

## Social Marketing Food and Beverage Choices: It's How You Say It

Michael Peterson, EdD

Professor and Chair, Department of Behavioral Health and Nutrition, College of Health Sciences, University of Delaware

Junk food and sugary sweetened beverages (SSBs) have come under the ire of health professionals in light of the growing problems related to obesity, diabetes and metabolic disorders. Once considered a treat, something out of the norm, or special to eat or drink; energy dense, nutrient poor foods have become a dietary staple for many. Consumption trends have shown a popular shift towards these food stuffs as demonstrated by SSB consumption for breakfast, snacks, and evening meals, or shopping carts filled with potato chips and soda bottles.<sup>1</sup>

These trends are not illogical nor are they surprising given that many health professionals also imbibe in these choice foods. What it does demonstrate is that there is a psychology of food that needs to be considered in any public health intervention designed to improve dietary intake behaviors.<sup>2,3</sup>

Social marketing has been one-way public health has tried to curb the unhealthy food and beverage choice problem. Social marketing is the application of marketing principles for the purpose of changing the target individual's behavior.<sup>4</sup> When it comes to food and beverage choice, popular campaigns such as "Rethink Your Drink"<sup>5</sup> or the guerilla marketing "Soda Sucks"<sup>6</sup> have taken a messaging approach that people should not consume these products. The messages tend to demonize the product, treating it as a virus or bacteria, or implying the consumer is less than smart about their health by making these "unhealthy" choices. However, consumers do not buy nor consume these products because they are "unhealthy" or because they don't know that they are high in calories and low in nutrients.<sup>7</sup>

They consume them because they like them. They enjoy the taste, the feeling, the psychological benefit they get while they consume it.<sup>3</sup> They may even have positive associations with the product based on a past experience, memory, or situation that the product "bubbles up" in to their consciousness. It is not surprising that when public health messages convey that SSBs are not good, the recipient of the message may put up a cognitive defense and reject the message. Hence a message such as "Rethink Your Drink" may raise an immediate response of "why?" "I like my drink." "It makes me feel good." "I like the taste." "I like the memory of what the beverage brings to mind."

In addition to these cognitive defenses to the "rethink" message, there is also the implied message of "you don't know what you are doing." "You are not smart enough to make health choices, so we have to tell you to stop consuming something you enjoy because it will harm you." As a result these social marketing approaches have demonstrated at best an increased awareness, but negligible impact on the behavior they have tried to change. When we do not acknowledge the reality of food and beverage choices and the psychology of food, we risk becoming ineffective in our approaches,<sup>8</sup> and being perceived as a "self-righteous killjoy."

In this light the State of Delaware took a different messaging tact to address the over consumption of sweet and sugary beverages via the "One Less Challenge" campaign.

The campaign acknowledged that SSBs are enjoyable, they are not the devil personified, and that it is fine to consume them in moderation—a strategy recommended in the most recent scientific

literature.<sup>9</sup> The approach also focused on the positive health benefits of drinking less SSBs rather than highlighting the risks of maintaining current SSB consumption. Messaging focused on making only a small change (one less SSB per day) rather than giving up SSBs. At no time or in any way was there an implied “you’re doing it wrong” message. Rather a fun, easy to do, free choice that they could do at any time was provided. Message imagery reflected the evidence-based health benefits of drinking less SSBs (e.g. “I lost 5 pounds by taking the One Less Challenge”), along with the sentiment that they were free to make any beverage choice they wanted without judgment. This approach proved to be highly effective and popular among those exposed to the campaign based on verbatim feedback.

As part of the marketing mix, a point of purchase placement strategy was utilized in the campaign via the positioning of posters, clings, and floor pull-ups by vending machines encouraging consumers to take the “One Less Challenge.” Given that decisions are often made spontaneously when it comes to beverage selection, exposing consumers to the message while they were selecting their beverage increased the saliency of the message. The campaign also worked with the Blind Vendors Association to provide a 50-50 SSB to non-SSB beverage selection choice in each vending machine targeted by the campaign message. This strategy was taken in recognition that we must work WITH the beverage industry and associated vendors, rather than in opposition to their needs.

Vending sales data comparing 2014 and 2015 (the year of the campaign) found no significant sales differences, but highly significant changes in the composition of those sales. Consumers chose more non-SSBs during the campaign compared to the same time period in 2014, including the month after the campaign had ended—suggesting a residual impact on beverage choices. This is good news on a couple of levels. First, this campaign approach had a positive impact on beverage selection. Second, private industry was not negatively impacted by this approach. In fact, sales of non-SSBs went up. An oft presented mindset is that public health and industry cannot work together since their goals are seen as competing or not in alignment. Industry wants to sell product—especially popular SSBs, while public health wants to curb unhealthy product accessibility. By presenting a fair choice along with a positive, fun, doable message both private industry and public health won. Sales were maintained while individuals reported less SSB consumption along with a myriad of other healthy behaviors as a by-product of taking the “One Less Challenge.”

## **Lessons Learned and Implications**

Social marketing campaigns that acknowledge and recognize the psychology surrounding food and beverage consumption have a greater likelihood of success. Messages focusing on the positive health benefits of choosing non-SSBs may have a greater likelihood of success compared to punitive, fear, or paternal messages demonizing SSBs.

By working in collaboration with private industry, recognizing their needs, and avoiding an adversarial approach to food and beverage consumption behaviors, public health has a greater opportunity to make a positive health impact on their target populations.

Freedom of choice is still important when it comes to food and beverages. It is preferable that individuals freely choose to consume a non-SSB than to be forced to do so. Messaging that works within this freedom of choice approach may be more likely to attain longer term

behavioral impacts and healthier outcomes than messaging that conveys a paternalistic, fear-based posture.

Freedom of choice related to food and beverages also necessitates that industry be willing to provide a fair choice, with equal opportunity and access for individuals to exercise their freedoms. Given that the “One Less Challenge” demonstrated that this approach to messaging and public-private collaboration has the potential to make a positive impact on the public’s health what should be done next?

The default tact within public health has been for groups to advocate for a soda tax, or demonize soda which can only serve to economically oppress those we are seeking to help, or move them to another beverage with just as much caloric content to satisfy their psychological needs. A more poignant long-term strategy is to begin working with the food and beverage industry to create win-win situations. This may mean embedding health professionals within the industry to influence product development; creating industry sponsored social marketing campaigns that incorporate the lessons learned from this study to better serve the public’s health; or, public health reaching out to industry to create collaborative interventions to reduce SSB consumption while helping maintain their economic viability.

At a practical level, this could include requiring all, or as many vending machines in the State provide a 50-50 balance in SSB/non-SSB offerings; funding worksite, school-based, or store based point-of-sale marketing campaigns that encourage taking the “One Less Challenge” or similarly designed initiatives. Ultimately, we have to understand and work within the realities of human nature, the process of change, the psychology of food, the needs of industry and vendors, and the aims of public health if we will have any lasting success in combating the growing problems of obesity, diabetes and chronic disease.

## REFERENCES

1. Fryar, C. D., & Ervin, R. B. (2013). Caloric intake from fast food among adults: United States, 2007-2010. NCHS data brief, no 114. Hyattsville, MD: National Center for Health Statistics.
2. Cleveland Clinic. (2016). The psychology of eating. Available Online [https://my.clevelandclinic.org/health/healthy\\_living/getting\\_fit/hic\\_Maintaining\\_a\\_Healthy\\_Weight/hic\\_The\\_Psychology\\_of\\_Eating](https://my.clevelandclinic.org/health/healthy_living/getting_fit/hic_Maintaining_a_Healthy_Weight/hic_The_Psychology_of_Eating)
3. Wansink, B., & Sangerman, C. (2000). The taste of comfort: Food for thought on how Americans eat to feel better. *American Demographics*, 22(7), 66–67.
4. Social Marketing Quarterly. (2016). Available Online: <http://www.socialmarketingquarterly.com/learn/>
5. CDC. (2016). Rethink Your Drink, Available Online: [http://www.cdc.gov/healthyweight/healthy\\_eating/drinks.html](http://www.cdc.gov/healthyweight/healthy_eating/drinks.html)
6. Soda Sucks. (2016). Available Online: <http://www.whysodasucks.com/>
7. Dugan, A. (2013). Fast food still major part of US diet. Available Online: <http://www.gallup.com/poll/163868/fast-food-major-part-diet.aspx>

8. Wansink, B. (2015). Change their choice! Changing behavior using the CAN approach and activism research. *Psychology and Marketing*, 32(5), 486–500. <https://doi.org/10.1002/mar.20794>
9. Just, D. R., & Wansink, B. (2015, December). Fast food, soft drink and candy intake is unrelated to body mass index for 95% of American adults. *Obesity Science & Practice*, 1(2), 126–130. [PubMed https://doi.org/10.1002/osp4.14](https://doi.org/10.1002/osp4.14)

---

Copyright (c) 2016 Delaware Academy of Medicine / Delaware Public Health Association.

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc-nd/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.