Santé Canada

Social Marketing at Health Canada

Global Conference on Social Marketing and Franchising Jane Hazel









Health Care in Canada

- Health care in Canada is delivered through a publicly funded health care system
 - Mostly free
 - Most services provided by private entities
- Depending on province, dental and vision care may not be covered
 - Pharmaceutical costs covered for the elderly
- Private health expenditure accounts for 30% of health care financing
- Health promotion has become increasingly important
- All levels of government, NGOs and the private sector are involved in health promotion





Why Social Marketing?

Each year, more than 2/3 of deaths result from four groups of chronic diseases – cardiovascular, cancer, type 2 diabetes and respiratory.

- Approximately 2.4 million Canadians live with diabetes
- Heart disease and stroke affects approximately 1.7 million Canadians
- More than 1 in 3 Canadians will develop cancer
- Each day more than 100 Canadians die of smoke-related illnesses.

Physical activity, healthy eating and living smoke-free are factors that prevent chronic diseases.







The Challenge

- No one approach will ensure citizens act in their own best interests
- Social marketing complements:
 - Existing knowledge of the citizen
 - > Efforts of primary care physicians
 - Activities of the private sector (e.g. healthy food producers, health/fitness products)
- We are pursuing policy goals with non-traditional public sector levers:
 - Changing behaviour is already a tough challenge
 - SM uses information and persuasion, not laws and regulations
 - Within a constantly moving target
- Increasing focus on "comparative advantage":
 - How can we best divide up the work?
 - Government best at planning, engaging, and (perhaps) developing and maintaining core branded programs
 - Community groups/private sector best positioned locally to adapt/apply the marketing and delivery efforts









Social Marketing Guiding Principles

- A focus on behaviour where the objective is lifestyle change
- A strong, centrally branded program
- Common creative/messaging generated at a high level:
 - And then tailored locally
- Significant effort required at the two ends:
 - Research and messaging creation at one end
 - Performance reporting at the other
- Start small and build:
 - Inefficient to spread limited research/ creative/evaluation dollars over many subjects









Guiding Theories and Practices in Changing Behaviour

Campaigns based on guiding theories to reach and connect with target

audiences

Stages of Change Model (Prochaska)













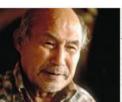
The Importance of Policy Making for Changing Behaviour...



In 2001, about 5% of Canadians workers were protected from second-hand smoke.

By 2006, laws were in place to protect 80% of Canadians workers.

By 2010, Canada smoke-free in all indoor public spaces and workplaces.





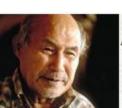




Need to be Vigilant

- Conditions under which a program operates continually evolve
 - Progress on objectives is made
 - Target markets change their behaviour
 - Scientific knowledge advances
 - Communications channels evolve
 - Governments/partners adjust their priorities and funding
 - New entrants (e.g. NGOs) appear
 - Therefore constant evaluation is required of:
 - The environment
 - Program performance
 - Options











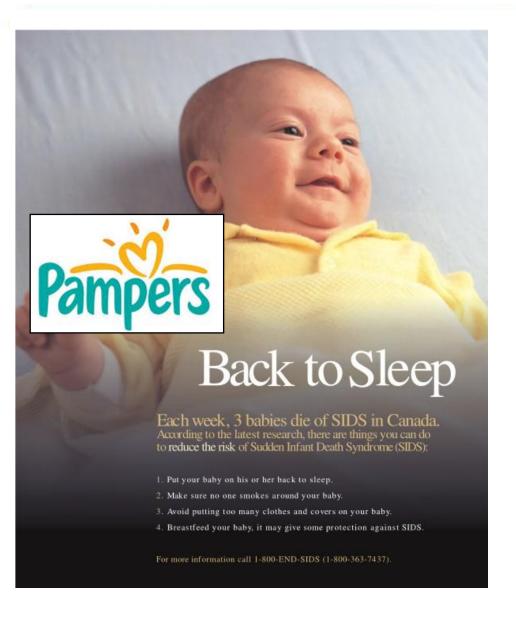
Social Financing

- Lessons learned and limited resources leading to social finance initiatives:
 - With its potential for unlocking new sources of capital
 - Sharing abilities
- Canada's commitment on physical activity represents a social finance initiative:
 - Private sector, media, governments working together
 - Combining resources
- Hopefully a win/win/win:
 - Societal and individual benefits
 - More effective government spending
 - Partners achieve their own objectives





Partnerships for Behaviour Change







Lessons for Social Franchising

- We are all trying to influence behaviour
- Lessons from commercial franchising and SM for social franchising:
 - The need for clear target markets
 - Centrally branded program
 - Local flexibility to help offset rules-bound central control
- Need to fight urge to own ideas and programs
- Julia Meuter There is a "reluctance in the non-profit sector to replicate other people's projects or conversely let others implement theirs. There is an emphasis on "ownership claims" and donors, including foundations often aspire to be associated with new and innovative projects."



Conclusions

- Social marketing has helped fight chronic disease in Canada
 - Provides lessons for other countries, other systems
 - Just as we have learned from others
- But the environment is constantly evolving
- Need to work together
 - Avoid the need to "own"
- Social franchising can learn from SM and commercial franchising
 - > But reverse is also true









Thank you







