

SALT REDUCTION IN LATIN AMERICA

A Regional Social Marketing & Communication Plan



Project - IDRC 108167 Scaling Up and Evaluating Salt Reduction Policies and Programs in Latin American Countries

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Reference: Khalig M, Sommariva S, Bardfield L, Blanco-Metzler A, Benítez G, Saavedra L, Gomes A, Vega J. *Salt reduction in Latin America: A Regional Social Marketing & Communication Plan*. Project - IDRC 108167 Scaling Up and Evaluating Salt Reduction Policies and Programs in Latin American Countries. 2016-2020 Tres Ríos, Costa Rica: Costa Rican Institute of Research and Teaching in Health and Nutrition (INCIENSA), 2019.

Acknowledgements: We would like to thank the International Development Research Centre (IDRC) of Canada for their support of project IDRC #108167 entitled “Scaling up and Evaluating Salt Reduction Policies and Programs in Latin American Countries and to the Costa Rican Institute of Research and Teaching in Health and Nutrition (INCIENSA) for coordinating this project. Country Team members participating in Social Marketing online training and in-person workshops, formative research and development of creative strategy are listed below:

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Additionally, we would like to thank Dr. Branka Legetic, Dr. Rubén Grajeda, MSc. Robin Mowson and Dr. Leendert Nederveen from the Pan American Health Organization (PAHO) for their assistance. Finally, we would like to acknowledge the assistance of Dr. Carol Bryant, Professor Emeritus from the University of South Florida, College of Public Health (USF), Jim Lindenberger, Former Director of the Social Marketing Group (USF), Dr. Claudia Parvanta, Professor and Director (USF), and Dr. Linda Whiteford, Professor Emeritus (USF).

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SUMMARY

Excessive salt consumption can have negative health effects, including high blood pressure, hypertension, and kidney problems. On average people consume about twice the recommended amount, which is 5 grams/day. The World Health Organization has shown great concern regarding this problem and efforts to reduce sodium consumption through policy change, health education, and community interventions that have been increasing in number and scope. One geographical area particularly affected by this problem is Latin America and the Caribbean. Salt consumption in the region ranges from 8.5 to 15 grams/day. Preliminary studies conducted in 18 Latin American countries project that if sodium intake fell 10% every year from an approximate current average of 3700 milligrams (mg) daily, the optimal intake (1200-1500 mg daily) could be reached in 11 years. During that time, there would be about 593,000 fewer coronary heart disease and stroke events, and about 54,000 fewer deaths among the 18 identified countries.

Social marketing has been used in other regional contexts to reduce sodium consumption: in 2015 the Healthy Caribbean Coalition integrated this approach in their wider salt-reduction strategy. As a result, teams from four Latin American countries (Brazil, Costa Rica, Paraguay, Peru) identified social marketing as one of the approaches to combat excessive sodium consumption. Funded by the International Development Research Center as part of the project, “Scaling and evaluating policies and programs for the reduction of salt in Latin American”, a social marketing component has been facilitated by the WHO Collaborating Center on Social Marketing and Social Change for Non-Communicable Diseases at the University of South Florida. The WHO Collaborating Center designed and implemented a series of training and technical assistance activities to assist research teams from the four countries in developing a social marketing strategy plan to tackle excessive salt consumption in their local context.

This report translates formative research insights identified by each country teams into a series of creative concepts and communication strategies that aim to ultimately decrease demand for salt and high sodium ingredients used in household food preparation and consumption. The resulting marketing mix approach focuses on the role of tradition in meal preparation and the prospect of developing new family recipes that are lower in sodium but still rooted in local traditional cooking practices; on reducing the trade off between low-sodium preparation and taste by incorporating other natural condiments such as spices and herbs; on the association of healthier meal preparation with care and love for other family members; on increasing knowledge about which foods of everyday use are surprisingly high in salt. In addition, this report outlines possible communication channels, indicators for monitoring and evaluation, as well as specific activities and workplan to adapt and implement the strategy at the local community level.



I. BACKGROUND

It is well-established that too much salt can have negative health effects, including high blood pressure, hypertension, and kidney problems. On average people consume about twice the recommended amount, which is 5 grams/day. The World Health Organization (WHO) has shown great concern regarding this problem and efforts to reduce sodium consumption through policy change, health education, and community interventions that have been increasing in number and scope.

Still, countries are not on track to achieve the 30% intake reduction goal by 2025 set by the WHO, which is estimated would save over 1.5 million lives globally. One geographical area particularly affected by this problem is Latin America and the Caribbean. Salt consumption in the region ranges from 8.5 to 15 grams/day. Rates of hypertension in this area range from about 20% of adults in Panama to more than 40% in St. Lucia, which is among the highest in the world (He, et al. 2012). Costs associated with raised blood pressure are estimated to be 5-15% of the gross domestic product in high-income countries and 2.5-8% in the Caribbean (He, et al. 2012). Preliminary studies conducted in 18 Latin American countries project that if sodium intake fell 10% every year from an approximate current average of 3700 milligrams (mg) daily, the optimal intake (1200-1500 mg daily) could be reached in 11 years. During that time, there would be about 593,000 fewer coronary heart disease and stroke events, and about 54,000 fewer deaths among the 18 identified countries (PAHO,2011; Joffres& Alimadad, 2011).

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The WHO Collaborating Center designed and implemented a series of training and technical assistance activities (pictured on Training Roadmap) for research teams from the four countries. See Annex 1 for more details on the project phases and methods. All activities were designed to build in-country capacity on social marketing program planning with the output being a regional social marketing and communication strategy that is outlined in this document.



As part of this project, from 2017- 2018, each country team conducted a formative assessment to gather information on current salt consumption habits, knowledge, and beliefs among local families (Gomes et al., 2018; Blanco-Metzler et al., 2018; Cañete et al., 2018; Ponce-Lucero et al., 2017). This assessment revealed that knowledge levels about the specific health consequences of excessive salt consumption among parents is low, even when they have some degree of awareness about the issue. There is also little knowledge of the established guidelines on salt consumption, and a general misperception that reduced salt diets are beneficial only for individuals with a medical condition. In addition, there is a gap between one's perception of salt consumption and their actual behavior. Most participants reported that their family's intake is moderate to low, when it is actually high.

II. WHY SOCIAL MARKETING?

In March 2012, the Pan American Health Organization (PAHO), with the support of Health Canada, published a paper entitled *Applying a Social Marketing Framework to Salt Reduction*, an evidence-based foundation for national, regional, and local social marketing strategies. For those readers unfamiliar with social marketing, the following is a short description (Bardfield, 2012).

Social marketing is defined by Kotler and Andreasen as the application of commercial marketing principles to influence social behaviors. Marketing principles key to social marketing include: (1) A Consumer Focus; (2) Audience Segmentation; (3) The Exchange Theory (including an analysis of the 'competition'); and (4) The Marketing Mix or Four P's: product, price, place, and promotion.

According to Webster et al (2011), no country is likely to achieve a significant decrease in population salt consumption when a program is restricted to consumer education alone. For maximum impact, salt reduction efforts must include changes to the environment that make it easier for the population to consume less salt. Social marketing can be used to design interventions that decrease demand for salt and high sodium products, generate demand for low sodium or salt alternatives, and aim at influencing the policy environment. In short, social marketing helps us move beyond public awareness to designing comprehensive programs that can actually change behavior

As part of Health Canada's 2012 framework, William Smith wrote the following post script (Bardfield, 2012; p.17)

How can social marketing strengthen current efforts?

It is clear that governments have been proactive, thinking comprehensively about salt reduction for quite some time. Using the same terminology as private sector commercial marketing professionals, governments and NGO's are looking at both supply and demand. Supply side strategies have been developed through partnerships with the food industry and shifts in policy to increase availability and access to healthier choices. At the same time, public education

efforts have been aimed at raising awareness and educating consumers in an attempt to increase demand for salt reduction and low sodium choices.

*Several social marketing principles are already reflected in current population-based efforts; i.e. product reformulation and labeling are a **PRODUCT STRATEGY**. Increased access to healthy alternatives and decreased access to high sodium products reflect a **PLACE STRATEGY**. Countries are also looking at **PRICE STRATEGIES** that provide incentives for healthier choices and deter consumers from high sodium products. Best practices in current salt reduction efforts are for the most part focusing on the supply side.*

Where social marketing can really make a difference is in helping us rethink demand side strategies. Taking a new look at current salt reduction efforts through a social marketing lens will help us strengthen efforts to influence individual choice, bridging the gap between what consumers know and what they actually do. Applying a social marketing framework to salt reduction will also help us tie together population-based and individual initiatives and create even more integrated and holistic programs.

In summary, here are select international best practices borrowed from social marketing that may help us achieve even greater impact in current salt reduction efforts:

1. **Identify one segment of the ‘public’ whose behavior you hope to influence.** Current efforts to target a broad general public only reach those who are motivated to listen. And even if they become more knowledgeable, they may never change their behavior. Start small. Be focused. Select a smaller homogeneous segment of the population and target your efforts for greater impact.
2. **Think like a consumer.** Understand what drives the target audience to consume as much salt and high sodium products as they do. Take a close look at the obstacles they face and an even closer look at the competition. Design interventions that address those drivers and knock out the competition. Make sodium reduction and consuming less salt as easy and convenient as fast food.
3. **What do they get in return?** Remember that they are giving up something in exchange for what you’re offering. Ask yourself (or better yet, ask them) ‘*what’s in it for them?*’ Isolate a single and immediate benefit that will make it all worthwhile. Promoting prevention can’t just be about what *won’t* happen several years from now.
4. **Change doesn’t occur overnight.** Think about the multiple behaviors along an individual’s road to salt reduction. *Read the label. Compare products. Monitor your daily sodium intake. Use less salt. Eat more produce & potassium.* Even though the list is long from a public health perspective, we need to make it more achievable for them. Select one behavior at a time, facilitate that behavior, and evaluate the outcome.
5. **Surprise them.** Evidence that surprising messages are the most memorable is not so surprising. Consumers are overwhelmed with public health and nutritional messages, many of them competing for mindshare and even contradictory. Our job is to help them see the same old thing in a whole new way. Changing behavior is voluntary and there’s nothing like an ‘a-hah’ moment to bring it on.



III. TARGET AUDIENCE

Although we may want to educate ‘the public’ about the harm of excess sodium and cast a wide net promoting salt reduction, as Smith (2012) points out, one size does not fit all. With a limited budget and a need to demonstrate results, it is crucial to select a more homogeneous group or risk diluting social marketing efforts. International best practices direct us to a more consumer-focused targeted approach in order to impact behavior.

Target audience identification should not be based on epidemiology alone; i.e., who is most at risk, but should include additional considerations. If we need to show more immediate results, we may choose to select a population that is also most open and ready to change. A social marketing strategy tailored to a specific segment of the population will be more targeted, more relevant, and in the end, have a better chance of reaching intended goals.

The **primary target audience** is the ‘bull’s-eye,’ the person whose behavior we hope to impact. Depending on the duration of the program, we may choose to target more than one segment from this group; for example, female caregivers who make the primary food purchasing and preparation decisions versus those already diagnosed with hypertension. In this case, we may opt to take a phased approach where we begin targeting one of these groups and follow with another.

The four countries developing this strategy have selected caregivers of school-aged children as their primary target audience. Costa Rica, Peru, and Paraguay selected mothers/female caregivers, while Brazil selected fathers/male caregivers. For the sake of this regional plan, female caregivers remain the primary target audience while male caregivers and children are identified as part of the secondary audience; i.e. those who influence their wife and mother’s decision making. More specifically, the primary target audience for the regional plan has been identified as follows.

Primary Audience: *Female caregivers of school aged children (mothers)*

- Age 18-45 years
- Income: low-medium Socioeconomic Status (SES)
- Where they live: urban (which can be adapted to rural segments)

In addition, country teams developed a **target audience profile** (persona), a composite sketch of the primary target audience to help them understand the consumer for this intervention, what their values are, and the barriers they face in changing behavior. The following is an example translated into English from Peru.

Claudia is a 33-year-old woman. She has a four-year-old daughter, Milly, who attends kindergarten very close to her home. Claudia is a nurse who worked until a few years ago, but then decided to stay home to take care of her young daughter. Her husband, César, is the economic support for the household.

Claudia wakes up at 6:30 in the morning, turns on the TV news channel, and starts preparing breakfast and Milly's lunch box, while helping her husband get ready for work. Milly usually gets up after 7AM and often cries, showing little motivation to go to school. Carmen, the person who helps with the chores, arrives at about 8AM. She helps Claudia finish serving breakfast and prepares Milly for school. Although Claudia has help, she often feels overwhelmed with all of her duties as a wife and mother. Her primary goal is to keep her family happy, make them meals that they enjoy, and keep them healthy.

Brazil developed a persona based on the male caregiver:

Bruno is 45 years old, Brazilian, he is married to Ana, has 2 adolescent children and is generally responsible for purchasing groceries for the family. Ana is the primary cook in the family. Ana and Bruno make a monthly trip to a large supermarket where they purchase most of the durable goods for the family for that month. Bruno then visits local small and medium sized food retailers on a regular basis to purchase less durable food items. Bruno loves soccer (futebol) and beer. He values the health of his family and prioritizes their needs, while being sensitive to the cost of food. However, he often shops when hungry or pressed for time. As a result, he is more prone to being distracted by the in-store promotions and marketing and ends up with a lot of unhealthy, high salt purchases made on impulse. These impulse-buys often lead to disagreement between Bruno and Ana. While shopping, Bruno feels like he has inadequate information on low-salt, healthy food options and limited skills to read nutrition labels or navigate the retail environment for healthier purchases. He ends up buying low cost, high sodium snacks that he knows his kids will like.

As mentioned above, the **secondary audience** includes those people who have influence over the primary audience. They should be considered as key messengers in promotional efforts and should be engaged as such. In this communication plan, the secondary audience is identified as follows.

Secondary Audience

- *School-aged children (segmented into 2 age groups)*
 - ✓ Age 4-7 years.
 - ✓ Age 8-11 years.
- *Partner/spouse (fathers)*
 - ✓ Age 18-45 years.
 - ✓ Income: low-medium SES
 - ✓ Urban (and adaptable to urban and suburban)

If time and budget permitted, adding a tertiary target audience would include those who influence the choices of the abovementioned groups. For example, local retailers (bakers, fast food franchisees, street food vendors), school lunch programmers, pediatricians, local policymakers, and extended family members such as in-laws would form part of the tertiary target audience.



IV. AUDIENCE ANALYSIS/KEY INSIGHTS

Each one of the four countries conducted its own research with participants from the target populations. For the most part, research methods focused on a qualitative design, using focus group discussions and individual interviews in order to gain maximum perception into participant's knowledge, beliefs, behaviors, and barriers. That said, Peru used a mix methods approach, including a questionnaire and journey mapping.

Once country teams presented their research results at the creative strategy workshop (February 2019) - findings were synthesized. Following are the findings that cut across the four countries and are common to the region:

Core benefits

The *core benefits* of reducing salt that were identified as relevant included:

- cooking with less salt seen as a way to care and nurture one's family
- a way to be creative and innovative
- a way to stay in good shape

Barriers

Common *barriers/obstacles* to adopting the desired behavior included:

- The increasing consumption of processed foods (e.g. including sauces that are high in sodium) particularly among children
- Habit of adding salt to prepared foods
- Perceived time constraints
- Resistance to change/emotional attachment to traditional cooking
- Association between salt and good taste
- Low-salt/sodium foods are associated with illness
- Fear that family members, especially children, will reject new foods

In addition, countries identified the household, supermarkets, and schools as places to reach their target audience at their moment of decision making while traditional and social media were identified as the best communication channels to utilize. In addition, suggested spokespersons or 'messengers' included chefs, providers, and respected family members, including *abuelita* (grandma).

V. COMMUNICATION GOAL & OBJECTIVES

The **Communication Goal** can be described as the ultimate destination, the behavior change or end result that you hope your campaign will contribute to. In the case of this regional plan, the communication goal may be stated in terms of demand generation:

*To **decrease demand** for salt and high sodium ingredients used in household food preparation and consumption.*

It might also be stated in this way:

*To **increase demand** for more natural, less processed ingredients (low sodium/less salt) used in household food preparation*

In addition to the Communication Goal, specific measurable objectives were identified, all of which are designed as steps to reaching the goal. These objectives include **knowledge, belief, and behavioral objectives**.

Knowledge Objectives are the result of answering the question: What do you want the target audience to *know* (that they don't already know) as a result of the communication? In this case, knowledge objectives for the primary target audience of female caregivers include the following.

Knowledge Objectives

As a result of this campaign, she will know:

- what levels of sodium/salt are considered safe and healthy (how much salt/sodium is too much)
- how to prepare foods with the recommended daily levels of salt/sodium
- about the link between excessive salt consumption and heart disease
- that "hidden" salt is pervasive in condiments that she and her family use
- how to make her family happy preparing/serving them foods/meals with less sodium/salt
- where to go for more information on reducing the amount of salt that her family consumes.

Note: If a country is focusing communication on fathers/male caregivers or school-aged children, objectives will be adapted to those particular groups.

Belief Objectives are the result of answering the question: What do you want the target audience to feel or *believe* (differently) as a result of the communication? Belief objectives for female caregivers include the following.

Belief Objectives

As a result of this campaign, she will believe:

- that her family could be at risk for heart disease if they are consuming foods high in salt/sodium
- that she has the power and savvy to prepare foods that are lower in sodium that her family will enjoy
- that she plays a critical role in the future health of her children
- that meals containing healthy levels of sodium can be delicious too
- that reducing salt doesn't mean giving up taste or tradition

Behavioral Objectives answer the question: What do you want the audience to *do* as a result of the communication? (Realizing that behavior does not change overnight, behavioral objectives must be realistic.) Even though a reduction in salt consumption may be the ultimate goal, since behavior change occurs over time, behavioral objectives may be linked to an interim behavior as illustrated in the following.

Behavioral Objectives

As a result of this campaign, the target audience/she will:

[PHASE 1]

- Visit the project page to find more information about excessive salt consumption and download recipes

[PHASE 2]

- Use condiments with less sodium as an alternative when preparing food
- Try new recipes that are heart healthy and lower in sodium
- Ask her husband and children to get involved and support her (e.g. eliminate or reduce the amount of salt added after cooking)

VI. PROMOTION & THE CREATIVE BRIEF

Based on the above objectives and audience research findings, country teams developed individual Creative Briefs (see Annex 1). The Creative Brief, an international best practice borrowed from the advertising industry, is a synthesis of target audience research that serves as a foundation and strategic direction for developing a creative strategy or 'big idea'. The Creative Brief includes several sections, including Target Audience, Objectives, Obstacles, a Key Promise (or benefit for adopting the desired behavior), Reasons Why (messages to substantiate the Key Promise), Openings (opportune times to reach the audience), Communication Channels, and Creative Considerations. Beginning the process with a Creative Brief ensures that promotion is audience research-driven and that all partners begin 'on the same page.'

Using the Creative Brief as a foundation, a creative strategy can be designed as part of **promotion**. Promotion is often referred to as the fourth P since the process of developing a promotional strategy takes place *after* creating an offering or identifying a behavioral focus (Product), identifying distribution channels or how to intervene where the behavior takes place (Place), and looking at perceived and tangible costs and benefits (Price). As part of the promotion strategy, we are now able to promote product, price, and place features that we want the audience to know about. More about the four P's or Marketing Mix in section X.

VII. CREATIVE DEVELOPMENT

Before going directly to 'messaging'; i.e. crafting information or telling people what they should do, it is useful to develop creative concepts or 'hooks' that will grab the audience's attention and

help provide instant recognition for all campaign materials and activities. Concept development often requires striking a balance between science and consumer perceptions and preferences.

Concepts, also known as 'big ideas' may take the form of a theme, slogan, or a call to action, such as *Just do it* (Nike). Or they might take the form of a spokes character such as Tony the Tiger who sells sweetened cereal to children. These examples represent creative strategies based on audience research and preference and are not simply random ideas. If we learn through our research, for example, that awareness of excessive salt consumption as a health issue is high, but knowledge of the sources of excess sodium is low, we may decide to develop a creative concept that focuses on the hidden sources of sodium. If research reveals that high awareness does not translate into personal risk perception, we may want to develop a concept or creative strategy that increases risk perception and addresses that gap. Regardless of format, a concept will always include an element that can be repeated across all communication channels, branding the campaign and ensuring that one channel reinforces another.

It is important to understand that concepts are not finished materials like posters, although they often look like posters. They represent different ideas or hooks that serve as a way of attracting the target audience to learn more about the behavior that you are promoting. At this point in the creative process, you are simply looking for which 'hook' or idea is most relevant, credible, motivating, and well-liked by the target audience. Examples of creative concepts that have been designed to promote salt reduction include Argentina's *Less Salt. More Life. (Menos sal. Más vida.)* and *Spot the Salt* from the Kansas Department of Health & Environment.

Based on a synthesis of the four country's Creative Briefs, a regional creative task force developed creative concepts for testing. These concepts fell under four separate categories based on audience research insights: **Tradition, Taste, Love, and Secret Source**. Once actual promotional materials are developed, any of these concepts can be adapted to different target audiences: mothers, fathers, and extended family. Concepts aimed directly at school aged children should be uniquely tailored for them. Once materials are developed, they will be based on concept test results and will reflect an understanding of the target audience. Message content will include an acknowledgment of how much caregivers love their children, want them to enjoy eating, and consume foods that will keep them healthy. At the same time, materials will include real examples of healthy recipes to take the burden off caregivers and facilitate adoption of this new behavior.

The following are the four concepts in the form of concept boards that were selected for testing:

Tradition



Crea una nueva tradición familiar

Reduce las enfermedades del corazón, reduciendo la sal

Concepts in this category were based on caregiver's loyalty and emotional attachment to tradition, including traditional recipes and meals passed down through the family for generations. Based on the insight that no one wants to sacrifice tradition, concepts were developed that suggested creating a new healthier family tradition. The headline on the concept board reads "*Create a new family tradition*" while the tagline or call to action reads "*Reduce heart disease by reducing salt.*" The key visual, a stock image from an on-line library, shows three generations of family. In this case, males were used to not reinforce gender stereotypes; however, countries may decide to test this concept using a stock of female family members.



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Taste

SALVAVIDAS



-menos sal + más vida

Cocina con más ingredientes naturales

Another insight that came out of country research findings was that mothers value finding new and creative ways to cook healthy food for their families. This led to the creation of a concept that focuses on a 'replacement' behavior; i.e. suggesting that caregivers prepare family meals replacing salt/high sodium condiments with other more natural ingredients. This concept also addresses fear of family rejection and the link between taste and salt by communicating that using these natural ingredients will result in tasty meals that the whole family will enjoy. The two-word headline “*salva vidas*” is a play on the word *lifesaver* in Spanish and pictures natural condiments such as lemons, onion, and garlic. The English translation of the tagline/call to action is “*less salt +more life/Cook with more natural ingredients.*”



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Love



Research across the four countries substantiated that caregivers view cooking for their families as an act of love. Mothers and some fathers take great pride in preparing meals that they know that their children will love. At the same time, research revealed that there is little understanding of exactly how much salt to use in food preparation. This led to the creation of a concept that marries the emotional benefit of demonstrating your love by preparing meals your family will love with a practical means of measuring just how much love (or salt) is healthy. The 'take-away' message intended with this concept is that *a little salt means a lot of love*. The key visual is a memorable visual or mnemonic device that shows a female hand using two fingers to flavor foods with a 'pinch' of salt. The headline says "*The right amount of love*" while the tagline/call to action says "*Reverse your salt habit.*"



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Secret Source



ACÁ HAY SALsa de tomate

Usa ingredientes naturales, en vez de alimentos procesados
La sal está en todos lados

Research revealed that consumers are not aware of all the products, many of them commonly used, that contain high levels of sodium. In addition, and perhaps in part because of this knowledge gap, consumer risk perception is low. Many report that their family's consumption of salt and sodium is low to moderate. This led to the creation of a concept aimed at filling that knowledge gap and increasing risk perception in a fun way by featuring the many products that are high in salt or sodium. This concept board features a familiar bottle of ketchup with a headline that says *Here is tomato SALsa* (*SAL* is the Spanish word for salt and it forms part of the word in Spanish for sauce.). The call to action says *“Use natural ingredients instead of processed ones”* coupled with a tagline that *“Salt is everywhere.”* If this concept were to be selected for materials development, it would feature other common products that should be used in moderation.



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VIII. CONCEPT TESTING

After the development of creative concepts and before finalizing the communication and marketing plan, it is good practice to allocate time for concept testing. Concept testing provides an important opportunity to gather more information about the target audience, specifically how they think and talk about salt or sodium and what, if anything might motivate them to reduce their salt or sodium intake. Testing three or four different concepts (creative approaches) with the target audience will serve as a catalyst for discussion that helps you understand what ideas are most relevant, believable, and motivational. In addition, a wealth of audience verbatims, language that the audience uses when they speak to one another about salt or processed foods normally surfaces during concept testing. By using *their* language instead of expert language, you will have an easier time making sodium 'top of mind' and shifting tastes and social norms. Results of concept testing allow creative partners to finalize a concept and develop materials that reflect that concept before the campaign is launched.

The figure below illustrates the main steps in the concept testing process. Before beginning concept testing, there should be a clear understanding of what type of information the process should provide; for instance, understanding if the concepts are relevant, or if they make the target audience want to learn more about the desired behavior. A discussion guide should be developed based on those objectives (see next section). It is preferable to recruit individuals from the target population that were *not* involved in the formative/exploratory research phase so that they are seeing the concepts with a fresh eye. Make sure the people you involve in this phase recruit reflect your target audience; i.e. ethnic background, age, marital status, socio-economic status, and residence (urban, rural, or suburban) Participants will provide their reaction to each concept and findings will be used to make a final creative recommendation.

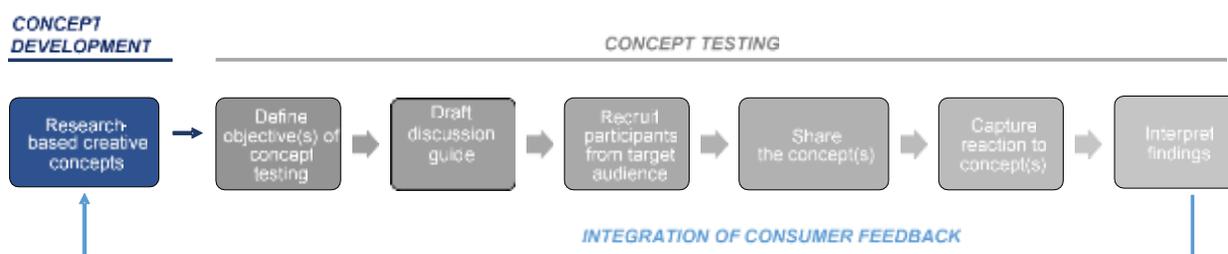


Figure 1. Steps of the concept testing process

Approaches to concept testing

Concept testing is conducted most effectively in focus group discussions where participant's responses build upon one another and rich discussion can take place. There is not always a clear 'winner' or favorite concept; in fact, there are times when a new concept surfaces based on something that a participant suggests. For that reason, it is always wise to invite at least one creative partner to observe the discussion. Make sure to listen carefully and watch body language as participants react to each concept. And remember, sometimes the concept that

makes them most uncomfortable leads to the most discussion and thought and ultimately, has the biggest impact on behavior change. Focus group discussions are moderated by one person from the research team or an outside moderator experienced in concept testing. A discussion guide is prepared in advance, but the moderator can also let the conversation evolve while keeping the group on track. One potential disadvantage of focus groups is that participants may feel uncomfortable disclosing certain types of information or their true feelings. In some cases, one or two participants may take over the conversation and overshadow more introverted participants. On the other hand, focus group discussions can be helpful for exploring new topics that participants may not be familiar with. A sample focus group discussion guide can be found in the Annex. Interviews can also be used to collect in-depth information from usually one participant at a time. In this approach, participants are not influenced by peers and the moderator may have more control over the conversation. That said, the benefits of peer interaction is missing in one-on-one interviews.

It is also possible to test concepts on-line. Participants call into the same toll-free number and view the concepts on-line at the same time. In this instance, the moderator is unable to observe body language; however, it is a very practical means of getting reactions from a diverse group from different geographical locations. It also saves travel time for participants which can be most valuable for busy populations.

IX. COMMUNICATION CHANNELS & ACTIVITIES

Although mass media works well to shift norms and popularize products, services, and even behaviors, countries may not have the budget to produce TV spots. In that case, they might consider forging a partnership with the media to jointly develop and air public service announcements. In addition, partnering with the media will allow countries to use ‘earned’ (versus paid) media, or public relations, placing newsworthy stories and featuring role models and spokespeople from the community. In addition, countries might consider forging a partnership with an association or private sector advertiser (e.g. produce association or fruit juice manufacturer) to piggy back on their resources and promotional budget.

Social media, with the ability to send targeted reminders and messages through SMS (mobile phone text messaging) is an efficient way to tailor messages to specific populations such as caregivers of school aged children. Developing materials with some degree of interactivity works well for two-way discussion and helps program planners understand more about audience needs. Whenever possible, create a mechanism to elicit consumer-generated content such as real-person stories, new recipes, and testimonials.

Often successful in shifting attitudes and influencing behavior are satisfied user testimonials, real people narratives with high emotional content. Understanding how this person overcame the obstacles and was rewarded as a result can often drive demand. Both behavioral science and marketing have provided a wealth of evidence that popularity of products drives demand.



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Based upon results of concept testing, it is anticipated that countries will work with creative partner(s) to develop promotional materials. The following are communication channels and spokespeople/messengers recommended by the target audience. Also included are illustrative activities and opportunities.

Communication channels

These are the channels determined to best reach the target population:

Community based

- Schools: health fairs organized by local schools
- Point of Service (POS) health care providers (Costa Rica: Equipo Básico de Atención en Salud; Peru: GP's office. In general, local health centers, free clinics)
- Point of purchase (POP)- supermarkets, farmer's markets, bakeries, pharmacies

Mass media

- TV (Costa Rica: private TV channels. Paraguay: ABC TV, Telefuturo): TV spots and/or cooking show
- Billboards and bus ads (Costa Rica: JCDecaux and IMC)
- Radio spots

Digital and social media

- Social media channels: Facebook (IDRC project page, national MoH pages; local parenting groups), Whatsapp; Instagram stories
- YouTube Channels (IDRC, National MoHs)

Interpersonal Communication (IPC)

- Spoken communication between: spouses, parent and children, parents and providers, parents and school personnel, parents and local retailers

Format

Branded Materials

All materials, such as those listed below, will be branded with the same logo/visual identity and tagline for instant recognition, so that one channel reinforces another.

- Cooking video tutorials in short format (2 minutes). The videos could be part of a small series (4-5 videos), each showing a tip on how to substitute salt while cooking. The videos will be on YouTube and promoted through social media (Facebook, Instagram stories, Whatsapp) as identified above.
- Digital social media ads to be shared through targeted advertising on Facebook (mothers and fathers, selected age ranges)
- Outdoor materials including billboards and bus ads
- Low-salt cookbook that can be passed down from generation to generation, with blank pages for families to include reduced salt versions of traditional recipes, grocery lists, and

a guide to organizing the pantry. The cookbook will be packaged along with new low sodium recipe postcards.

- Giveaway items: measuring spoons, refrigerator magnets, and natural condiment kits.
- Newspaper ads: short sections in local newspapers that feature winning home chefs (mothers and fathers) and their easy to follow recipes, with a link to the full cookbook.
- Giveaways such as seeds to plant herbs in home gardens, and small pots with various herbs.

Messengers/'Brand Ambassadors'

The person relaying the message can be just as important than the message itself. For this reason, we often turn to the most credible, respected, and sometimes famous messengers or spokespeople. Note that secondary audience members, including restaurant owners, educators, healthcare providers, and retailers, can play a key role as campaign messengers. You may also want to develop materials for them that will help to build their interpersonal communication (IPC) skills and ensure that the messages they communicate reflect those being heard, seen, or read through all other communication channels. Following are suggested as campaign messengers.

- Families with success stories (with accent on the intergenerational connection related to cooking: from the “abuelita” to the children in the family)
- Local chefs
- TV personalities (who eat healthfully and reflect the target audience)
- Medical personnel were suggested as spokespeople by some consumers during the formative assessment; however we offer a note of caution. By using medical personnel in mass media, you run the risk of *medicalizing* a behavior with a strong emotional component. We already know that health/prevention alone is not enough of a driver to change behavior, especially a behavior where there is immediate gratification. That said, engaging medical providers in interpersonal or one-on-one communication is clearly important between providers and their patients.

Illustrative Activities

Activities based on the local context might include:

- Experiential marketing; i.e. experiencing the product or desired behavior. In this case, local tasting events are recommended in supermarkets, farmer's markets, and fairs. “Blind” taste tests might also be video-taped for online publication
- Promotions: Home chef awards- a competition among home-based cooks, whether they be mothers, fathers, or extended family members
- Branded booth, table, or tent at a farmer's market or health fair to disseminate campaign materials and create a dialogue (interpersonal communication/counseling)

Opportunities & Openings

The following dates represent opportunities to organize “branded” community-events: Salt Awareness Week (March), World Health Day (April), International Day of Families (May), World Hypertension Day (May), Wellness week in the Americas (September), Mother’s Day (May), Valentine’s Day (February), and of course, parent-teacher meetings at school. National celebrations in each country should also be considered for awareness activities.

X. MARKETING MIX STRATEGIES (The Four P's)

Although this plan focuses on Promotion, otherwise known as Demand Generation, it is important to look at the other three P's (Product, Price, Place) in the Marketing Mix before developing a Promotion Strategy. It is also important to note that these other three P's are largely driven and reinforced by policy or national legislation. This will obviously differ from country to country. Once you have identified the product, price, and place strategies in your country, chances are you will have much more to promote---e.g. a new product/recipe/seasoning, a market that specialized in healthy foods, or vouchers that make fresh ingredients more affordable.

Product Strategies

To develop a product strategy, we think about any new products or product improvement that could be introduced. This might include developing a better tasting or healthier salt substitute or product. In Argentina, the Federation of Bakers’ Industries has been partnering with government since 2006 to reformulate products to reduce salt content.

In social marketing, *product* also refers to the behavior that we are promoting. If, in fact, the desired behavior is preparing family meals using less salt and high sodium seasonings, we may consider creating a package of new natural spices. Also integral to product strategy is package design which can either deter or promote usage; for example, warning labels on products high in sodium or a new attractive label for lemons, onions, garlic, and other natural seasonings and low-sodium alternatives.

Labeling, a product strategy, has been a key component in global salt reduction efforts. In fact, nutrition labeling has been mandatory on pre-packaged foods for many years. Labeling includes not only nutritional information on sodium content and percentage of Daily Intake (%DI), but also provides a visual identity that helps consumers identify ‘heart-healthy’ branded products. One example of product identity is Canada’s “Health Check” program where products that meet sodium content criteria display a Heart Check logo.

Positioning is also a Product strategy. Once we discover how the target audience currently perceives sodium and salt use (or processed foods), we think about how to re-position it in their minds. For example, if we discover that the target audience considers low sodium meals to be a

'punishment', we may decide to reposition them as a gift. Instead of focusing on what consumers are giving up (salt/tradition/taste), we focus on what they're getting in return (being a better mother/new exciting tastes/better health). We may also want to consider 'repositioning' foods highest in sodium so that consumers think twice about eating them.

Price Strategies

Price in social marketing includes the psychological, social, and financial *costs* that target audience associates with adopting the new behavior. The goal of the pricing strategy is to identify these costs or barriers and find ways to counter those barriers with benefits and make the desired behavior easier to adopt.

The perceived barriers and benefits were listed earlier in this plan (See Section IV.) Promotion will address these barriers by repositioning the preparation of meals lower in salt and sodium as fun, easy, delicious, and something that every loving parent should do.

In addition, countries should consider other pricing strategies aimed at lowering costs and making the desired behavior more convenient. This might include partnerships with farmers or produce associations to lower actual costs and make natural products more accessible or creating food vouchers or coupons. Coupons issued by the food industry to generate demand and introduce new products are another common price strategy that has been a best practice for decades.

A price strategy can also be policy-driven and refer to incentives and disincentives. One example is levying taxes on less healthy products and providing subsidies on other products. In 2013, Mexico passed an 8 percent tax on foods including snacks, sweets, nut butters, cereal-based prepared products — all "non-essential" foods.

Place Strategies & the Supply Side

Place, oftentimes supply-side strategies, are strategies that ensure convenience and access to products. In addition to product availability, place strategies include point of purchase (POP) branding, linking demand side promotional activities and materials with in-store or health facility-based communication activities. Place strategies also recognize the crucial role that providers and retailers play as key messengers in demand generation. Place strategies include training healthcare providers and retailers as messengers or salt reduction ambassadors. A place strategy might also include working with a small neighborhood convenience store or family business to ensure availability of healthy low sodium choices.

Place strategies begin by determining where the target audience thinks about or makes choices that impact their salt or sodium consumption and then determining how you can intervene at those moments of choice. This might include placing reminders or identifying healthier choices in bakeries, in fast food restaurants, or posting point of sale materials in supermarkets. Another



place strategy might be offering tastes of lower sodium recipes in street fairs, food stalls, or supermarkets.

Once again, policy often drives and supports a Place Strategy. For example, Chile has prohibited the sale of unhealthy foods, including those high in salt, in areas where children convene, including schools and children's events.

It is critical to have a functional and high-quality supply side in place before demand generation efforts begin. This may include collaboration/partnerships with the food industry, retailers who serve as important messengers and champions, a sufficient supply of salt substitutes and/or low sodium alternatives and an environment that facilitates access to information and low sodium options.

Best practices for salt reduction on the supply side include:

- Collaboration with the food industry-e.g. the partnership in France with the bakery sector to reduce sodium in their products;
- Regulation of the food industry-Population-based policies for sodium reduction
- Increased access and availability of low-sodium foods (e.g. Finland's low sodium, potassium enriched Pansalt)
- Product reformulation –working with the food industry to reformulate foods and reduce sodium (voluntary or mandatory);
- Product Labeling –consumer-friendly labeling such as warnings, traffic lights, percentage of daily intake (%DI), or healthy choice logos.

XI. MONITORING & EVALUATION (M & E)

In addition to planning the social marketing initiative, countries will develop a monitoring and evaluation plan before the campaign is launched. It is only with monitoring and evaluation that implementers are able to determine whether all activities have taken place and progress towards reaching objectives is being made.

Monitoring is the process that starts with identifying objectives, tracking the activities aimed at reaching those objectives, and documenting the outputs. Evaluation refers to the measurement of outcome and impact.

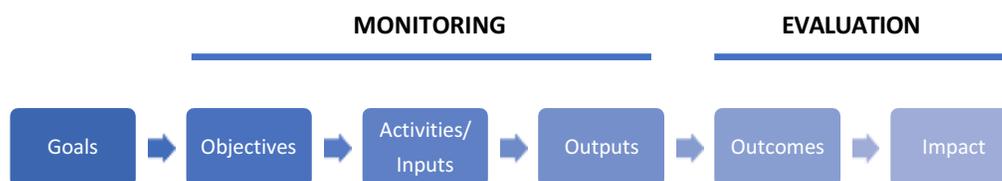


Figure 2. Monitoring and evaluation steps

Developing an M & E plan begins by answering the following questions:

- What techniques & methodologies will be used?
- When will measurements be taken?
- How will measurements be reported & to whom?
- How will monitoring and evaluation data be used to inform revisions?

Refer back to your objectives (knowledge, belief, and behavioral) to make sure that your indicators reflect these objectives. They should be “SMART”; i.e. specific, measurable, achievable, relevant, and time-specific.

For ease in collection, you may want to link social marketing activities and outcomes back to existing country or program indicators if relevant indicators exist. Or you may want to develop your own indicators similar to the following examples (Bardfield, 2012):

Process Indicators:

- Number and percent of respondents who report having seen and/or heard the messages promoting salt/sodium reduction;
- Number of healthcare providers/community outreach workers trained in salt reduction communication;
- Percentage of retailers displaying point of purchase materials, e.g. low sodium/salt substitute posters, shelf danglers, and/or brochures.

Outcome Indicators:

- Percentage of caregivers who know the primary sources of sodium;
- Percentage of caregivers who know a place where they can get low sodium products or salt substitutes;

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- Percentage of all respondents who, in response to prompted questions, say that a person can reduce their risk of CVD by reducing salt/sodium intake;
- Percentage of people reporting consistent reduction in salt and products high in sodium in the last year.

Since increase in demand must be met with an adequate supply, we suggest creating and monitoring supply-side indicators. Some examples include:

Supply Side Indicators:

- Total number of low sodium products available for distribution nationwide during the last 12 months;
- Number and percent of storage facilities that experienced a stock out at any given time period;
- Proportion of randomly selected retail outlets that have salt substitutes and/or low sodium options in stock at the time of a survey, of all retail outlets selected for survey.

XII. WORKPLAN & TIMELINE

Each country will adapt a work plan (also known as an implementation plan) to its specific needs and develop an individualized work plan and timeline based on the national context and priorities. The implementation/activity flow chart (pictured below) should be used as the basis for the campaign development. Note that this chart begins with concept testing since countries have already conducted a formative assessment, synthesized findings, and agreed upon creative concepts for testing.

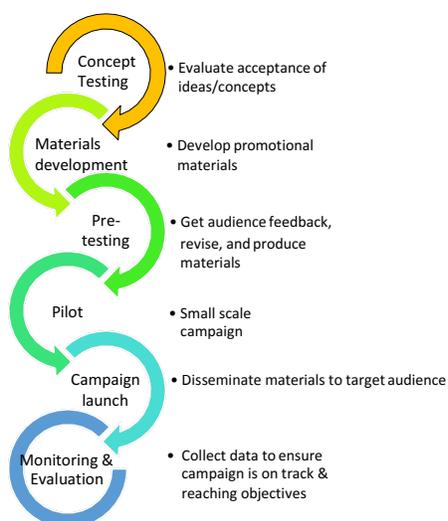


Figure 3. Implementation flowchart

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To successfully implement the plan, a series of decisions need to be made in advance regarding the resources needed, roles and responsibilities, timeline, and available budget. It can be helpful to make a list of tasks in a template such as the one pictured.

Note: If any of these activities are to be performed by an outside organization, it is important to include adequate time to issue a request for proposals (RFP) and become familiar with procurement regulations within your organization.

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XIII. ANNEX

1. PROJECT OVERVIEW AND METHODS

This report is the result of a 3-year multi-phase project. The University of South Florida (USF) WHO Collaborating Center on Social Marketing and Social Change acted as lead and facilitator for the social marketing component of the project through the activities listed below. The research was guided by the social marketing framework and adopted a mixed-method approach depending on data availability and local community contexts. Methods used include: individual interviews, focus groups, quantitative surveys and journey mapping.

Activity	Period
Phase I	
Orientation with country teams	December 2016
Country teams provide background data about nations	January-February 2017
Country teams conduct situational analysis	February-April 2017
Social marketing on-line training, developed by WHO CC, hosted on PAHO Virtual Campus	February-June 2017
In-person workshop to review online training exercises, identify segments and develop questionnaires for formative research, lead by WHO CC, hosted by INCIENSA	June 2017
Development of research plans and ethical approvals	June -December 2017
Phase II	
Formative research. WHO CC provided a template for the data collection instrument and assisted the country teams with the finalization of the questions. Country teams collected the data from the target population and reported on the results. WHO CC summarized the findings comparatively and identified region-wide insights.	December 2017-December 2018
Data analysis for social marketing online training, developed by WHO CC and hosted on USF Canvas platform	May – June 2018

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USF Social Marketing conference, Oral Panel session “Less than 5g a day: applying social marketing to fight excessive salt consumption in the Americas”	June 2018
Development of creative briefs and strategy formation	December – January 2019
Creative strategy formation workshop	February 2019
Concepts creation	February – April 2019
Integrated Regional Communication plan	May 2019



SOCIAL MARKETING

WHO Collaborating Center on
Social Marketing & Social Change 

2. CREATIVE BRIEFS

INFORME CREATIVO GRUPO #1 (MOTHERS MED-HIGH SES)

1. Audiencia(s) objetivo

Describe a las personas que desea alcanzar con su comunicación. ¿Qué valoran esas personas? ¿Cómo se ven a sí mismas? ¿Cuáles son sus aspiraciones? Incluya una audiencia primaria y una secundaria (influyente). Incluya todas las investigaciones pertinentes sobre la audiencia.

Primary Audience: Madres generalmente casadas con hijos entre 5 a 11 años estudiantes de colegio. Pertenecen a un nivel socioeconómico medio - alto, y son mujeres conscientes de su salud. Son mujeres usuarias de Internet y se conectan generalmente en las noches y en sus trabajos. Pasan poco tiempo con sus familias debido al trabajo, por lo que los fines de semana aprovechan en estar juntos y preparar comidas.

Secondary Audience: Esposos e hijos y otros familiares que vivan en el hogar. La empleada del hogar, el pediatra

2. Objetivo(s)

¿Qué quiere usted que sus audiencias objetivo piensen, sientan y hagan después que reciban su comunicación?

Comportamiento:

Ella va a:

- Buscar la sustitución parcial de la sal por medio del limón, cebolla y ajos y otros ingredientes en la preparación de comida.
- Lidiar con la familia y llegar a un consenso en la sustitución parcial de la sal
- Orientar el uso correcto de la sal en los alimentos al servicio doméstico
- Creencia

Ella va a creer:

- Que está cuidando la salud de su familia y la de ella a través de la reducción de la sal
- Que puede evitar gastos médicos innecesarios a largo plazo.
- Que puede evitar el origen de enfermedades.
- Ayuda a estar fit y lo hace parte de un estilo de vida saludable.
- Conocimiento

Como resultado de la comunicación, ella va a saber:

- IDENTIFICAR los ingredientes naturales que pueden sustituir el sabor de la sal
- CONOCER los beneficios que aportan los ingredientes sustitutos

3. Obstáculos

¿Cuáles son las creencias, prácticas culturales, presión, información errónea, etcétera, que se interponen entre su audiencia y el comportamiento deseado?

- Las madres creen que la sal es el ingrediente más importante que realza el sabor de sus comidas.
- Miedo a que sus hijos rechacen la comida.
- Que la empleada se resista a los cambios en las pautas culinarias impartidas
- No hay concientización en el uso adecuado de la sal hasta que las personas vean enfermas

- Los sazonadores comerciales con hierba, contienen sal y las madres creen que no.
- Existe una baja percepción de riesgo en la salud de las personas que consumen sal.
- Poca conocimiento de la presencia de sodio y sal en alimentos que usualmente se consumen.
- Las empresas de alimentos muestran de forma atractiva las comidas que tienen alto contenido de sodio.

4. Promesa clave

Seleccione un solo beneficio que tenga más peso para su audiencia objetivo que los obstáculos. Formato sugerido: Si yo (comportamiento deseado), entonces (beneficio inmediato).

- Si yo uso ingredientes que puedan sustituir la sal en las comidas, entonces mi familia gozará de más salud
- Si yo uso menos sal en la preparación de las comidas, entonces mi familia gozará de más salud
- Si yo consumiera productos naturales en vez de productos envasados con alto contenido de sodio, entonces mi familia y yo gozaremos de mayor salud.

5. Declaraciones de apoyo

Ésta es la prueba de la promesa clave, es decir, las razones por las cuales la promesa es verdad. A menudo esta declaración comienza con 'porque'.

- Porque estoy creando hábitos alimenticios saludables en mi familia
- Porque puedes descubrir y crear nuevos sabores.
- Porque puedes evitar enfermedades cardiovasculares en tu hogar.

6. Tono

¿Cómo debería sentirse la comunicación? ¿Debería ser autoritaria, humorística, emocional, etc...?

Tono emocional y de identificación

7. Canales de comunicación

¿Qué canal (es) de comunicación utilizará usted para la estrategia? ¿Spots en televisión? en la radio? ¿Anuncios en material impreso? ¿Materiales sobre el lugar donde se dará el servicio? ¿Premios promocionales? ¿Medios gratuitos (relaciones públicas)? ¿Interpersonal? ¿Reuniones de movilización comunitaria? ¿Todas las vías anteriores?

- Medios sociales Facebook, Youtube, SMS,
- Publicidad exterior
- Recetas
- Blogs interactivos
- Aplicativo indicador de sodio
- Mercados y ferias alimenticias
- Sitio web propia de la campaña

8. Oportunidades

¿Qué oportunidades (fechas y lugares) existen para alcanzar a su audiencia? ¿Cuándo está su audiencia más abierta para recibir su mensaje? Ejemplos: Día Mundial de la Lucha contra el SIDA, Día de las Madres, etc...

- Día de la mujer
- Día del niño
- Semana mundial de la sensibilización de la sal; marzo

9. Consideraciones creativas

¿Existe alguna otra información crítica para el equipo de redacción y diseño gráfico?

¿Se transmitirá la comunicación en más de un idioma o dialecto? ¿Se debe adaptar la comunicación para una audiencia con bajo nivel de alfabetización? ¿Existen factores políticos que se deben tomar en consideración? ¿Debe incluir información de contactos locales?

- Mostrar diversidad racial en las personas que aparezcan en los diversos diseños
- Ubicar el logo de la institución o entidad en la parte derecha inferior
- Incluir familias en la imagen como una opción y que hayan hombres y mujeres.

NOTA: Todo informe creativo debe ir acompañado de una página en la que se resuman los antecedentes y el programa.

INFORME CREATIVO GRUPO #2 (MOTHERS MED-LOW SES)

1. Audiencia(s) objetivo

Describe a las personas que desea alcanzar con su comunicación. ¿Qué valoran esas personas? ¿Cómo se ven a sí mismas? ¿Cuáles son sus aspiraciones? Incluya una audiencia primaria y una secundaria (influyente). Incluya todas las investigaciones pertinentes sobre la audiencia.

Audiencia primaria:

Mujeres de edad entre 25 a 45 años, con hijos en edad preescolar y escolar, de clase socioeconómica media, que prepara en el hogar al menos un tiempo de comida o son tomadoras de decisiones sobre los productos alimentarios que se adquieren afuera. Pueden convivir o no con su pareja. Son en su mayoría amas de casa, pero pueden también trabajar fuera de él. Dan valor al sabor en las comidas para satisfacer a su familia. Tienen acceso a alimentos baratos, los cuales usualmente tienen más sal/sodio, así como menos capacidad de gasto en alimentos premium de categoría saludable. Se moviliza mayormente mediante transporte público, tiene acceso a información a través de medios masivos (televisión y radio, principalmente). Posee un dispositivo móvil con conexión a internet y tiene acceso a las redes sociales más utilizadas en el país.

Audiencia secundaria:

Padres que convivan con sus hijos, que son tomadores de decisión en la adquisición de alimentos.

2. Objetivo(s)

¿Qué quiere usted que sus audiencias objetivo piensen, sientan y hagan después que reciban su comunicación?

Conocimiento:

Que existen maneras prácticas y reales para utilizar menos sal en la preparación de alimentos en el hogar;

Que dispone de ingredientes naturales que pueden mezclarse con la sal para reducir la cantidad utilizada, y que estos brindan un mejor sabor para el alimento;

Creencias:

Que la cantidad de sal que utiliza actualmente en la preparación de sus alimentos representa un riesgo para su familia;

Que sus hijos adoptan los hábitos alimenticios, buenos o malos, que ella les enseña en el hogar;

Que reducir la cantidad de sal que utiliza actualmente no representa un sacrificio en el sabor y que sus hijos no rechazarán el alimento;

Comportamiento:

Reducir la cantidad de sal que utilizan actualmente;

Enriquecer el sabor de los alimentos con alternativas de ingredientes naturales en lugar de la sal.

3. Obstáculos

¿Cuáles son las creencias, prácticas culturales, presión, información errónea, etcétera, que se interponen entre su audiencia y el comportamiento deseado?

Relación sabor-sal. Problema generacional, cíclico. Visibilización de causa y efecto. No hay una cultura preventiva (“cuando me enferme me cuido”). Externar la culpa (“la culpa es del gobierno”). No existe una manera estandarizada para medir la cantidad de sal y por consiguiente no hay visibilización del exceso en que se incurre. Acceso al tipo de productos según canal. Desconfianza en el sabor de un sustituto, sacrificio de sabor. Publicidad de comidas rápidas.

4. Promesa clave

Seleccione un solo beneficio que tenga más peso para su audiencia objetivo que los obstáculos. Formato sugerido: Si yo (comportamiento deseado), entonces (beneficio inmediato).

Si disminuyo la cantidad de sal que utilizo y enriquezco mis alimentos con ingredientes naturales, me sentiré más tranquila como madre porque mi familia seguirá comiendo sabroso y ahora saludable.

5. Declaraciones de apoyo

Ésta es la prueba de la promesa clave, es decir, las razones por las cuales la promesa es verdad. A menudo esta declaración comienza con ‘porque’.

Porque el paladar puede acostumbrarse rápidamente y no percibirá un cambio abrupto en el sabor.

Porque actualmente el consumo diario en el hogar es cerca del triple de lo normal y esto provoca daños para la salud del corazón.

Porque al utilizar ingredientes naturales enriquecerá el sabor de los alimentos.

Porque los padres son los principales influenciadores de sus hijos y ellos replican los hábitos que perciben en el hogar.

6. Tono

¿Cómo debería sentirse la comunicación? ¿Debería ser autoritaria, humorística, emocional, etc...?

Que inspire confianza, con el cual pueda identificarme. Mujer, madre, testimonial, que me permita visibilizar las posibles consecuencias o beneficios de la situación. Amigable, conciliador, pero firme.

7. Canales de comunicación

¿Qué canal (es) de comunicación utilizará usted para la estrategia? ¿Spots en televisión? en la radio? ¿Anuncios en material impreso? ¿Materiales sobre el lugar donde se dará el servicio? ¿Premios promocionales? ¿Medios gratuitos (relaciones públicas)? ¿Interpersonal? ¿Reuniones de movilización comunitaria? ¿Todas las vías anteriores?

Medios masivos como redes sociales, televisión y radio.

Estaciones de transporte público.

Centros educativos, en actividades donde existe convocatoria de los padres.

Ferias del agricultor.

Hospitales y centros rurales de salud.

Sitios web de entidades públicas relacionadas con salud y nutrición.

Perifoneo.

8. Oportunidades

¿Qué oportunidades (fechas y lugares) existen para alcanzar a su audiencia? ¿Cuándo está su audiencia más abierta para recibir su mensaje? Ejemplos: Día Mundial de la Lucha contra el SIDA, Día de las Madres, etc...

Día internacional de la hipertensión.

Día de las madres.

Segmentos horarios en los que se preparan los alimentos en el hogar.

9. Consideraciones creativas

¿Existe alguna otra información crítica para el equipo de redacción y diseño gráfico? ¿Se transmitirá la comunicación en más de un idioma o dialecto? ¿Se debe adaptar la comunicación para una audiencia con bajo nivel de alfabetización? ¿Existen factores políticos que se deben tomar en consideración? ¿Debe incluir información de contactos locales?

Utilizar casos reales y testimoniales.

Comunicación más visual, orientada a formatos ajustables a redes sociales y medios impresos.

Utilizar lenguaje sencillo, popular y comprensible, dado que está dirigido a un segmento socioeconómico medio-bajo.

INFORME CREATIVO GRUPO 3 (FATHERS)

1. Audiencia(s) objetivo

Describe a las personas que desea alcanzar con su comunicación. ¿Qué valoran esas personas? ¿Cómo se ven a sí mismas? ¿Cuáles son sus aspiraciones? Incluya una audiencia primaria y una secundaria (influyente). Incluya todas las investigaciones pertinentes sobre la audiencia.

Audiencia primaria:

- Considerar segmentar a los padres por la edad de los niños (5-8 / 9-11)
 - Hombres
 - Padres
 - Entre 25 y 45 años
 - Valora su familia
 - Disfruta de la comida
 - Influye en el menú porque hace las compras en el supermercado
 - Son proveedores (sostén del hogar)
 - Clase media
 - Protectores de su familia
 - Son competitivos
 - Juegan con sus hijos
 - Viven en zonas urbanas
 - Comen en casa lo preparado por su pareja

Audiencia secundaria: parejas de los padres (madres de 25 a 45 años)

Audiencia terciaria: sus hijos (de 5 a 11 años)

3. Objetivo(s)

¿Qué quiere usted que sus audiencias objetivo piensen, sientan y hagan después que reciban su comunicación?

Conocimiento

- Que sepa qué ingredientes utiliza su pareja para cocinar.
- Que conozca categorías de productos (alimentos naturales y procesados / bajos y altos en sodio)
- Que sepa los riesgos de salud relacionados al sodio (hipertensión, enfermedades cardiovasculares, etc.)

Creencia

- Creer que tiene un rol importante como educador y protector de su familia.
- Creer que puede tener un papel más protagónico en la cocina.
- Creer que la cocina no es un rol limitado a su pareja/mujer.
- Creer que un papá influye con su ejemplo como adulto.

Comportamiento

- Hacer un inventario con sus hijos que clasifique alimentos bajos y altos en sodio, y alimentos procesados de naturales.
- Que no vuelva a comprar productos altos en sodio, que compre los más saludables.
- Que pase tiempo con sus hijos, enseñándoles.
- Sugerir alimentos saludable para la cocina.

3. Obstáculos

¿Cuáles son las creencias, prácticas culturales, presión, información errónea, etcétera, que se interponen entre su audiencia y el comportamiento deseado?

- Machismo.
- Presión de mantenerse alejado de la cocina o de ayudar a su pareja.
- Reducir sal es solo para enfermos.
- No hay tiempo.
- La comida sin sal sabe mal.
- La tradición de preparar ciertos alimentos con ingredientes.
- La competencia de la industria.

4. Promesa clave

Seleccione un solo beneficio que tenga más peso para su audiencia objetivo que los obstáculos. Formato sugerido: Si yo (comportamiento deseado), entonces (beneficio inmediato).

Si yo identifico los alimentos con mis hijos, entonces cumpliré con mi rol protector y educativo.
Si yo identifico los alimentos con mis hijos, entonces mamá nos agradecerá.

5. Declaraciones de apoyo

Ésta es la prueba de la promesa clave, es decir, las razones por las cuales la promesa es verdad. A menudo esta declaración comienza con 'porque'.

- Porque al comparar los ingredientes que tengo en casa puedo elegir lo más saludable.
- Porque incluso disminuyendo un poco de sal podré ayudar a la salud de mi familia.

6. Tono

¿Cómo debería sentirse la comunicación? ¿Debería ser autoritaria, humorística, emocional, etc...?

Lúdico y divertido.

7. Canales de comunicación

¿Qué canal (es) de comunicación utilizará usted para la estrategia? ¿Spots en televisión? en la radio? ¿Anuncios en material impreso? ¿Materiales sobre el lugar donde se dará el servicio? ¿Premios promocionales? ¿Medios gratuitos (relaciones públicas)? ¿Interpersonal? ¿Reuniones de movilización comunitaria? ¿Todas las vías anteriores?

- Redes sociales (Facebook, Instagram, Twitter, Blog)
- Spots de TV durante eventos deportivos
- Avisos en diarios (sección deporte)
- Alianzas con chefs de TV donde promocionen platos nuevos y saludables.
- Consultorios de pediatras.
- Activaciones en supermercados (tasting), ferias de comidas,...
- App para padres e hijos

8. Oportunidades

¿Qué oportunidades (fechas y lugares) existen para alcanzar a su audiencia? ¿Cuándo está su audiencia más abierta para recibir su mensaje? Ejemplos: Día Mundial de la Lucha contra el SIDA, Día de las Madres, etc...

- Eventos deportivos
- Semana mundial de sal (marzo)
- Día mundial de hipertensión (mayo)
- Día mundial del corazón (setiembre)

9. Consideraciones creativas

¿Existe alguna otra información crítica para el equipo de redacción y diseño gráfico? ¿Se transmitirá la comunicación en más de un idioma o dialecto? ¿Se debe adaptar la comunicación para una audiencia con bajo nivel de alfabetización? ¿Existen factores políticos que se deben tomar en consideración? ¿Debe incluir información de contactos locales? En Paraguay considerar el castellano y el guaraní.



INFORME CREATIVO GRUPO #4 (SCHOOL AGE CHILDREN)

1. Audiencia(s) objetivo

Describe a las personas que desea alcanzar con su comunicación. ¿Qué valoran esas personas? ¿Cómo se ven a sí mismas? ¿Cuáles son sus aspiraciones? Incluya una audiencia primaria y una secundaria (influyente). Incluya todas las investigaciones pertinentes sobre la audiencia.

Audiencia Primaria: Niños de 5 años a 11 años que viven con ambos padres. El padre es responsable de la compra de alimentos y la madre por lo general se dedica a la preparación. *Segmentado en dos grupos: de 5 años a 8 años quienes valoran su tiempo de diversión, y de 9 años a 11 años van buscando su independencia en tareas personales. El grupo más joven necesitan prestar atención de manera lúdica. El segmento mayor ya sabe leer y escribir lo cual permite otras maneras de comunicación y tiene más responsabilidades en la casa.*

Audiencia Secundaria: padres de familia, o encargados (as) de los niños.

2. Objetivo(s)

¿Qué quiere usted que sus audiencias objetivo piensen, sientan y hagan después que reciban su comunicación?

Conocimiento

- Aprender que los alimentos sin tanta sal y sodio sabe igual de rico o hasta mejor.
- Aprender que las hierbas naturales le agregan sabor, olor, color y texturas lo cual hace el plato más atractivo.
- Aprender a identificar los alimentos con alto consumo de sal y sodio
- Creencia
- Creer que pueden ayudar en la cocina
- Creer que sus platos pueden ser más divertidos y más saludables añadiendo ingredientes naturales

Comportamiento

- Convertirse en ayudantes que en la preparación de alimentos
- Lograr que vigilen la reducción del consumo de sal y sodio en la cocina, con los conocimientos adquiridos

3. Obstáculos

¿Cuáles son las creencias, prácticas culturales, presión, información errónea, etcétera, que se interponen entre su audiencia y el comportamiento deseado?

- Las malas costumbres culinarias en el ambiente hiper-sódico donde se desenvuelven.
- Los padres no les permiten ser asistentes porque “es tarea de adultos”.
- Influencia negativa de la publicidad de alimentos no saludables o ultraprocesados,
- Cultura de alto consumo de sodio de la sociedad en general

4. Promesa clave

Seleccione un solo beneficio que tenga más peso para su audiencia objetivo que los obstáculos. Formato sugerido: Si yo (comportamiento deseado), entonces (beneficio inmediato).

Si yo ayudo a papá a comprar alimentos saludables, entonces me sentiré parte de una labor muy importante para mi familia.

5. Declaraciones de apoyo

Ésta es la prueba de la promesa clave, es decir, las razones por las cuales la promesa es verdad. A menudo esta declaración comienza con ‘porque’.

- Porque a los niños les gusta sentirse útiles, y sentir que son importantes
- Porque se quieren divertir y compartir con mamá y papá

6. Tono

¿Cómo debería sentirse la comunicación? ¿Debería ser autoritaria, humorística, emocional, etc...?

Lúdico / Afectivo (Aprender jugando)

7. Canales de comunicación

¿Qué canal (es) de comunicación utilizará usted para la estrategia? ¿Spots en televisión? en la radio? ¿Anuncios en material impreso? ¿Materiales sobre el lugar donde se dará el servicio? ¿Premios promocionales? ¿Medios gratuitos (relaciones públicas)? ¿Interpersonal? ¿Reuniones de movilización comunitaria? ¿Todas las vías anteriores?

- Escuelas para la comunicación con los niños y material gráfico para padres.
- YouTube (YouTubers)
- Profesionales en Nutrición Pediatra
- Clases de cocina para niños (activación)
- Redes sociales para los padres



8. Oportunidades

¿Qué oportunidades (fechas y lugares) existen para alcanzar a su audiencia? ¿Cuándo está su audiencia más abierta para recibir su mensaje? Ejemplos: Día Mundial de la Lucha contra el SIDA, Día de las Madres, etc...

- Día del Niño
- Día Mundial del Corazón
- Semana Mundial de Sensibilización para la Reducción del Consumo de Sal y Sodio
- Semana Nacional de la Nutrición

9. Consideraciones creativas

¿Existe alguna otra información crítica para el equipo de redacción y diseño gráfico? ¿Se transmitirá la comunicación en más de un idioma o dialecto? ¿Se debe adaptar la comunicación para una audiencia con bajo nivel de alfabetización? ¿Existen factores políticos que se deben tomar en consideración? ¿Debe incluir información de contactos locales?

- Hacer un estudio sobre la percepción de los niños en torno al consumo de sal y sodio (focus groups con niños)
- Pensar, hablar y actuar como niños en la campaña.
- La campaña debe ser en español y en portugués (adaptar a diferentes dialectos de acuerdo a diferentes zonas de los países participantes).



3. CONCEPT TESTING GUIDE (SAMPLE)

The following are some examples of topics and questions that can help inform the testing process during focus groups or interviews:

Introduction

- Interviewer/moderator introduces themselves, ask participant(s) to introduce themselves, and the goal of the interview/focus group

Campaign overview

- Interviewer/moderator presents the background for the project and the goal of the campaign

Display of concepts

- Interviewer/Moderator introduces the concepts, explaining they are preliminary ideas and participants are asked to give their honest opinion regarding them

Reaction to concepts

- What do participants think the main idea behind this concept is?
- What do participants think/feel when they read those words or see those images? (Likability)
- Who is this material speaking to? Do the participants feel the materials speak to someone like them? (Relevance)
- In your experience is this true? (Credibility)

Compare concepts

- Display concepts again side-by-side and ask to compare/rank

Additional info

- Which channels to convey these concepts?
- If logos are included in the concepts, what do they think of them? does it change the way information is perceived?

4. IMPLEMENTATION PLAN (TEMPLATE)

IMPLEMENTATION PLAN															
Activity List each activity. Be as specific as possible. Use additional pages if necessary.	Target Audience Who is the audience for each activity?	12 Month Timeline Place an X in the appropriate box to indicate the first and last month of each activity.												Person(s) Responsible Who is responsible for implementing the activity?	Evaluation Indicators How will you measure the success of each activity?
		1	2	3	4	5	6	7	8	9	10	11	12		

5. BUDGET (from CDCynergy Lite)

Whatever charting option you choose, ensure that your timeline or management matrix addresses all the important parts of your intervention, including, at least:

All tasks or activities, broken down into manageable parts or steps (e.g., creating the plan, securing necessary resources, hiring staff, recruiting volunteers, training, pretesting, implementation, monitoring, etc.)

Start and completion dates for each activity, including long-term and repeated activities
 Major deadlines, including due dates for deliverables, accomplishments, reports, etc.
 Specific personnel or organization(s) responsible for each task or activity
 Internal review and approval processes that your agency requires

Sample Budget Worksheet

Item	Description	Cost
Executive Director	Supervision	10% of salary = \$10,000 25% benefits = \$2,500
Project Director	Hired in month one	11 months at \$35,000/yr = \$32,083 25% benefits = \$8,025
Tutors	12 working 10 hours per week for 3 months	12 x 10 x 13 x \$7.00 = \$10,920
Office space	Requires 25% of current space	25% x \$20,000 = \$5,000
Overhead	20% of project cost	20% x \$64,628 = \$12,926



Salt Reduction in Latin America

A Regional Social Marketing & Communication Plan

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