

Communication frames and beneficiary engagement in corporate social initiatives: Evidence from a randomized controlled trial in France

Rodolphe Durand¹  | Marieke Huysentruyt^{1,2} 

¹Strategy and Business Policy, HEC Paris, Jouy-en-Josas, France

²Affiliate Researcher SITE, Stockholm School of Economics, Stockholm, Sweden

Correspondence

Marieke Huysentruyt, Strategy and Business Policy, HEC Paris, 78350 Jouy-en-Josas, France.

Email: huysentruyt@hec.fr

[Correction made on 26 March 2022 after first online publication: The corresponding address has been updated in this version.]

Abstract

Research Summary: This article asks how distinct communication frames used by corporate social initiatives (CSIs) affect beneficiary engagement, specifically their reach vis-à-vis disadvantaged groups. Through a unique randomized field experiment in France, we assess the effectiveness of a series of communication frames on beneficiaries' decisions to enroll and use the social goods provided. Our results show that empathy- and simplicity-oriented frames significantly increase program enrollment and utilization rates relative to other strategies, notably the widely used charity frame. We find that none of the tested communication frames raised take-up by nonnative French beneficiaries, and only the empathy frame augmented the response of the very poor. Our work opens new research directions for strategic management studies on CSIs, communication frames, inclusion and social outcomes.

Managerial Summary: Many corporate social initiatives (CSIs) launch large information campaigns to raise awareness about the social goods they provide. Findings from a field experiment reveal that the communication frames that CSIs deploy matters. Communication that expresses empathy (*how* the CSI understands and cares

about its target beneficiaries) or presents simple information (*what* the CSI does) is far more effective at raising take-up than communication frames that emphasize what for (*why*) and the charitable identity (*who*) about the CSI. However, results also reveal that foreigners and the economically most disadvantaged beneficiaries responded the least to these communication frames. This suggests that more is needed to effectively raise take-up by these subgroups. Our work speaks to strategy researchers and practitioners interested in CSIs, communication frames, and social inclusion.

KEY WORDS

communication, corporate social initiative, field experiment, framing, social performance

1 | INTRODUCTION

Today's pressing grand societal challenges—from ending poverty and child malnutrition to fighting the climate crisis and reducing inequalities—call upon firms to step up and act (Amis, Mair, & Munir, 2020; George, Howard-Grenville, Joshi, & Tihanyi, 2016; Guthrie & Durand, 2008; Margolis & Walsh, 2003). As more demands emanate from investors, customers, and society at large (Business Roundtable, 2019), firms' corporate social initiatives (CSIs), that is, firms' initiatives that aim to pursue *social* goals, have become increasingly strategic considerations for firms. Growing evidence on the reputational, financial, and relational benefits to firms from CSIs strengthen firms' willingness to engage with societal issues. Against this backdrop, as noted by Bode & Singh (2018, p. 100), “the debate on the role of business in society has progressed beyond *whether* firms should engage in societal issues to *how* they can best engage.” Our study contributes to the literature on *how* these CSIs should be implemented—that is, how specific implementation choices may influence a CSI's efficacy to achieve its social goals (Barnett, Henriques, & Husted, 2020). Specifically, we explore the role of CSI communication frames to successful beneficiary engagement of a CSI. While the literature on social goods and CSIs encourages actors to communicate more to overcome the lack of information that often impedes their reach (Bhargava & Manoli, 2015; Bode, Singh, & Rogan, 2015; Guthmuller, Jusot, & Wittwer, 2014; Lee, Adbi, & Singh, 2020), it is yet unclear which communication frames are most effective at augmenting target beneficiaries' response.

This article presents novel experimental evidence from a large randomized controlled trial in France showing that CSI communication frames¹ or the subsets of specific information that CSIs choose to communicate to their target beneficiaries, lead to significant changes in CSIs'

¹We focus on what scholars call “emphasis” framing, whereby an actor highlights a subset of potentially relevant considerations about an issue, event, technology, or here a CSI. This emphasis, in turn, can alter the considerations that others use in constructing their opinion (i.e., a framing effect) (Chong & Druckman, 2007). This type of framing is distinct from equivalency framing, popularized by Tversky and Kahneman (1981) whereby two logically equivalent characterizations of an issue affect attitudes and behaviors.

actual reach and societal impact. We are able to contrast the effect of distinct CSI communication frames on sorting in full, that is not only on who opts in but also who opts out of the CSI, which is quite rare in field experiments. Furthermore, leveraging our experimental design and behavioral data on the targeted beneficiaries, we are also able to assess the impact of communication frames not just on target beneficiaries' immediate take-up decisions but also on the intensity of engaging with the CSI (here, captured by the subsequent use of vouchers sent) over a 3-month period following the intervention.

To conduct the field experiment, we collaborated with a leading global food corporation (Danone) that launched a flagship CSI in France in partnership with the Red Cross and the Association of French Pediatricians in 2010. The initiative, henceforth Program P, seeks to improve the nutritional status of infants and children between 6 months and 3 years old in low-income families by distributing vouchers for select baby food products and offering nutritional advice. In 2017, the CSI undertook to expand its program reach via a major information campaign in Seine Saint-Denis, France's poorest jurisdiction. This presented us with an ideal setting to examine empirically the influence of different CSI communication frames on target beneficiaries' decision to enroll and subsequently use the vouchers that they receive.

We designed the information campaign in collaboration with Program P, adapting the campaign to the format of a randomized field experiment. The experiment encouraged 5551 eligible low-income households to enroll in the program through a one-time mailing sent by the Public Benefit Office of Seine Saint-Denis. These target beneficiaries were randomly assigned to six treatment groups, one of which received Program P's standard message. All treatment groups received the same basic email that spelled out what the vouchers can be used for, the total annual financial savings the vouchers represent, and how to sign-up for the program. Only the second paragraph and its subheading were phrased differently for each group. First, the base treatment uses the typical message previously used by Program P, which emphasizes the philanthropic nature of the program and the Red Cross sponsorship (We call it the *Charity* base treatment group). Then, drawing on research in categorization, psychology, and behavioral economics (Batson, Chang, Orr, & Rowland, 2002; Batson, Duncan, Ackerman, Buckley, & Birch, 1981; Cialdini, 2006; Durand & Paolella, 2013), the second paragraph for the other treatments emphasized that Program P helps its beneficiaries meet their goals (*Goal* treatment group) or that Program P understands and cares about its beneficiaries (*Empathy* treatment group), or that Program P provides answers to simple practical questions that beneficiaries may have (*Simplicity* treatment group). Each of these factors, namely goal alignment, empathy, and simplicity, have been found to facilitate evaluation and choice of products and social goods (Allcott & Sunstein, 2015; Batson, 2011; Boulongne & Durand, 2021; Chetty, 2015). Finally, we estimated that the target population counted enough members to add two additional treatments. In order to test the additivity of communication frames, we opted to combine the Empathy and Charity treatments (*Empathy_Charity* group) and the Empathy and Goal treatments (*Empathy_Goal* group). Our research design coupled with individual level data from administrative records allows us to provide evidence on how these different communication frames affect take-up, all things equal.

Six main results stand out. First, the five novel communication frames jointly led 23% of the treated households (that is 1063 households) to sign up to the program, which represents an absolute increase of 3.8 percentage points relative to Program P's standard message, that is, the *Charity* base treatment which is the poorest performing frame. Second, among the two most significant treatments, conveying *empathy*, by expressing understanding (perspective-taking) and

concern, raised the likelihood of signing up to the Program by a relative increase of +40% compared with the *Charity* condition. Third, *Simplicity* treatment, that is, supplying beneficiaries with direct information about how the program addresses simple questions came next and raised enrolment rate by a relative increase of +20% compared with the standard *Charity* condition. Fourth, target beneficiaries in the *Simplicity* and *Empathy* treatment groups were not only significantly more likely to sign up, but also used more of the vouchers that they were sent in the subsequent 3-month period. This suggests that the influence of CSI communication frames, especially the *Empathy* frame, is not only immediate but also has longer term effects. Fifth, the large and positive influence of *Empathy* dropped when combined with the *Goal* frame and disappeared altogether when combined with *Charity* frame, suggesting that communication frames are not simply additive. Finally, the magnitude of these effects is moderated by individual-level characteristics of the target beneficiaries. None of the communication frames had a differential impact on the take-up decisions of nonnative French households, and only the empathy condition significantly raised take-up of the poorest half of our sample. Taken together, these results underline the critical role of CSI communication frames to targeting beneficiaries' decision to take-up social goods. They also reveal that communication frames are not sufficient to alter the take-up rates of certain subgroups, those who arguably need the social goods the most.

We believe these results have important implications for the effectiveness of CSI programs and policies (Barnett et al., 2020). As such, our work opens a number of promising research directions for those interested in interrogating the "social case" (as opposed to simply the "business case") for CSIs (Kaplan, 2020; Kaul & Luo, 2018) and speaks to research on decision making in organizational hybrids (Battilana & Dorado, 2010; Durand & Paoella, 2013; Lee et al., 2020). Finally, by centering on CSIs' beneficiaries and comparing across different treatments the mechanisms triggering their response, our research complements the growing stream of literature in which field experiments are used to study the micro-foundations of diverse corporate social engagements and their impacts (Burbano, 2016; Singh, Teng, & Netessine, 2019).

2 | SETTING AND EXPERIMENTAL DESIGN

2.1 | Setting

Ending poverty in all of its forms everywhere and ending any form of malnutrition and hunger rank, respectively, first and second on the list of 17 Sustainable Development Goals that were adopted by all United Nations member states back in 2015. They are unequivocal global goals, underpinned by specific targets: "reducing child poverty in half" and "ensuring access to safe, nutritious and sufficient food all year round by the poor and people living in vulnerable situations, including infants, by 2030." With children representing half the world's poor, these targets naturally call for concerted efforts to improve the lives of children in particular.² Just in France, one out of every five newborns (160,000 infants per year) is born into poverty (Unicef France, 2015). One in 10 kids living in "educational priority zones" (areas defined by

²Furthermore, nearly half of all deaths in children under five are attributable to undernutrition, a part of malnutrition. Undernutrition puts children at greater risk of dying from common infections, increases the frequency and severity of such infections, and delays recovery. Poor nutrition in the first 1000 days of a child's life can also lead to stunted growth, which is associated with impaired cognitive ability and reduced school and work performance.

government as those with greatest social difficulties that are consequential to school performance) shows up at preschool in the morning hungry (Lucas, 2019). While no doubt less lethal than it is in low- and middle-income countries, poor child nutrition in France and developed economies more generally can still have devastating short- and long-term consequences. Recurring nutrient deficiencies weaken the children's immune defense systems, delay their overall development and increase their mortality risk (Rytter, Kolte, Briend, Friis, & Christensen, 2014). The fight against child malnutrition is thus central to many firms operating in the food industry that launch CSIs.

Program P, is one major corporate social initiative in France, launched by Danone, a food multinational in close collaboration with the French Red Cross and the Association of French Pediatricians back in 2010, aiming to address the problem of malnutrition among children aged 6 months—3 years living in poverty. More specifically, it sets out to remove two important barriers to improving the uptake of nutritious foods—namely, a financial barrier and an informational barrier—by distributing vouchers for select baby food products and offering suitable advice to French families whose household equivalent income is below the poverty line (<1045 euros per month).

Much like other programs delivering social goods (30% of welfare benefits in France are not taken up), Program P struggles to effectively reach its target beneficiaries. Initially, Program P relied solely on the goodwill of social workers and medical staff at parent-infant health clinics in various jurisdictions across France to present the program's social goods to eligible families and enroll them at their own discretion. Since 2015, Program P set out to expand its reach through targeted informational emailing campaigns. Our collaboration takes advantage of one such campaign to evaluate the effect of specially designed messaging on target beneficiaries' decision to take-up and utilize the vouchers provided. Note that the social goods provided—namely, the vouchers and advice—were held constant. We simply varied the communication frame, namely the content of the introductory information about Program P, in seemingly inconsequential ways.

2.2 | Experimental design

The experiment was implemented over a 2-month period, in November and December 2017. Figure 1 illustrates the timing of the mailings, the subsequent enrollment process, and vouchers received. The goal of our experiment was to estimate the (relative) causal impacts of different communication frames on enrollment in Program P and subsequent utilization of Program P's vouchers. The mailings consisted of three components: a notice sent via email (October 11, 2017), an identical notice sent by mail (October 23, 2017), and a repeat, reminder email with the same content again (November 29, 2017). Figure 2 presents the number of newly enrolled infants over time for the 2-month period during which the intervention was staged. We readily observe a sharp rise in enrollment following each of the mailings.

Target beneficiaries were randomly assigned to one of six treatment groups. All treatment groups received the same basic email that spelled out what the vouchers can be used for, the total annual financial savings the vouchers represent, and how-to sign-up for the program. Only the subheading and contents of the second paragraph were phrased differently for each group.

Our base treatment group received the message that Program P had used in previous limited campaigns in other French districts. The frame insists on the philanthropic nature of Program P, by invoking the notoriety of the Red Cross and pediatrician associations and

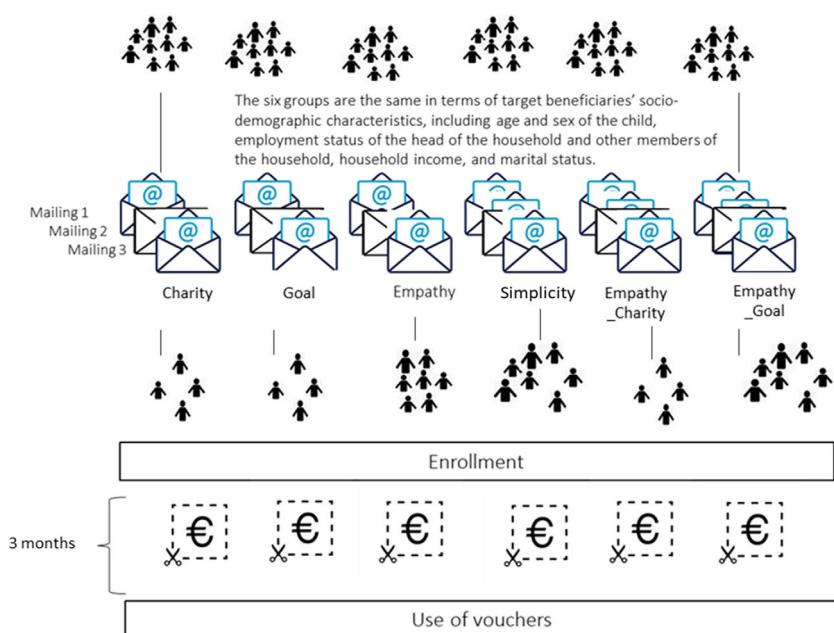


FIGURE 1 Experimental design

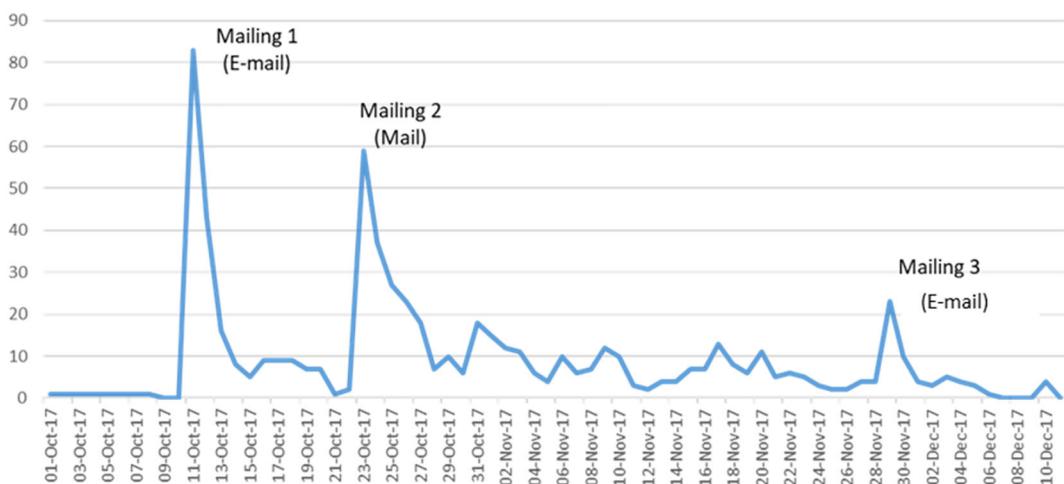


FIGURE 2 Number of enrollments following each mailing

accentuating the act of charity or giving. Concretely, this treatment explicitly mentions “the Red Cross and pediatric associations” as Program P’s leading partners, and uses verbs in the present tense (i.e., “Program P engages with parents;” and verbs expressing gift (“we give practical tips”), emphasizing what Program P is, rather than what it hopes to be (Hannan, 2010; Vendler, 1957). We refer to this group as the *Charity* group and use this as our comparison group.

To contrast with the base treatment group, we designed three treatments that present a different describable attribute about the Program and thus invoke different considerations. In the conception of each treatment, we relied extensively (1) on linguistic theories (Vendler, 1957), well-established linguistic dictionaries (Tausczik & Pennebaker, 2010), and computational linguistic techniques (using SpaCy, an advanced natural language processing tool); and (2) on works from psychology and economics (Barsalou, 1991; Bhargava & Manoli, 2015; Choi, Haisley, Kurkoski, & Massey, 2017; Cialdini, 2006). More specifically, for each communication frame, we identified a selection of documents, such as relevant lexicons. We then reduced these documents to a list of words from which stop words (very frequent words) were removed. Each word in each document was then transformed into a semantic vector representing its meaning using SpaCy's built-in database of semantic vectors for French. Each document was then represented as the average of the semantic vectors composing it, which is the default representation of documents in SpaCy. Finally, we computed the similarity of each treatment to each document, using SpaCy's built-in similarity measure. These similarity measures allowed us to confirm the validity of our communication frames: that is, to confirm that the *Empathy* frame exhibited the greatest similarity with the lexicon for perspective-taking and empathic concern, the *Goal* frame showed the highest similarity with the lexicon for goals, and the *Empathy plus Goals* showed high similarity with both these two lexicons. Finally, we also assessed the average word length by treatment group. By confirming equivalence across groups, we are able to rule out the potential confounding influence of word length on beneficiary response. Please refer to Appendix S1 for a more detailed description of this procedure.

The *Goal* treatment communicates in the second paragraph how Program P helps its beneficiaries meet their goal—specifically by providing information and means to access quality food for their children. The frame emphasizes goal congruence, that is, the fit between the goals of the target beneficiaries and those of Program P. When a beneficiary perceives goal congruence, she is more motivated to engage with Program P (Barsalou, 1991; Vancouver & Schmitt, 1991), leading to higher take-up rates. Relatedly, goal-based categorization has been shown to generate positive behavioral attitudes toward products when communication includes information about unusual cues (Barlow, Verhaal, & Angus, 2019; Boulongne & Durand, 2021). As such, the *Goal* frame is a natural candidate to contrast with the typical *Charity* communication frame used as our base treatment group and traditionally employed in CSI communication. To elaborate the *Goal* frame, we used words from the goal lexicon (like, “How can we be of service?”) or that belong to the class of “telic eventualities” (like, “your tool to achieve this”), verbs conjugated in the future tense (like, “You will find”) and expressions that sought to activate goal-based evaluation (like, “Do you want to give your child...?”).

The *Empathy* treatment stresses Program P’s “empathic concern”—an affective response or sensitivity toward the well-being of its target beneficiaries—and “perspective-taking”—inferring what target beneficiaries think or feel (referred to as “mindreading” by Batson, 2009). When a beneficiary believes that an actor has taken her perspective into consideration, her liking and acceptability of the actor increases (Goldstein, Vezich, & Shapiro, 2014), leading to higher take-up rates. Furthermore, the empathy frame evokes evaluation and decision-making based on feelings rather than cognitive decision-making processes (Batson, 2011; Batson et al., 1981, 2002). Relative to decision-making processes that consume a lot of mental workspace, affect-based thinking and decision-making are far less costly, and therefore faster and easier (Kahneman, 2011). For these reasons, the *Empathy* frame is expected to distinctly lead more target beneficiaries’ decision to take-up the social goods provided. To elaborate the *Empathy* framing, given that no established lexicon readily existed, we built

our own lexicon using the 9 and 14 survey items of the Interpersonal Reactivity Index (Davis, 1980) designed to measure, respectively, individual perspective-taking and empathic concern. We picked words or sequences of words that imply a bond (i.e., “Us and you”) and convey that Program P has deep, situated knowledge of beneficiaries’ needs (“Program P understands you”) and is there to help (“We accompany you”). Specific to our setting, we explicitly referred to the constant juggling of expenses, anticipated and otherwise, against low and uncertain incomes that living in poverty involves (like, “Juggling budgetary and nutritional constraints;” “to give your child what’s best”).³

The *Simplicity* treatment relies on the extensive theoretical and empirical research in the field of behavioral economics which shows that the impact of social initiatives and poverty alleviation programs increase when complexity diminishes (Allcott & Sunstein, 2015; Chetty, 2015; Cialdini, 2006). Hence, the *Simplicity* frame focuses on what Program P actually does (under the motto “keep it simple”). In this treatment, we used interrogatory clauses to underscore that Program P offers practical answers (like i.e., “Which foods to give?”), short phrases instead of full sentences (“Answers to all your questions about your child’s diet”), and vocabulary associated with actions: “practical tips”, “making”, “homemade”, without referring to Program P’s identity or goals.

We were limited by the number of treatments we could test. We had to make a choice and decided to probe the additivity of the affective treatment (*Empathy*) with the two treatments that involve categorization processes (*Charity* and *Goal*).

In sum, the words used for every treatment were picked specially to reflect a distinct communication frame that has the potential to draw attention and influence the target audience’s decisions (Druckman & Lupia, 2017); and the validity of each treatment was checked quantitatively (see Appendix S1). Furthermore, throughout the experimental design phase, we regularly consulted the staff and board of Program P, several prescribers or people who regularly recommend Program P to eligible families (i.e., a staff member at Resto du Coeur and social workers employed at an infant and maternal health clinic), and target beneficiaries to invite their feedback and validate the treatments. Table 1 provides an overview of each treatment. Please refer to Online Appendices A and B for a more detailed description of the treatment design process and one of the letters used, respectively.

Key to our research design is that while we varied the Program P’s communication frames, all beneficiaries received identical social goods, once they had signed on, that is, the same vouchers and access to cooking tips and tricks. Thus, we are able to estimate the net effect of communication frames on beneficiaries’ behaviors rather than the impacts of different incentives induced by changes to the program itself (that would vary the conditions of access, the coupons’ values, etc.).

3 | DATA AND EMPIRICAL STRATEGY

3.1 | Data

Our sample consisted of all 5551 households with a 3-month to 10-month-old infant whose household equivalent monthly income was below the poverty line and who were beneficiary of the Public Benefit Office in Seine Saint-Denis at the time of the intervention. Seine Saint-Denis

³A variety of studies and autobiographical accounts (Land, 2019) refer to the continual juggling that living on tight budgets involves. Managing one’s expenses can feel like a veritable tightrope balancing act, where small missteps or mishaps can have big and bad consequences (Mullainathan & Shafir, 2013).

TABLE 1 Overview of the treatments

| Frame | Analytic description | Actual treatment (French) | Translation (English) | Word count (French) |
|---------|--|--|---|---------------------|
| Charity | Explicit reference to emblematic social initiatives; use of words belonging to the lexicon of “social initiatives”; use of verbs which describe states (what is); use of verbs in the present tense. | Sur le terrain avec les parentsCréé sous l’impulsion de la Croix Rouge et d’associations de pédiatrie, le Programme P s’engage avec les parents pour une bonne alimentation des tout petits. Nous travaillerons pour vous donner accès à une information de qualité. Nous donnons sur notre site des conseils pratiques et des astuces pour faire de bons petits plats maison rapides et économiques. | In the field with parentsCreated under the impetus of the Red Cross and pediatric associations, Program P engages with parents to ensure good nutrition for toddlers. We work to give you access to quality information. On our website, we give practical tips and advice for making good, quick, and economical homemade meals. | 63 |
| Goal | Use of words or sequences of words that connote a <i>goal-based orientation or functions</i> ; use of words belonging to the lexicon of “social goals”; use of verbs which describe events leading to a certain goal or state; use of verbs in the future tense. | A quoi pouvons-nous servir? Vous voulez offrir à votre enfant de bons petits plats maison rapides et économiques? Le Programme P est votre outil pour y arriver. Nous sommes à votre service pour répondre à toutes vos questions sur l’alimentation de votre enfant. Vous trouverez sur notre site des conseils pratiques et des astuces pour faire de bons petits plats maison rapides et économiques. | How can we be of service? Would you like to offer your child good, quick and economical homemade dishes? ... Program P is your tool to be able to do that. We are at your service to answer all of your questions about your child’s nutrition. You will find practical tips and advice on our website for making good, quick, and economical homemade meals. | 66 |
| Empathy | Use of words or sequences of words that convey <i>understanding</i> (perspective-taking) and <i>concern</i> (empathetic concern); use of the pronouns <i>you</i> and <i>I</i> (<i>together</i>) and <i>we</i> . | Nous et vousC'est pas toujours facile de donner à votre enfant ce qu'il y a de mieux... Le Programme P vous comprend. Jongler avec les contraintes budgétaires et alimentaires peut être difficile. | Us and youIt's not always easy to give your child what's best... Program P understands you. Juggling budgetary and nutritional constraints can be difficult. We support you, you and your child, | 57 |

TABLE 1 (Continued)

| Frame | Analytic description | Actual treatment (French) | Translation (English) | Word count (French) |
|-----------------|--|--|---|---------------------|
| Simplicity | Use of words or sequences of words, not full sentences. | Nous vous accompagnons, vous et votre enfant, via des conseils pratiques et des astuces pour faire de bons petits plats maison rapides et économiques. | via practical tips and advice on our website for making good, quick, and economical homemade meals. | 53 |
| Empathy_Charity | Use of words belonging to the lexicon of “social initiatives;” use of verbs which describe <i>states</i> (what is); use of verbs in the <i>present tense</i> ; use of words or sequences of words that convey <i>understanding</i> (perspective-taking) and <i>concern</i> (empathic concern); use of the pronouns <i>you</i> and <i>I</i> (<i>together</i>) and <i>we</i> . | Le Programme P?Le Programme P se consacre à la bonne alimentation des tout petits. Des réponses à toutes vos questions sur l'alimentation de votre enfant. Quels aliments lui donner? En quelles quantités? Des conseils pratiques et des astuces pour lui faire de bons petits plats maison rapides et économiques. | Program P?Program P is dedicated to good nutrition for all infants. Answers to all your questions about your child's nutrition. Which foods to give? In what quantities? Practical tips and advice for making good, quick, and economical homemade meals. | 66 |
| Empathy_Goal | Use of words or sequences of words that connote <i>goal-based</i> | Sur le terrain avec les parents C'est pas toujours facile de donner à votre enfant ce qu'il y a de mieux... Le Programme P s'engage avec les parents pour une bonne alimentation des tout petits. Jongler avec les contraintes budgétaires et alimentaires peut être difficile. Nous donnons sur notre site des conseils pratiques et des astuces pour faire de bons petits plats maison rapides et économiques. | In the field with the parents! It's not always easy to give your child what's best... Program P engages with parents to ensure good nutrition for toddlers. Juggling budgetary and nutritional constraints can be difficult. On our website, we give practical tips and advice for making good, quick, and economical homemade meals. | 63 |

TABLE 1 (Continued)

| Frame | Analytic description | Actual treatment (French) | Translation (English) | Word count (French) |
|-------|--|--|---|--|
| | <i>orientation or functions;</i> use of words belonging to the lexicon of “social goals”; use of verbs which describe events leading to a certain goal or state; use of verbs in the <i>future tense</i> ; use of words or sequences of words that convey understanding (perspective-taking) and concern (empathic concern); use of the pronouns <i>you and I (together)</i> and <i>we</i> . | <i>votre enfant ce qu'il y a de mieux... Le Programme P est votre outil pour y arriver. Jongler avec les contraintes budgétaires et alimentaires peut être difficile. Vous trouverez à votre disposition sur notre site des conseils pratiques et des astuces pour faire de bons petits plats maison rapides et économiques.</i> | <i>what's best ... Program P is your tool to be able to do that. Juggling budgetary and nutritional constraints can be difficult. You will find practical tips and advice on our website for making good, quick, and economical homemade meals.</i> | Translation (English) Word count (French) |

encompasses 40 communes, counts 1.6 million inhabitants in total, of which 27.9% live in poverty, and 24.2% are of foreign origin. When assigning our sample of households to one of the six treatment groups, we first partitioned our sample into homogeneous subgroups or strata based on the age of the infant and whether the household comprised three or more children, two household-level characteristics expected to systematically affect a household's decision to take-up and utilize the social goods provided. Then, within each stratum, we randomly assigned households to one of six treatment groups: the four pure communication frames (*Goal*, *Charity*, *Empathy*, and *Simplicity*), and two frames that fused two types of information (*Empathy and Goal*; *Empathy and Charity*).

We gathered detailed information on each household making use of three primary data sources: (i) the PBO93's own administrative database, (ii) Program P's enrollment database, and (iii) the electronic consumer records that track the utilization of Program P's personalized vouchers over time. PBO93's administrative database provided us with detailed, *ex ante* up to date information about each household. We used the socio-demographic information, such as, the household situation (e.g., single parent), household composition (specifically, number of children living in the household), residency of the household (whether resident of Saint Denis or Aubervilliers, the two biggest cities in the jurisdiction of Seine Saint-Denis), employment status of the parent(s) (e.g., employed, unemployed), the age of the parent(s), total household equivalent income (fiscal income) and the total amount of public benefits received. From Program P's database, we derived the identity of those who enrolled, which using an anonymization protocol, we were able to match to PBO93's database. Finally, we used the electronic consumer records to determine for each household the number of vouchers used, and the total financial savings realized.

Although we relied on a random number generator to determine the stratified random assignment, we confirmed that balanced randomization was achieved regarding observable characteristics other than infant age and household size. We conducted randomization checks by testing whether the variables we created based on the study participants' socioeconomic and demographic characteristics were balanced across experimental groups. Table 2 (A) confirms that our stratified randomization effectively generated samples that were balanced on target beneficiaries' observable characteristics.

Several features make our data especially well-suited for this study. First, we were able to identify a sample of target beneficiaries large enough to be able to test six different treatments in parallel. Second, we were able to measure both the immediate- and short-term effects of our treatments. Third, we were able to control for a series of relevant household-level background variables, allowing us to improve the precision of our estimates by reducing sampling error. Finally, our sample covered substantial variation across households in terms of nationality origin (foreign vs. French), household size and income, enabling us to identify potential heterogeneous effects of the treatments.

3.2 | Empirical model

The randomization allows us to estimate the (causal) effect of receiving a specific informational treatment, relative to the *Charity* base treatment:

$$Y_i = \alpha + \beta_j ComTreat_{ij} + \gamma X_i + u_i \quad (1)$$

TABLE 2 Descriptive statistics and balance check for the main experiment

| Variable | Charity (1) | Goal (2) | Empathy (3) | Simplicity (4) | Empathy_Charity (5) | Empathy_Goal (6) | <i>p</i> value from joint orthogonality test of treatment arms (7) |
|---|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|---|
| A. Balance check: Background variables split by treatment groups | | | | | | | |
| Age of the child (months) | 6.059 (0.068) | 6.063 (0.068) | 6.062 (0.068) | 6.076 (0.068) | 6.072 (0.068) | 6.063 (0.068) | 1.000 |
| Female child | 0.473 (0.016) | 0.477 (0.016) | 0.504 (0.016) | 0.489 (0.017) | 0.487 (0.016) | 0.496 (0.016) | 0.778 |
| Foreign status | 0.416 (0.016) | 0.409 (0.016) | 0.435 (0.016) | 0.416 (0.016) | 0.427 (0.016) | 0.430 (0.016) | 0.864 |
| Single parent | 0.306 (0.015) | 0.316 (0.015) | 0.329 (0.015) | 0.306 (0.015) | 0.295 (0.015) | 0.310 (0.015) | 0.711 |
| Number of children in household | 2.277 (0.044) | 2.280 (0.042) | 2.283 (0.041) | 2.288 (0.042) | 2.245 (0.043) | 2.249 (0.042) | 0.985 |
| Household equivalent income (euro) | 724,853 (7,073) | 737,012 (6,811) | 733,472 (6,812) | 734,342 (7,394) | 741,572 (6,884) | 734,893 (7,070) | 0.689 |
| Amount of public benefits received (euro) | 1111,212 (19,904) | 1116,732 (20,353) | 1097,951 (19,946) | 1126,786 (20,764) | 1099,983 (20,620) | 1101,118 (19,573) | 0.904 |
| Mother unemployed | 0.105 (0.010) | 0.096 (0.010) | 0.104 (0.010) | 0.095 (0.010) | 0.105 (0.010) | 0.096 (0.010) | 0.941 |
| Mother employed | 0.119 (0.011) | 0.131 (0.011) | 0.112 (0.010) | 0.104 (0.010) | 0.114 (0.010) | 0.120 (0.011) | 0.587 |

TABLE 2 (Continued)

| Variable | Charity (1) | Goal (2) | Empathy (3) | Simplicity (4) | Empathy _ Charity (5) | Empathy _ Goal (6) | <i>p</i> value from joint orthogonality test of treatment arms (7) |
|---------------------------------------|------------------|------------------|------------------|-------------------|--------------------------|-----------------------|---|
| Father unemployed | 0.105 (0.010) | 0.097 (0.010) | 0.106 (0.010) | 0.095 (0.010) | 0.108 (0.010) | 0.083 (0.009) | 0.472 |
| Father employed | 0.391 (0.016) | 0.408 (0.016) | 0.415 (0.016) | 0.422 (0.016) | 0.404 (0.016) | 0.413 (0.016) | 0.836 |
| 30–39-year-old mother | 0.456 (0.016) | 0.460 (0.016) | 0.497 (0.016) | 0.479 (0.016) | 0.469 (0.016) | 0.456 (0.016) | 0.434 |
| Above 40-year-old mother | 0.061 (0.008) | 0.078 (0.009) | 0.078 (0.009) | 0.057 (0.008) | 0.072 (0.009) | 0.079 (0.009) | 0.293 |
| 30–39-year-old father | 0.340 (0.016) | 0.368 (0.016) | 0.374 (0.016) | 0.367 (0.016) | 0.355 (0.016) | 0.354 (0.016) | 0.692 |
| Above 40-year-old father | 0.224 (0.014) | 0.217 (0.014) | 0.221 (0.014) | 0.218 (0.014) | 0.244 (0.014) | 0.212 (0.013) | 0.641 |
| Resident of Saint Denis | 0.081 (0.009) | 0.087 (0.009) | 0.095 (0.010) | 0.081 (0.009) | 0.093 (0.010) | 0.092 (0.009) | 0.818 |
| Resident of Aubervilliers | 0.060 (0.008) | 0.066 (0.008) | 0.058 (0.008) | 0.075 (0.008) | 0.065 (0.008) | 0.063 (0.008) | 0.741 |
| B. Enrollment rate by treatment group | | | | | | | |
| Enrollment rate | 0.192 (0.013) | 0.206 (0.013) | 0.267 (0.015) | 0.229 (0.014) | 0.200 (0.013) | 0.244 (0.014) | 0.000 (0.008) |
| Δ from base treatment (Charity) | – | 0.014 | 0.075 | 0.037 | 0.008 | 0.052 | |
| Number of observations | 930 | 926 | 926 | 916 | 927 | | |

Note: Mean values with standard errors in parentheses. $N = 5551$.

where Y_i is an outcome measure for individual household i , $ComTreat_{ij}$ a dummy variable that equals 1 if household i was assigned to receive the CSI communication treatment j , whereby j takes the value 1, 2, 3, 4, or 5 (corresponding to the five other distinct treatment groups), and X_i is the vector of household-specific controls (household equivalent income, and indicators for single status of the household head, foreign origin, employment status of mother and father, age of mother and father, jurisdiction of residency, and household with three or more children). The term β_j is the effect of receiving treatment j compared with the *Charity* condition. The *Charity* treatment serves as the base treatment group in our setting since the *Charity* frame coincides with the frame used by Program P and conventionally by most CSIs in their outreach campaigns.

We also estimated the above regression by subgroups—looking at the bottom half (or extreme poor) versus top half of the sample in terms of household equivalent income and households of foreign origin versus those of nonforeign origin. In doing so, we examine heterogeneity in relative response to each treatment across two dimensions of both theoretical and empirical interest.

4 | RESULTS

We next report on our empirical results. We estimate the impact of different communication frames on the decision of households (1) to enroll onto Program P, (2) to subsequently use the vouchers, and finally, and (3) on whether the impact of the frames varied with income and nationality.

4.1 | Enrollment

Overall, 1238 out of the 5551 treated households (or just over one out of five) responded to the email campaign by signing up (online) to the Program P. We find that CSI communication frames matter significantly: We reject the null hypothesis that enrollment rate is the same across treatment groups (Table 2B). Specifically, there is a 3.7 and 7.6 percentage point difference between enrollment in the *Simplicity* and *Empathy* treatment groups relative to the *Charity* base treatment. This comparison of raw averages suggests that communicating simple information or empathy represent simple but effective ways in which a program that distributes social goods can improve its reach, relative to providing information about its charitable identity.

Moreover, the *Empathy_Goal* treatment also presents an increase of 5.2 percentage points relative to the *Charity* base treatment, which indicates that empathy communication frame significantly reinforced the effect of *Goal* treatment. Or viewed from the opposite perspective, when the *Empathy* frame was combined with the *Goals* frame, the overall increase in take-up, was lower than the increase following the *Empathy* frame alone. By contrast, when the *Empathy* frame was combined with the *Charity* frame, no significant improvement in the average take-up rate was achieved. These descriptive results suggest that the influence of empathy framing is not straightforwardly additive to that of charity or of—well-intended—goal framing.

To demonstrate more robustly the effects of different communication frames on individual enrollment decisions, we estimated a linear probability model of the form presented in Equation (1). Estimation results in Column 1 of Table 3 confirm that the *Empathy*, *Simplicity*,

TABLE 3 Differences in enrollment rates relative to the *Charity* base treatment group

| Treatment | Full sample (1) | Full sample with controls (2) |
|--|----------------------------|--|
| <i>Charity: Comparison group</i> | | |
| Goal | 0.014 (0.019) [+7%] | 0.014 (0.019) [+7%] |
| Empathy | 0.075 (0.019) [+39%] | 0.077 (0.020) [+40%] |
| Simplicity | 0.037 (0.019) [+19%] | 0.038 (0.019) [+20%] |
| Empathy_Charity | 0.008 (0.018) [+4%] | 0.007 (0.018) [+4%] |
| Empathy_Goal | 0.051 (0.019) [+27%] | 0.052 (0.019) [+27%] |
| Stratum dummies | Yes | Yes |
| Dummy foreign or income status | Yes | Yes |
| Controls | No | Yes |
| Number of observations | 5551 | 5551 |
| Value of dependent variable for comparison group | 0.192 | 0.192 |

Note: This table summarizes the marginal treatment effects on enrollment estimated from a linear probability limited dependent variable (LDM) model. Robust standard errors are in parentheses. Column (1) presents the baseline enrollment model. Percentage changes relative to the comparison group are shown in brackets. Control variables in column (2) include household equivalent income, and indicators for single status of the household head, foreign origin, employment status of mother and father, age of mother and father, residency in jurisdiction, and household with three or more children.

and *Empathy* combined with the *Goals* treatments significantly increased enrollment rates relative to the *Charity* group by, respectively, 39, 19, and 27%. The *Empathy* frame combined with *Charity* frame did not perform significantly better than the *Charity* frame alone in terms of getting people to enroll onto the program. Column 2 reports the estimates of the same model but includes a comprehensive set of control variables. The insensitivity of the point estimates to the inclusion of these additional controls speaks to the success of the randomization. Taken together, our results underscore the important role of CSI communication frames, in particular of empathy and simplicity frames, to a CSI's social performance outcomes. They also warn that different communication frames are not necessarily complementary. In fact, the combination of empathy and other communication frames weakened if not dissipated completely the found positive effect of empathy alone on target beneficiaries' uptake decision. Still, we note that while

TABLE 4 Differences in impacts on financial savings and voucher use relative to the *Charity* base treatment group (ITT effects)

| Treatment | Treatment outcome | | |
|--|------------------------------------|--------------------------------|--|
| | Vouchers used at least once (1) | Number of vouchers used (2) | Total monetary value of the vouchers used (3) |
| <i>Charity: Comparison group</i> | | | |
| Goal | 0.006 (0.013) [+8%] | 0.207 (0.222) [+22%] | 0.453 (0.518) [+21%] |
| Empathy | 0.046 (0.014) [+60%] | 0.702 (0.232) [+76%] | 1.964 (0.575) [+91%] |
| Simplicity | 0.030 (0.014) [+38%] | 0.540 (0.241) [+58%] | 1.207 (0.566) [+41%] |
| Empathy_ Charity | 0.001 (0.013) [+1%] | 0.122 (0.217) [+13%] | 0.376 (0.523) [+17%] |
| Empathy_Goal | 0.025 (0.013) [+33%] | 0.375 (0.217) [+41%] | 0.960 (0.527) [+45%] |
| Stratum dummies | Yes | Yes | Yes |
| Controls | Yes | Yes | Yes |
| Number of observations | 5551 | 5551 | 5551 |
| Value of dependent variable for comparison group | 0.080 | 0.930 | 2.150 |

Note: This table summarizes the marginal treatment effects on financial savings, number of vouchers used and voucher used estimated from an OLS regression model. Control variables include household equivalent income and indicators for single status of the household head, employment status of mother and father, age of mother and father, residency in the jurisdiction, and household with three or more children. Robust standard errors are shown in parentheses. Percentage changes relative to the comparison group are shown in brackets.

the *Goal* frame alone was not significant, when combined with *Empathy*, it produced the second-best outcome, after *Empathy* alone and before *Simplicity*.

4.2 | Voucher use in the medium term

We next estimate an equation again like Equation (1) but now consider the overall number and monetary value of vouchers used 3 months after the intervention as our dependent variable. Results in Table 4 show that relative to the *Charity* treatment group, beneficiaries in the

Simplicity, Empathy and Goal, and Empathy (alone) treatment groups were 33 to 60% more likely to have used at least one voucher (column 1), had on average used significantly more vouchers (+41 to +71%, column 2), the total monetary value of which was also, respectively, 41, 45, and 91% higher (column 3). These intention-to-treat (ITT) estimates are nontrivial, from both a corporate and policy-making perspective. Concretely in our setting, they imply that by using an *Empathy* communication frame instead of a *Charity* frame, CSIs can achieve a significantly greater uptake of the vouchers, which (within a 3-month period following the intervention) amounted to an increase of 1793 euros in the total value of vouchers used (3795 euros vs. 2002 euros).

In Table 5, we consider the impact of Program P on compliant households only (i.e., outcomes for those households who actually enrolled in the program). We find that individuals in the *Empathy* treatment group, and to a lesser extent in the *Simplicity* treatment group, who enrolled in the program (following the intervention) were also slightly more likely to use the vouchers and thus the total monetary value of the vouchers used was also significantly higher. They had on average used about 1 more voucher (within the 3-month time period following the intervention), which amounted to an additional 3.5 euros worth of vouchers used (16.15 euros vs. 12.75 on average for the base treatment group). These treatment-on-treated (TOT) estimates suggest that the influence of the *Empathy* frame, and to a lesser extent, the *Simplicity* frame, does not sharply decay, but lasts well beyond the immediate enrollment decision. The magnitude of the TOT effects is small, but again nontrivial especially given that beneficiaries live on very tight budgets. The *Empathy* frame thus not only succeeded in influencing the enrolment decision of the very poor, those very poor households who enrolled following the *Empathy* frame message also used more of the vouchers sent subsequently. Average monthly savings realized by households who had signed up following the *Empathy* frame was 2 euros more than savings realized by households who had signed up following the *Charity* frame (11 vs. 9 euros per month). However, since we do not have data on households' overall expenditure patterns, we cannot readily conclude that these amounts correspond to pure savings.

4.3 | Heterogeneous effects by income and foreigner status

In Figure 3, we examine heterogeneous effects of the interventions by income status. We plot the marginal propensity of households to enroll by treatment group and at different levels of household equivalent income. The figure shows that for individuals in the *Charity* treatment group, the marginal propensity to enroll was generally the same across the income distribution, exhibiting a slight decrease with income. By contrast, among those who received the *Empathy* or *Simplicity* treatments, the marginal propensity to enroll was positive across the entire income distribution, but significantly larger at higher levels of household equivalent income. This confirms that, *ceteris paribus*, the capacity of target beneficiaries to respond favorably to Program P is a positive function of their income: the further individuals are below the poverty line, the more difficult it is to obtain a response. People at the very bottom of the income distribution were the least responsive to our treatments.

In Table 6, we report the estimates of Equation (1), this time for different subsamples split by income, as well as country of origin. The results shown in Columns 1 and 2 reveal that the *Empathy* frame is the only frame that significantly increased the take-up decisions by the poorest half of the sample, relative to the *Charity* condition. In other words, the *Simplicity* frame and *Empathy and Goal* frame were unsuccessful at raising the take-up decisions by the poorest half of the sample. Conversely, the *Empathy*, *Simplicity* and *Empathy and Goal* treatments strongly affected the take-up decision of the higher income half of our sample. Indeed,

TABLE 5 Effect of interventions on average financial savings and average use of vouchers (TOT effects)

| Treatment effect | Charity (1) | Goal (2) | Empathy (3) | Simplicity (4) | Empathy _ Charity (5) | Empathy _ Goal (6) | <i>p</i> value from joint orthogonality test of treatment arms (7) |
|---|-------------------|-------------------|-------------------|-------------------|--------------------------|-----------------------|---|
| Total monetary value of the vouchers used | 12.752 (1.793) | 13.801 (1.841) | 16.148 (1.568) | 15.367 (1.831) | 14.298 (1.994) | 13.989 (1.582) | 0.789 |
| Δ from base treatment (<i>Charity</i>) | – | 1.049 | 3.296 | 2.615 | 1.546 | 1.237 | |
| Used a voucher at least once | 0.459 (0.040) | 0.443 (0.038) | 0.485 (0.033) | 0.492 (0.036) | 0.442 (0.039) | 0.461 (0.035) | 0.388 |
| Δ from base treatment (<i>Charity</i>) | – | –0.016 | 0.026 | 0.033 | –0.017 | –0.016 | |
| Total number of vouchers used | 5.484 (0.765) | 6.017 (0.784) | 6.383 (0.608) | 6.724 (0.775) | 5.927 (0.808) | 5.845 (0.619) | 0.877 |
| Δ from base treatment (<i>Charity</i>) | – | 0.533 | 0.899 | 1.240 | 0.443 | 0.361 | |
| Number of observations | 157 | 174 | 235 | 206 | 165 | 206 | |

Note: Mean values with standard errors in parentheses. N = 1136.

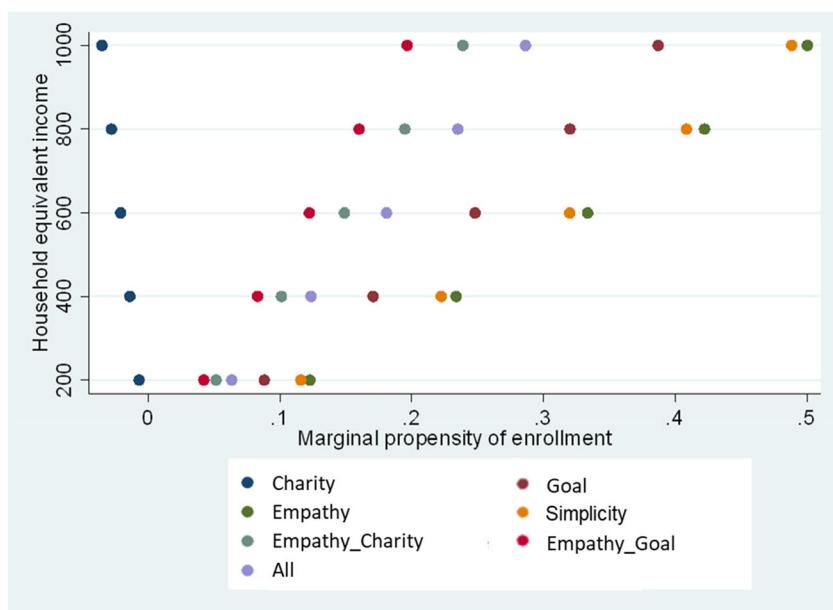


FIGURE 3 Marginal propensity to enroll, by household equivalent income and treatment group

for these variables the corresponding estimated regression coefficients are nearly twice as big as those found for the sample overall. These results suggest that the treatment effects of our interventions are uneven, with the higher income households benefiting more. When we split up our sample by native vs. nonnative status of the household head (Columns 3 and 4), we find that likewise, only the *Empathy* frame significantly raised the response of households of foreign origin, relative to the *Charity* treatment. While the two groups were about equally responsive to the *Charity* frame, the French citizens were significantly more responsive to the *Simplicity* and *Empathy plus Goal* communication frames. These same treatments, by contrast, did not improve take-up by households of foreign status. Finally, when we split up the sample of households of foreign origin further by income (Columns 5 and 6), we find that none of the communication frames, not even the *Empathy* frame, raised the enrollment rate of the foreigners in the bottom income half. Only households of foreign origin in the top income half were significantly responsive to the *Empathy* frame, but to none of the other frames, relative to the *Charity* frame. In sum, our findings show that not all target beneficiaries benefited equally from our treatments. Specifically, households of foreign origin and the lowest income half of our sample were particularly unresponsive, except for the *Empathy* treatment which significantly raised take-up of the bottom income half and those of foreign origin who belonged to the top income half, relative to the *Charity* frame.

5 | REPLICATION EXPERIMENT

We conducted another field experiment in partnership with the PBO of Savoie (PBO73), a jurisdiction in the south of France that is very different from Seine Saint-Denis. This jurisdiction is mostly rural with a population density of 62 people per square kilometer (vs. 8000 people per

TABLE 6 Differences in enrollment rates relative to the *Charity* base treatment, by country of origin and income status

| | Income | | Country of origin | | | | Foreign Bottom half (5) | Foreign Top half (6) | | |
|---------------------------|-------------|---------|-------------------|---------|---------|---------|---------------------------------------|------------------------------------|--|--|
| | Bottom half | | Nonforeign | | Foreign | | | | | |
| | (1) | (2) | (3) | (4) | (4) | (4) | | | | |
| Charity: Comparison group | 0.212 | 0.234 | 0.231 | 0.211 | 0.202 | 0.202 | 0.220 | 0.220 | | |
| Goal | 0.042 | 0.043 | 0.016 | 0.014 | -0.005 | -0.005 | 0.032 | 0.032 | | |
| (0.026) | (0.027) | (0.024) | (0.030) | (0.044) | (0.041) | (0.041) | [+15%] | [+15%] | | |
| Empathy | [+20%] | [+18%] | [+7%] | [+7%] | [+2%] | [+2%] | 0.067 | 0.072 | | |
| | 0.067 | 0.088 | 0.097 | 0.045 | 0.026 | 0.026 | (0.027) | (0.042) | | |
| | (0.027) | (0.028) | (0.026) | (0.026) | (0.042) | (0.042) | [+37%] | [+32%] | | |
| Simplicity | [+30%] | [+37%] | [+42%] | [+21%] | [+13%] | [+13%] | 0.005 | 0.029 | | |
| | 0.005 | 0.07 | 0.052 | 0.017 | 0.012 | 0.012 | (0.026) | (0.042) | | |
| | (0.026) | (0.028) | (0.025) | (0.029) | (0.042) | (0.042) | [+2%] | [+3%] | | |
| Empathy_Charity | [+2%] | [+30%] | [+23%] | [+8%] | [+6%] | [+6%] | -0.008 | 0.002 | | |
| | -0.008 | 0.025 | 0.034 | -0.025 | -0.046 | -0.046 | (0.026) | (0.041) | | |
| | (0.026) | (0.027) | (0.024) | (0.028) | (0.040) | (0.040) | [+4%] | [+13%] | | |
| Empathy_Goal | [+4%] | [+11%] | [+15%] | [+12%] | [+23%] | [+23%] | 0.035 | 0.002 | | |
| | 0.035 | 0.072 | 0.098 | -0.006 | -0.008 | -0.008 | (0.027) | (0.040) | | |
| | (0.027) | (0.027) | (0.026) | (0.029) | (0.041) | (0.041) | [+17%] | [+1%] | | |
| Stratum dummies | [+17%] | [+31%] | [+42%] | [+3%] | [+4%] | [+4%] | Yes | Yes | | |
| Controls | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | |
| Number of observations | 2776 | 2775 | 3207 | 2344 | 1113 | 1231 | | | | |

Note: This table summarizes the marginal treatment effects on enrollment estimated from a linear probability limited dependent variable (LDM) model. Control variables include household equivalent income, and indicators for single status of the household head, foreign country of origin, employment status of mother and father, age of mother and father, residency in the jurisdiction, and household with three or more children. In columns (1) and (2), foreign status is excluded from the controls, and in columns (3) and (4), household equivalent income is excluded from the controls. In columns (5) and (6), both foreign status and household equivalent income are excluded from the controls. Robust standard errors are shown in parentheses. Percentage changes relative to the comparison group are shown in brackets.

TABLE 7 Descriptive statistics and balance check for the replication experiment

| | Mean (SE) | | | <i>p</i> value from joint orthogonality test of treatment arms |
|---------------------------------|-----------------------|-----------------------|-----------------------|--|
| | Charity (1) | Goal (2) | Empathy (3) | |
| Age of the child (months) | 9.944 (0.092) | 9.946 (0.092) | 9.942 (0.092) | 1.000 |
| Female child | 0.451 (0.015) | 0.468 (0.015) | 0.477 (0.015) | 0.438 |
| Foreign status | 0.069 (0.007) | 0.085 (0.008) | 0.077 (0.008) | 0.377 |
| Single parent | 0.075 (0.008) | 0.058 (0.007) | 0.069 (0.007) | 0.282 |
| Number of children in household | 1.797 (0.028) | 1.790 (0.027) | 1.789 (0.028) | 0.977 |
| Household income coefficient | 4321.188 (514.745) | 3909.201 (480.745) | 4195.280 (501.821) | 0.836 |
| Father employee | 0.715 (0.013) | 0.684 (0.014) | 0.721 (0.013) | 0.113 |
| Father without activity | 0.029 (0.005) | 0.038 (0.006) | 0.031 (0.005) | 0.468 |
| Mother employee | 0.464 (0.015) | 0.449 (0.015) | 0.466 (0.015) | 0.650 |
| Mother without activity | 0.127 (0.010) | 0.117 (0.009) | 0.125 (0.010) | 0.760 |
| Residing in city C | 0.168 (0.011) | 0.173 (0.011) | 0.153 (0.011) | 0.384 |
| Number of observations | 1166 | 1165 | 1165 | |

Note: Mean values with standard errors in parentheses. *N* = 3496.

TABLE 8 Enrollment in the replication experiment

| Sample characteristic | Treatment | | |
|--|-------------|----------|-------------|
| | Charity (1) | Goal (2) | Empathy (3) |
| Number of beneficiaries who received the mailing | 1166 | 1165 | 1165 |
| Estimated number of eligible households | 116.6 | 116.5 | 116.5 |
| Number of newly enrolled infants | 20 | 24 | 32 |
| Enrollment rate among eligible households (%) | 17.15 | 20.6 | 27.46 |

Note: Our sample included all families linked to PBO73 with infants between the ages of 5 and 15 months. A one-time mailing was sent on May 23, 2018; enrollment was assessed 2 months later on July 24, 2018.

TABLE 9 Comparison between main and replication studies

| Study | Location | Objective | DV | Sample | Strengths | Drawbacks |
|---------------------------------------|--|--|---|---|--|---|
| 1 Main study: Field experiment | Section 93, the poorest jurisdiction in France | To test and contrast six alternative ways of presenting program P | Actual enrollment and voucher use decisions | 5551 low-income households with 3- to 10-month old children | Large targeted sample; rich individual-level data; balance check and stratified sample | No control group |
| 2 Replication study: Field experiment | Section 73, rural jurisdiction | To compare and assess the impacts of three different prosocial framing messages designed to mitigate target beneficiaries' immediate responses | Actual enrollment decisions | 3496 households with 5- to 15-month old children | Permission to randomly assign sample to different messages; balance check, but no stratification allowed; identical messages sent as reminders in the main study | Nontargeted sample; no individual-level data; low power due to small subsample of low-income households; no reminder messages |

square kilometer in Seine Saint-Denis). Further, the official poverty rate in Savoie is less than half that of Seine Saint-Denis, (10 vs. 27.9%).

Our sample included 3496 households with infants aged 5 to 15 months old.⁴ Of those, an estimated 350 were living in poverty and thus were eligible for the services provided by Program P. Given the much smaller number of eligible individuals and based on our own prior power calculations, we decided to limit our experiment to three treatment arms. The 3496 households were thus randomly assigned to one of three treatments: *Charity*, *Goal*, and *Empathy*. Table 7 confirms that the three groups were balanced along key observable characteristics prior to the intervention.

Table 8 presents the raw average enrollment rates by treatment group. The results confirm that the *Empathy* treatment produced the highest increase in enrollment rate, and the effect was of similar magnitude to that found in our main experiment (27.5% in the replication experiment vs. 26.7% in the main experiment). Among those in the *Goal* treatment group, 20.6% of eligible recipients enrolled; again, the rate is virtually identical to the one in our main experiment. Likewise, the *Charity* treatment produced the lowest average enrollment rate (17.2% of estimated eligible recipients), just as it did in the main experiment. Assuming a standard deviation of 0.4 (as in the main experiment), the enrollment increase caused by the empathy cue would be statistically significant at $p < .05$. Because we were not granted access to individual-level data, we were unable to assess whether the differences in enrollment also resulted in differences in actual savings realized.

The protocols of the two experiments were not exactly the same for logistical and practical reasons beyond our control. Table 9 presents an overview of the main differences between the main and replication study. Hence, it is important to exercise caution when comparing the results. Nevertheless, the enrollment rates in both experiments follow a strikingly similar pattern. The results of the replication experiment therefore add robustness and strengthen the external validity to our main findings.

6 | DISCUSSION

6.1 | Explaining CSI performance by communication frames

Researchers have examined whether clients or investors trust firms' CSI strategies (Battacharya & Sen, 2004; Durand, Paugam, & Stolowy, 2019; Ioannou & Serafeim, 2015; Lee et al., 2020; Singh et al., 2019). Recent works have focused on specific CSIs and indicate that CSIs enable firms to attract and retain better employees and increase their level of engagement (Bode & Singh, 2018; Burbano, 2016; Burbano, Mamer, & Snyder, 2018; Flammer & Luo, 2017). Our study complements this rich stream of research by providing evidence of CSI impact on target beneficiaries. When CSIs aim to improve the social welfare of individuals outside the firm, executing teams face the following difficulty: how to manage a social benefit initiative launched by a for-profit firm? (Battilana, Sengul, Pache, & Model, 2015; Pache & Santos, 2013) Like Danone in Program P who partnered with the Red Cross, to increase their legitimacy many for-profit firms partner with an NGO but whose interests still may be conflicting or misaligned with

⁴The child age bracket overlaps but does not coincide with the one used in our main experimental study. The reason for this is simply that the partnering PBO was not willing to include household with infants younger than 1 months old because of World Health Organization's recommendation for mothers to breastfeed.

their own (Chatain & Plaksenkova, 2019). Examples include corporate involvement in disaster relief, or the distribution of vouchers for consumer goods in association with humanitarian associations (Ballesteros & Gatignon, 2019). Whatever the case, CSIs raise questions for a firm about how and what to communicate to their intended beneficiaries.

Our study shows that the actual CSI communication frames used, that is the details about the program itself that get communicated, matter a lot to improve the take-up of social goods by targeted disadvantaged beneficiaries. Seemingly minor variation in framing can make a large difference. We find that conveying *Empathy*, *Empathy with Goals*, or *Simplicity* information about a CSI program can raise take-up by 40, 27, and 20%, respectively, relative to the base treatment condition that presents the program's charity status. Furthermore, the influence of the *Empathy* frame (alone and in combination with *Goals*) and to a lesser extent of the *Simplicity* frame is not just immediate (through its impact on the enrollment decision) but also extends to the use of the social goods provided 3 months after the campaign. Whereas most of the research focused on ways to establish the economic rationale for engaging in CSI (what some called the CSI's "business case"), our study provides fodder to the ways to reach social impact as well (and nurture the "social case" for CSI—see e.g. Kaplan, 2020).

Our findings also indicate that Program P's communication framing alone is unlikely to ensure that the poorest households and those of foreign origin take-up and benefit from the proposed social goods. Indeed, our results show that these households were virtually unresponsive to many of the informational details that the different frames provided. Our finding that the lowest income half of our sample was responsive to the *Empathy* frame only corroborates experiences from practitioner organizations like ATD Fourth World, a movement focused on working with the extreme poor in France and elsewhere. ATD (which stands for "All together with Dignity") Fourth World emphasizes the imperative of engendering dignity and showing respect to successfully reaching the extreme poor (Banerjee & Duflo, 2019; Bray, De Laat, Godinot, Ugarte, & Walker, 2019). However, none of the communication frames, not even the *Empathy* frame, raised the enrollment rate of households of foreign origin *and* poor status. Further, households of foreign origin and belonging the higher income half were responsive to the *Empathy* frame only, and contrary to their French counterparts, to none of the other communication frames. One plausible explanation is that households of foreign origin face important language barriers, which may inhibit the processing of the informational details presented in our interventions. Therefore, immense care needs to be paid to guarantee that CSI communication's recipients are in capacity to access and understand the message's content.

Finally, effects of distinct CSI communication frames are not simply additive. While we could study only two compositions including *Empathy*, it appears that they are not superior to the *Empathy* framing alone—while the combination of *Goal* with *Empathy* produced better results than *Goal* framing alone.

6.2 | Eliciting and comparing mechanisms

This study confirms prior insights about the expected response to different communication frames independently. What is novel is the comparison across mechanisms in one controlled field experiment, which produces a hierarchy of effect magnitudes.

First, the *Empathy* frame was found the most persuasive, leading to an increase in take-up and voucher use, relative to the *Charity* frame, that was roughly twice as big as the second-best performing pure communication frame (namely the *Simplicity* frame). Drawing on prior

research, we highlight two plausible explanations for this result. First, the *Empathy* frame, even in the crude form of our treatment (no actual display of empathy but simply words describing the CSI intent), may well have distinctly evoked more affect-based processes when evaluating and deciding whether to engage with Program P, rather than cognitive processes as with the *Charity*, *Goal*, and *Simplicity* frames. Affect-based evaluation, in turn, has been found to be less effortful and easier, and therefore may have led to faster thinking and a more positive response (Kahneman, 2011). Second, being on the receiving end of empathy may well have produced enhanced liking for Program P and thus willingness to engage with its offering. Using a series of online experiments, Goldstein et al. (2014) demonstrate that believing that one's perspective has been successfully taken into account indeed results in greater liking for the perspective takers. This is also consistent with the notion that the *Empathy* frame may well have triggered more benevolence-based trust, defined as trust based on the extent to which we believe someone is kind and concerned about our wellbeing (Mayer, Davis, & Schoorman, 1995; Pirson & Malhotra, 2011).

Second, the *Simplicity* frame though less influential than the *Empathy* frame, still led to a significant raise in take-up decisions and voucher use, relative to the *Charity* frame. This result is consistent with extensive research in the field of behavioral economics showing the importance of simplification to tease evaluation and improve the take-up of social goods (Allcott & Sunstein, 2015; Beshears, Choi, Laibson, & Madrian, 2013; Bhargava & Manoli, 2015; Chetty, 2015; Cialdini, 2006). Our results, however, bring nuance—they warn that simplification may not be sufficient to reach certain population groups, and that the *Empathy* frame, a new frame that we study, is in fact much more effective.

Third, the *Empathy* and *Simplicity* frames proved superior to *Goal* framing, itself commanding a weakly greater, but insignificant impact on take-up than the base treatment condition (*Charity* treatment—see Table 3). That *Goal* frame triggered a slightly more positive reaction than the prototypical *Charity* frame is congruent with recent research that found that goal-based categorization provides more positive evaluations in ambiguous contexts (e.g., Barsalou, 1991; Boulongne & Durand, 2021). Still, the *Goal* frame alone failed to drastically raise take-up (relative to *Charity* frame)—its effectiveness was surpassed by the *Simplicity* and *Empathy* frames.

Fourth, our results show that the *Charity* messaging is the weakest, despite being the most widely used communication frame. Although our protocol does not allow us to pin down which is most applicable, we offer two potential explanations: (i) the *Charity* frame is more program-centric and less beneficiary-centric than the *Empathy*, *Goal* and *Simplicity* frames, and (ii) target beneficiaries may evaluate the *Charity* frame negatively, for instance by associating the Red Cross with humanitarian/emergency—both rationales leading to a lower response to this treatment.

Finally, the fact that our stacked treatments, whereby we combined the *Empathy* frame with another frame, were less forceful at eliciting a response than the *Empathy* only treatment suggests that more information is not always better (Jacoby, 1984). This may be especially true when trying to reach individuals who have little slack, are continually juggling, preoccupied with urgent matters and thus have comparatively little (mental) resources available to process new information (Bertrand, Mullainathan, & Shafir, 2006; Mullainathan & Shafir, 2013). As mentioned previously, a possible explanation for why adding the *Charity* frame (but not the *Goal* message) to the *Empathy* frame backfired, undoing the positive effect of *Empathy* alone, likely relates to their different orientation: whereas the *Empathy* and the *Goal* messages are

beneficiary focused, conveying that Program P is able to relate to its beneficiaries, the *Charity* message is program focused annihilating the observed positive effect of *Empathy* frame alone.

6.3 | Limitations and future directions

Our study offers interesting insights about how to communicate about a CSI so as to increase its reach and impact. However, despite the efforts put in our study—control for wording effects (active vs. passive forms, gendered terms, tonality, lexicon testing), pre-tested words and conditions' validity, and posttested validity of our findings which is extremely rare in field studies—we stress its inherent limitations and ways to further research on the topic.

6.3.1 | Generalizability

This article deals with one CSI, in one country, involving specific actors (Danone, the Red Cross...), and generalizability should be considered with caution. We were also limited in our capacity to test more conditions by our partner, Program P. They objected against running a control condition without any treatment or a condition with for-profit prototyping (mentioning Danone only) as being unethical and leading to inferior take-up of the program. Likewise, in the replication study, our local partner refused to send reminder emails, which biases downwards our results. Therefore, a note of caution in generalizing our findings is necessary.

6.3.2 | Alternative information content, presentation modes and styles

Each of the communication frames tested was embedded in the same basic email. By making explicit the financial gains at stake and providing step-by-step information on how to enroll, note that the basic email already included several factors known to encourage take-up. Our experiment allows us to evaluate the impact of distinct communication frames combined with these factors. We thus cannot separate the impact of the communication frames alone and these other factors present in the basic email. Accordingly, another exciting avenue for future research could be to “unbundle” the informational details provided even further and examine how select, smaller bits of information contribute to the CSI's social impact. Relatedly, future research could also explore the effectiveness of distinct carriers of information (like, video or SMS), presentation modes (say, more visual representations) and presentation styles (say, tone) available to CSIs. This is particularly important given that our communication frames failed to elicit a positive response among target beneficiaries of foreign origin.

6.3.3 | Welfare impact

Our study provides evidence that some small and inexpensive modifications in communication frames led to a higher usage of vouchers and access to better products (in terms of food composition). As such, this research suggests several cost-effective framings, designed to increase the number of households who actually take-up and use valuable social goods. Note that based on the results of this study, Program P has been integrated into the national Poverty Plan of the

French Government and is now reaching many more poor households and extending the range of offerings available to its targeted beneficiaries. However, caution should be applied when trying to extrapolate the welfare consequences of interventions like the one under study here. We could not assess what the saved money was used for, nor whether the vouchers used substituted for potentially cheaper, home-made meals for instance. This issue could potentially be explored in future investigation, looking at changes in households' spending patterns and eating habits.

6.3.4 | Spillover

An unexpected finding was that an additional 700 households living in Seine Saint-Denis but who were not directly targeted by our experiment also signed up, suggesting a potential spillover of our treatments to households outside the treated groups. The information about Program P apparently spread through households' social networks, echoing recent studies that found that the social identity of the communicator matters to the efficacy with which information spreads in social networks (Banerjee, Chandrasekhar, Duflo, & Jackson, 2019; BenYishay & Mobarak, 2019). Unfortunately, we only discovered the presence of a spillover effect once the intervention was already under way, and thus had no means to assess whether the rate of information diffusion varied by treatment group, or which type of households were most active in forwarding the information they had received. These are questions that deserve further scrutiny to determine how CSI spillover (and in fine impact) varies depending on communication frames.

In conclusion, our study sheds light on possible ways to solve the problem of a vast majority of CSIs that deliver social goods and struggle to both reach the targeted beneficiaries and report on their social impacts. Many eligible individuals fail to use the benefits or services that CSIs provide. We have identified which communication frames can improve the reach and impact of these programs. This research calls for replication and expansion. More generally, we believe that further research is needed to examine how the cooperation between corporations, public administrative agencies, academic associations and experienced researchers may help address the unabated inequalities that linger in society.

ACKNOWLEDGEMENTS

The authors contributed equally and are listed alphabetically. We are very grateful to our partners in the field for their special support. We are grateful for the financial support of a Strategy Research Foundation Research in Organization (RiO) Grant, and of the Society and Organization Institute (S&O) at HEC Paris. Paul Gouvard and Camille de Monredon provided excellent research assistance. We thank participants at the HEC Paris S&O Research Days (May 2018), a special session for RiO grantholders at the 2018 Strategic Management Society Annual Conference (Paris, September 2018), the Advances in Field Experiments Conference at Boston University's Questrom School of Business (October 2018), and seminars of University of Nottingham-Ningbo Campus and HEC Paris, and Tomasz Obloj and Wooseok Jung for useful comments and feedback. Any errors are our own.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ORCID

Rodolphe Durand  <https://orcid.org/0000-0003-4989-057X>

Marieke Huysentruyt  <https://orcid.org/0000-0003-3523-6323>

REFERENCES

- Allcott, H., & Sunstein, C. R. (2015). Counterpoint to six potential arguments against “regulating internalities”. *Journal of Policy Analysis and Management*, 34(3), 712–715.
- Amis, J. M., Mair, J., & Munir, K. A. (2020). The organizational reproduction of inequality. *Academy of Management Annals*, 14(1), 195–230.
- Ballesteros, L., & Gatignon, A. (2019). The relative value of firm and nonprofit experience: Tackling large-scale social issues across institutional contexts. *Strategic Management Journal*, 40(4), 631–657.
- Banerjee, A., Chandrasekhar, A. G., Duflo, E., & Jackson, M. O. (2019). Using gossips to spread information: Theory and evidence from two randomized controlled trials. *The Review of Economic Studies*, 86(6), 2453–2490.
- Banerjee, A. V., & Duflo, E. (2019). *Good economics for hard times: Better answers to our biggest problems*. UK: Penguin.
- Barlow, M. A., Verhaal, J. C., & Angus, R. W. (2019). Optimal distinctiveness, strategic categorization, and product market entry on the Google play app platform. *Strategic Management Journal*, 40(8), 1219–1242.
- Barnett, M. L., Henriques, I., & Husted, B. W. (2020). Beyond good intentions: Designing CSR initiatives for greater social impact. *Journal of Management*, 46(6), 937–964.
- Barsalou, L. W. (1991). Deriving categories to achieve goals. In G. H. Bower (Ed.), *The psychology of learning and motivation: Advances in research and theory* (pp. 1–64). San Diego, CA: Academic Press.
- Batson, C. D. (2009). These things called empathy: Eight related but distinct phenomena. In J. Decety & W. Ickes (Eds.), *The social neuroscience of empathy* (pp. 3–15). Cambridge, MA: MIT Press.
- Batson, C. D. (2011). *Altruism in Humans*. New York, NY: Oxford University Press.
- Batson, C. D., Chang, J., Orr, R., & Rowland, J. (2002). Empathy, attitudes, and action: Can feeling for a member of a stigmatized group motivate one to help the group? *Personality and Social Psychology Bulletin*, 28(12), 1656–1666.
- Batson, C. D., Duncan, B. D., Ackerman, P., Buckley, T., & Birch, K. (1981). Is empathic emotion a source of altruistic motivation? *Journal of Personality and Social Psychology*, 40(2), 290–302.
- Battacharya, C. B., & Sen, S. (2004). Doing better at doing good: When, why, and how consumers respond to corporate social initiatives. *California Management Review*, 47(1), 9–24.
- Battilana, J., & Dorado, S. (2010). Building sustainable hybrid organizations: The case of commercial microfinance organizations. *Academy of Management Journal*, 53(6), 1419–1440.
- Battilana, J., Sengul, M., Pache, A. C., & Model, J. (2015). Harnessing productive tensions in hybrid organizations: The case of work integration social enterprises. *Academy of Management Journal*, 58(6), 1658–1685.
- BenYishay, A., & Mobarak, A. M. (2019). Social learning and incentives for experimentation and communication. *The Review of Economic Studies*, 86(3), 976–1009.
- Bertrand, M., Mullainathan, S., & Shafir, E. (2006). Behavioral economics and marketing in aid of decision making among the poor. *Journal of Public Policy and Marketing*, 25(1), 8–23.
- Beshears, J., Choi, J. J., Laibson, D., & Madrian, B. C. (2013). Simplification and saving. *Journal of Economic Behavior and Organization*, 95, 130–145.
- Bhargava, S., & Manoli, D. (2015). Psychological frictions and the incomplete take-up of social benefits: Evidence from an IRS field experiment. *American Economic Review*, 105(11), 3489–3529.
- Bode, C., & Singh, J. (2018). Taking a hit to save the world? Employee participation in a corporate social initiative. *Strategic Management Journal*, 39(4), 1003–1030.
- Bode, C., Singh, J., & Rogan, M. (2015). Corporate social initiatives and employee retention. *Organization Science*, 26(6), 1702–1720.
- Boulongne, R., & Durand, R. (2021). Evaluating ambiguous offerings. *Organization Science*, 32(2), 257–272.
- Bray, R., de Laat, M., Godinot, X., Ugarte, A., & Walker, R. (2019). *The hidden dimensions of poverty*. Pierrelaye: International Movement ATD Fourth World.

- Burbano, V. C. (2016). Social responsibility messages and worker wage requirements: Field Experimental evidence from online labor marketplaces. *Organization Science*, 27(4), 1010–1028.
- Burbano, V. C., Mamer, J., & Snyder, J. (2018). Pro bono as a human capital learning and screening mechanism: Evidence from law firms. *Strategic Management Journal*, 39(11), 2899–2920.
- Business Roundtable. (2019). Statement on the purpose of a corporation. Retrieved from <https://opportunity-businessroundtable.org/ourcommitment/>
- Chatain, O., & Plaksenkova, E. (2019). NGOs and the creation of value in supply chains. *Strategic Management Journal*, 40(4), 604–630.
- Chetty, R. (2015). Behavioral economics and public policy: A pragmatic perspective. *American Economic Review*, 105(5), 1–33.
- Choi, J. J., Haisley, E., Kurkoski, J., & Massey, C. (2017). Small cues change savings choices. *Journal of Economic Behavior & Organization*, 142, 378–395.
- Chong, D., & Druckman, J. N. (2007). Framing theory. *Annual Review of Political Science*, 10, 103–126.
- Cialdini, R. B. (2006). *Influence: The psychology of persuasion*. New York, NY: Harper Business.
- Davis, M. H. (1980). A multidimensional approach to individual differences in empathy. *JSAS Catalogue of Selected Documents in Psychology*, 10(85), 1–20.
- Druckman, J. N., & Lupia, A. (2017). Using frames to make scientific communication more effective. In K. H. Jamieson, D. Kahan, & D. A. Scheufele (Eds.), *The Oxford handbook of the science of science communication* (pp. 243–252). Oxford, UK: Oxford University Press.
- Durand, R., & Paolella, L. (2013). Category stretching: Reorienting research on categories in strategy, entrepreneurship, and organization theory. *Journal of Management Studies*, 50(6), 1100–1123.
- Durand, R., Paugam, L., & Stolowy, H. (2019). Do investors actually value sustainability indices? Replication, development, and new evidence on CSR visibility. *Strategic Management Journal*, 40(9), 1471–1490.
- Flammer, C., & Luo, J. (2017). Corporate social responsibility as an employee governance tool: Evidence from a quasi-experiment. *Strategic Management Journal*, 38(2), 163–183.
- Unicef France. (2015). Every child counts. Everywhere, anytime. Retrieved from https://www.unicef.fr/sites/default/files/userfiles/Chaque_Enfant_Compte_Rapport_UNICEF_France%202015.pdf
- George, G., Howard-Grenville, J., Joshi, A., & Tihanyi, L. (2016). Understanding and tackling societal grand challenges through management research. *Academy of Management Journal*, 59(6), 1880–1895.
- Goldstein, N. J., Vezich, I. S., & Shapiro, J. R. (2014). Perceived perspective taking: When others walk in our shoes. *Journal of Personality and Social Psychology*, 106(6), 941–960.
- Guthmuller, S., Jusot, F., & Wittwer, J. (2014). Improving takeup of health insurance program a social experiment in France. *Journal of Human Resources*, 49(1), 167–194.
- Guthrie, D., & Durand, R. (2008). Social issues in the study of management. *European Management Review*, 5(3), 137–149.
- Hannan, M. T. (2010). Partiality of memberships in categories and audiences. *Annual Review of Sociology*, 36(1), 159–181.
- Ioannou, I., & Serafeim, G. (2015). The impact of corporate social responsibility on investment recommendations: analysts' perceptions and shifting institutional logics. *Strategic Management Journal*, 36(7), 1053–1081.
- Jacoby, J. (1984). Perspectives on information overload. *Journal of Consumer Research*, 10(4), 432–435.
- Kahneman, D. (2011). *Thinking fast and slow*. London, UK: Allen Lane.
- Kaplan, S. (2020). Beyond the business case for social responsibility. *Academy of Management Discoveries*, 6(1), 1–4.
- Kaul, A., & Luo, J. (2018). An economic case for CSR: The comparative efficiency of for-profit firms in meeting consumer demand for social goods. *Strategic Management Journal*, 39(6), 1650–1677.
- Land, S. (2019). *Maid: Hard work, low pay, and a mother's will to survive*. Paris: Hachette Books.
- Lee, M., Adbi, A., & Singh, J. (2020). Categorical cognition and outcome efficiency in impact investing decisions. *Strategic Management Journal*, 41(1), 86–107.
- Lucas, E. (2019). En France, la malnutrition des enfants perdure. *La Croix*. Retrieved from <https://www.la-croix.com/Famille/Education/petits-dejeuners-lecole-cest-parti-2019-04-23-1201017402>
- Margolis, J. D., & Walsh, J. P. (2003). Misery loves companies: Rethinking social initiatives by business. *Administrative Science Quarterly*, 48(2), 268–305.

- Mayer, R. C., Davis, J. H., & Schoorman, F. D. (1995). An integrative Model of organizational trust. *Academy of Management Review*, 20(3), 709–734.
- Mullainathan, S., & Shafir, E. (2013). *Scarcity: The new science of having less and how it defines our lives*. London, UK: Allen Lane.
- Pache, A. C., & Santos, F. (2013). Inside the hybrid organization: Selective coupling as a response to competing institutional logics. *Academy of Management Journal*, 56(4), 972–1001.
- Pirson, M., & Malhotra, D. (2011). Foundations of organizational trust: What matters to different stakeholders? *Organization Science*, 22(4), 1087–1104.
- Rytter, M. J., Kolte, L., Briend, A., Friis, H., & Christensen, V. B. (2014). The immune system in children with malnutrition: A systematic review. *PLoS One*, 9(8), e105017.
- Singh, J., Teng, N., & Netessine, S. (2019). Philanthropic campaigns and customer behavior: Field experiments on an online taxi booking platform. *Management Science*, 65(2), 913–932.
- Tausczik, Y. R., & Pennebaker, J. W. (2010). The psychological meaning of words: LIWC and computerized text analysis methods. *Journal of Language and Social Psychology*, 29(1), 24–54.
- Tversky, A., & Kahneman, D. (1981). The framing of decisions and the psychology of choice. *Science*, 211(4481), 453–458.
- Vancouver, J. B., & Schmitt, N. W. (1991). An exploratory examination of person-organization fit: Organizational goal congruence. *Personnel Psychology*, 44(2), 333–352.
- Vendler, Z. (1957). Verbs and times. *The Philosophical Review*, 66(2), 143–160.

SUPPORTING INFORMATION

Additional supporting information may be found in the online version of the article at the publisher's website.

How to cite this article: Durand, R., & Huysentruyt, M. (2022). Communication frames and beneficiary engagement in corporate social initiatives: Evidence from a randomized controlled trial in France. *Strategic Management Journal*, 43(9), 1823–1853. <https://doi.org/10.1002/smj.3392>