

Centers For Disease Control and Prevention
National Conference on Health Communication, Marketing, and Media
Subject: Keynote Session
Date: Thursday, August 30, 2007

>>> GOOD MORNING.

GOOD MORNING!

WELCOME TO DAY TWO OF THE NATIONAL CONFERENCE
ON HEALTH

COMMUNICATION, MARKETING AND MEDIA.

FOR ANY OF YOU WHO WERE NOT HERE

YESTERDAY, I WAS ASKED

ORIGINALLY TO DO A VERY BRIEF

SUMMARY, BUT IN THE INTEREST OF

TIME, I'M JUST GOING TO READ A

COUPLE OF THINGS THAT I

OVERHEARD YESTERDAY.

THE FIRST, -- [INAUDIBLE]

SECOND, WE WILL HEARD

INFORMATION TODAY BUT ONLY

PROCESS -- THE THIRD, I DON'T

TRUST YOU, I DON'T NEED YOU

ANYMORE.

THAT WAS FROM PEOPLE, THE

CONSUMERS, TO US AS EXPERTS.

77% OF PEOPLE THINK THEIR I.Q.

IS ABOVE AVERAGE, AND I

PERSONALLY THINK THAT 100% OF US

THINK OUR CHILDREN'S I.Q. IS

ABOVE AVERAGE.

PEOPLE THINK DIFFERENTLY IN

EMERGENCY SITUATIONS, AND WE

NEED TO COMMUNICATE WITH THEM

DIFFERENTLY.

AND SOCIAL ISOLATION ACCELERATES

RISK FOR ALMOST EVERY KIND OF

ILLNESS.

AND THE LAST THING WAS A

CONVERSATION THAT STARTED WITH

PREACHING IN THE CHOIR HERE?

AND THE RESPONSE WAS, WELL,

MAYBE SO, BUT THE CHOIR IS

REALLY LOUD AND HAS LOTS OF

FRIENDS.

SO IT'S MY PLEASURE TO INTRODUCE

JEFF FRENCH TO YOU TODAY.

I HAVE PARAGRAPHS OF INFORMATION

ON HIM THAT I COULD TELL YOU

ABOUT, INCLUDING HIS EXPERIENCE

ON GOVERNMENT AND FOUR

UNIVERSITY TEACHING POSITIONS
AND PUBLISHING ARTICLES.
BUT THAT'S NOT WHAT JEFF WANTED
YOU TO KNOW ABOUT HIM.
WHAT JEFF WANTED YOU TO KNOW WAS
THAT HE HAD A BACKGROUND IN
TEACHING, EDUCATIONAL SALES AND
SERVICE AND INSURANCE.
THAT LOCAL LEVEL EXPERIENCE IS
WHAT DRIVES HIS PASSION FOR
FOCUS ON THE USER EXPERIENCE,
WHY IT'S SO IMPORTANT FOR US TO
DO EVERYTHING BASED ON WHAT THE
PEOPLE WANT TO KNOW AND NEED TO
KNOW.
HE ALSO HAS DONE SOME REALLY
INTERESTING THINGS LIKE HELP TO
STRATEGIZE THE PUBLIC HEALTH
STRATEGY FOR AL BAIN YA AS IT
MOVED INTO THE FREE WORLD.
AND HE IS ALSO A JIVE DANCER AND
HIS GREATEST ASPIRATION AFTER
SOCIAL MARKETING IS TO APPEAR ON
THE BRITISH VERSION OF "DANCING
WITH THE STARS."
HE IS CURRENTLY THE DIRECTOR OF
BRITAIN'S NATIONAL SOCIAL
MARKETING CENTER AND I'M VERY
PLEASED TO WELCOME HIM HERE
TODAY.
THANK YOU.
>> I HAVE A WHOLE BUNCH OF NOTES
HERE BUT I THINK I'M GOING TO
WING IT AND TELL YOU ABOUT A
STORY THAT'S BEEN HAPPENING IN
ENGLAND OVER THE LAST TWO OR
THREE YEARS.
I'M ABSOLUTELY DELIGHTED TO BE
HERE.
IT'S A GREAT HONOR TO COME AND
SPEAK AT THIS CONFERENCE.
I'VE LEARNED SO MUCH ALREADY, SO
THANKS VERY MUCH FOR THAT.
-- TELLS A STORY IN ITSELF.
YOU'LL NOTICE THE OBSERVERS
AMONGST YOU -- HEALTH, NATIONAL

CONSUMER COUNCIL ON THE TWO
OTHER BRITISH LOGOS ON THEM.
AND I'M ONE OF THESE NEW PEOPLE
THAT WORKS BETWEEN
ORGANIZATIONS.
THAT'S WHAT I DO.
I'M ACTUALLY -- MY UNIT,
NATIONAL SOCIO MARKETING CENTER
IS BASED IN THE NATIONAL
CONSUMER COUNCIL.
THAT'S A GOVERNMENT AGENCY
FUNDED BY GOVERNMENT AND ITS JOB
IS TO MAKE SURE MARKETS WORK FOR
CONSUMERS, PARTICULARLY POOR
CONSUMERS.
NOT JUST FOR HEALTH, BUT
EVERYTHING.
SERVICING YOUR CAR, BUYING
INSURANCE, ET CETERA, ET CETERA.
THE DEPARTMENT OF HEALTH, WE
HAVE IT IN THE UK A SINGLE
UNIFIED HEALTH SYSTEM, WHICH IS
FREE AT THE POINTS OF USE, PAID
FOR BY GENERAL TAXATION.
IT'S A PRETTY EFFICIENT SYSTEM,
WORKS PRETTY WELL, LOTS OF
PROBLEMS, LOTS OF THINGS TO
IMPROVE, BUT IT'S A UNIVERSAL
SYSTEM.
MY -- SITS IN THE DEPARTMENT OF
HEALTH.
THAT'S WHERE THE MONEY COMES
FROM, AT LEAST 70% OF IT NOW,
ANYWAY, COMES FROM THE
DEPARTMENT OF HEALTH.
BUT ONE OF THE PARTS OF THIS
STORY IS THE WAY THE WHOLE HAS
GOTTEN IT.
NOT JUST HEALTH OR PUBLIC
HEALTH, WHICH IS A RELATIVITY
SMALL WAY OF THE PART SOCIETIES
CHANGE.
BUT OUR AGENDA GOES BEYOND
PUBLIC HEALTH SPECIALISTS AND
PUBLIC HEALTH AGENDAS AS OFTEN
DESCRIBED INTO ISSUES LIKE

HOUSING, EMPLOYMENT, WELFARE,
BECAUSE ALL OF THESE THINGS ARE
THINGS THAT ACTUALLY DRIVE THE
IMPROVEMENT OF HEALTH, I THINK.
IN TRUE MARKETING FASHION, ONE
OF THE FIRST THINGS I WANT TO DO
IN THIS PRESENTATION IS GET A
FEEL OF WHO YOU ARE.
SO THIS IS A PSYCHOLOGICAL TEST
I WANT TO RUN WITH YOU.
I WANT YOU TO LOOK AT THE SHAPES
AND COLORS ON THE SCREEN AND
CHOOSE WHICH SHAPE AND COLOR
BEST DESCRIBES THE WAY THAT YOU
OPERATE AT WORK.
THEN I'M GOING TO ASK YOU TO
DISCLOSE THAT TO ME AND
EVERYBODY ELSE BY PUTTING YOUR
HAND UP.
DON'T WORRY, NONE OF THEM MEAN
THAT YOU'RE A CHILD MOLESTER OR
YOU'RE TAKING THE PETTY CASH OR
SOMETHING.
PUT YOUR HAND UP IF YOU THINK
YOU'RE A BLUE SQUARE.
THERE'S A FEW BLUE SQUARES.
-- THE FIRST THING ABOUT BLUE
SQUARES IS THEY'RE BRAVE.
THEY'LL PUT THEIR HAND UP BEFORE
THEY KNOW WHAT'S COMING.
BLUE SQUARES ARE OBSESSED WITH
PROCESS.
THEY LIKE TO KNOW HOW DO WE GET
FROM A TO B?
THEY WANT TO KNOW WHAT THE ROOT
MAP IS.
WHAT ABOUT BLACK TRIANGLES?
OKAY.
A FEW.
BLACK TRIANGLES ARE OBSESSED
WITH OUTCOME.
THEY DON'T CARE HOW WE GET
THERE, WE JUST WANT TO HIT THE
TARGET.
RED SQUIGGLY LINES, HOW MANY --
YEAH, I THOUGHT SO.

THAT'S STEREO TYPICAL IN THIS
KIND OF AUDIENCE.

RED SQUIGGLY LINES ARE THE
CREATED TYPE.

YOU LIKE THE CUT AND THRUST OF A
NEW PROJECT, DESIGNING THAT AND
HELPING TO DELIVER IT.

HOW ABOUT THAT LOVELY GOLDEN
CIRCLE?

AGAIN, ABOUT A THIRD.

YOU DON'T CARE ABOUT ANY OF THAT
STUFF.

YOU'RE JUST HERE FOR A NICE DAY
AWAY FROM THE OFFICE.

JUST TO DERAIL YOU, THAT'S WHAT
MADE UP THIS NEXT -- IT'S
AMAZING THE NUMBER OF PEOPLE
THAT COME UP TO ME AFTER THESE
AND SAY, OH, NO, REALLY, I'M A
BLUE SQUARE.

ENGLAND, FOR THOSE OF YOU THAT
KNOW YOUR GEOGRAPHY, IF YOU LOOK
AT A MAP OF GREAT BRITAIN,
YOU'LL NOTICE THAT SOME BITS ARE
MISSING OFF OF IT.

THIS IS ENGLAND.

ENGLAND IS NOT THE SAME AS THE
UK OR BRITAIN.

GREAT BRITAIN INCLUDES SCOTLAND,
ENGLAND, WELLS WHERE THE LIFE
EXPECTANCY SITS AND THE
POPULATION IN -- WE HAVE A
EVOLVED ADMINISTRATION NOW IN
THE UK.

ENGLAND HAS GOVERNMENT.

SCOTLAND IS ABOUT 4.5 MILLION
PEOPLE.

WELLS IS ABOUT 3.5.

NORTHERN IRELAND IS ABOUT 2
MILLION.

WHEN YOU THINK ABOUT THE UK,
ENGLAND IS THE BIG BROTHER AND
THAT CAUSES ALL KINDS OF
PROBLEMS WITH OUR CELTIC
RELATIONS IN SCOTLAND AND
NORTHERN IRELAND.

THIS MAP CAN GO BACK SHOWS YOU THE KIND OF HEALTH DISPARITY SITUATION THAT WE FACE IN THE UK.

THE RED MEANS LESS -- YOU KNOW, POORER LIFE EXPECTANCY. GREEN IS BETTER.

AS YOU GO NORTH, BUT WITH THE EXCEPTION OF SOME OF THE KIND OF URBAN AREAS, THE LIFE EXPECTANCY IS LESS.

WE HAVE A JOKE IN PUBLIC HEALTH IN NEW ENGLAND THAT SAYS WE'VE ALREADY GOT IN THE UK IT'S CALLED LIVING IN THE NORTH OR NEW CASTLE PARTICULARLY.

IT'S GOT NOTHING TO DO WITH GEOGRAPHY.

IT'S GOT EVERYTHING TO DO WITH HOW MUCH MONEY YOU'VE GOT IN YOUR POCKET.

IT'S A SOCIAL ISSUE.

HEALTH DISPARITY IS KIND OF A KEY ISSUE FOR US.

THE CONTENT OF THIS PRESENTATION IS GOING TO RUN SOMETHING LIKE THIS.

I'M GOING TO TRY AND GET THROUGH IT ON TIME.

BUT IT'S COMPLICATED BUT I THINK INTERESTING STORY.

WE'RE GOING TO LOOK AT SOME OF THE DRIVERS, POLITICAL DRIVERS THAT CHANGE FROM THE WAY THAT WE DO BUSINESS IN THE UK AS A GOVERNMENT.

WHAT WE DID IN TERMS OF THE SOCIAL MARKETING REVIEW, WHAT WE FOUND, ACTIONS SO FAR, SOME LESSONS AND SOME OF THE CHALLENGES AHEAD.

SOCIAL MARKETING HAS REALLY TAKEN OFF IN POSSES CIRCLE IN THE UK, NOT JUST HEALTH.

WE'RE WORKING WITH EVERY GOVERNMENT DEPARTMENT APART FROM

THE MINISTRY OF DEFENSE, THE
TREASURY, PENSIONS, HOUSING, ET
CETERA, ET CETERA.

BUT WHY HAS IT TAKEN OFF?

I THINK THERE ARE THREE
PRINCIPAL POLITICAL DRIVERS WHY
THAT'S HAPPENED.

THE FIRST THING IS THAT SOCIAL
MARKETING, AND TO ME THAT MEANS
DEVELOPING PROGRAMS OF
INTERVENTION TO START WITH THE
CUSTOMER AND THEN RUNNING A
SYSTEMATIC PROCESS OF DOING
SOMETHING ABOUT THAT, STOPPING
WHAT DOESN'T WORK AND EXPANDING
WHAT DOES WORK.

THAT SORT OF PRINCIPAL IS VERY
CLOSELY ALIGNED TO DEMOCRATIC
MARKET ECONOMY VALUE SYSTEMS AS
WE SEE IT.

A LOT OF PUBLIC HEALTH IS
CRITICIZED IN OUR COUNTRY AS
BEING PATERNALISTIC, AS BEING,
YOU KNOW, KIND OF TALKED DOWN
ANTI-MARKET -- A LOT OF TIMES A
SESSION WHERE PUBLIC HEALTH
SPECIALISTS IN THE UK, I GO
THROUGH A LONG LIST OF COMPANIES
AND SAY PUT YOUR HAND UP IF
YOU'D BE HAPPY TO WORK WITH ANY
OF THESE COMPANIES.

THEY INCLUDE GREAT COMPANIES,
BODY SHOP, CARPETED SOCIETIES
AND SO ON AND NOT ONE HAND GOES
UP.

WE HAVE A VERY ANTI-MARKET VIEW
IN OUR COUNTRY.

THE SOCIAL MARKETING DOESN'T.
IT'S ABOUT ACCEPTING THAT MARKET
AS BEING PART OF THE -- BUT IT'S
IN TUNE WITH OUR KIND OF
POLITICAL VALUE.

CUSTOMER DRIVEN SOLUTIONS -- AND
WE'VE HEARD A LOT ABOUT THIS
FROM YESTERDAY -- REPRESENT A
POWER SHIFT THAT'S GOING ON.

AWAY FROM GOVERNMENT INTO THE
HANDS OF PEOPLE, WHICH IS
UNSTOPPABLE, IN MY VIEW.
IT DOESN'T MATTER WHAT YOU DO.
THIS IS GOING TO HAPPEN.
IT'S HAPPENING.
IT'S ABOUT HOW WE RESPOND TO IT.
AND IT MEANS A DIMINISHING OF
POWER ELITE, POLITICIANS AND
PROFESSIONALS, TECHNICAL
EXPERTS.
SECTION MARKETING IS SEEN AS A
POLITICAL THING, SOMETHING THAT
POLITICIANS AND PRACTITIONERS
CAN UNDERSTAND.
ISN'T THE BLACK BOX, THE MUMBO
JUMBO OF A LOT OF PUBLIC HEALTH
STUFF.
YOU DON'T UNDERSTAND A LOT OF
THAT.
IT'S TOO COMPLICATED.
SOCIAL MARKETING THEY GET.
START FROM THE CUSTOMER.
PLANT THE PLACE, EVALUATE,
LEARN, REFINE.
THIS IS, YOU KNOW, BASIC STUFF.
SOME OF THE DRIVERS, THIS KIND
OF GRAPH THAT YOU CAN SEE -- I'M
PROBABLY -- SOMETHING AT THIS
POINT.
THIS HERE SHOWS YOU A LIFE
EXPECTANCY AT BIRTH OF WOMEN IN
SOCIAL CLASS FIVE.
WE DON'T FOCUS ON RACIAL GROUPS
SO MUCH OR ETHNIC GROUPS IN
TERMS OF OUR CLASSIFICATIONS.
WE TALK ABOUT SOCIAL CLASS,
WHICH IS ABOUT MONEY.
YOU HAVE ONE.
ALL RIGHT.
THANK YOU.
THERE YOU GO.
AND WHAT YOU CAN SEE IS THAT
EVERYBODY'S HEALTH IS KIND OF
GETTING BETTER IN TERMS OF LIFE
EXPECTANCY.

BUT THE GAP BETWEEN THE RICH AND THE POOR, THE POOR, RICH ARE ALL -- IS KIND OF GROWING. THIS IS A PROBLEM THAT WE HAVE IN THE UK DESPITE BILLIONS OF INVESTMENTS IN ALL KIND OF PROGRAMS. WE ALSO HAVE WHAT WE CALL A TSUNAMI OF DISEASE. WE'RE NOT QUITE AS FAT AS YOU YET, BUT WE'RE GETTING THERE. WE'RE WORKING ON THAT. I HEARD YESTERDAY THAT KRISPY KREME DOUGHNUTS, AND THANKS FOR THAT, BY THE WAY, APPARENTLY THEY'RE WORKING ON A DRINKABLE VERSION OF A KRISPY KREME DOUGHNUT. THE EFFORT OF CREWING IS JUST TOO MUCH APPARENTLY. WE RECOMMENDED MAKING CALCULATIONS LAST YEAR AND WE SAID THE TOTAL COST TO PREVENT -- HEALTH IN OUR COUNTRY IS ABOUT \$87 BILLION. THAT'S A HUGE ECONOMIC DRAG ON OUR ECONOMY. SO FROM AN ECONOMIC PERSPECTIVE, THIS IS IMPORTANT. THE TREASURY PICKS UP ON THIS LIKE ANYTHING. THE TREASURY IS OUR SENIOR POLICY DEPARTMENT THAT GIVES MONEY TO EVERY GOVERNMENT DEPARTMENT AND SAYS, YOU KNOW, IF WE'RE SUCCESSFUL AS AN ECONOMY, WE CAN GET MORE SUCCESSFUL BY TACKLING SOME OF THIS STUFF. IT'S NOT ABOUT DOING GOOD. IT'S ABOUT MONEY, BEING MORE EFFECTIVE. SO WE HAVE SOME REAL PROBLEMS. SINCE THIS IS A BURNING NATIONAL PLATFORM, IF YOU LIKE, IT'S SOMETHING WE CAN'T IGNORE.

TYPE TWO DIABETES CAN BANKRUPT
YOUR NATIONAL HEALTH SERVICE.
WE ALWAYS HAVE TO SPEND A LOT
MORE MONEY, WHICH WE DON'T WANT
TO DO.

ALSO AGAIN, WE HEARD THIS VERY
PASSIONATELY EXPRESSED
YESTERDAY.

WE'RE LIVING IN A NEW WORLD WITH
NEW CITIZENS AND WE'RE NOT GOING
TO TAKE IT ANYMORE.

THEY'RE IN CONTROL.

HUGE SOCIAL ECONOMIC
TECHNOLOGICAL CHANGES IN THE
POPULATION AND OUR PUBLIC HEALTH
INSTITUTION HAS NOT KEPT PACE
WITH THIS.

THEY'RE TRYING TO FIT IN THE
SAME WAY AS THEY DID 40 YEARS
AGO.

NOT ACCEPTABLE.

DOESN'T WORK.

MUST BE CHANGED.

NOW I'M CONFUSED BETWEEN THE
POINTER AND THE SLIDE.

WHAT ABOUT PEOPLE'S VIEWS OF
GOVERNMENT?

THIS IS ALSO ONE OF OUR -- IT'S
THE GOVERNMENT THAT HAS A
LEGITIMATE ROLE IN PROMOTING THE
HEALTH OF PEOPLE.

WHAT DO PEOPLE THINK ABOUT THAT?

THESE ARE SOME OF THE STATS AND
THERE MAY BE SOME OTHERS HERE, I
DON'T KNOW.

PEOPLE DON'T TRUST ANY
GOVERNMENT ADVICE.

WE JUST DON'T BELIEVE YOU
ANYMORE.

AND WITH GOOD REASON.

THERE'S A LOT OF STUFF THAT
PEOPLE HAVE LEARNED NOT TO
TRUST.

20% OF PEOPLE COMPLETELY IGNORE
IT.

33% OF PEOPLE, HOWEVER, BELIEVE

THAT THE GOVERNMENT DOES HAVE AN
IMPORTANT ROLE IN IMPROVING
HEALTH, BUT ONLY 4% OF THEM
BELIEVE THE GOVERNMENT HAS THE
MOST IMPORTANT ROLE.

AND WHAT WE TAKE FROM THIS IS
THAT -- AND IT'S ALWAYS BEEN
THIS WAY, REALLY.

IT'S NOT THE GOVERNMENT'S JOB TO
MAKE EVERYBODY HEALTHY.

HEALTH IS CO-CREATED BY
COMMUNITIES, BY INSTITUTIONS, BY
AGENCIES, BY THE MARKET AND
THAT'S WHAT WE HAVE TO WORK ON.
BUT THAT'S NOT WHAT WE'VE BEEN
DOING.

WE'VE BEEN BUNDLING UP MESSAGES
AND TELLING PEOPLE TO DO THIS
STUFF AND THAT'S NOT WORKING
PARTICULARLY WELL.

SO THIS IS WHAT THE GOVERNMENT
THINKS.

ONE OTHER THING IS I BEGIN TO
LOOK INCREASINGLY -- PUBLIC
HEALTH TELLS ME THINGS LIKE
GOING OVER TO THE DARK SIDE WHEN
I STARTED TALKING ABOUT
UNDERSTANDING PEOPLE AND
MARKETING AND NOT LETTING THE
PROFESSIONALS BE IN CHARGE
ANYMORE.

OUR PUBLIC HEALTH POLICY --
MOVING AWAY FROM THIS, THIS IS A
STORY ABOUT HOW IT'S BEEN.
YOU MAY PICK UP SOME ECHOS FROM
THE WAY THAT POLICIES DEVELOPED
IN YOUR COUNTRY.

IT'S OFTEN CONSTRUCTED AT THE
TOP AND DRIVEN DOWN.

THE EXPERTS DECIDE WHAT IT IS
AND PUSH IT DOWN.

IT HAS A SHORT LIFE.

WE KEEP CHANGING THE DIRECTION
AND THE POLICIES AND THE
PROGRAM.

IT'S AS MUCH ABOUT AGENDA

MANAGEMENT AND ACTUAL CHANGE TO
BE SEEN, DO TO BE DOING
SOMETHING.

IT'S NOT OWNED BY THE
RECIPIENTS, OR THE PEOPLE THAT
ARE SUPPOSED TO IMPLEMENT IT.
WE HAVE PEOPLE THAT ARE ABSOLUTE
EXPERTS IN THEIR PUBLIC HEALTH
SYSTEMS.

WE CHANGE THE WORDS DOWN AND
CARRY ON ABOUT WHAT WE'RE DOING
OR THEY IGNORE IT.

IT'S NOT PERFORMANCE MANAGED SO
IT FADES AWAY FROM PEOPLE'S
CONSCIOUSNESS.

THERE'S TOO MUCH OF IT.

TOO OFTEN, THERE'S A BLIZZARD OF
THESE POLICIES COMING AT PEOPLE
AND DIRECTED.

THERE'S LOTS OF GRAND RHETORIC
BY POLITICIANS, BUT NOT SO MUCH
IN TERMS OF IMPLEMENTATION.

A LOT OF THIS POLICY STUFF IS
IMMINENT AND IDEALOGICALLY
DRIVEN RATHER THAN BEING
EVIDENCE DIRECTED.

THAT'S ALWAYS THE CASE IN
POLITICS.

THAT'S THE KIND OF WORLD THAT I
WORK WITH, WITH POLITICIANS AND
SENIOR OFFICIALS.

AND IT'S NEVER JUST STRAIGHT,
GIVE ME THE EVIDENCE.

OH, THAT GIVES US THE ANSWER.

LET'S DO THAT.

THERE ARE MANY STRINGS OF
INTELLIGENCE AND FOREMOST KINDS
OF DECISIONS.

BUT THIS IS THE WAY WE LIKE TO
KIND OF DESCRIBE IT IN TERMS OF
IS IT POSSIBLE TO MOVE TOWARDS
EVIDENCE-BASED POLICY.

IT'S ABOUT INFORMING.

WHAT WE SAY IS THAT YOU
SOMETIMES HAVE POLICY WITH
EVIDENCE.

WE THINK THERE'S ABOUT 10% TO 20% OF WHAT WE DO.

WE'VE GOT POLICY IN SEARCH OF EVIDENCE.

I.E., I'M A POLITICIAN AND I'VE DECIDED WHAT I WANT TO DO. FIND ME SOME RESEARCH THAT BACKS IT UP.

POLICY COUNTS THE EVIDENCE.

WE'VE GOT A LOT OF THAT.

YOU KNOW, WE KNOW THIS STUFF ISN'T GOING TO WORK BUT WE DO IT, ANYWAY, FOR POLITICAL REASONS.

EVIDENCE IN SEARCH OF POLICY.

SOMETIMES THERE ARE GREAT RESEARCHERS OUT THERE THAT FIND SOMETHING THEY THINK WORKS AND THEY WANT SOMEBODY TO TAKE IT AND -- SO IT WOULD HAVE A GOOD EFFECT.

I'VE ALSO STILL GOT A LOT OF EMINENT SPACE POLICY.

BECAUSE I'M PROFESSOR X AND I SAY THIS, THEREFORE, LET'S DO IT.

GET ENOUGH PROFESSORS IN A ROOM AND THAT'S ENOUGH USUALLY TO JUSTIFY DOING SOMETHING.

SOCIO MARKETING IS AN ABSOLUTE CHALLENGE TO A LOT OF THAT STUFF, OKAY?

WE NEED TO MOVE AWAY FROM THAT CERTAINLY USING THE EVIDENCE BUT ALSO INTELLIGENCE FROM THE PEOPLE OUT THERE WHO ARE THE RECIPIENTS OF THESE INTERVENTIONS.

THE SHIFTS THAT HAVE GONE ON THROUGH POLICY, IDEALOGICALLY DRIVEN APPROACHES TO IMPROVING. SO THE AGENDA, THEN, WAS ABOUT EMPOWERING PEOPLE HAVING A SMALL STATE, CHALLENGING PUBLIC SERVICE, MONOPOLIES AND PRIVATIZATION.

WE'VE LOST, IN OUR DEPARTMENT OF HEALTH, ONE-THIRD OF ALL THE CIVIL SERVANTS WHERE THEIR JOBS HAVE BEEN CUT AND LOTS OF SERVICES PUT OUT TO PRIVATE SECTORS.

IN THE KIND OF 90s INTO THE THOUSANDS, EVIDENCE AND EFFICIENCY WAS THE BIG POLICY DRIVERS.

SO LOOKING AT BETTER MANAGEMENT REGION RETURN ON INVESTMENT, MONEY AND EVIDENCE BASED POLICY. WE ESTABLISHED AN ORGANIZATION CALLED THE NATIONAL INSTITUTE FOR CLINICAL EVIDENCE.

THAT'S THE JOB TO LOOK AT THE FIELD AND SAY, THIS IS WHAT WE KNOW.

THIS IS WHAT WORKS AND THIS IS WHAT DOESN'T WORK.

WHERE WE ARE NOW, THE BIG POLICY DRIVERS NOW, AND THESE THINGS ARE PUNITIVE TO SOME EXTENT, WE'RE IN THE CUSTOMER CHOICE AND WHOLE SYSTEMS ERA.

THIS IS WHERE POLITICIANS AND TECHNOCRATS THINK THE NEXT BENEFITS COME FROM IN TERMS OF IMPROVING THE WAY WE HELP PEOPLE TO LIVE AND IMPROVE PUBLIC SERVICE.

IS NOW WE'RE LOOKING AT SOLUTIONS, INSIGHT DRIVEN, CUSTOMER INSIGHT, CHOICE AND DIVERSITY OF PRO VISION.

THAT'S THE WORLD I'M HAVING NOW IN TERMS OF DELIVERING HEALTH CARE SERVICES AND A WHOLE RANGE OF PUBLIC HEALTH INSTITUTIONS.

PART OF THE REASON THAT WE FOUND THIS HAS BEEN TAKEN UP SO READILY IS THAT THE GOVERNMENT RECOGNIZES IT IS IN THE CHANGE BUSINESS BIG TIME.

IF YOU LOOK AT ALL OF THE BIG

CHALLENGES FACED BY YOUR COUNTRY AND OURSELVES, YOU KNOW, FROM A ALCOHOL MISUSE, OBESITY, PARENTING, A WHOLE RANGE OF ISSUES, THESE ALL OBVIOUSLY, BECAUSE THEY INVOLVE PEOPLE, INVOLVE BEHAVIOR CHANGE AND THE WAY PEOPLE BEHAVIOR FOR THEMSELVES AND THE COMMUNITIES IN WHICH THEY WORK AND LIVE. SO THE ISSUE IS WHAT? WHAT IS THE VALUE THAT GOVERNMENT BRINGS AND WHAT PROCESSES ARE -- THIS FOCUSES ON LOTS OF FUNDAMENTAL THINGS IN PEOPLE'S LIVES AND PEOPLE ARE GETTING LESS KIND OF HAPPY TO HAVE CERTAIN LEGISLATE TO MAKE THEM DO THINGS. WE'RE MOVING AWAY VERY RAPIDLY IN TERMS OF LEGISLATION IN TERMS OF INCENTIVIZING SOMETHING OR PENALTIES AS BEING THE MAJOR TOOL FOR CHANGE AND MUCH MORE TOWARDS UNDERSTANDING, PERSUADING AND FACILITATING PEOPLE TO MAKE POSITIONS FOR THEMSELVES THAT BENEFIT THEM AND THEIR COMMUNITIES AND THEIR FAMILIES. BEING IN THE BEHAVIOR CHANGE BUSINESS AND, YOU KNOW, WHEN I SAY BIG TIME, WHAT I MEAN IS THE GOVERNMENT IS THE BIGGEST SINGLE PURCHASER OF ADVERTISING BAR NONE IN OUR COUNTRY. WE SPEND HUNDREDS OF MILLIONS. OUR SMOKING PROGRAM ALONE SPENDS \$200 MILLION ON SMOKING ADVERTISING AND PRO MOTIONAL WORK EVERY YEAR. THAT'S NOT A BAD THING. THAT'S AN EXCELLENT THING, PARTICULARLY ALONGSIDE THE INTRODUCTION OF A TOTAL SMOKING BAN IN THE UK.

THESE ARE TWO TREMENDOUS, YOU KNOW, PUBLIC HEALTH STEPS. WHEN YOU GET BEYOND SMOKING, WHICH IS A RELATIVELY EASY THING TO TACKLE IN SOME WAYS, OBESITY, SEXUAL HEALTH, THESE ARE SENSITIVE AREAS POLITICALLY AND THEY TOUCH THE CORE OF PEOPLE'S LIVES AND THE WAY THEY LIVE IN THEIR VALUES SYSTEMS.

THAT'S TRICKY BUSINESS IN GOVERNMENT.

PARTICULARLY NOW, BECAUSE PEOPLE IN THE PAST -- IF YOU GO BACK TWO GENERATIONS, YOU GO TO THE DOCTOR AND THEY SAY, MR. SMITH OR IN THIS CASE MR. FRENCH, WOULD YOU LIKE TO DO THIS?

AND THE PERSON WOULD SAY YEAH, SURE, BECAUSE I WOULD BE ACCEPTING OF THAT GUIDANCE.

THAT'S NOT THE CASE TODAY.

WHAT I WOULD SAY, THOUGH, IN TERMS OF HE IS THAT I GET FRUSTRATED IN TERMS OF WHAT WE NEED TO DO BEFORE WE ACTUALLY DO SOMETHING.

WE SPEND A TINY PRO PORTION OF OUR R & D BUDGET ON INTERVENTION RESEARCH.

WE SPEND OVER 98% ON DESCRIBING THE PROBLEM AND LESS THAN 1% ON INTERVENTION RESEARCH.

WHAT DO YOU GET WHEN YOU CROSS A PSYCHOLOGIST AND A SOCIOLOGY AND A MEMBER OF THE -- PEOPLE THAT YOU CAN'T UNDERSTAND.

AND, OF COURSE, THERE'S AN INDUSTRY.

I KNOW SOME OF YOU HAVE APOLOGIES OF CREATING, YOU KNOW, WHERE IS MY NEXT PAPER THAT I'M GOING TO PUBLISH OR THE NEXT LITTLE STUDY I'M GOING TO DO INTO THIS BEHAVIOR THAT NEEDS TO BE CHANGED?

MY ANSWER TO THAT IS WE KNOW
WHAT TO DO.
WHAT IS IT ABOUT HAVING THE WILL
TO DO IT CONSISTENTLY AT THE
RIGHT KIND OF SCALE?
WE DON'T NEED MUCH MORE
INFORMATION ABOUT HOW WE NEED TO
GO ABOUT DOING THINGS.
ONE OF THE OTHER DRIVERS IS A
TECHNICAL DRIVER ABOUT WHY WE
ARE CHANGING.
IT'S WHETHER WHAT I CALL THIS
SPIRIT OF FAILURE.
IT RESULTS IN INFORMATION GIVING
BEING THE DEFAULT POSITION.
WHY DOES THAT HAPPEN?
ONE, TO BE SEEN TO BE ACTING.
IT'S AN EASY THING TO DO TO SAY
LET'S HAVE A CAMPAIGN OR A
PROGRAM AND PUSH THE MESSAGES
OUT THERE.
WE DON'T HAVE TO TACKLE THE
FUNDAMENTAL ISSUES THAT ARE
CAUSING THE PROBLEM, BUT WE CAN
BE SEEN TO BE DOING SOMETHING.
A GENUINE DESIRE TO HELP AND TO
DO SOMETHING, SO THAT'S THE FLIP
SIDE OF THAT.
WE REALLY WANT TO HELP PEOPLE.
MORE IMPORTANTLY THAN ALL OF
THAT IS SHORT-TERM POSSE
PLANNING AND BUDGETING.
THAT'S AT THE ROOT OF A LOT OF
THIS STUFF.
THAT'S ONE OF THE THINGS OUR
GOVERNMENT IS SAYING IT'S GOING
TO CHANGE AND STOP.
SO THERE'S POLITICAL WILL TO
STOP DOING SOME OF THIS BAD
PRACTICE.
IN THE PAST, THERE'S BEEN A
PATERNALISM.
IT'S BEEN A FEATURE OR A
REFLECTION OF A PRODUCT FOCUS.
AND THE PRODUCT BEING, YOU KNOW,
POLICY.

POLICY, BECAUSE OF THE POLITICAL
PROCESS AND HERE IS DEVELOPED IN
A COLLECTIVE WAY.

YOU HAVE A RIGHT TO INPUT INTO
YOUR SENATORS AND SO ON AND SAY
WE THINK THIS SHOULD HAPPEN OR
THIS IS WHAT'S GOOD, THIS IS
WHAT NEEDS TO CHANGE.

THAT IN A SENSE IS A COLLECTIVE
PEOPLE-INFORMED PROCESS, WHICH
IS EXCELLENT.

WHEN YOU GET DOWN TO, OKAY,
THAT'S THE ISSUE.

WHAT DO WE DO?

WHERE DO WE SPEND OUR MONEY?

THAT'S USUALLY DRIVEN BY
PROFESSIONAL STRATEGISTS AND
EXPERTS WITHOUT USUALLY A LOT OF
INPUT FROM THE RECIPIENTS OF
THIS STUFF.

AND THAT STANDS IN STARK
CONTRAST, CONTRAST TO THE WAY
LOTS OF THE COMMERCIAL SECTOR,
AS YOU KNOW, AND GOOD PUBLIC
BODIES GO ABOUT DOING THEIR
BUSINESS.

THEY STOP THE OTHER WAY AROUND.
AND IT FLIES IN THE FACE OF WHAT
WE KNOW ABOUT THE EVIDENCE OF
WHAT WORKS.

THERE IS A GREAT NEW PAPER OUT
BY A GUY CALLED -- AN AUTHOR
FROM THE SCHOOL OF ECONOMICS
THAT SHOWS A BIG MECCA OF
RESEARCH.

POLICY FAILS WHEN IT'S DELIVERED
BY -- WHEN IT'S PLANNED AND
DELIVERED BY EXPERTS AND DRIVEN
THROUGH THE SYSTEM.

IT WORKS WHEN CITIZENS HAVE BEEN
INVOLVED IN THE DESIGN, THE
DEVELOPMENT, IMPLEMENTATION AND
THE MARKETING OF IT.

HOW SERIOUS ARE WE ABOUT
CHANGING THE WAY WE DO BUSINESS?

THIS IS OUR PAST PRIME MINISTER,

TONY BLAIR.

I THINK HE'S WORKING FOR YOU
NOW.

AND THIS IS ONE OF THE
STATEMENTS HE MADE IN 2004.

I DON'T NEED TO READ IT.

WHAT YOU SEE IT SAYS IS WE'RE
GOING TO CHANGE THE WAY WE DO
BUSINESS, NOT JUST IN PUBLIC
HEALTH BUT OF COURSE ALL PUBLIC
SERVICES ARE PUTTING THE USER AT
THE CENTER.

THIS IS OUR NEW BOSS.

ANYBODY KNOW WHAT HIS NAME IS?

NO.

WHY WOULD YOU?

HIS NAME IS GORDON BROWN.

HE WAS THE CHANCELLOR, VERY
SUCCESSFUL CHANCELLOR IN THE
LAST TEN YEARS.

HE'S THE NEW PRIME MINISTER.

THERE WILL BE A POPULAR VOTE IN
THE NEXT YEAR ELECTING THIS
PERSON PROBABLY.

BUT TWO WEEKS BEFORE HE ACCEPTED
THE PRIME MINISTERIAL

NOMINATION, HE ASKED US ON THE
COUNCIL TO RUN A SEMINAR FOR HIM
ABOUT -- PEOPLE'S UNDERSTANDING
AND VIEWS ABOUT SMOKING, WHICH
WE DID.

AND HE CAME AND SPENT TWO HOURS
WITH US JUST LISTENING TO THE
GROUPS OF PEOPLE THAT WE PUT
TOGETHER.

AND THIS IS A LITTLE QUOTE FROM
HIS ACCEPTANCE SPEECH.

LISTENING TO PEOPLE IS WHAT THIS
IS ABOUT.

AND USING THAT TO DRIVE THE
SYSTEM INTO THE FUTURE.

SO WHAT DID WE DO?

WE UNDERTOOK THIS REVIEW, YOU
CAN SEE IT ON OUR WEB SITE.

AND THE BASIC QUESTION WAS, WHAT
IS SOCIAL MARKETING?

IS THERE SOMETHING IN IT FOR US?
WILL IT ADD TO OUR NEW AGENDA OF
CHANGING THE WAY WE DELIVER
PUBLIC SERVICES?

WHAT WE FOUND, THE ANSWER WAS
YES, THERE IS SOMETHING IN
SOCIOLOGICAL MARKETING PROVIDING
YOU APPLY IT SYSTEMATICALLY WITH
THE RIGHT LEVEL OF RESOURCE.

THE CONTENT IN ITSELF IS NOT
PARTICULARLY HELPFUL, BUT YOU
NEED TO FOLLOW IT THROUGH
SYSTEMATICALLY.

SO WE THINK SOCIO MARKETING
PRINCIPALS HAVE POTENTIAL TO
IMPROVE THE IMPACT OF BEHAVIORAL
INTERVENTIONS NOT JUST IN
HEALTH, BUT ACROSS THE BOARD.

WE FOUND IN OUR REVIEW CURRENT
UNDERSTANDING, UTILIZATION OF
SOCIAL MARKETING IS VERY LOW.

PROBABLY NOT AS HIGH AS IT IS
HERE IN THE STATES.

WE THEN MADE A SERIES OF
RECOMMENDATIONS, ABOUT 39
RECOMMENDATIONS TO MY MOM, JUST
IMAGINE HOW HORRIFIED SHE WAS
WHEN I TOLD HER I WAS NO LONG
EVERY A PUBLIC HEALTH PERSON, I
WAS IN AND OUT A MARKETEEER.
DISAPPOINTMENT.

THERE ARE 39 RECOMMENDATIONS
UNDER THESE HEADINGS, APPLYING
SOCIOECONOMIC ISSUES ACROSS THE
BOARD FOR EVERYTHING.

YOU CAN'T DO IT ALONE,
GOVERNMENT, YOU HAVE TO BUILD
RELATIONSHIPS WITH THE NGO
SECTOR AND THE PRIVATE SECTOR
AND INVEST IN THAT TO MAKE THEM
WORK.

YOU NEED TO PRIORITIZE WHAT
YOU'RE DOING.

YOU NEED TO SYNERGIZE, STOP
RUNNING SEPARATE SEXUAL HEALTH
AND ALCOHOL PROGRAMS WHEN WE

KNOW IF YOU'RE LUCKY, IF YOU'RE
A YOUNG PERSON, YOU GO OUT, HAVE
A DRINK, SMOKE A PACK AND YOU
GET LAID.

WHY DON'T WE PUT THOSE
PROGRAMS -- NO.

THERE'S A PRODUCT FOCUS.
SEXUAL HEALTH.

THEY'RE ALL SEPARATE THEMES.

I WORK IN A BUILDING WHERE
SEXUAL HEALTH TEAMS SIT HERE AND
HERE AND THEY TALK TO EACH
OTHER.

THEY DON'T EVEN KNOW EACH
OTHER'S NAMES.

IT'S CRAZY.

WE HAVE TO UNDERSTANDING SOCIAL
MARKETING.

THAT MEANS GETTING ACADEMIC
STANDARDS ON BOARD, DEVELOPING
TRENDS AND SO ON.

RESEARCH AND EVALUATION.

WE SPEND MEGA BUCK OWES THAT.
MOST OF IT IS DONE.

AND IT'S NOT TO INFORM A
DECISION THAT'S GOING TO CREATE
A SHIFT IN MONEY.

WHAT'S HAPPENED?

THE RANGE OF POLICY DIRECTIVES
HAVE NOW BEEN ISSUED IN TERMS OF
TAKING SOCIO MARKETING AND
SAYING, YES, THIS IS NOW A PART
OF WHAT WE'RE GOING TO BE GOING
ABOUT OUR BUSINESS.

THIS IS A SIGNIFICANT PUBLIC --

I THINK IT'S THE MOST
SIGNIFICANT PUBLISHED HEALTH
DOCUMENT THAT'S BEEN PUBLISHED
IN THE UK IN THE PAST TEN YEARS.
IT'S CALLED HEALTH CHALLENGED
ENGLAND.

ABOUT A THIRD OF THIS REPORT
TALKS ABOUT APPLYING
SOCIOECONOMIC MARKETING.

IT'S BRILLIANTLY WRITTEN,
BECAUSE I WROTE IT.

BUT IT GIVES A COMMITMENT TO
MOVE AWAY FROM THESE OLD
PRACTICES OF BEING
PROFESSIONALLY DRIVEN, INTO A
MORE CUSTOM DIRECTIVE
SYNERGISTIC WAY OF DELIVERING
PUBLIC SERVICE.

THIS IS JUST ANOTHER EXAMPLE.

THIS IS ON OUR CABINET OFFICE.

THIS IS A DOCUMENT CALLED,
PROGRESS IN PUBLIC SERVICE.

THIS IS PUBLISHED ABOUT FIVE OR
SIX WEEKS AGO.

THERE WERE TWO MENTIONS OF
PUBLIC HEALTH IN THIS DOCUMENT.
THERE ARE SIX MENTIONS OF SOCIO
MARKETING.

WHAT DOES THAT MEAN?

I DON'T KNOW.

BUT IT MEANS SOMEWHERE, PROBABLY
STICKING UP ON THIS IN THE
HIGHEST LEVELS OF GOVERNMENT,
THIS IS OUR PUBLIC HEALTH
MINISTER SINCE LAUNCHING THE
NATIONAL SOCIOECONOMIC MARKETING
CENTER IN DECEMBER OF LAST YEAR.

THAT'S ONE OF THE
RECOMMENDATIONS THAT WE MADE.

NOW ALL DH POLICY TEAMS, THESE
ARE PEOPLE THAT RUN SEXUAL
HEALTH, DRUGS, ET CETERA,
ANNOUNCED IN BUILDING IS AND
SOCIO MARKETING PRINCIPALS AND
PLANNING PROCESSES INTO THEIR
WORK AS A REQUIREMENT.

UNLESS YOU DO THAT, THERE'S NO
MONEY.

OKAY?

RECOGNITION AND CAMPAIGN
FUNCTION, WE USED TO HAVE, UP
UNTIL LAST YEAR, A CAMPAIGN
DIVISION WITHIN OUR DEPARTMENT
OF HEALTH.

THAT'S NOW BEEN CLOSED.

WE CLOSED THAT AND WE HAVE A
MARKETING DIVISION ACTING AS

STRATEGIC ADVISERS.

THERE'S STRUCTURAL CHANGE,
PEOPLE LOSING THEIR JOBS, NEW
PEOPLE BEING RECRUITED IS
HAPPENING AS A RESULT OF THIS.
WE HAVE A POPULATION CALLED
SEGMENTATION AND DEVELOPMENT.
BUT FOR THE FIRST TIME WE'RE
DEVELOPING AND INVESTING A LOT
OF MONEY, OVER \$1.5 MILLION INTO
DEVELOPING A PICTURE OF OUR
POPULATION THAT IS NOT BASED ON
VIEWS ON SMOKING OR SEXUAL
HEALTH, BUT ABOUT HOW THEY LIVE
THEIR LIVES AND THAT CAN BE AN
INCREDIBLY POWERFUL TOOL FOR US.
A LOT OF COMMERCIAL COMPANIES
THAT WOULD WANT TO GET THAT
UNDERSTANDING.

WE ALSO HAVE AT THE VERY HIGHEST
LEVEL WITHIN THE DEPARTMENT OF
HEALTH A THING CALLED THE
PEOPLE'S PROGRAM WHICH IS NOT
DIRECTED TO PUBLIC HEALTH
ISSUES.

IT'S ACTUALLY LOOKING AT THE WAY
WE DELIVER CLINICAL SERVICES TO
PEOPLE AND THAT'S TAKING ON
SOCIO MARKETING PRINCIPALS.
THERE'S A PART OF THIS SECTION,
THERE'S A PARTNERSHIP PROGRAM
BEING DEVELOPED.

I HAD SOME INTERESTING
DISCUSSIONS WITH THE CDC
FOUNDATION ABOUT THE WORK THAT
YOU'VE BEEN DOING HERE.

THERE'S EXCITING AND POTENTIALLY
DANGEROUS AREA FOR THE
GOVERNMENT TO GET INTO, BUT
THEY'RE MAKING THE COMMITMENT TO
START DIALOGUE WITH COMPANIES
ABOUT SOME OF THESE BIG HEALTH
ISSUES.

PUBLIC HEALTH FUNDING AND
RESEARCH IS BEING REVIEWED.
WE CURRENTLY SPEND ABOUT 2% OF

OUR HEALTH BUDGET ON PUBLIC HEALTH.

WE'RE UNDERTAKING A REVIEW WITH THE PROMISE THAT WE'RE PROBABLY GOING TO DOUBLE OUR HEALTH CARE SPENDING.

THAT'S SIGNIFICANT FOR US.

THE EU, EUROPEAN UNION, IS GETTING VERY INTERESTED IN SOCIO MARKETING.

THEY'RE COLLABORATING WITH OURSELVES AND SOME OF THE OTHER COUNTRIES IN EUROPE TO EXPLORE THE POSSIBILITIES OF THAT.

WE HAVE THE BEGINNING OF A WIDE RANGE OF GOVERNMENTAL DEPARTMENTS BANGING ON OUR DOORS SAYING, WE HAVE BEHAVIOR ISSUES HERE.

WE'VE BEEN SPENDING MILLIONS TO TELL PEOPLE TO DO STUFF.

IT'S NOT WORKING.

WHAT CAN WE DO?

OUR MARRIAGE PROBLEM IS WE DON'T HAVE ENOUGH SOCIAL MARKETERS IN ENGLAND TO ANSWER THAT.

WE HAVE RECRUITED FROM NEW ZEALAND AND AUSTRALIA ALREADY.

THE LESSONS SO FAR, AND THIS IS JUST BEGINNING TO WRAP UP NOW, THROUGH THE NETWORK OF SERVICE CHAMPIONS, OKAY, WE DON'T GO IN AND SPEAK TO PRACTITIONERS OR DENTISTS.

I GO TO SPEAK TO THE MINISTER AND THE SENIOR OFFICIALS BECAUSE THAT'S WHERE YOU NEED TO START. WITHOUT THAT SUPPORT, YOU'RE NOT GOING TO GET ANYWHERE.

THINK EXTRA STRATEGIC POLICY CHANGE.

WHAT IS YOUR PERSONAL ORGANIZATION?

HOW ARE WE ADDING VALUE?

THOSE ARE THE QUESTIONS.

WHAT SHOULD WE STOP DOING?

IT'S NOT ABOUT WHAT YOU DON'T DO
AS MUCH AS WHAT YOU DO DO.
UNDERSTANDING CUSTOMERS A AND B,
CUSTOMER RELATIONS FOR US IS THE
POLICYMAKER AND THE
PRACTITIONER.

WE NEED TO UNDERSTAND ALL THREE
OF THOSE SETS OF PEOPLE.
CUSTOMER WOULD BE THE RECEIVING
ONE, JOE PUBLIC IS GOING TO BE
ON THE RECEIVING END.

IN TERMS OF UNDERSTANDING
POLITICIANS AND SENIOR
POLICYMAKERS AND STRATEGISTS,
YOU NEED TO FIRST UNDERSTAND
WHAT IS GOING TO HELP WHEN.
WHAT IS THE GOLD IN THE TEXT FOR
THEM?

PROVIDE SOLUTIONS TO STRATEGY
CHALLENGES.

DON'T JUST GO AND GIVE THEM
ANOTHER PROBLEM.

THEY'RE NOT JUST DESCRIBING A
PROBLEM.

HOW CAN THIS ACTUALLY
PRACTICALLY HELP APPLYING SOME
OF THESE TECHNIQUES?

WE ARE A GEEK.

ANY POLICY DOCUMENT IS PUBLISHED
WITH ANY GOVERNMENT WE GO
THROUGH BY A FINE TOOTH COMB.
WHEN WE GO BACK WE CAN SAY, THIS
IS SOMETHING WE CAN HELP YOU
WITH.

BUILD A STORY THAT THEY CAN
UNDERSTAND.

SOME OF THE MOST POWERFUL,
BIGGEST LESSONS I LEARNED WAS
TAKING THE MINISTERS OUT INTO
THE FIELD, SHOWING THEM
PRACTICAL PROJECTS THAT THEY
COULD UNDERSTAND BECAUSE THEN
THEY WOULD TELL THAT STORY.

THEY SAID, I WENT OUT AND I SAW
THE PROJECT AND I THOUGHT, THEY
CAN BELIEVE IT.

THEY'RE JUST LIKE US.
I MEAN, JUST TRYING TO ITEM
TECHNICALLY SHOW THEM THE
REVIEWS AND SAY, DIGEST THAT,
THAT'S NOT THE WAY TO GET THESE
PEOPLE ON BOARD.
IT'S ALSO IMPORTANT WE SET OUT
THE EXCHANGE.
THERE IS A COST TO GOING DOWN
THIS ROUTE OF A MORE SYSTEMATIC
CUSTOMER-DRIVEN APPROACH TO
IMPROVING SERVICES.
JUST IN TERMS OF THE EXCHANGE
THEORY.
YOU HAVE TO INVEST MORE IN
SCOPING AND COORDINATION.
GAIN THAT UNDERSTANDING AND
DEVELOPMENT AND COORDINATING ALL
DEPARTMENTS, THE PUBLIC NEEDS TO
BE INVOLVED.
WE DON'T HAVE THE STAFF OR THE
SKILLS OFTEN TO DO THAT.
THE POTENTIAL PAIN OF CHANGE.
THIS PROBABLY MEANS SACKING SOME
OF THE PEOPLE THAT CURRENTLY
WORK WITH YOU AND HIRING SOME
NEW PEOPLE.
LOSS OF TOTAL CONTROL.
IF YOU ENTER INTO A PARTNERSHIP
DELIVER MODE, THAT MEANS YOU
CAN'T RUN EVERYTHING.
YOU HAVE TO GIVE UP SOME OF
THAT.
THE ACTUAL TRANSITION COSTS CAN
BE CONSIDERABLE, TOO.
AND YOUR SPEED OF RESPONSE MAY
GO DOWN.
NOT NECESSARILY.
IT DEPENDS ON THE ISSUE.
BUT IF WE'RE GOING TO INVEST IN
SYSTEMATIC PLANNING, PRETESTING
AND DEVELOPMENT, THAT TAKES
TIME.
CURRENTLY, WE DON'T DO THAT.
WE CAN SEE THERE'S AN IDEA.
A MINISTER WAKES UP IN THE

MORNING AND SAYS, I THINK WE SHOULD HAVE A CAMPAIGN ON AIR. WITHIN FIVE WEEKS, WE'RE DOING SOMETHING.

BENEFITS, IMPROVED IMPACT, BETTER POLICY COHERENT.

ENHANCED LEARNING, WHICH IS ABSOLUTELY KEY.

MOBILIZING ALL THE AVENUES WE HAVE OUT THERE, ENHANCE LEADERSHIP AND SET A VALUE FOR PUBLIC STANDARD.

CHALLENGES AHEAD: FOR US, POSITION SOCIAL MARKETING THINKING AT THE HEART OF POLICY. WE NEED TO HAVE POLITICIANS BEING SOCIAL MARKETED, THINKING IN THAT DIRECTED WAY, WHICH THEY NATURALLY DO.

YOU NEED BOTH.

YOU NEED TO UNDERSTAND YOUR CONSTITUENTS.

SYSTEMATIC APPLICATION BY SOCIO MARKETING BY EVERYBODY AND IF YOU DON'T, YOU DON'T GET ANY MONEY.

THAT'S THE BOTTOM LINE.

RESISTANCE FROM SKEPTICAL OR COMPLACENT PEOPLE.

THERE ARE SOME THAT GOVERNMENT FROM THE GOVERNMENT I WORK WITH WHO ARE HAPPY WINNING CAMPAIGNS AND THEY'RE GREAT AT IT.

YOU HAVE TO TACKLE THOSE PEOPLE AND IT'S POSSIBLE FOR -- TO MOVE AND CHANGE AND IF NOT YOU CHOP THEM OFF AND GO.

THE TEMPTATION TO DEVELOP SOCIO MARKETING AS A SUPER SPECIALITY OR CLICK I THINK IS A REAL CHALLENGE BECAUSE THAT WOULD BE A VERY EASY ROUTE TO GO DOWN. NOT NECESSARILY BAD.

I JUST DON'T THINK IT WOULD BE AS EFFECTIVE AS GETTING TENS OF THOUSANDS OF PEOPLE AT ALL

LEVELS TO SPEAK IN THIS WAY AND
APPLY THESE PRINCIPALS WHICH ARE
SIMPLE AND THEY CAN DO.

ANOTHER CHALLENGE IS A LOT OF
RUBBISH GETTING IN THE WAY.
THERE'S POORLY WRITTEN UP
INFORMATION.

WE WARN THE PEOPLE WE TALK TO,
IF YOU GO ON THE MARKET AND TYPE
IN SOCIO MARKETING, THERE'S A
LOT OF CRAP.

MOST OF IT IS NOT SOCIO
MARKETING.

IT'S JUST BEING DRESSED UP IN
THAT WAY.

THAT'S A WARNING.

DO WE NEED TO IMPOSE SOME
QUALITY STANDARDS IN CRITERIA?
WE'VE BEEN WORKING ON WHAT WE
CALL BENCHMARK CRITERIA.

JUDGING WHETHER SOMETHING IS
SOCIO MARKETING AND WHETHER IT'S
EFFECTIVE PRACTICE OR NOT.

OUR JOB, I THINK, IS NOT TO
BECOME TECHNICAL MARKETING
EXPERTS, REALLY, BUT TO BE
CITIZENS AND CHAMPIONS.

I THINK THAT'S THE ROLE FOR THE
KINDS OF PEOPLE THAT ARE SITTING
IN THIS ROOM.

WHEN YOU GO TO MAINTAIN AND
EXPERTS SAY, I THINK WE SHOULD
DO THIS, FILL OUT THE RESEARCH
AND SAY, WELL, PEOPLE THINK
THAT.

I THINK WE HAVE TO BE THAT
ADVOCATE AND ACCURACY AREAS
WHERE PEOPLE THEMSELVES HAVE A
CHOICE ABOUT HOW WE SPEND MONEY.
WE HAVE TO GET PRACTITIONERS,
POLITICIANS TO THINK LIKE
MARKETERS.

I DON'T THINK THAT'S NECESSARILY
A HARD SALE AT ALL.

IT'S JUST THAT WE HAVEN'T BEEN
DOING IT.

WHERE WE'VE BEEN IS HERE.
PROFESSIONAL LED, SELLING STUFF
ADULT TO CHILD, DEFICIT MODELS,
CENTRALIZED COMMAND AND
COMPARTMENTALIZATION OF ISSUES.
THIS IS THE WAY WE'VE BEEN
OPERATING.
THIS THE WAY ORGANIZATIONS ARE
WORKING.
WHAT WE NEED TO GET TO IS A KIND
OF SOCIO MARKETING APPROACH
THERE WHICH IS MORE CONSUMER
LED, IT'S ABOUT MARKETING AND
RELATIONSHIPS, BEHAVIOR, EXAMINE
AND IN SHARING THE UNCERTAINTY
IN THINGS LIKE RISK
COMMUNICATION.
SUSTAINED PROGRAMS, STRATEGIC IN
SERVICE, TAKING IN ALL THE --
EMPOWERING PEOPLE, NETWORK
LEADERSHIP, DIFFERENT FORM OF
LEADERSHIP HERE FOR GOVERNMENT
AND AGENCY AND --
WHAT'S THE ROLE, THEN, OF THE
GOVERNMENTS AND GOVERNMENT
AGENCIES IN THE FUTURE IN I
THINK BE CONCERNED BOAR
LISTENING, LEARNING AND LINKING
WHICH IS ABOUT FACILITATING THE
LEADERSHIP.
THAT'S A HUGE SHIFT FROM MANY OF
OUR KIND OF PUBLIC HEALTH AND
ANOTHER PUBLIC FEATURE,
ORGANIZATION.
I THINK THE NEW ROLES ARE ABOUT
MAKING SURE THERE IS POLICY
CONSISTENCY ACROSS GOVERNMENT
AND ACROSS DEPARTMENTS,
PROVIDING GUIDANCE AND ALSO FOR
PEOPLE, HOW IS IT GOING ROLE,
BUT PROBABLY MORE THAN BEING A
PROVIDER OF THAT STUFF, BEING A
QUALITY ASSURER OF IT.
WE HAD A 13 MILLION POUND WEB
SITE WITH HEALTH INFORMATION AND
I TRIED TO STOP THAT, BUT I

WASN'T SUCCESSFUL.
I SAID, WHAT WE SHOULD DO IS
WORK WITH THE BBC AND LOTS OF
OTHER COMMERCIAL PROVIDERS AND
BE THE QUALITY ASSURER OF THE
INFORMATION THEY PUT OUT.
SO I THINK THE GUIDANCE IS
AROUND QUALITY STANDARDS RATHER
THAN BEING THE ACTUAL PROVIDER.
COORDINATION.
I THINK THIS NEEDS NEW SKILLS
AND NEW MIND-SET.
THAT WILL BRING A SHIFT IN THE
WAY WE RECRUIT, TRAIN AND
DEVELOP PEOPLE.
WHERE WE ARE NOW IS THAT SOCIO
MARKETING IN THE POLICY
ENVIRONMENT AND LIVING
ENVIRONMENT IS WHAT WE CALL
FRAGILE.
WE WANT TO GET IT INTO A
SITUATION WHERE IT ACTUALLY IS
THE WAY THAT WE DO THINGS.
TALK TO ME ABOUT SOCIAL
MARKETING AND WHEN WE'RE
SUCCESSFUL IN THE UK, IT'S JUST
SOMETHING WE ALL KNOW ABOUT.
THAT'S WHERE YOU WANT TO GET TO.
AND THE LAST THOUGHT I'D LEAVE
YOU WITH IS WE ALL SEEM TO BE
GAINING A LITTLE MORE LIGHT.
WATCH THE KRISPY KREME DOUGHNUT.
TRUST THE PEOPLE.
AND I THINK THAT'S FUNDAMENTAL
QUOTE.
IN ADDITION TO IT IS EVENTUALLY
THEY WOULD SCOFF YOU IF IT BE
DONE.
YOU HAVE NO OPTIONS.
WE ARE STARTING TO WORK ON
VERY -- FROM THE 29th AND 30th
OF SEPTEMBER OF NEXT YEAR IN
LONDON WHICH WOULD BE THE FIRST
WORLD SOCIO MARKETING GROUP IN
LONDON.
YOU'RE NOT ALONE.

THERE ARE THOUSANDS MORE LIKE YOU WHO ARE OUT THERE WHO ARE GOING TO PUSH THIS AGENDA. THANKS VERY MUCH.

>> BECAUSE WE GOT A LATE START, WE ARE A COUPLE MINUTES LATE NOW GOING INTO OUR NEXT SESSIONS, BUT I REALLY WOULD LIKE TO ASK FOR MAYBE ONE OR TWO QUESTIONS BEFORE WE BREAK AND JUST HEAD DIRECTLY TO THE NEXT SESSION. SO IF THERE ARE ONE OR TWO BURNING QUESTIONS -- YOU'RE STUNNED BY HIS BRILLIANCE. IN THE BACK?

>> MAY I ASK ONE QUICK QUESTION? JEFF, THIS IS SPONSORED IN PART BY THE NATIONAL CENTER FOR HEALTH MARKETING. AND WE'VE, I THINK, DISPENSED WITH ANYMORE DEBATE OVER THE WORD HEALTH MARKETING, BUT I'M GOING TO RAISE IT AGAIN. YOUR COMMENT ABOUT MATERIALISM AND PEOPLE'S PERCEPTION OF GOVERNMENT, IS IT, IN YOUR OPINION, IMPORTANT TO HAVE SOCIOLOGICAL MARKETING AS A CONSISTENTLY APPLIED TERM OR CAN AREAS OF SOCIAL CHANGE BE MORE SPECIALIZED IN THEIR DESCRIPTIONS?

SO FOR CDC, FOR EXAMPLE, IS IT BETTER TO HAVE HEALTH MARKETING BECAUSE THAT MIGHT BE SEEN AS MORE PRACTICAL, LESS OF A SOCIALISM SLANT THAN SOCIAL MARKETING?

>> I HEARD I THINK IT WAS TIFFANY SAY YOU HAD PROBLEMS WITH THE SOCIAL WORK. BUT -- I GUESS IT'S NOT LIKE MARKETING SOCIALISM OR SOMETHING, I DON'T KNOW. BUT TEND HAS BEEN A REAL PROBLEM FOR US.

AS I SAID IN THE PRESENTATION,
THERE'S A DEEP SUSPICION, NOT
JUST IN THE PUBLIC HEALTH
COMMUNITY BUT IN LOTS OF THE
PUBLIC SECTOR ABOUT THE MARKET
BEING A BAD THING.
IT IS ABDOMEN ANTIQUE CAPITAL
LIST OFFENSIVE.
THAT WOULD BE THE IDEA LOGICAL
DRIVE THERE.
SO WE HAD, YOU KNOW, BIG
DISCUSSIONS WITH THE CAPITAL
OFFICE AND THE TREASURY TO SAY,
LOOK, CAN'T YOU CALL IT
SOMETHING ELSE?
IT WOULD KNOW A MUCH EASIER
INTERNAL CELL IF WE CALL IT
SOMETHING ELSE.
AND WE RESISTED THAT AND THE
BASIS OF THAT WAS, YOU KNOW, IT
EXISTS.
ACADEMICALLY, PRACTICALLY AND
RESEARCH TERMS, ANYBODY THAT
STARTS LOOKING INTO THIS AREA
WILL FIND THAT BODY OF WORK.
SO, YOU KNOW, WE COULD -- I
DON'T MUCH CARE WHAT WE CALL IT.
I DON'T REALLY CARE WHETHER YOU
CALL IT ANYTHING YOU LIKE.
IT'S ABOUT APPLYING THE
PRINCIPALS.
THAT'S THE IMPORTANT THING.
SO PEOPLE WILL COME UP WITH
TERMS THAT WORK BETTER FOR THEM
IN TERMS OF, YOU KNOW, SELLING
ORGANIZATIONS OF GETTING PEOPLE
ON BOARD.
I DON'T CARE.
WHAT I AM ABSOLUTELY PASSIONATE
ABOUT IS THAT WE APPLY THE
PRINCIPAL SYSTEMATICALLY AND WE
STOP DOING STUFF.
WE STOP INVESTING IN STUFF THAT
DOESN'T WORK.
THAT IS THE MOST IMPORTANT
THING, NOT THE LANGUAGE.

>> ON BEHALF OF ALL OF US HERE
AT CDC, WE WOULD LIKE TO EXTEND
THIS LOVELY GIFT AS A TOKEN OF
OUR APPRECIATION.

>> THANK YOU.

>> AND I'D LIKE TO JUST ASK IF
BARRING ANY NECESSARY BRIEF
STOPS YOU HEAD DIRECTLY TO YOUR
9:00 SESSION.

THANK YOU VERY MUCH.