative analysis can help to articulate the ideas

embedded in adverts, the analysis in this chapter produced more questions than answers about social marketing.

One of the limitations of the interpretative analysis used in Chapter 3 is that it did not include any direct observation of the production process of C4L advertisements. This could have produced additional insights on the rationale behind the symbols and motives of C4L advertising. This could also have produced insights on how 'work' pans out in a project that avoids the requirement of interpersonal interaction between the 'social marketer' and the 'target audience'. Though I made multiple attempts to contact the team at M&C Saatchi, the marketing firm responsible for the shape and aesthetic of C4L, the fact is that no one from the company responded to my enquiries and I was unable to use ethnographic techniques to complement the analysis in this chapter.

Chapter 4 explored the C4L Refrigerators Programme, which, like C4L advertising, treats social marketing as an exercise in brand representation. What sets this example apart from the adverts is its focus on superimposing the C4L logo onto physical objects. The premise is that representing the C4L brand on refrigerators will convert the refrigerators into meaningful objects, i.e. those that 'nudge' convenience store customers to buy fresh fruits and vegetables. As the narratives of the public health officials implementing the Refrigerators Programme revealed, they were also under the impression that the influence of the programme extended to changing the behaviours of convenience store managers, who, in turn were imagined to recommend customers to buy fresh produce instead of the items that drive convenience store profits, e.g. sweets, fizzy drinks, crisps, alcohol, and cigarettes.

The C4L Refrigerators Programme highlights how the ideological drive behind social marketing was so powerful that it blinded local health officials from paying attention to the fundamental issues that keep certain neighbourhoods as 'food deserts'. Local health officials did not recognise how corporate and economic restrictions can make it unreasonable for local convenience stores to stock their shelves with fresh produce. Instead, officials put 'work' into translating a set of ideals without responding to local values and challenges. This led to wasted and unnecessary physical exertion, e.g. the time and energy exerted in chopping fruit with a bicycle powered blender. In my view, this energy would have been better spent in less 'spectacular' activities, e.g. negotiating with corporations to lift the

restrictions on how local franchise owners can stock their shelves and physically configure their stores.

The concept of ‘work’ helped to contextualise the observations made of this ‘intervention’. By paying attention to the ways in which efforts and values were applied to the activities of the Refrigerators Programme, I discovered conflict between the many different objectives that are simultaneously in motion in a given public health initiative. The issues raised by a national regime change and chaotic reorganization of the English public health infrastructure highlighted how the national public health agenda changed throughout the course of the Refrigerators Programme.

On a different note, the Refrigerators Programme highlighted how the strategy to brand inanimate objects with social marketing logos is ‘top-down’ in its power configuration. Programme participants have no say in the design of the programme or how it gets implemented. Social marketing programmes oriented in this fashion capture the spirit that real people are as mouldable as the plasticine ‘people’ depicted in Chang4Life adverts. The Refrigerators Programme demonstrates how, by enacting on the conventional definition of social marketing as a behavioural intervention, public health officials were misled into overlooking the fundamental issues of public health. In other words, no amount of ‘work’, however arduous, can solve the real issues facing local communities as long as they are driven by ideals that are rooted in fantasy rather than reality.

Chapter 5 continued the discussion of social marketing by, first, discussing an example of social marketing, the Sity Walk4Life programme, as an exercise of brand representation. What differentiates this example from the previous cases is how the C4L logo is applied onto activities rather than physical objects. This strategy presumes that branding events with the C4L logo and televising footage of this activity will ‘nudge’ people to ‘Move More’. Implemented in the Sity, a setting where the wealthy population already lives the healthy lifestyle depicted in C4L adverts, it was no surprise that no one from the local population showed up for the Sity Walk4Life programme. Even the inclusion of minor celebrities, e.g. the local Members of Parliament, the sponsorship of local and national organizations, and the massive provision of freebies failed to inspire Sity-locals to participate in the programme.

The concept of ‘work’ was key to analysing the activities of Sity Walk4Life. On the most basic level, social marketers naively assumed that the local community would participate in an event simply because it was flashy and available. Although it was not until the day of the event until local health officials recognised the shortcomings of this assumption, they responded with ‘work’, e.g. changing the purpose and goal. Branding tourists with Walk4Life t-shirts, Sity Walk4Life was changed into a simulation: the televised images of tourists participating in the programme represented the Sity population enthusiastically going for walk in the countryside with their governmental host. This ‘work’ saved the event from being otherwise a ‘failure’.

Similar to the Refrigerators Programme, the Sity Walk4Life has a ‘top-down’ power configuration: participants had no say in the shape or form of the programme. Most of all, Sity Walk4Life captures how the ethic of ‘sameness’ or ‘universal citizenship’ from C4L advertisements (see Chapter 3 for full discussion) became a reality: the actual Sity population became interchangeable with tourists. The prevalence of the C4L logo in the Sity Walk4Life created a smokescreen that hid this story from view.

In stark contrast to the flashiness of the Sity Walk4Life, the Hamlet Walk4Life took place in a rural setting and succeeded in mobilising the actual local community without C4L branding. Additionally, local health officials did not control the Hamlet Walk4Life: the local community was in charge of the programme. Though it appeared as if local health officials only provided the local community with a budget for Hamlet Walk4Life, the ‘work’ involved with putting on Hamlet Walk4Life revealed that local officials were actively providing the local community with the freedom to self-govern the programme. What could otherwise be viewed as inactivity on the part of the local health officials is more accurately an expression of restraint and ‘work’. By actively holding back and giving the local community agency and control over Hamlet Walk4Life, the programme flourished and developed a life of its own. The power configuration in the Hamlet Walk4Life is therefore considered ‘bottom-up’.

In instances where local health officials attempted to control Hamlet Walk4Life, e.g. cancel walks due to inclement weather, locals ignored these bans and continued with their walks. Notably, local community members never referred to the programme as a ‘C4L’ programme or what the local health officials called

‘Hamlet Walk4Life’. The locals called it the ‘Pub Walk’ to refer to how the long walks in the countryside always ended up at the local pub. Ultimately, this example illustrates how a ‘healthy walk’ was institutionalised into a venue to socialise with friends in Hamlet.

Despite the regular attendance of the Hamlet Walk4Life, the sustainability of the programme remains an issue. The population in Hamlet is aging: young people tend to leave Hamlet rather than settle there, e.g. to stay and raise a family. Participation in the Hamlet Walk4Life is impacted by this situation. Though the social network that the programme is drawing from was relatively stable at the time I was making observations, it is clear that the number of people will dwindle as they lose mobility due to morbidity and aging. Nevertheless, this is an important case study that challenges conventional definitions of social marketing, which take advantage of the unequal power dynamic between the social marketer and target audience. Hamlet Walk4Life is significant for demonstrating how ‘social’ social marketing can be: the premise of the programme is not focused on changing health behaviours, per se; it is focused on building and reinforcing community relationships with socialisation and physical activity. The ‘Pub Walk’ belongs to the local community, not the ‘government’. By widening the scope of social marketing research to include examples from examples ‘higher up’ and ‘lower down’ in the organizational structure, this chapter illustrates how social marketing is unlike the monolithic and asocial activity described in conventional definitions of social marketing.

The final case study focused on a programme called the Incentivised Exercise Programme (IEP) and tied all of the aforementioned themes and issues discussed in the previous chapters into one example. Delivered in a remote rural community, a construct referred to as ‘Maundyton’, the people in this community are considered ‘hard-to-reach’ because of their geographical isolation and history of being excluded from mainstream culture. In this example, social marketing was treated simultaneously as a branding exercise and an opportunity to build the necessary relationships to ‘reach’ this hard-to-reach community. Yet, however ‘low’ or peripheral an agency is within the public health infrastructure, they are never free from going back up the line of the structure; they are never free from a greater social, organizational and political context. Note that there are no further subdivisions to the public health infrastructure at this terminal branch of the public

health system: the public health issues of rural villages and towns are the responsibility of the local health authority described in Maundyton. This construct is designed to capture the scale in which public health programming is framed at this level of the English public health system. I focused the analysis of IEP by concentrating on the similarities between the towns and villages that Maundyton is constructed from and the issues which are universal to them.

Maundyton health officials had to reckon with the common misconception that locals had with C4L: they thought it was a children's programme and therefore dismissible. This importantly identified why the semiotics and aesthetics of social marketing pieces cannot be taken for granted. The aesthetic choice to represent people as 'infantilised' and generic people, as discussed in Chapter 3, backfired in the hard-to-reach setting of Maundyton. Rather than making it easier for Maundyton health officials to 'sell' C4L, the adverts made it more difficult. This was in addition to compromising the already tenuous relationship between the local health authority and this particular community.

When looking at the 'work' that Maundyton health officials were doing in the market square, it showed how intervening with Maundytons' behaviours was not their central concern. They knew it to be more important to preserve their relationship with the hard-to-reach local population. Though this in itself may not be typically considered an 'effective' public health practice in the sense of producing measurable health outcomes, Maundyton health officials, with their local knowledge, knew that maintaining their relationship with the locals took precedence over promoting a government message. They demonstrated this to the community by adhering to local customs and maintaining the authenticity of their interactions with Maundytons. This is a novel form of 'work': it entails the induction of an immeasurable substance – effort – that does not necessarily produce health outcomes, but strengthens the capacity for local health agencies to 'reach' a hard-to-reach population.

Local health officials in Maundyton recognise that as culturally appropriate and necessary as it is to strengthen their relationship with Maundytons, they are also accountable for producing 'evidence' to prove the 'effectiveness' of their efforts to the public health system they are in. This system places greater value on producing measurable health outcomes in public health interventions over strengthening community relationships. Though Maundyton health officials started with a more

local-specific set of goals for IEP, they eventually dropped it to conform with conventional social marketing. This is captured by the deliberate choice to ignore the personal notes written to them in the margins of participants' exercise diaries, and to re-define the 'success' of IEP to measurable changes in Maundytons' behaviours and attitudes towards physical activity. Though the objectives for IEP may have changed, in my view the *modus operandi* had little to do with actually changing the behaviours and attitudes of Maundytons: it had to do with politics, i.e. re-aligning themselves with the values and priorities of the central health authority. This shows how social marketing is less an 'intervention' than it is an iterative, social, and even political process. Social marketing is nowhere near as concrete as conventional definitions make it out to be.

The fact that local health officials felt vulnerable when approaching social marketing as an iterative and socially constructive process to strengthen relationships within a hard-to-reach community warrants critical reflection. The morality embedded in the prevailing definitions of social marketing, which over-emphasise the measurability of social marketing, negatively impacted public health practices of Maundyton. Conventional definitions de-value practices that are concerned with removing social barriers, e.g. those that keep hard-to-reach communities marginalised, by focusing on attitudinal or behavioural outcome measures. As was pointed out in the this case study, the application of conventional approaches led to the abandonment of local values and the delivery of pro-social public health social marketing. The concern to satisfy an artificial and socially-distant set of public health objectives took precedence. Ultimately, this investigation identified how it is important to take advantage of the 'open-endedness' of social marketing to open-up the parameters for 'effectiveness' to include immeasurable social dimensions, and to allow for more 'bottom-up' approaches to enter the public health repertoire. This 'open endedness' provides the space to push for a more comprehensive and critical approach to research on public health social marketing, which can lead to more rigorous investigations when complemented with quantitative approaches. Grounding field observations of social marketing on 'work' developed knowledge about the practical issues of social marketing and pushed the margins of what social marketing can realistically achieve.

These case studies take us to the present, where the objectives of C4L have expanded well beyond the initial focus on physical activity and eating fresh fruits

and vegetables. It now includes a new C4L advert featuring the same denuded, sexless, androcentric, and infantilised ‘people’ being ‘tricked’ by ‘sneaky’ anthropomorphic alcoholic drinks. (See figure 7.2)



Figure 7.2 ‘Choose Less Booze’. Screen shot captured from the latest addition to C4L, a programme focused on reducing adults’ alcoholic consumption, from <http://www.nhs.uk/Change4Life/Pages/drink-less-alcohol.aspx>

The expanding list of moral issues encompassed by C4L prominently features the open-endedness of the programme. The many publications that contain ‘official’ explanations of C4L implicitly acknowledge this by attempting to fill the empty signifier with specific meanings. In this regard, C4L is unlike traditional health education programmes because empty signifiers are used in lieu of something more concrete, e.g. health information in the classical sense. C4L also differs from traditional health promotional campaigns because it does not encourage people to do anything in particular with empty signifiers. C4L reflects a conventional approach that takes for granted the use of symbolic language in social marketing and illustrates the emptiness of the campaign.

The lack of critical discourse on the alleged concreteness of social marketing as a concept and practice is further illustrated by the publication of ‘how to’ guides for health practitioners. These guides are meant to support practitioners’ design and implementation of local C4L programming. The guides I am referring to include *C4L Local Supporter’s Guide* (Department of Health 2010b) and *C4L and Social Marketing: A Hands-On Guide to Planning, Developing, and Evaluating a C4L Social Marketing Project* (2011a). Neither of these publications describe the delivery of social marketing as an iterative process concerned with managing of ideological conflicts, social tensions, and other complex contingencies.

Instead, these guides present social marketing as an activity that centres around ‘planning’. This presumes that planning will make the world more steady and predictable to the social marketer, and that the social position of the social marketer is a non-issue to the relevance of these plans. Yet, as each case study in this investigation demonstrates, even the shape of the public health infrastructure cannot be taken for granted. No matter how much planning went into the activities that were observed, nothing could have prepared local health authorities for the issues and conflicts they encountered in the course of delivering the respective C4L programmes.

Taking place in the middle of a political regime change, severe budget cuts ground many public health programmes, including some local C4L programmes, to a momentary or permanent halt. The ‘how-to’ guides are written as if the objective and structure of C4L had not changed from when it was launched in 2008. We know this not to be true because Anne Milton, MP, the Parliamentary Under Secretary of State for Public Health, had categorically “called for a radical step-change in the quantity and nature of contributions made by our partners to C4L” (Department of Health 2011b: 2) subsequently after the programme was launched. Though Milton’s publication included a three-year plan for C4L, there is no basis to assume that this plan will not get scrapped in the next political cycle, i.e. when the Conservative-Lib-Dem government is imminently a thing of the past. Public health priorities will also change, as will probably the very shape of the public health infrastructure. These ‘how-to’ are written with an unsubstantiated air of certainty and intentionally overlook the fact that C4L has gone through several iterations since its launch, as did English public health infrastructure.

Another issue raised by the ‘how to’ guides is the nominal mention of ‘qualitative approaches’ in their contents. In the nine pages that the term ‘qualitative’ was mentioned in the 216-page guide (Department of Health 2011a), only a few bullet points describe what methods this entails. Moreover, qualitative approaches are limited to ‘group discussions’ and ‘in-depth interviews’ (Ibid: 99). This is in stark contrast to the emphasis placed on describing social marketing as a ‘measurable’ construct and the lengths that were taken to describe quantitative

methods used in conventional social marketing²⁰. In this regard, this publication raises the same problems that were raised throughout this investigation: it encourages public health practitioners to treat social marketing as an industry for behaviour change. It perpetuates the problematic idea that ‘social problems’ are caused by people’s behaviours. It discourages people from asking critical questions about the moral and ideological premises of social marketing. It hides from view the open-endedness of social marketing with a complicated set of ‘how to’ suggestions. In short, this publication demonstrates why it is important *not* to follow these guides if the interest is in developing and implementing social marketing programmes to reckon with the social determinants of health.

This study demonstrates how an ethnographic approach to studying social marketing contributes to the understanding of public health social marketing. In this investigation I identified important ways to re-examine social marketing by encouraging the exploration of qualitative issues, especially the symbolic language of in social marketing advertisements and the relationship between the ‘social marketer’ and the ‘target audience’. Conventional social marketing reflects a ‘top-down’ power dynamic, which can further marginalise hard-to-reach populations. They also misrepresent social problems as personal or behavioural issues. This is not to say that we can categorically rule out the impact of behaviour on public health. However, this study confirms the incompleteness of social marketing research based entirely on the measurement of attitudinal and behavioural outcomes. The case in Maundyton (Chapter 6) illustrates how conventional strategies can damage their capacity to carry out their mission in marginalised populations.

This ethnographic investigation of the social dimensions of social marketing practice demonstrates the necessity of expanding the disciplinary perspectives represented in the academic study of social marketing. The interdisciplinary perspective used in this analysis discovered an empty signifier at the heart of social marketing. Social marketing is not as concrete, systematic, and behaviourally-focused as it is represented in conventional literature. This fluidity distances social marketing from related public health strategies, especially in the way that the term ‘social marketing’ is used – as an empty signifier – by social marketers and other

²⁰ See pages 2, 24-27, 74, 134-9, 156, 161, 163-4, 175, 188-190, 195, 197-8, 200 from *C4L and Social Marketing: A Hands-On Guide to Planning, Developing, and Evaluating a C4L Social Marketing Project* (Department of Health 2011a) for specific examples.

experts. This contrasts with the relative substantiality of health education, which revolves around health information, and health promotion, which centres on enabling people to enact on health information. The steadily expanding list of moral issues covered by the C4L programme further highlights this emptiness.

Conventional approaches to social marketing research tend to focus on measuring behavioural outputs. Where ‘qualitative approaches’ are used in conventional studies, they tend to be unsophisticated and are often used as a token to support quantitatively derived findings. One of the arguments this study makes against conventional approaches to social marketing research and practice is that there is too much emphasis on behaviour. This overemphasis creates the false impression that the public’s behaviour is solely responsible for poor public health, and does not have scope for more fundamental issues, like social inequality. Public health improvement strategies focused exclusively on changing the public’s behaviours inadvertently downplay the social determinants of public health.

The case studies in this investigation illustrate how social marketing practices driven by the objective of producing behavioural outcomes treat real people as plasticine objects. When regarded as a mouldable resource, the public is infantilised and stripped of their important differences. The observations in this study illustrate how such approaches strained the social relationships within local populations. To circumvent the limitations of quantitative methods, I proposed the qualitative concept of ‘work’ to contextualise field observations. ‘Work’, as a verb, captures how social marketing continually changes the ways in which people connect with one another. ‘Work’ does not produce traditional ‘outputs’ because it is on-going. When viewed in terms of ‘work’, social marketing is a social and iterative process that revolves around mobilising and strengthening the existing social relationships within a community. Studying the ‘work’ or the ‘efforts and values’ put into the delivery of social marketing programmes is a better way to understand the social and moral dimensions of public health, and how ‘social marketing’ relates to neutralising the social determinants of health. An evaluation of social marketing is incomplete without an understanding of the ‘work’ that was put into its delivery. We must consider how social relationships are strengthened as part of evaluating public health ‘effectiveness’. The notion of the singular ‘intervention’ overlooks this point by treating social marketing as an industry for behavioural change and other health outcomes. This study contributes with a critical interpretation of the social problems

created and exacerbated by conventional public health strategies that place greater emphasis on changing population health behaviours and producing health outcomes than on neutralising the social determinants of public health.

While it is impossible to prove that social marketing causes behavioural change, the value of public health social marketing campaigns may be that they establish social contexts that are beneficial to helping real people make informed and healthy choices in their daily lives. They may even go on to adopt the lifestyles represented in social marketing pieces. Another way to think about social marketing is to treat it as a strategy to rebrand public health programmes so that they are more relevant to the public.

The messages within C4L are deliberate statements about what the public *should* value, i.e. healthier eating and more physical activity. As such, they are moral statements about what is “right”. Though the choice remains that of consenting adults to make, social marketing campaigns make clear which choice is better, and how it may lead to a better tomorrow, i.e. through the rejection of sedentary lifestyle and reducing a nation’s proclivity for fast food and alcohol. The politicisation of family values and individual behaviours comes to light when considering the pathways that prevent the imagined future – an English population with lower obesity and overweight prevalence – from becoming a reality.

Family values, public health, and political ideology converge in the C4L campaign; this is exactly what makes this public health campaign a social movement. The more healthy changes implemented in a family’s or individual’s lifestyle as it pertains to diet and exercise, the more likely the vision of a healthier England can become a reality. The construction of a “good” English family or citizen emerges as one that makes the lifestyle changes described in the adverts, or one that already has the ideal lifestyle. This frames social inequalities as an even more contentious issue, as families and individuals incapable of performing those activities – as a matter of limited social capital or even physical incapacity – become, accordingly, “less good”. This opens up the hazard of social marketing messages underscoring social inequalities in the nation rather than diminishing them.

In this regard, social marketing is a diffuse attempt to steer a population toward a certain direction. It is not a public health solution. Instead, it is a contemporary response to the wave of non-communicable diseases. Social marketing is here to stay because it remains unclear what exactly the public health

'problem' is. It could be 'behaviour'. But this is incomplete. The 'illness' or 'disease' that social marketing is responding to is not as palpable as a microbial or viral pathogen. It is categorically different from those featured in classic health education and promotional campaigns. Though marketing executives may assume that open signifiers may be a 'one size fits all' strategy as a solution to communicating to a multicultural society, this investigation illustrates the social problems that this creates, especially for marginalised groups. Reaching hard-to-reach populations with social marketing requires repackaging and 'work'.

The most important aspect of social marketing, then, is not necessarily the contents of the social marketing adverts or even how they are presented, but how well the adverts fit in the context of social environments. The important question becomes: how well do existing public health interventions reckon with social inequalities and behaviour change? To approach this question requires re-contextualising social marketing programmes as not merely interventions in and of themselves, but as agents that transparently instigate changes to the immeasurable aspects of a society. Social marketing, then, is a tool to strengthen social relationships, bolster existing public health and other public works, which may, in turn, create the right contexts to make it reasonable to develop interventions that, subsequently, aim to create behaviour change in local communities, if not the entirety of England.

In conclusion, we come to understand that conventional social marketing is not 'social'. The limited focus on changing behaviours has left a gap in knowledge about how this public health strategy relates to the relationships within a community, between a government and its citizenry, within government agencies, and between them. Though 'social' interpretations of social marketing were captured in this investigation, they were all marginalised by the dominating culture of blaming individuals for creating public health problems. The development of a more 'social' form of social marketing requires liberation from behavioural-focused and quantitatively oriented conceptualisations of the practice. One way this was accomplished was by studying the 'work' behind social marketing practices, where the study of 'work' provided the analytical focus to understand the social complexity of social marketing. This focus showed us how social marketing changes relationships between different citizens, government officials, and governmental agencies. Likewise, this approach has opened up many important questions that have

not yet been adequately addressed in the context of conventional social marketing research, which includes the fundamental question of what is ‘public health’ and how does behaviour change relate to what is ‘good’ for a ‘society’. In addition to these immeasurable aspects of social marketing, other issues that require further exploration are the development of a more ‘social’ conceptual and practical definition to social marketing. How can social marketing practices be reconfigured to directly reckon with the social determinants of public health? To what extent should ‘social distance’ influence the shape and implementation of public health policies and the shape of social marketing advertisements? As shown in this study, an ethnographic approach delivers insightful answers to these questions and provides the critical information needed to develop complex public health interventions. Complementing such research with quantitative approaches promises to push the boundaries of what we know about how the social dimensions of social marketing relate to public health.

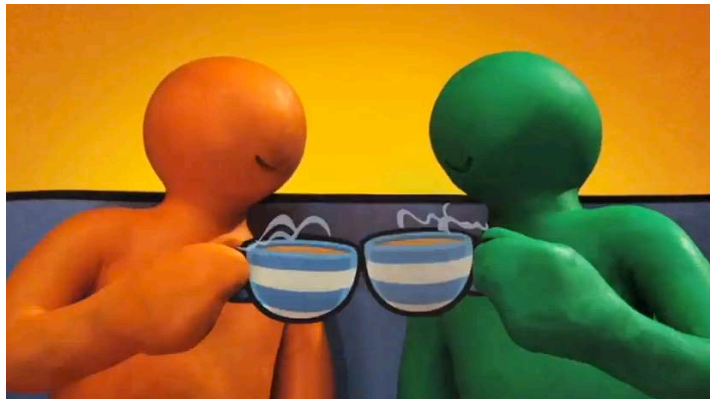


Figure 7.3 People drinking something ‘softer’. Detail from the C4L Alcohol advertisement (Department of Health 2012 at the fortieth second)



Figure 7.4 The Drinks go on vacation. Detail from C4L Alcohol advertisement (Department of Health 2012 at the forty-fourth second)

Appendix A: Guide for In-depth Interviews

1. Pertaining to the public health infrastructure
 - a. What is your role in the public health infrastructure?
 - i. What are your responsibilities?
 - ii. Who do you report to?
 - iii. Who are you accountable to?
 - b. How have your responsibilities changed over time in the agency?
 - c. What is your relationship with others in the public health system?
 - d. What are the day-to-day challenges you face in your position?
2. Pertaining to their perceptions and relationship with local communities
 - a. Please describe the local population(s) you work with?
 - i. What are their 'needs'?
 - ii. What challenges are they faced with?
 - iii. How did you come to 'know' the local population(s)?
 - b. What is your relationship with the local communities that you serve as a public health official?
 - i. How did this relationship evolve?
 - ii. Do you identify yourself with the communities you work with?
 - iii. How has your relationship impacted the way you interact with them?
 - c. What challenges face the communities you work with?
 - d. How has the national reorganization of the public health system affect the local government?
 - e. What is your role to the local communities?
 - g. How have you maintained a relationship with the local communities you serve?
3. Pertaining to C4L and the local-specific programme
 - a. In your words, what is C4L?
 - b. Can you tell me about the C4L programme that you are involved with?
 - i. What makes it different from the national-level C4L?
 - ii. How does it relate to the national-level C4L?
 - c. How did the design of this programme come about?
 - i. How does your knowledge of the local community and culture impact the choices you made for the programme?
 - d. What control do you have over the shape of the programme?
 - e. What trade-offs have you made to give the programme its current form?
 - f. How do you know if the programme is a 'success' or 'failure'?
 - g. What needs to be done in order to meet the needs of the local community?
(If there's enough time)
4. Pertaining to their career and vision of public health
 - a. What led you to a career in public health?
 - b. What led you to your current position in the public health system?
 - c. What is the most important thing that can be done to promote the public health of the communities you work with?
 - d. What is your contribution to the public health of the local communities you serve?

Appendix B: Example Briefing Document Prepared for a Local Health Authority

An extract

One of the most important benefits of IEP centres on the positive customer service experience that participants had with the programme. To this point, Anna points out:

It's lovely when someone ring you up to see how you're doin', you know what I mean? A lady called the other week to see how I was [with IEP]. I don't have people in me life tellin' me to me arse off the couch! You know there's someone lookin' out for you. I know I can call them. They are just lovely, answering me questions. I wish there were more people like that. They send me prizes, too. I don't care much for 'em, honestly. I mean, what am I going to do with a frisbee?

Though Anna's testimonial points centres around her experience of IEP, she provides important insights about her experience living in Maundyton. Social isolation is a very real problem for Anna. It creates an environment that is unsocial, a factor she implies to be discourage of healthy lifestyle. Without anyone outside of the programme to remind her to get off the couch, IEP has filled a gap in her life. Though she does not find the prizes provided by IEP compelling, she is very clear about how valuable she finds the social support provided by the programme. In addition to tempering a convivial relationship and positive sentiment for the programme staff, IEP has transformed the social environment for the better.

Anna's regard of for IEP resonates with the account provided by Alastair, who said:

I don't do the programme for the prizes. They are rubbish. I do the programme because they treat you with respect and really want you to be healthier. Doing exercise is not what you do here. There are no gyms and leisure centres. But I gave that skip rope [I got from IEP] a chance. Haven't touched one in ages. It was hard work, I'll tell you, doing them jumps. But I did it out of respect [for IEP]. I know they're lookin' out for me. So, I figure I'll give it a chance.

Alastair's account is especially interesting because he starts out with antagonising statements about the rewards of provided by IEP: He calls them "rubbish". Perhaps

this derives from the low monetary worth of things such as skip ropes. However, the counterpoint to this statement immediately follows. Though a skip rope may be “rubbish” to Alastair in the monetary sense, it is a valuable and compelling symbol of respect for him. As uncommon as skip ropes may be in Allaister’s experience as an adult living in the Fens, the same may be said about his experience of respect. This is a reflection of the challenging social environment in Maundyton. More importantly, this skip rope demonstrates the reflexive nature of respect: a programme that explicitly respects the choices and personhood of individuals gains respect from its participants. By this very dynamic it is possible to convert objects otherwise regarded as “rubbish” into meaningful objects that literally get participants such as Alastair to “move more”.

IEP Points and Incentives

While social support is undoubtedly the most valuable resource provided by IEP, let us consider the perceptions of the points-system, and how this plays into motivating physical activity. Winifred offers a strong perspective on points:

Honestly, when I first started the programme, I just made up the diaries. I just wanted free stuff, whatever it is, you know what I mean? It’s nice getting things. I don’t get much in the post other than bills. So, it’s nice to get a prize. But I don’t quite like the prizes. I just want them. But I felt guilty about it. The lady running it is so nice. So, I stopped lying, and actually gave keeping them diaries for real. It was hard because I realised how little I was doing every day. So, I guess the thing I find most useful about the diaries is that it lets me see how little I am doing. I’m not doing anything about it, honestly. But, at least I’m thinking about doing more. I never thought about doing exercise before this.

Evidently, as a self-reported item, we cannot take the diary entries for granted. In Winifred’s case, she admits to fabricating entries. This is driven by her interest in getting prizes, even though she realises that she doesn’t care much for what they are. In this sense, her initial motivation to participate in the programme has little to do with engaging in physical activity. However, despite lying about her physical activity, the quality of her interaction with the programme staff indicates that her value for

IEP derives from the conviviality and social interaction she has with the programme staff. Through her positive experience interacting with them, she found herself culpable for violating an unspoken yet powerful social contract. Eventually, she began keeping track of her physical activity. This was a learning experience for Winifred: she is an inactive person. She has never given any thought into this ever before, and has not been jolted into a different mindset as a result of this realisation.

Prizes vs Incentives in IEP

The IEP programme will benefit from clarifying the distinction between prizes and incentives. Although prizes were given in IEP, it remains unclear as to whether programme participants found them ‘incentivising’. This is an especially relevant question to ask because some participants did enrol into IEP to win a prize, e.g. iPod. This is relevant because many participants participated in IEP because they were wanted social interaction with the programme staff: the prizes given away in the programme did not influence their participation. Instead, the social interaction between participants and programme staff is more accurately the ‘incentive’ that encouraged participants to carry on with IEP. This idea is crystallized in the comments provided by Edna, a programme participant:

Honestly, I don't care much for 'em prizes; they're a bit rubbish, really. But tell you what, I stay on because I really like knowing that there's someone [from IEP who is] lookin' out for me. That's really nice cuz I like 'em phone calls remindin' me to turn in me diaries. And when I see 'em prizes, they remind me to be active. It's nice, that. I don't have no one else lookin' out for me these days.

Edna's motivation to be in IEP is only marginally related to the prizes: to her their meaning derives from the positive association that she has for the prizes and the social interactions that she desires with the programme staff. In this regard, it identifies why it is important to provide prizes as part of IEP: they are symbolic of the meaningful relationship that they have with the programme. These gave Edna the sense that she was being ‘looked after’ by IEP. This observation is important for identifying why we cannot take for granted that a ‘prize’ is ‘incentivising’; the social interaction that takes place around prizes is also an important aspect that can be a source of motivation for participants to continue being in IEP. Combining the

positive attributes that participants find with their social interaction with programme staff and ways that the ‘prizes’ that participants get become symbolic of the positive relationship they have with the programme staff may further enhance the rate of retention and motivation for physical activity in the Maundyton population. Given the financial constraints and limited human resources for the programme, a strategy for a future IEP may be to provide fewer ‘prizes’ and to increase the value of these prizes accordingly, in addition to increasing the amount of social interaction between programme staff and participants. This also identifies a counterintuitive approach towards local community programming: increase the administrative support to increase the amount of social interaction between programme staff and programme participants as a strategy to ‘reach’ the hard-to-reach population in Maundyton. This is especially relevant in light of the fact that the key administrator running the programme is being underutilized for her training in health promotion; the limited human resources to assist her with the administrative burden of running the programme has prevented her from being able to interact with the public as frequently as she knows to be sufficient to change people’s motivations for physical activity.

V. Key Findings and Recommendations

The effectiveness of IEP cannot be approached using outcomes measures. This is due to the low number of participants in the programme. However, by studying participants’ experience and how staff have been running the programme, IEP is a project whose effectiveness is evident in the positive social relationships with the public. People were compelled to do more physical activity not because of the material objects that they received for participating, but because of the positive relationship they experienced with the programme and the staff running it.

The way in which IEP was run illustrates how future public health works in Maundyton should include respectful and regularly contact and communications with participants. This points to the importance of administrative support in running public health programming for hard-to-reach populations, and how this is a resource that should not be limited any further than how it was in IEP. The administrator running IEP was undoubtedly limited in how much contact she can have with the public due to the volume of administrative responsibilities she was faced with. Though relief of this burden came strategically through co-opting the services of an administrator in a different office, this remains insufficient to optimally run IEP.

Motivating the people of Maundyton to do more physical activity requires huge administrative responsibilities, and programmes that focus on simply increasing the quantity of physical activity performed by the local population ignores the human resources required to run such programmes. To increase the quality and quantity of communications between IEP participants and Maundyton, there requires more administrative support than was allotted to IEP. This identifies how 'administrative support' as a resource that relates to how 'culturally sensitive' a public health programme is: Maundytons value their social interactions with programme staff and opens up an opportunity to enhance their experience with the programme. This programme highlights how reducing administrative support to public health programming can diminish local health authorities' capacity to be culturally sensitive to local populations.

Concluding Issues and Recommendations for IEP

Issue: There is no consensus on the meaning of ‘physical activity’ and ‘exercise’ in the Maundyton community.

Recommendation: Clearly define what counts as physical activity and exercise using the same standard as the Department of Health and NHS. Should this definition include untraditional activities, e.g. housework and cooking, then it is important to justify why this is the case, and how this relates to conventional definitions of physical exercise and activity as defined by health authorities.

Issue: The information collected from IEP participants fail to demonstrate measureable health and behavioural outcomes.

Recommended action: Evaluate the programme using qualitative methods to understand how the programme impacts the social environment in Maundyton. ‘Effectiveness’ should not be restricted to outcomes-based constructs. Demonstrating how IEP strengthened the relationship between the local health authority and the Maundyton community is important for demonstrating how to ‘reach’ hard-to-reach populations with culturally sensitive public health initiatives.

Issue: The skills of programme staff are inhibited by the administrative burden associated with implementing IEP.

Recommended action: Prioritise the provision of administrative support in the programme budget despite political pressure to reduce the administrative cost of running public health programme. This strategy increases the capacity for staff to use their expertise and talents to delivering and improving the programme.

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image extracted from https://www.youtube.com/watch?v=BcXTrLNxkYg&list=PLtOupZa0T-OHBAv3XJhv8KdZmHI05G7_M

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