KILLER COCA-COLA VERSUS POURING ON THE POUNDS: COMPARING THE BRAND DAMAGE POTENTIAL BETWEEN NEGATIVE HEALTH MESSAGING AND COUNTERBRANDING STRATEGIES

INTRODUCTION

Forget the war on drugs and the fight against tobacco. American public health advocates have a new foe – the soda and beverage industry. Why are sights set on soda consumption? Americans consume a massive amount of high-sugar/fructose corn syrup drinks each year. In fact, half of the U.S. population consumes more than one 12 ounce can of soda each day with some estimates as high as 2.6 glasses consumed each day (Anonymous, 2012a; Ogden, Kit, Carroll, & Park, 2011). Soda consumption is regularly linked with a litany of negative health effects including obesity, type 2 Diabetes, fatty liver disease, insulin resistance, cardiovascular problems, increased risk of stroke, malnutrition, and even cancer (Anonymous, 2012a; Jampolis, 2012; MacVean, 2012).

Though the soda industry has agreed to place nutrition information on soda machines (Anonymous, 2012c) and while soda consumption fell by 1% in 2011 (though the price rose by 3% in the same year) (Geller, 2012), the reality is that Americans know it is bad for them yet that knowledge does not quench their thirst (Anonymous, 2012a).

A coordinated multi-faceted approach is exactly what organizations like the American Medical Association argue (MacVean, 2012) are necessary if we are to positively affect growing obesity rates in the United States as well as those emerging in many countries around the world (Al-Rethaiaa, Fahmy, & Al-Shwaiyat, 2010; Borgmeier & Westenhofer, 2009; Lawrence et al., 2007). As a result, in recent years arguments for using counterbranding approaches in health campaigns have been growing – lead by research on anti-smoking campaigns – with research demonstrating that negative advertising (i.e., attacks on organizations or industries plus attacks on the behavior) is an effective public health tool in order to promote behavioral change (Apollonio & Malone, 2009; Eisenberg, Ringwalt, Driscoll, Vallee, & Gullette, 2004; Evans, Price, & Blahut, 2005; Farrelly, Davis, Haviland, Messeri, & Healton, 2005; Pralea, 2011; Terblanche-Smit & Terblanch, 2011).

In short, a central question emerging among many health advocates is whether manufacturing a crisis for an organization or industry can help to change consumer behaviors. Thus the present study compares the effectiveness of two different approaches – a traditional health belief approach with an emergent counterbranding approach.

THEORETICAL APPROACH

The present study compares two theoretical approaches to negative messaging. Negative messaging can include a variety of strategies; however, previous research identifies two types of social marketing most illustrative of negative messaging. The first is a psychology-based threat message strategy where target audiences are exposed to a message that identifies a credible health risk (Janz & Becker, 1984; Witte, 1992, 1996) and counterbranding – a marketing-based strategy focusing on changing the relationship between the consumer and the target product, service, or behavior (Evans, et al., 2005; Pralea, 2011).

Across the research and application, a key feature to successful health risk negative messaging is that the message must simultaneously create fear while presenting a solution the

audience believes they can adopt. Yet, contemporary research also suggests that the effectiveness of such appeals not only depend on how people cope with the threat communicated, but also their level of health resistance, so using social threats can be an effective way to present a health risk message (Dickinsom-Delaporte & Holmes, 2011). The New York City Department of Health and Hygiene targeting high-sugar drinks initiated an example of a campaign based in health risk messages that also use social appeals in 2009 focusing on imagery emphasizing 'Pouring on the Pounds'. The campaign focuses on strong visual messages, works to create threat/ risk about soda consumption, identifies the behaviors to stop, and makes recommendations about substitutions. The benefit or reward is evident and the fear appeal seems strong.

The second major type of negative messaging is a marketing-based strategy focusing on counter-branding. Conceptually, branding is "a set of attributes that a consumer has for a product, service…or set of behaviors" (Evans, Price, Blahut, 2005, p. 181). Its purpose is to build a relationship between the 'consumer' and the target product, service, or behavior (Evans, et al., 2005; Pralea, 2011). Berg, et al. (2011) argue that, "although factors related to exercise and nutrition may not be marketed in the same way that tobacco and alcohol have been, these health behaviors are also likely to be related to different psychographic characteristics" (p. 727).

Counter-branding efforts are not new – first appearing in 1967 as 7-Up branded itself the "uncola" (Williams, 2005). The underlying assumption in counter-branding is that, "no matter how big a brand might be in the public's mind, there's always an open spot for the exact opposite" (Williams, 2005, np). Counter-branding is precisely what made the American Legacy Foundation's truth.com campaign successful as an anti-smoking campaign (Apollonio & Malone, 2009). Instead of only targeting the health-related behavior, the truth.com ads also targeted the corporate behavior that was recognized as being a fundamental cause of the disease, thus addressing the social causes of the disease and connecting consumer desire to patronize socially responsible organizations to the issue of smoking. These strategies were effective with campaign analyses demonstrating significant reduction in youth smoking as a result of this multi-faceted approach (Eisenberg, et al., 2004; Farrelly, et al., 2005; Farrelly et al., 2002). Yet, we have seen very little of this counter-branding strategy applied to date in the campaign against soda. The only clear evidence of it is a campaign focusing on 'corporate violence' from Coca Cola centered on production in Colombia called "Killer Coke" (Anonymous, 2012b). The campaign focuses on claims about corporate practices in similar ways to those employed by the truth.com campaign; however, its focus is not centered on the health message, though health is included. In the present study, the Killer Coke message was altered to include consistent information as the 'Pouring on the Pounds' message and a counter-branding health focus.

METHODS

The present study employs a field experiment design with the message condition manipulated – participants (N = 1,085) were randomly assigned into a condition group based on message exposure using SurveyMonkey's random assignment criterion. As such, each participant was exposed to one of three messages – a counterbranding message, a health behavior message, and a control message. Participants then responded to questions establishing their relationship with the organization, issue, as well as their perception of the relationship between the organization and issue (see Diers, 2012; Haley, 1996). Participants also responded to

questions regarding their behavioral intent towards the organization and health-related behaviors (see Aizen, 2005).

Analysis methods included ANOVA with Scheffe post hoc and controls for education, sex, age, and income.

FINDINGS

These data suggest that all three relationships – those between Coca-Cola and the issue of nutrition, Coca-Cola and consumers, and consumers and nutrition were affected by negative messaging.

Relationship Between Coca-Cola and Nutrition

Overall, we found that the knowledge, image, negative associations with the firm, and similarity of between the firm and industry were all significantly affected by negative messaging. Specifically, we found that negativing messaging – both the health and counterbranding approaches – lead respondents to be less confident in their perceived knowledge of Coca-Cola, as a company. Though both types of negative messaging hurt Coca-Cola's image, the counterbranding message was most damaging to its reputation. Similarly, the negative messaging heightened a negative association between Coca-Cola and nutrition with counterbranding affecting consumers' evaluation most substantially. Interestingly, the more negative the message, the more that consumers evaluated Coca-Cola as being similar to the rest of the beverage industry; that is, counterbranding negatively affected perceptions of differentiation on the basis of nutrition that had previously existed.

Relationship Between Coca-Cola and Consumers

Overall, the health risks message was more effective at changing consumers' intention to consume Coca-Cola products for those products that they consume least often and moderately often. However, the counterbranding message was more effective at reducing consumers' intention to purchase those Coca-Cola products they most regularly consumed.

Relationship Between Consumers and Nutrition

Negative messaging also changed consumers perceptions of their own relationship to nutrition. First, the health-based message improved the personal importance of nutrition to consumers; however, the counterbranding message actually decreased the importance of nutrition to consumers. There was a weak third person effect for the counterbranding message – that respondents believed it would make the issue of nutrition more important to other people. Both types of messages increased consumers' perception that it was difficult to judge food nutrition; however, the counterbranding message made it most difficult for respondents to judge food quality. Similarly, health messaging positively influenced consumer perceptions of self and response efficacy to making changes in their behavior to improve their nutrition. However, counterbranding messages actually decreased consumer efficacy in making healthy nutrition choices.

IMPLICATIONS

This study represents a different approach to the study of crisis communication – instead of focusing on organizations reacting to a crisis, we evaluate the degree to which crises can be manufactured for organizations and industries as a part of a social marketing campaign. There are three key implications to these findings. First, though health risk and counterbranding messages seem to produce complementary results for analyzing changes in the relationships between the organization and the issue as well as the organization and the consumers themselves, what happens to the relationship between the issue and consumer is quite different. The health message seems to empower consumers confidence in the importance of nutrition and making diet changes. The counterbranding message seems to have the opposite effect.

The health risks messages themselves are limited in the risk they pose to the targeted organization or industry. Though in recent memory, we have seen this kind of information driving changes in industries focused on corporate social responsibility – for example after the documentary "Supersize Me" was released, McDonalds and a number of other fast food restaurants introduced 'healthy menus' as a response to public pressure. Coca-Cola is already doing this by responding directly to public pressures with new products or promoting their products that are already low or no calorie. As such, the risk to reputation from health-based messages seems relatively low in industries that are proactive in adapting services or offerings based on public opinion and new social drivers.

Counterbranding messages have a greater potential impact for firms; they are also much more challenging as a part of corporate response because these messages directly attack the values of the company. As such, they seem to create more of an existential crisis for the consumer making it more difficult for the firm to address. In this case, the counterbranding message seems to be less effective in producing positive health effects – at least in the short term – and instead we would argue causes the consumer to possibly question their consumption choices more generally. This kind of a crisis is just as likely to produce negative reputation and sales outcomes, but is unlikely to be solved with new branding.

References

Aizen, I. (2005). *Explaining intentions and behavior: Attitudes, personality, and behavior* (Vol. 2nd). Berkshire, England: McGraw-Hill Education.

Al-Rethaiaa, A., Fahmy, A., & Al-Shwaiyat, N. (2010). Obesity and eating habits among college students in Saudi Arabia: A cross sectional study. *Nutrition Journal, 9*(1), 39.

Anonymous. (2012a). American soda consumption: Half of us drink it everyday, study says. *Huffington Post*. Retrieved from HuffPost Healthy Living website: http://www.huffingtonpost.com/2012/07/25/half-of-americans-drink-soda-everyday-consumption_n_1699540.html

Anonymous. (2012c). Soda industry: Vending machines will show calories. *USA Today*. Retrieved from USA Today website: http://www.usatoday.com/story/news/nation/2012/10/08/soda-vending-machines/1620327/

Apollonio, D. E., & Malone, R. E. (2009). Turning negative into positive: Public health mass media campaigns and negative advertising. *Health Education Research, 24*(3), 483-495. doi: 10.1093/her/cyn046

Borgmeier, I., & Westenhofer, J. (2009). Impact of different food label formats on healthiness evaluation and food choice of consumers: A randomized-controlled study. *BMC Public Health*, 91-120.

Diers, A. R. (2012). Reconstructing stakeholder relationships using 'corporate social responsibility' as a response strategy to cases of corporate irresponsibility: The case of the 2010 BP spill in the Gulf of Mexico. In R. Tench, W. Sun & B. Jones (Eds.), *Corporate Social Responsibility: A Challenging Concept* (Vol. 4, pp. 177-206). Bingly, UK: Emerald Group.

Eisenberg, M., Ringwalt, C., Driscoll, D., Vallee, M., & Gullette, G. (2004). Learning from truth: Youth participation in field marketing techniques to counter tobacco advertising. *Journal of Health Communication, 9*, 223-231. doi: 10.1080/10910730490447066

Evans, W. D., Price, S., & Blahut, S. (2005). Evaluating the truth brand. *Journal of Health Communication, 10*, 181-192. doi: 10.1080/10810730590915137

Farrelly, M. C., Davis, K. C., Haviland, M. L., Messeri, P., & Healton, C. G. (2005). Evidence of a dose-response relationship between the 'truth' antismoking ads and youth smoking prevalence. *American Journal of Public Health, 95*(3), 425-431. doi: 10.2105/AJPH 2004.049692

Geller, M. (2012). Update 2 -- U.S. soda consumption fell faster in 2011. *Reuters: U.S.* . Retrieved from Reuters website: http://www.reuters.com/article/2012/03/20/drinks-idUSL1E8EK1P620120320

Haley, E. (1996). Exploring the construct of organization as source: Consumers' understandings of organizational sponsorship of advocacy advertising. *Journal of Advertising, 25*, 19-36.

Jampolis, M. (2012). Is drinking soda really that bad for you? . *Health: Expert QA*. Retrieved from CNN Health website: http://www.cnn.com/2012/05/18/health/jampolis-dangers-drinking-soda/index.html

Janz, N. K., & Becker, M. H. (1984). The health belief model: A decade later. *Health Education and Behavior, 11*(1), 1-47. doi: 10.1177/109019818401100101

Lawrence, J. M., Devlin, E. E., Macaskill, S. S., Kelly, M. M., Chinouya, M. M., Raats, M. M., & R., S. R. (2007). Factors that affect the food choices made by girls and young women from minority ethnic groups living in the UK. *Journal of Human Nutrition and Dietetics, 20*(4), 311-319.

MacVean, M. (2012). AMA votes for policy that recognizes soda taxes as one way to fight obesity. *Los Angeles Times*. Retrieved from The Los Angeles Times website: http://articles.latimes.com/2012/jun/21/news/la-heb-soda-tax-vote-20120619

Ogden, C. L., Kit, B. K., Carroll, M. D., & Park, S. (2011). Consumption of sugar drinks in the United States, 2005-2008. In C. f. D. Control (Ed.), *NCHS Data Brief* (Vol. 71, pp. 8). Hyattsville, MD: U.S. Department of Health and Human Services.

Pralea, A. R. (2011). Branding in health marketing. *Bulletin of the Transilvania University of Brasov, 4*(2), 65-72.

Terblanche-Smit, M., & Terblanch, N. S. (2011). HIV/Aids marketing communication and the role of fear, efficacy and cultural characteristics in promoting social change. *Journal of Public Affairs, 11*(4), 279-286.

Witte, K. (1992). Putting the fear back into fear appeals: The extended parallel process model. *Communication Monographs, 59*, 329-349.

Witte, K. (1996). Generating effective risk messages: How scary should your risk communication be? *Communication Yearbook, 18*, 229-254.