Being There: Public Health needs a Public Face

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I am writing this just nine months after the Royal Bank of Scotland went bust and Gordon Brown wrote out a cheque for £37 billion to bail out the UK financial sector. That's enough money to keep our MPs in dubious expenses for nigh on 40,000 years. And yet a new survey by Nottingham Business School shows that people still trust the banks more than the NHS – far more. As the Nottingham report (1) points out, the NHS *"receives lower ratings than all financial services institutions across all trust measures."* (p. 4)

It seems, then, that business knows a thing or two about reputation management. Social marketers – and the public health community - should pay heed, because when it comes to behaviour change, reputation matters. If you don't believe this, just ask anyone working in infant immunisation.

So how is it done? How can a corporation which is legally obliged to put its shareholder's interests first trump a health service whose raison d'être is public welfare? How come, for instance, that for the best part of thirty years the UK Government listened to the weasel words of the tobacco industry and left advertising to an obviously failing self regulatory system? How come that it has been seduced into making the same mistake for alcohol?

The answers to these questions lie in three key strategies.

First, and perhaps most importantly, the value of thinking beyond the ad hoc, of building relationships with customers and stakeholders, rather than just stimulating transactions with them, has been hammered home by business research for more than two decades. At its crudest level this leads on from the simple calculus that it is much cheaper to keep existing customers than continually win new ones. Dissatisfied customers also complain volubly – and, very harmfully, they are much more likely to do so to family and friends than to the marketer. Consumer marketing then becomes fundamentally about keeping people happy, about service, satisfaction and loyalty – about building trust and commitment (2, 3).

Moving upstream, this reasoning is even more compelling: policy makers and other stakeholders are fewer in number and more able to make their displeasure felt. And just like customers they have needs that can be satisfied. The government does have to do something about alcohol advertising for instance, or respond to children's vulnerability to fast food marketing. And just as on the high street, transactions can be converted to relationships and ad hoc meetings can be turned into partnership working: trust and commitment again.

The regulation of alcohol advertising provides an instructive example. Statutory responsibility for this lies with Ofcom, whose principal role is oversight of the broadcast

media. In this wider role Ofcom likes advertisers: they fund a lot of broadcasting. Furthermore, in the form of the Advertising Standards Authority (ASA), they are happy to take on the tedious job of regulating advertising. So in 2005 the flirtatious pair turning in to live-in lovers, and Ofcom simply delegated the regulation of advertising to the ASA. How's that for trust and commitment? At this point an interesting transformation kicks in: Ofcom now has a vested interest in the ASA regulatory activities being a success, so they defend them in public – as they did before the Health Select Committee last July (4). This is regulatory capture in action, and, from the ASA's perspective, very effective behaviour change.

Meanwhile the public health community has languished, despite having right on its side. The evidence base demonstrates quite clearly that the ASA/Ofcom controls, which focus on the content rather than the volume of advertising, do not protect young people (5).

So that is charm school lesson number one: relationships matter. The second lesson is its obverse: know your enemy. Commerce uses competitive analysis to identify those with whom it cannot build relationships. It then sets about understanding their strengths and weaknesses, and developing strategies that will undermine the former and expose the latter. This is most apparent in the rivalry between the likes of Coke and Pepsi or Burger King and McDonald's, but it is equally true of stakeholders. Commerce has a long history of attacking policy and policy makers it thinks are antithetical to its cause – as the World Health Organization can attest (6, 7).

The third lesson of corporate charm lies in the tension between winning friends and defeating enemies, which underlines the need for coherence and long term vision – and hence the vital role of strategic planning. This starts with a broad sweep of the environment to help the marketer determine what technological, political, social and economic forces are operating in the market place. From here it is possible to get a fix on the precise nature of the problem to be addressed and exactly whose behaviour is likely to have the biggest influence in tackling it – or, conversely, in obstructing progress.

Strategic planning goes on to set objectives, and devise multifaceted initiatives to meet them. This requires the ongoing deployment of research: to scan the environment in the first place; to guide the development of initiatives; to evaluate effectiveness and, crucially, to feed into future efforts. Thus the process becomes cyclical as well as continuous, with learning developing throughout and between initiatives. But note the important learning is not about the nature of initiatives, but about people. Really successful strategic planning – and social marketing – has to be built on a continuous and abiding interest in and understanding of the people with whom we do business: a good carpenter knows about chisels, but a great one knows about wood.

So reputation management, and RBS's capacity to rise from the dead, is about that core social marketing concept of understanding people, underpinned by the strategic imperative of being there.

The tragedy for UK public health is that whilst it gets the former and – thanks to the fantastic work of health promoters and social marketers up and down the land – puts it into effect, in the last decade it has singularly failed to deliver on the latter. Since the meekly accepted demise of the Health Education Authority, there has been no public-facing national body fighting for preventative health. There has been no one people can turn to for advice over dilemmas like MMR, or the difficulties of raising teenagers in a policy context which is hopelessly pro-booze and dominated by a powerful alcohol industry which has an overwhelming interest in continued excess drinking. So while the false friends of tobacco, alcohol and fast food beckon, there is no one to trust on public health.

There aren't many upsides to the banking crisis, but I will offer you one: it has demonstrated once and for all that being there matters. Public health needs a national champion and a public face. As the arguments grow for an independent NHS let us make sure that this includes an equally independent public health body that the British people can come to trust - at least as much as they do their bank.

References

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