

Change4Life Three Year Social Marketing Strategy



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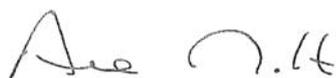
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Foreword

1. In just three years, Change4Life has become one of the most instantly recognisable brands in health improvement, enjoying high levels of trust and involvement, not only from the public, but from healthcare professionals, staff in schools and early years settings, local authorities, community leaders, charities and businesses.
2. Change4Life has already proved itself to be a valuable asset in the fight to improve health. The potential for it to help individuals, families and communities to make real improvements to their lifestyles and, through this, to improve their health, now needs to gather pace.
3. Many of us have already started to make positive changes to our lives. But we need to do more if we are to achieve the health outcomes we all want for our society. This document sets out how Change4Life will grow and evolve over the next three years in order to help us.
4. While the past may have been about exhorting us to change, the future will be about ensuring that we have tools and incentives to change. The next three years will be about making sure that support from Change4Life is there for us, in our communities and in our homes.
5. Change4Life's remit will expand. In keeping with the life course outlined in *Healthy Lives, Healthy People*, Change4Life will be the marketing programme for all health-related behaviours for families with children aged under 11 and for middle-aged adults.
6. While Change4Life was government-instigated, it has never been a government-owned brand; rather, we have allowed everyone who has an interest in improving health to partner with us in a wider social movement for health. This strategy calls for a radical step-change in the quantity and nature of contributions made by our partners to Change4Life, in keeping with the Public Health Responsibility Deal.
7. People tell us that they want to lead healthy lives. This strategy for Change4Life underlines the Government's commitment to making healthier lives a reality.



Anne Milton MP, Parliamentary Under Secretary of State for Public Health

Executive summary

1. This document sets out a new three-year marketing strategy (2011–14) for the Change4Life programme. It is published as a companion to *Healthy Lives, Healthy People: A call to action on obesity in England* and describes how the Change4Life social marketing programme will support the achievement of the new national obesity ambitions, as well as promoting other, broader, lifestyle changes.
2. Change4Life is one of the four strands of the Department of Health's public health marketing strategy, published in April 2011.
3. In keeping with the life course approach outlined in *Healthy Lives, Healthy People: Our strategy for public health in England*, the Change4Life programme will provide information, products and tools for individuals and families who are seeking to improve their lifestyles, as well as supporting local authorities, the NHS and community leaders who are working to improve health outcomes.
4. This strategy has been developed in consultation with leading academics in the fields of nutrition, exercise and psychology, with other government departments and non-governmental organisations and with commercial and local Change4Life partners, all of whom will play key roles in its delivery.
5. It also draws on the independent review of social marketing in health, conducted by Oxford Strategic Marketing in spring 2010.

History

6. The Change4Life social marketing programme was launched in England in January 2009. Originally developed as part of the childhood obesity prevention strategy, it targeted parents of children aged 5–11, particularly those from segments of the population where parental attitudes, beliefs and behaviours indicated that their children were most likely to gain excess weight.
7. While Change4Life is government-instigated, it sought to inspire a broader societal movement, through which everyone who has an interest in combating obesity could work together under a common banner. Partners, whether from the commercial sector, a non-governmental organisation or from within local communities, were encouraged to

support Change4Life, create their own initiatives and join these up with the national brand. The brand identity and creative assets were designed to be 'open source', i.e. others could use and build upon them.

8. The first year of Change4Life was extremely successful. Awareness of the brand built rapidly and attitudes towards it were (and remain) very positive. Over 400,000 families joined Change4Life in its first year and over 1 million mothers claimed to have made changes to their children's behaviours as a direct result of the programme.
9. The second year, 2010, was a year of consolidation. Support from local and commercial partners grew substantially and the campaign expanded into new channels, for example through social media.
10. In January 2010, materials for parents of very young children were launched via a new sister brand (Start4Life) and, in February, a separate programme was launched for adults in mid-life. In March, the Welsh Assembly Government also launched the programme.
11. Through 2010, families continued to join Change4Life, although the main focus of marketing was to support existing partners rather than a direct recruitment drive.
12. The Coalition Government has committed to continuing Change4Life. However, the programme will change in response to the changing needs of its target audiences and to the emerging evidence base.

Why there is a need for a new strategy

13. When Change4Life was launched, there had been relatively few attempts to change obesity-related behaviours anywhere in the world. In consequence, the Change4Life team piloted different initiatives, monitoring each to see which had the most impact. Now that the results of these evaluations are available, it is time to start doing fewer things, focusing resources on those initiatives that have greatest potential to change behaviour.
14. As announced in *Healthy Lives, Healthy People*, local authorities will take on a greater role in public health, and, with this, much of public health marketing. Going forward, the Department of Health will do only those things that it alone is best placed to do. While Change4Life has always sought to involve local communities in its programme, more will now be done to ensure that local authorities have access to the support they need from Change4Life to facilitate the co-creation of ideas.

15. The last few years have seen new ideas emerging from behavioural economics and social psychology, popularised by books such as *Nudge*. While a recent House of Lords inquiry into behaviour change concluded that there is little evidence that these interventions are likely to be effective when used in isolation, we are keen to establish whether they can have a role as part of a broader suite of marketing activities. The Change4Life team, with input from the Cabinet Office, has initiated trials of ideas emerging from behavioural economics, for example the collaboration with LazyTown, a popular television programme, which encourages children to be more active and to eat more healthily. (See paragraph 9.12.)
16. We will use the opportunity of the LazyTown initiative to build the evidence base for interventions of this kind.
17. The original Change4Life marketing strategy was guided by a substantial programme of research, including ethnographic research (during which social anthropologists lived with target families, to gain deep insight into their behaviours). This research was originally conducted in 2007. At the end of 2010, we reran this project, using the original researchers but with new families from within the target demographic.
18. The research found considerable change among the target audiences, driven in part by programmes such as Change4Life, but also by the changing social and economic landscape. This strategy responds to the findings of that research.
19. As set out in the overarching social marketing strategy, we will be taking a life course approach, whereby trusted brands and programmes will deliver advice, information and support on all topics that are relevant to people at specific stages through their lives.

How this strategy will be different

20. Change4Life and its sister brand, Start4Life, will be the sole centrally funded marketing programme for health advice, information and support for families and for adults in mid-life. It will therefore embody a more holistic approach to health, by incorporating messages such as the health harms of above-limits alcohol consumption, the broader benefits of physical activity (i.e. not just weight maintenance) and all nutritional information, including salt reduction, for example.

21. The Change4Life behaviours (of which there are currently eight for families of children aged 5–11, six for adults and six for parents of babies) will be streamlined and restructured, so that there are fewer in total, with those that remain focused less on rules or 'guidance' and more on providing practical advice that is grounded in how people live their lives.
22. Recognising that parental (and grandparental) modelling of poor behaviours continues to have a negative impact on children, we will rebalance our activity from primarily child-focused to adult and child-focused, and will take a whole-family approach to change.
23. There will be a radical step-change in the proportion of the campaign that is funded by partners. To facilitate this, the Change4Life *Retail Guidelines* have been revised to allow partners to promote a greater number of product categories.
24. While in-kind contributions will increase, we believe there may also be the potential for revenue from sponsorship sales. Beyond providing funding for Change4Life, partners will be encouraged to use their marketing assets (such as databases, e-commerce technology and real estate) to drive behaviour change.
25. There will be fewer centrally led initiatives, but those that are centrally funded will be regularly occurring calendar events, to provide partners with advance warning so that they can plan their schedules of activity and better join up with the programme. These include the Great Swapathon, Walk4Life and the Really Big Summer Adventure.
26. In addition to the support Change4Life has received from commercial organisations, there are already approximately 55,000 'local supporters': public-spirited individuals or professionals who are passionate about creating change within their communities. This strategy will involve a reversal of the relationship between these people and the central Change4Life team: a shift from them being asked to support Change4Life to Change4Life increasingly asking what it can do to support them. This places local people at the centre of a societal movement for better health, in keeping with the spirit of the Big Society.
27. Previously we ran two, occasionally intersecting, customer relationship management (CRM) programmes, one online and one paper-based. Going forward, we will create one integrated programme, which uses the strengths of online engagement (the ability to deliver frequent communication to large numbers at low cost, instant feedback and

- interactivity) with printed materials for crucial stages only (for example, action plans). The investment we make in digital and other new technologies will expand considerably. As part of this, Change4Life's Facebook presence will grow, to allow for more co-creation, interactivity, sharing and feedback. Partner support will be integrated into the CRM programme (by, for example, allowing online users to access vouchers for money off healthy products).
28. Recognising that many of our target audience are kinaesthetic learners (i.e. they prefer to learn by doing), we will focus more on interactive, practical tools and less on didactic, wordy leaflets. We will also pilot an experiential programme to allow people to try unfamiliar foods and activities.
 29. The Start4Life programme will continue to provide information and support materials for distribution to the public via healthcare professionals. In addition, recognising that excess weight gain in pregnancy is the start of an overweight family, Start4Life will pay more attention to maternal diet, alcohol consumption and activity levels in pregnancy. Cognisant of the Chief Medical Officers' new guidelines on physical activity, materials for parents of the under-tuos will expand to include messaging about the risks of excess confinement in buggies, cots, chairs and car seats. Start4Life will also provide advice and information on other issues relevant to early years.
 30. The alcohol harm reduction campaign will be brought more fully under the Change4Life umbrella, embracing not only the calorific content of alcohol but also the wider health harms of alcohol for adults in mid-life. As part of this, we will expand our partnership engagement strategy.
 31. The campaign will do more to promote the broader health benefits of physical activity, including new activity in support of the Olympic health legacy.
 32. Should a need arise to develop communications on any other issues that are relevant to these age groups (such as tooth decay or mental wellbeing), the expectation is that these communications would come under the Change4Life brand.
 33. Paid-for media, such as television advertising, will recommence, but as a far lower proportion of total spend than in 2009.
 34. We will continue to monitor the impact of this changed strategy and will report back annually on progress.

1 Context

- 1.1 Today, most preventable disease and premature mortality are lifestyle-related. After smoking, poor diet, inactive lifestyles and drinking alcohol above the recommended levels are the most significant drivers of poor health outcomes.
- 1.2 Despite placing a high value on health, the majority of the population has at least one of these lifestyle risks. For example:
- 23% of the adult population admit that they regularly drink more than the Chief Medical Officer for England's recommended guidelines.
 - Fewer than 40% of adults do the recommended amount of physical activity.
 - 84% of men and 65% of women consume more than the recommended 6g of salt per day.¹
- 1.3 Looking specifically at obesity, the UK is fourth in the world in terms of prevalence, after the USA, Mexico and New Zealand.²
- 1.4 The latest (2009) data indicates that 61% of adults and 28% of children (aged 2–10) are overweight or obese.³
- 1.5 However, obesity in children appears to be levelling out, and the prevalence of obesity in adults decreased in the last year for the first time since the Health Survey for England started collecting data in 1993.
- 1.6 While these statistics give us cause for hope, they are still unacceptably high. If obesity levels are to fall in the long term, people will need to make sustained changes to their diets and activity levels on a mass scale.
- 1.7 Being overweight or obese increases people's chances of developing a range of diseases such as type two diabetes, heart disease and certain cancers.
- 1.8 Treating obesity-related illness already costs the NHS £4.2 billion and society £16 billion per annum.

1 *Our Health and Wellbeing Today*, HM Government, November 2010

2 Organisation for Economic Co-operation and Development Health Data, 2010

3 Health Survey for England

2 A call to action on obesity

2.1 This marketing strategy is a companion to *Healthy Lives, Healthy People: A call to action on obesity in England*, which sets out two new national ambitions for obesity:

- a sustained downward trend in the level of excess weight in children by 2020
- a downward trend in the level of excess weight averaged across all adults by 2020.

2.2 The call to action also sets out a new approach to tackling obesity, which involves:

- moving beyond the focus on children towards a life course approach
- enabling preventative action and ensuring support for those who need it
- a rebalancing of efforts to strengthen local action
- empowering people to make better choices
- improving the evidence base
- focusing on outcomes, not an auditing process
- giving partners the best possible opportunity to play their part.

2.3 The call to action is accompanied by a specific calorie reduction challenge, aimed at reducing calorie intake, which sees business taking a leading role in view of the food and drink industry's reach and influence on our diet, with support from the voluntary and community sector. The goal is to reduce our national energy intake by 5 billion calories a day to bring us back into collective energy balance, and to help those who need to lose weight to do so.

2.4 Change4Life will both support this new approach (for example by providing information, support and tools to empower people to make better choices) and change and develop in response to it, for example by:

- encouraging people to consume smaller portions and thus fewer calories
- including calorie information as part of next year's Change4Life Great Swapathon, to encourage people to swap to lower-calorie variants.

3 The role of social marketing

- 3.1 Health-related social marketing is the systematic application of commercial marketing concepts and techniques to achieve specific behavioural goals relevant to improving health and reducing health inequalities.⁴
- 3.2 Social marketing borrows tools and techniques from commercial sector marketing and applies them to problems facing our society. Within health, it is most often used to help citizens to change their lifestyles (for example by making improvements to their diets, starting a programme of physical activity, giving up smoking or reducing alcohol to within recommended guidelines), although it can also be used in other ways, such as changing the way in which citizens engage with services.
- 3.3 Social marketing is only one of many tools that government (and others, working in partnership with government) can deploy, and indeed it has often been used in conjunction with other policy levers, such as legislation.
- 3.4 The rich body of research and insight developed through the social marketing process helps to ensure that people are at the heart of policy, communications and delivery.
- 3.5 In April 2011, the Department of Health published its social marketing strategy for public health.
- 3.6 This strategy signalled a radically different approach to social marketing:
 - There will be far fewer social marketing programmes, prioritising those where there is evidence of efficacy.
 - With the exception of the tobacco control, we will end centrally funded, single-issue campaigns, instead taking a life course approach through which a trusted brand will deliver support on all topics that are relevant to a person at that stage.
 - More will be done at a local level; the Department of Health will do only those things which it alone is best placed to do.
 - We will test the potential for emerging insights from behavioural science to enhance existing programmes.
 - Partners, both civic and commercial, will be encouraged to do more, with government funding less.

4 National Social Marketing Centre

- There will be a shift away from traditional mass media channels, towards lower-cost and owned channels, resulting in a lower spend on television advertising.
- Where our campaigns enter into frequent and regular communications with people, we will test ways of migrating these into digital channels.
- We will work with the Cabinet Office to put in place a payment by results approach in appropriate areas.

3.7 Change4Life is one of only four marketing programmes that will continue to be funded centrally.

3.8 The indicative budget for Change4Life marketing in 2011/12 will be £14 million.

4 The first two years of Change4Life

Year One

- 4.1 Change4Life first launched to the public in January 2009.
- 4.2 From its inception, it was different to previous government-funded campaigns. For example, it has never carried any government branding; charities and non-governmental organisations, local communities and commercial sector partners are permitted to use its brand and creative assets; it invites families to join a movement for better health; it does not use didactic language (for example 'You should do this'), preferring a more inclusive and consultative approach ('Maybe we could all do this').
- 4.3 Change4Life's stated ambition was 'to create a movement, in which everyone in society plays their part, helping to create fundamental changes to those behaviours that can lead to people becoming overweight or obese'.⁵
- 4.4 When Change4Life launched, there had been relatively few attempts to change obesity-related health behaviours anywhere in the world. In consequence, the Change4Life team piloted a number of different initiatives, monitoring each to see which had the most impact. Now that the results of these evaluations are available, it is time to start doing fewer things, focusing resources on those initiatives that have greatest potential to change behaviour.

Performance against objectives

- 4.5 The first year of Change4Life was successful. Awareness of the brand built rapidly and attitudes towards it were (and remain) very positive. Over 400,000 families joined Change4Life in its first year and over 1 million mothers claimed to have made changes to their children's behaviours as a direct result of Change4Life.⁶
- 4.6 In addition, over 25,000 'local supporters' – public-spirited individuals or professionals, who are committed to combating obesity not just in their families but in their communities – joined Change4Life in the first year.

5 *Change4Life Marketing Strategy*, HM Government, April 2009

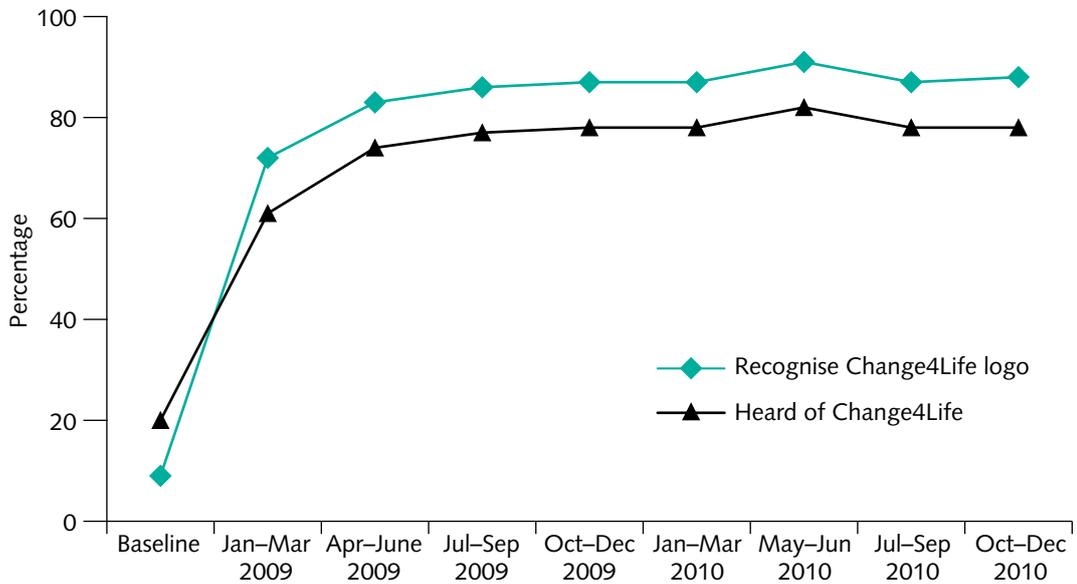
6 Change4Life tracking study, TNS/BMRB, 2010

- 4.7 The programme developed sub-brands, such as Walk4Life, Cook4Life and MoreActive4Life, to enable partners who were interested in discrete areas of obesity prevention to campaign under the Change4Life banner.
- 4.8 Commercial partnerships delivered an additional £7.5 million of media-equivalent value to the campaign.

Year Two

- 4.9 Year Two, 2010, was a year of consolidation. Support from commercial partners grew to an estimated £12 million⁷ and the number of local supporters doubled. In addition, the campaign expanded into new channels, for example through social media and by developing its first apps.
- 4.10 In January 2010, materials for parents of very young children were launched via a new sister brand (Start4Life) and, in February, a separate programme launched for adults in mid-life. In March, the Welsh Assembly Government launched the programme.
- 4.11 Through 2010, families continued to join Change4Life, although the main focus of marketing was to support existing partners rather than a direct recruitment drive.
- 4.12 Despite the cessation of television advertising, following the Government's freeze on non-essential marketing expenditure, the brand itself remained strong, with recognition of the Change4Life logo holding at 88% and brand metrics continuing to show high levels of trust in the brand, as shown in the figure overleaf.

⁷ Latest data from COI, for the first six months of 2011, values partner contributions at £7.5 million – see paragraph 4.8



4.13 This level of recognition is a testament to the hard work of partners, whether civic, community or commercial, in 'keeping the yellow out there'.

4.14 While this keeps the brand visible in communities, it is not designed to generate response levels and cannot wholly take the place of mass communication.

5 The need for a new strategy

- 5.1 When Change4Life launched, there had been relatively few attempts to change obesity-related behaviours anywhere in the world. In consequence, the Change4Life team piloted different initiatives, monitoring each to see which had the most impact. Now that the results of these evaluations are available, it is time to start doing fewer things, focusing resources on those initiatives that have greatest potential to change behaviour.
- 5.2 The territory covered by Change4Life is expanding. Middle-aged adults and parents with children under the age of two have already been added to the target audiences. More recently, the transferral of the nutrition policy team from the Food Standards Agency to the Department of Health has brought new topic areas (such as salt reduction, transfats and calorie labelling) into Change4Life.
- 5.3 The Coalition Government has a clear intent to devolve responsibility to partners, both civic and commercial. Change4Life has always worked in partnership, but there is now an opportunity to involve partners more in the creation and implementation of the programme.
- 5.4 As set out in the overarching social marketing strategy, we will be taking a life course approach, whereby trusted brands and programmes will deliver advice, information and support on all topics that are relevant to people at specific stages through their lives.

6 New information

Emerging insights from behavioural science

- 6.1 In recent years, there have been interesting new developments in behavioural science, which are beginning to have an impact in the wider marketing community.
- 6.2 Popularised by books such as *Nudge*, these ideas challenge us to think differently about how we influence behaviours. In the past, we have generally tried to change attitudes as a precursor or accompaniment to changing behaviours. While this feels intuitively right, it is troubling that, in health, people's behaviours so often conflict with their stated attitudes. By changing the choice architecture, for example by changing default options or changing perceptions of social norms, it may be possible to change what people do without necessarily changing their attitudes.
- 6.3 A recent House of Lords inquiry into behaviour change concluded that 'nudge-style' interventions are unlikely to be effective in isolation. We are, however, keen to test the potential for these ideas as part of a broader suite of marketing interventions.
- 6.4 This strategy will make use of the tools and techniques in the Cabinet Office's MINDSPACE report, for example through the Change4Life collaboration with LazyTown (see section 9 for more detail).
- 6.5 We have also begun to trial the use of financial incentives under the Change4Life banner. Our target audiences frequently tell us that retailer and manufacturer promotions (such as 'buy one, get one free' offers) tend to be for foods that are high in fat, sugar and salt. In January 2010, Change4Life succeeded in uniting manufacturers and a retailer (Asda) to provide £50 worth of money-off vouchers per applicant for healthier foods and activities as part of its Great Swapathon initiative.
- 6.6 The results of this are promising:
 - Some 40% of the target audience remembered seeing or hearing something about swapping, 14% recognised the voucher booklet when prompted and 5% claimed to have received a booklet.
 - Among those who used the vouchers, two-thirds agreed that vouchers were a good way to help them improve their health, 37% claimed to have made a change as a result of the vouchers and a third

claimed to have used the vouchers to try something new or which they rarely buy.

- Some 73% of those who used the online swapping tools (Your Great Swapathon) claimed to have done something or to feel more positive as a result.
- The Great Swapathon activity boosted overall awareness of Change4Life, which reached a new all time high in January of 94% among mothers.

6.7 The Great Swapathon is an interesting test case for the commercial sector in establishing whether being involved in the promotion of healthy foods and activity can deliver commercial value. The results to date are encouraging – for example, the Great Swapathon boosted sales of the media partner by over 100,000 copies. Data collected by Asda indicated that 8% of people who did not normally shop at Asda claimed that they would visit the store because of the Great Swapathon.⁸

New insight work into our target audiences

Families

6.8 The original Change4Life marketing strategy was guided by a substantial programme of research, including ethnographic research (during which social anthropologists lived with target families, to gain deep insight into their behaviours and the reasons for them). This research was originally conducted in 2007. At the end of 2010, we reran this project, using the original researchers but with new families from within the target demographic.

6.9 The research found considerable change among the target audiences, driven in part by programmes such as Change4Life, but also by the broader climate of economic and political change. This strategy responds to the findings of that research, in particular the following:

- Families appeared to be taking greater personal responsibility and to be pulling together, both in extended families and across communities, in ways that they were not doing in 2007.
- There was compelling evidence of a societal movement for healthier lifestyles, including substantial change to beliefs about what constitutes good parenting. Change4Life was seen as one instigator of this movement, but not the sole instigator.

8 Asda Pulse Panel 2011

- Target parents now aspire to have a healthy as well as a happy child, and the definition of healthy has evolved to include preventative measures such as physical activity.
- Children (and schools) are acknowledged as important change-makers within the family unit, although there was also evidence of parents (and grandparents) continuing to model poor behaviours, and underestimating the impact of this upon their children/grandchildren.
- Many parents have tried to implement change, and among some families there is evidence of these changes becoming normalised (i.e. 'It's just what everyone does now').
- However, the research provided a timely reminder that behaviour change is hard. Some parents had tried to implement healthier lifestyles, failed, and then rejected the concept as too difficult. Others in the study struggled to sustain change, particularly in the face of an adverse environment.
- Change4Life has landed very well with parents, and was appreciated as a resource within a wider societal movement. However, there was a perception that Change4Life had 'receded' (particularly due to the cessation of television advertising) and parents expressed a real need for new and fresh products and tools to help sustain change. They particularly valued resources that were tactile, interactive and fun to use.
- Finally, target families had embraced new technologies, particularly gaming and social networking.⁹

6.10 The same research company, 2CV, also conducted ten individual depth interviews with Change4Life local supporters.

6.11 This project provided a fascinating insight into the motivations of local supporters and the challenges they face in achieving their goals.

6.12 The research found the following about local supporters:

- They are passionate about their communities: while they deal primarily with individuals, they believe creating a sense of community is essential for change.
- They see themselves as facilitators of change, and see their role as being to teach self-responsibility to others.

9 Change4Life Families Futures Project, 2CV Research, October 2010

- Local supporters place a high value on face-to-face contact, are focused on networking and proud of the personal relationships they have built over time.
- They see family health as *their movement*: they have often been personally and professionally engaged with improving family health through diet and activity for a long time.
- They are strong believers in practising what they preach.
- Local supporters face many challenges in engaging people whose problems are often larger than diet or activity, but they feel that small diet and activity changes can lead to bigger lifestyle changes.
- They are eager for resources and consistently prefer a learning-by-doing approach, since this suits both them and the people they work with.
- All were very positive about Change4Life. However, their experiences of Change4Life have been individual, discrete and piecemeal, and as such they lack a sense of community as local supporters.
- Significantly, they do not understand or recognise the term 'local supporter' and do not consider this reflective of the relationship they have with Change4Life. Rather, they feel that Change4Life is something that is a support to them in their role.
- Their primary driver for engaging with Change4Life is to access its free, high quality, branded resources. They place most value on the interactive, practical and visual materials (e.g. wheels, stickers, Top Tips leaflets), although they saw a definite role for information-based material but mainly as a training tool for themselves.
- They have a sense that Change4Life is receding.¹⁰

Adults

- 6.13 Ethnographic research was conducted to gain insight into the lives of middle-aged adults during 2009.¹¹
- 6.14 Since we have not included the insights from this research in previous documents, they are summarised below.
- 6.15 The research sample included both men and women, people on their own or with a partner, some with children, some without, some at the older

10 *Ibid.*

11 Change4Life Middle-aged Adults Insight Research, 2CV Research, January 2010

end of the age spectrum and some at the younger end, some describing themselves as having a healthy weight, some as slightly overweight and some as quite overweight; with representation across the North, South and Midlands and from a range of socio-economic backgrounds (BC1, C2, D and E).

6.16 The research found the following:

- Middle-aged adults were often suffering from 'sticky feet syndrome': they find it hard to come to terms with reaching middle age; they do not feel that they have set and achieved goals in life and find it hard to think about goals for the future.
- Middle-aged adults often have a low sense of personal efficacy and a tendency to see what happens to them as being out of their control.
- The target audience embrace the world of consumption and convenience, over-indulging to alleviate boredom, and for reward, comfort and pleasure.
- The target audience have short-term attitudes to life and focus on quality of life today (often associated with unhealthy, indulgent behaviours) rather than length or quality of life (absence of illness) in the future.
- Middle-aged adults in the target audience report high levels of dissatisfaction with their state of general health. This decline in health is seen as inevitable with age and is seen to affect all but a minority of middle-aged adults.
- As such, health is seen as a lottery. Where ill health is a personal issue, then it can act as a catalyst for behaviour change, but it is all too easy for other people's experiences of health or ill health to be taken as confirmation of the health lottery.
- The target audience feel very knowledgeable about healthy living and, as such, are a challenging audience to engage. They have seen health advice change over their lifetimes, which has left them feeling sceptical about what to believe.
- Perceptions of health are rooted in expectations of extreme punitive measures. These are often reinforced by a mental image of healthy people as puritanical and obsessive. They believe being healthy would require a complete overhaul of their current lifestyle and do not see this as an achievable goal. They lack relevant points of entry into the world of health.

- Adults in the target audience mostly recognise that they have gained weight with age and would like to do something about it. Many have tried to lose weight unsuccessfully in the past, usually through quite extreme and often unsustainable measures.
- Being overweight (and in some cases obese) has become normalised and is seen as a natural part of the ageing process. Perceptions of 'normal' or 'healthy' weight have been adjusted accordingly.
- Nevertheless, they do recognise that weight gain is a tangible indicator of a decline in health (also perceived to be an expected part of the ageing process).
- Weight loss is seen by middle-aged adults as a key way to achieve health and happiness. It is therefore the core motivation for diet and activity behaviour change and acts as a conduit to other benefits (physical, psychological and emotional).
- However, the promise of weight loss is heavily overused (middle-aged adults consider themselves the 'weight loss generation') and it is laden with negative associations of slimming and dieting: punitive, unrealistic and unsustainable. While they are attracted by the idea of weight loss, they see it as a challenging, inaccessible and punitive goal.
- As such, weight loss should not be the end in itself and should always be tied in to the associated holistic health benefits it will bring.
- The target audience have no desire to turn back the clock to when they were young. They are experienced enough to know that miracle diets do not work; rather, they want a more realistic and relevant conceptualisation of what sustained weight loss can mean in middle adulthood.
- The preference of the audience is to adopt a 'learning-by-doing' (kinaesthetic) approach. Experience of adopting behaviour change messages was overwhelmingly positive and appeared to trigger a reconsideration of current diet and activity behaviours. As one member of the target audience commented: 'Nothing bad has come out of making these small changes.'
- The notion of making small changes (or 'swaps') to an existing lifestyle was very appealing. Small changes are believed to lead to incremental change and benefit. People believed that they would adopt a cumulative approach to behaviour change (i.e. try one or two changes then build on them).

- Behaviour change was believed to be most effective when supported by another adult. For men, female partners were a strong support (although not vice versa); for women, a female friend or relative played this role.
- 6.17 These insights led to our 'Swap it, don't stop it' approach for adults: recommending small but clinically significant changes to an existing lifestyle forever, rather than extreme changes for a short period of time.
- 6.18 In order to inform the development of the alcohol messaging, a programme of qualitative proposition research was undertaken with adults who were drinking to increasing or higher risk levels. The key insights to emerge were as follows:
- These adults do not think their drinking habits are an issue – it's just something they do at the end of the day to help them relax, de-stress and unwind.
 - They believe they are in control of their drinking – they believe they do not binge drink, they are not dependent and they believe they know their individual limits.
 - Currently, this audience think the only people who really suffer poor health as a result of drinking are dependent drinkers.
 - Proposition research demonstrated that the only way to encourage behaviour change was to raise the issue of long-term health harms.

7 Implications for how we will work in future

Future funding model

- 7.1 The funding model for Change4Life is changing.
- 7.2 In the past, government funded the bulk of the campaign and partners were invited to join up their (in-kind) activity, within strict guidelines.
- 7.3 All support was approved in advance by the Department of Health and activities such as in-store point-of-sale materials were restricted to a small number of categories.
- 7.4 The current strategy calls for a radical step-change in the proportion of the campaign that is funded by partners.
- 7.5 Contributions from the commercial sector are targeted to increase so that they form the majority of the total spend. To facilitate this, the Change4Life *Retail Guidelines* have been revised to allow partners to promote a greater number of product categories.
- 7.6 While in-kind contributions will increase, we also anticipate potential revenue from sponsorship sales.
- 7.7 Beyond providing funding for Change4Life, partners will be encouraged to use their marketing assets (such as databases, e-commerce technology and real estate) to drive behaviour change.
- 7.8 In the past, many of our charity, civic and commercial partners have told us that our timescales are too tight to allow them to support activities with which they would otherwise like to become involved. For this reason, while there will be fewer centrally led initiatives, those that remain will be regularly occurring calendar events, to provide partners with advance warning so that they can plan their schedules of activity and better join up with the programme.
- 7.9 For 2012, these will be the Great Swapathon in January, the Really Big Summer Adventure and physical activity-themed messaging, which builds on Walk4Life, for the autumn.

- 7.10 Of course, marketing is only one element in the influence that commercial organisations have over consumer choices. As part of the broader Public Health Responsibility Deal, many commercial partners have already made commitments to other changes in their business practices, such as the removal of trans fats and the addition of calorie labelling for restaurant menus. To coincide with the publication of *Healthy Lives, Healthy People: A call to action on obesity in England*, the Government is launching a calorie reduction challenge, calling upon industry to play a major part in facilitating small but significant reductions in daily caloric intake, enabling people to reduce the number of calories they consume while eating familiar foods and trusted brands.

Changes to behaviour

- 7.11 Before Change4Life, there were no universally acknowledged behaviours that people could adopt to prevent excess weight gain. The campaign team therefore worked with an advisory group of experts, the Chief Medical Officer and the obesity policy team to define a set of behaviours around whose efficacy there was consensus. The team then commissioned one of their agencies, M&C Saatchi, to create consumer-friendly versions of these behaviours.
- 7.12 The eight recommended behaviours for families were:
- 5 A DAY – eating at least five portions of fruit and vegetables every day
 - Sugar swaps – reducing consumption of added sugars
 - Cut back on fat – reducing fat consumption
 - Snack check – reducing unhealthy snacking
 - Me-size meals – serving age-appropriate portions
 - Meal time – eating three regular meals per day
 - 60 active minutes – doing at least an hour of moderate intensity physical activity per day
 - Up and about – avoiding sedentary behaviour.
- 7.13 The six recommended behaviours for adults were:
- Portion swap
 - Snack swap
 - 5 A DAY

- Fibre swap
 - 150 active minutes
 - Drink swap.
- 7.14 The Start4Life recommended behaviours for the under-twos were:
- Mum’s milk – initiating breastfeeding
 - Every day counts – encouraging continued breastfeeding
 - No rush to mush – delaying weaning
 - Taste for life – encouraging a wide range of age-appropriate foods
 - Sweet as they are – avoiding added sugar
 - Baby moves – physical activity.
- 7.15 It was always challenging that there were so many behaviours for target audiences to remember; fewer would have been better. The adult behaviours benefited from the overall ‘swapping’ concept.
- 7.16 Some of the behaviours have gained considerable traction with the public, in particular those – such as Me-size meals – that challenge existing preconceptions or, in marketing speak, are new news.
- 7.17 However, others have been less successful, and even where it is possible to ‘teach’ a behaviour, we found that recall declines without sustained support. We have therefore come to the conclusion that it is not realistic (or perhaps even desirable) to attempt to ‘teach’ them all.
- 7.18 The fact that the adult and family behaviours were different made it difficult to pursue a whole-family approach taking advantage of the opportunity for children to play the role of change-makers in the household or for parents (and grandparents) to model positive behaviours.
- 7.19 There is an implied permanence to the way that the behaviours are presented that is illusory. The knowledge base for public health continues to grow and priorities change as the remit for Change4Life expands. For example, reducing salt consumption does not have an impact upon obesity levels, but it does have an impact on circulatory disease so should surely be included. The behaviours cover only diet and physical activity, but Change4Life’s remit is expanding into broader healthy lifestyles.

7.20 Beyond this, our consumers tell us that what they really need to help them raise and nourish their children is not a set of government guidelines but rather advice about how to weave these guidelines into the way they live their lives.¹² People do not eat fat or eat sugar, they eat breakfast, and eating breakfast is itself an integral part of a bigger behaviour or practice, that of getting ready for the day ahead.

7.21 In line with the new clarity of approach outlined in the obesity call to action, we instigated a project to revisit the behaviours with the aim of producing a behaviours set that is:

- shorter
- whenever possible, universal
- rooted in people's lives rather than in our objectives (for example, 'Do things together as a family' is more useful than 'Have regular meal times', or 'Eat breakfast' or 'Make sure your children do 60 active minutes', but it could encompass all of these)
- flexible enough to incorporate changing priorities (for example, 'Look at what's in what you eat and drink' can include fat, sugar, salt, calories and alcohol)
- frank with people about the changes they need to make (such as consuming fewer calories).

7.22 This project will be completed later in this financial year.

Changes to the behaviour change model

7.23 When Change4Life was created, there was no academically validated model for changing behaviours in order to prevent obesity.

7.24 For this reason, the team worked with academics and took advice from practitioners in the field to create a hypothetical model (see below) of how behaviours might be changed.

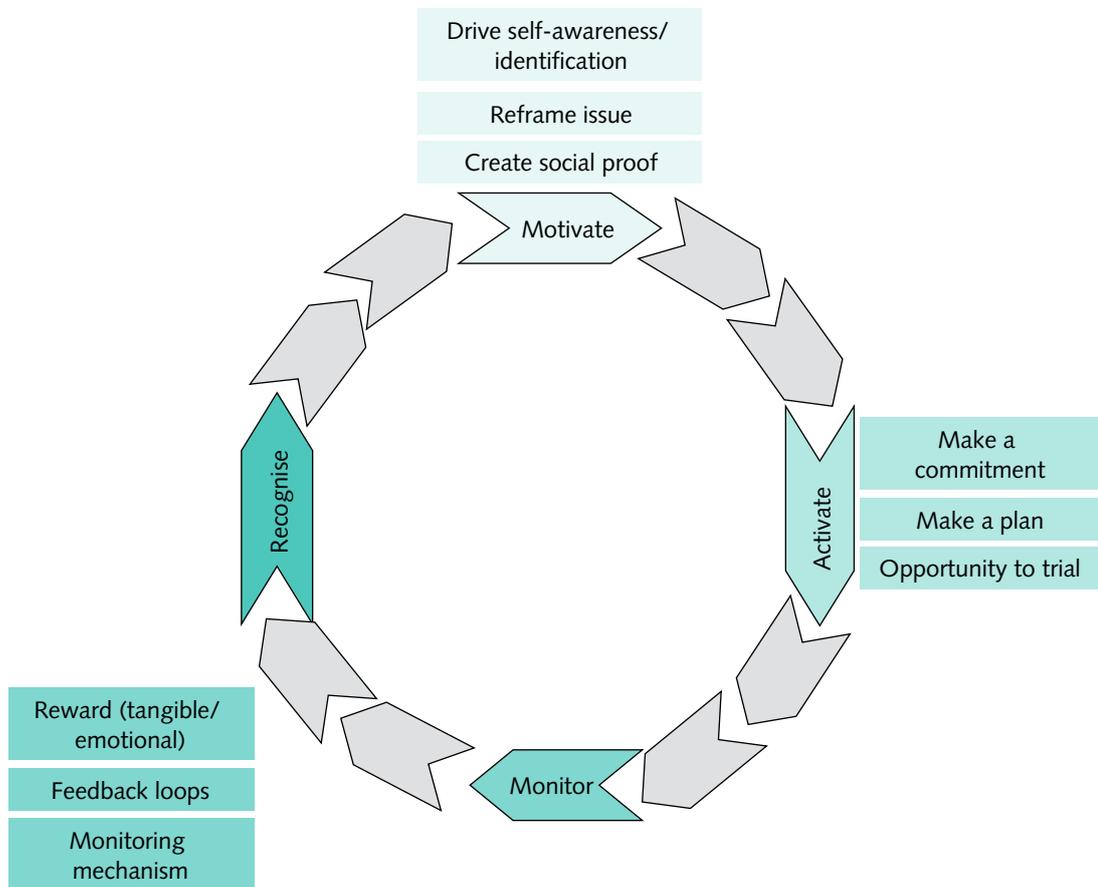


7.25 Marketing activities were then created to coax people through each stage of that behaviour change model.

¹² 2CV Research, 2010

- 7.26 It was always recognised that this model was overly rational and simplistic: of course people do not move neatly and sequentially through any model – some miss out stages, some repeat stages, and in the end each family or individual must choose their own path – but it provided a useful framework for organising activity.
- 7.27 Over the past two years we have learned a great deal about how change actually happens, both from our tracking study (which contains bespoke questions to measure where people were on a ‘change journey’) and from the ethnographic research (in which families who had made conscious changes told us how they accomplished this).
- 7.28 We have also applied learnings from the MINDSPACE report.
- 7.29 Our learnings to date indicate that the ‘change journey’ may be simpler and may have fewer stages than we had imagined (although, for logistical reasons, some behaviours can be harder to change than others).
- 7.30 Other factors have emerged as significant:
- Contrary to many other health-related behaviour change programmes, we do not want people to stop or start an easy to identify behaviour, but rather to moderate daily (and often essential) habits. We hypothesise that moderation of behaviour may be more difficult and may require more continuous reinforcement to be maintained.
 - In order to maintain a healthy lifestyle, we require a change to multiple behaviours – some easy to adopt, others harder or more ingrained.
- 7.31 We are therefore proposing a simpler ‘change journey’, which will be used to frame all our activity in the future.
- 7.32 This journey is continuous: the last stage brings people back to the beginning, reflecting the fact that any new habits or behaviours need to be reinforced if they are to be maintained, and that success in one area readies people to tackle new areas.

The 'change journey'



7.33 **Motivate.** Before people change (or modify) their behaviour they need a reason to change. Whether in the area of eating, physical activity or alcohol, most people believe that their behaviours, and those of their children, are much healthier than they actually are. Parents find it very difficult to estimate accurately either how much their children eat and move, or what their weight status is. Adults who drink to increasing or high risk levels do not believe that this will have an impact on their long-term health. Middle-aged adults who are overweight feel that weight gain is an inevitable part of ageing or they may lack a sense of self-efficacy to maintain weight loss. However, we have observed that the following factors are important levers in stimulating motivation:

- driving self-awareness or self-identification: techniques that increase personal insight and a more accurate appraisal of actual behaviour
- reframing the issue: redefining the terms of the 'debate' to increase saliency with target audiences – for example, so that parents understand that a happy child is a healthy child, or are informed of the significance of their own behaviours on that of their children,

or adults understand that weight gain is not inevitable but a consequence of the environment (removing the guilt and shame associated with being overweight)

- creating social proof: we are more likely to adopt a habit or behaviours if we feel that it is how 'people like me' normally behave.

7.34 **Activate.** Once audiences are aware that a behaviour message is relevant to them or their families and they are motivated to make a change, then Change4Life can use techniques and strategies to prompt action. In particular, we have found that the following are powerful ways to help people take active steps to change – either individually or working together depending on how challenging the behaviour feels to the individual:

- making a commitment: we know from behavioural science that making a promise (whether publically or to oneself) drives success in lifestyle change
- making a plan: our target audiences are (or perceive themselves to be) time poor; they tell us that their intentions are good, but that 'real life' gets in the way; healthier lifestyles, while they seldom require more money, can often require more time and forethought
- having an opportunity to try things out: our audiences have repeatedly demonstrated that they prefer to 'learn by doing'.

7.35 **Monitor.** We know that people need frequent reminders of how they are doing to encourage them to keep trying the new behaviours and to prevent them from lapsing into previous habits.

7.36 **Recognise.** Frequent rewards (whether tangible or emotional) can increase positive trends. Research tells us that implementing change is genuinely difficult; building in feedback loops and reward mechanisms – whereby individuals and families are encouraged to recognise their progress – helps to sustain change and reinforce belief in the impact of change.

7.37 As with our previous activity, we will create marketing and partnership programmes to provide support through the journey. These will include practical tools, delivered either on- or offline.

Examples of marketing interventions that support the behaviour change journey

Motivate	Activate	Monitor	Recognise
<ul style="list-style-type: none"> • Advertising, PR and messaging • Questionnaires and personalised information • Partner-delivered information (e.g. calories just purchased) • Support of societal movement 	<ul style="list-style-type: none"> • Free trial offers/ money-off vouchers • Energy contracts • In-school pledges • Charity supported alcohol-free months • Tools: schedulers, diaries, wall charts 	<ul style="list-style-type: none"> • Provision of monitoring devices (e.g. wristbands, pedometers, unit calculator applications for alcoholic drinks) 	<ul style="list-style-type: none"> • Individual congratulation emails • Mass 'end of campaign' events

Changes to the way we view our audiences

Redefining at-risk families

- 7.38 The original Change4Life marketing strategy was grounded in a quantitative segmentation of families living in England, which identified six different 'clusters' or groups of people who had common characteristics including (although not always) demographics, attitudes, parenting style, food and activity-related behaviours and parental and child weight status.
- 7.39 In the first year, three of these clusters (1, 2 and 3) were prioritised for activity; subsequently, cluster 5 was added. This effectively expanded our target audience to 65% of families.
- 7.40 The segmentation was a useful tool, not just in helping us target our activity but also in improving our understanding of our target audiences.
- 7.41 However, the clusters, being based on attitudes and behaviours, are fluid: as people start to think and behave differently, they move out of one cluster and into another. We might expect some clusters to grow and others to shrink. More interestingly, our qualitative research suppliers (who have been consistently using the cluster profiling questions to recruit

for research projects) have started to report that some families are no longer recognisable as belonging to any cluster: the world is changing and families are changing with it.

- 7.42 Since it is becoming harder to define people by cluster, it is tempting to abandon the segmentation and instead give the same support to everyone who seeks advice and help from Change4Life. However, since the Department of Health's mission in public health includes 'improving the health of the poorest, fastest', we propose instead to use income and socio-economic group as a proxy measure so that, when we have limited resources, we can prioritise those on lower incomes.

Taking a more holistic approach

- 7.43 In line with the rebalancing from a child focus to a child and adult focus, announced in *A call to action on obesity in England*, we will be relaunching our Change4Life adult programme in autumn 2011. In addition, when we do talk to families, we will take a more whole-family approach.
- 7.44 In keeping with the life course approach outlined in *Changing Behaviours, Improving Outcomes: A social marketing strategy for public health*, Change4Life will provide support and tools on all health-related areas that are of interest to families and adults in mid-life. So we may need to provide tools, for example, to help families broker difficult conversations with their children (about smoking, sex or alcohol) under the Change4Life banner or to tackle drinking and smoking (over and above our dedicated smoking cessation programme) in pregnancy under Start4Life.
- 7.45 We will be doing fewer pieces of audience-specific work and more activities that have universal appeal (such as the Great Swapathon and Walk4Life).
- 7.46 Change4Life does not speak overtly to teens or young people (although some families with teens have joined and other young people may be involved, for example, via the Change4Life sports clubs). This does not mean that obesity among teenagers is not important, rather that other health concerns – such as sex, drugs and alcohol – take precedence. However, we are considering whether activities that encourage better diet and physical activity ought to be promoted outside the Change4Life brand, not only for their capacity to prevent obesity, but for their ability to build self-esteem (which in turns guards against other, riskier behaviours). This issue is addressed within the public health marketing strategy.

8 Marketing plan for 2011–14

- 8.1 Marketing will support the Public Health Outcomes framework by:
- encouraging people to take responsibility for a healthier lifestyle
 - equipping them with the tools and support they need to change their lifestyles
 - driving everyday conversations about small changes in behaviour.
- 8.2 Our marketing plan will contain three types of activities:
- essential activities for the maintenance of the programme: these include websites, the CRM programme and the information line
 - a small number of regularly occurring calendar events, on which we focus the bulk of our resources
 - a small number of rigorously evaluated pilots: these are activities that leverage emerging thinking and have the potential to become regular calendar events, if they work.
- 8.3 The next sections set out in detail how we will deploy our resources during 2011–14. We anticipate that 2012–13 and 2013–14 will follow a similar pattern (although clearly we will evaluate as we go and will develop or curtail activities as appropriate).

Essential activities

Digital

- 8.4 During the three years that Change4Life has been in existence, the penetration of digital technology has increased considerably among our target audiences. Much of this increase has been driven by the presence of children in the home (indeed, in the ethnographic research, 2CV found children as young as three, in low-income families, who had their own laptop).
- 8.5 This increase is not being driven by information-provision websites. Rather, our target audiences are enthusiastic users of websites that offer gaming, networking, gambling, price comparison and electronic commerce. The top 10 websites accessed by lower-income families in 2011 were:¹³

13 Source: COI. Definition of low income: adults under 44, with children at home and household income of less than £24,999, socio-economic groups C2DE

1. Microsoft
2. BCentral
3. Google
4. Yahoo!
5. Facebook
6. eBay
7. Glam Media
8. VEVO
9. BBC
10. Viacom

- 8.6 These sites offer a much more interesting and stimulating user experience than the current Change4Life website.
- 8.7 Traffic to our website is voluntary. If we are to have a credible and useful digital presence for our target audiences, we need to invest in our digital offering to allow a more kinaesthetic online experience. This will require increased investment in our digital platform. This investment can only be justified if the platform is used by large numbers of our target audiences. For this reason, we will be asking our partners to become more involved in actively driving their customers to our site and we will develop platforms that can be exported to their websites.
- 8.8 Beyond the website that we own and control, we also need to recognise that many people would prefer to interact with Change4Life in the digital environments that they already visit. During 2010, Change4Life launched both a Facebook page and a Twitter account. These have had rapid take-up with different parts of our target audiences (Facebook fans being primarily mums; Twitter followers mostly professionals). Social networking sites enable us to enter into a true dialogue with our target audiences in real time and allow our audiences to share and interact with one another.
- 8.9 We should remember that our take-up figures are still small, given the scale of our task. We have 75,000 Facebook fans but there are 4.6 million families with children aged between 5 and 11. Social networking is still youth-targeted and commercial brands have the larger fan bases (Matt Cardle, last year's X Factor winner, has 588,438 Facebook fans; Topshop has 1,269,629). Social and political movements tend to have more modest fan bases. The three main political parties have between 90,000 and 130,000 fans each (although Democracy UK has 280,000).

- 8.10 Beyond the ability of digital channels to socialise messages, we also need to consider the potential for digital technology, such as apps and online tools, to change behaviours. Interesting work is being done in this area by the commercial sector (for example, the Nike+ app to encourage running and walking) and we envisage greater use of this kind of technology in our programme in the future.

Customer relationship management programme

- 8.11 We developed the CRM programme as an engine for driving behaviour change. For this engine to have an impact on behaviours (and, through behaviour change, on obesity levels), it needs to operate at scale: the modest increases to our database seen during 2010 are insufficient.
- 8.12 To date, we have managed two occasionally intersecting systems: one delivered primarily through printed materials, the other electronically. In future, we will create one integrated programme, which uses the strengths of online (ability to deliver frequent communication to large numbers at low cost, instant feedback and interactivity) with printed materials for crucial stages only (for example, action plans).
- 8.13 Our CRM programme also needs to provide real value to our target audiences. Partner support will be integrated into the CRM programme (by, for example, allowing online users to access vouchers for money off healthy products).

Information line

- 8.14 There are still some people who prefer to interact with us by telephone (although these are in small numbers). We will maintain the Change4Life information line, but will seek to deliver economies of scale through our relationships with suppliers.

Partnership team

- 8.15 Change4Life works in partnership with a wide range of organisations: civic, commercial and charity. Partnership marketing seeks to attract additional non-government activity to the programme; however, it is not free and as the number and contribution of partners increase, there will be resource implications for the partnership team.
- 8.16 The team that currently brokers partnership deals, manages relationships with partners and tracks and evaluates the efficacy of partner commitments will be maintained.

Calendar events

- 8.17 We will maintain three calendar events in the new year, the summer and the autumn: the Great Swapathon, our summer activity and Walk4Life campaigns.

The Great Swapathon

- 8.18 The Great Swapathon in January 2011 was our first attempt to build (partner-funded) financial incentives into Change4Life. This was a radical departure for the programme and required the team to learn new skills and overcome new logistical challenges. The programme was popular with our key target audiences and supporters and allowed people to try new healthy products. Partners were able to see the commercial value as well as the corporate social responsibility involved in promoting healthier lifestyles.
- 8.19 However, there are things we can learn from the programme that will improve it for future years, in particular:
- People who did not have access to Asda stores felt excluded from the programme; while there has to be some element of commercial advantage in retailers taking part, we will explore ways to involve more stores in the future.
 - Many people went online expecting to be able to download voucher books. While this was exacerbated by an incorrect news story, it seems a not unreasonable expectation. While it may not be feasible to put all Swapathon vouchers online (since this could increase the number of redemptions beyond partners' capacity to fulfil them), we will ensure that there are offers that can only be accessed online in future, to reward those individuals who invest time and effort in online registration.
 - The Great Swapathon should not be our only opportunity to incentivise healthier purchases: the observation that people find it hard to live healthily on a limited budget is not restricted to January. We will explore ways to incentivise continued involvement in Change4Life throughout the year.
 - Finally, to support the calorie reduction challenge outlined in the obesity call to action, we will use the healthy eating campaign next January as an opportunity to promote lower calorie options, in the context of wider messages about healthy eating.

Summer activities

- 8.20 2010 was the first year of the Summer of Fun. The idea came from an insight that many parents believe that their children are more active than they actually are and that children's activity increases during the school holidays.¹⁴ In reality, only a third of boys and a quarter of girls aged 2–15 meet the Chief Medical Officers' guideline for 60 active minutes of moderate intensity physical activity per day¹⁵ and there is no evidence that this increases in the summer (indeed, without the structured physical activity provided by PE in schools, it is quite possible that activity levels decline for many children).
- 8.21 The main mechanism for increasing activity was a 'fun wheel' which enabled parents and children to find new ways to build activity into their daily lives. Two million of these were distributed through a variety of channels, including schools, participating Asda stores, a partnership with the *Daily Mirror* and local supporter networks. Parents could also order the fun wheel via the website or information line.
- 8.22 The fun wheel proved highly popular with parents and children:
- Eight out of ten parents who received a fun wheel said they enjoyed using it.
 - Three-quarters of parents said that their children were interested in the activities in the fun wheel.
 - Seven out of ten parents said the fun wheel led their family to do more activity.¹⁶
- 8.23 However, we learned a great deal about how the delivery of this programme could be improved in future, for example:
- Schools were by far the most effective mechanism for getting the fun wheel to families (6.5% of fun wheels were sent out via schools, but 40% of those who used them got them from schools).
 - Those who ordered a fun wheel valued it and used it more than those who received it 'cold': 74% of those who ordered a fun wheel claimed to have used it in the last week (vs 54% of those who received it without requesting) and 14% of those who ordered it had

14 In the Change4Life tracker, parents report on average that their children do 240 minutes of at least moderate intensity activity per day; this rises to over 270 minutes in August

15 Health Survey for England, 2009 data

16 All stats from bespoke TNS/BRMB research with families who received the fun wheel

used it five times or more in the last week (vs 5% of those who had not ordered it).

- 8.24 Furthermore, learning from behavioural economics, we believe that there are other ways in which the programme could be enhanced, for example:
- encouraging parents and children to make a reciprocal commitment to be more active could encourage whole-family change
 - linking the programme to partner-funded incentives could boost participation
 - providing mechanisms for continued positive feedback could extend the life of the programme.
- 8.25 In consequence, the programme we developed for summer 2011 comprised:
- teaching materials for use in schools, including a wall chart to allow children to record what they did over their summer, with an incentive to encourage teachers to send back information about what they did
 - a Really Big Summer Adventure map to allow children to record six weeks of fun activities
 - partner-funded offers to help families afford healthier foods and activities for the summer
 - an online 'fun generator' to inspire families with ways to be active
 - promotion via a free media partnership and paid-for television advertising.
- 8.26 As in the past, the summer activity focused on the universal health benefits of physical activity, rather than on weight loss or weight maintenance.

Walk4Life

- 8.27 Walking is a near-universal activity and can provide broad health benefits, including but not limited to achieving and maintaining a healthy weight.
- 8.28 The Walk4Life programme in 2010 focused principally on recreational walking, particularly on led walks. While this is positive (led walks are a great opportunity to try walking and experience its social and recreational benefits), greater health benefits might be achieved through more everyday, routine walking.

- 8.29 We will therefore focus the programme more on everyday walking, for example, by encouraging employers to build walking into the working day and schools to encourage walking to school.
- 8.30 This will provide a good way both for adults to get their 150 active minutes and for children to get their 60 active minutes every day.

9 New initiatives

Go on, try it!

- 9.1 Many of our target audience like to learn through doing. The implication of this is that, rather than providing advice and information alone, we should find easy ways to allow people to do things they would not otherwise do.
- 9.2 The Go on, try it! programme will provide low-risk easy opportunities for people to try unfamiliar healthy foods and sample physical activities in community settings.

Alcohol health harms

- 9.3 Unlike excess weight gain, drinking alcohol above the recommended guidelines is not a majority issue: most adults either do not drink alcohol or drink within the recommended guidelines.
- 9.4 Nor is harmful drinking obesity-specific: while alcohol consumption can cause excess weight gain, many people who drink at increasing and higher risk levels are a healthy weight.
- 9.5 While harmful drinking can be the sole cause of some conditions (such as liver disease), it is a factor in many others (including cancer, heart disease and stroke), suggesting that reductions in alcohol consumption are best accompanied by other lifestyle improvements.
- 9.6 Marketing can play a part in reducing harmful drinking; within marketing, Change4Life will have a specific role.
- 9.7 Research conducted in 2010¹⁷ to explore the potential for Change4Life to 'stretch' into topic areas beyond diet and physical activity found that the brand had the potential to operate closest to the increasing risk end of the spectrum and to encourage moderation as part of broader lifestyle changes.
- 9.8 Change4Life first introduced alcohol into its messaging via the adult launch commercial, 'Alfie'. This messaging encouraged adults in a non-threatening way to think about how their alcohol consumption might be affecting their health and was well received.

17 Change4Life Brand Stretch Project, Solutions/Duckfoot, April 2010

- 9.9 However, we know from qualitative research that many adults underestimate both the amount of alcohol that they drink and its potential to harm their health. People can be unwilling to confront the reality of how much they drink and may value the role alcohol plays in their life. In consequence, even when they are motivated to make changes to their lifestyles, alcohol tends to be the area chosen last.
- 9.10 From 2011, therefore, we will be stepping up the alcohol-related component of our communication by:
- re-running the 'Alfie' commercial (to reintroduce the subject matter)
 - introducing new communication that focuses on the health harms of alcohol
 - encouraging parents to talk to their children about alcohol and alcohol health harms and to delay initiating their children into alcohol consumption until they are 15 (as recommended by the Chief Medical Officer for England).
- 9.11 Beyond what is covered by Change4Life, marketing will support the alcohol health harms strategy by:
- including messaging on binge drinking within the youth programme
 - providing bespoke information for people living with conditions (as part of the activity targeting older people).

Collaboration with LazyTown

- 9.12 LazyTown is a popular television programme, which encourages children to be more active and to eat more healthily.
- 9.13 We are developing a co-branded LazyTown and Change4Life intervention which will apply principles from behavioural economics to behaviour change in children under the age of six.
- 9.14 The intervention will be delivered via the 3,600 Sure Start Children's Centres. Parents and children's centre workers will be able to use it to encourage children to make pledges for healthier behaviours, to track children's progress and reward good behaviours. This builds on elements of MINDSPACE, particularly Commitment, Messenger and Norms.
- 9.15 Taking into account the House of Lords committee's concerns that the efficacy of 'nudge-style' interventions has not been proven, we are keen to ensure that this project has a robust evaluation. The design of the

evaluation is currently being refined in consultation with academic and market research experts. We intend the first phase of evaluation to measure the impact of the initiative on participants' fruit and vegetable consumption, using a daily self-completion diary designed to minimise the distorting effects of claimed and recalled behaviour. We will then investigate the feasibility of using actigraphs to measure the impact of the initiative on the physical activity levels of participants.

Change4Life and the 2012 Olympic and Paralympic Games

- 9.16 There is the potential for the 2012 Olympic and Paralympic Games to serve as a catalyst for the promotion of a legacy of mass participation and healthy living, enabling the Government to deliver on the London 2012 bid pledge of inspiring a new generation to get active and play sport.
- 9.17 In December 2010, the Government published *Plans for the Legacy from the 2012 Olympic and Paralympic Games*. This identified four areas to focus on:
- harnessing the UK's passion for sport to increase grassroots participation, particularly by young people, and to encourage the whole population to be more physically active
 - exploiting to the full the opportunities for economic growth offered by hosting the Games
 - promoting community engagement and achieving participation across all groups in society through the Games
 - ensuring that the Olympic Park can be developed after the Games as one of the principal drivers of regeneration in East London.
- 9.18 Change4Life has already begun to support the Olympic Games legacy, for example, 3000 Change4Life Sport Clubs have already been established in secondary schools focusing on Olympic and Paralympic sports. They have been extremely successful in attracting non-sporty young people to participate. These clubs will be rolled out in 4,500 primary schools from January 2012 and will be designed to teach children the skills they need to participate in sport as they grow up. In addition, in January–March 2011, the SmallSteps4Life sub-brand challenged all primary and secondary schools to undertake a four-week health challenge, for which the competition prize was a visit from the Olympic mascots.

- 9.19 However, we believe that Change4Life can do more to contribute to the creation of an Olympic health legacy, for example, by:
- translating the elite athleticism of the Games into activities that ordinary people can do every day
 - providing triggers to action (so that people don't just feel inspired watching the Games on their sofa but actually get off it)
 - creating mechanisms for people to commit to be more active, benchmark themselves against others and track ongoing progress
 - normalising being more active (and promoting the Chief Medical Officers' new guidelines on physical activity).
- 9.20 During 2012, Change4Life will look to use the opportunities provided by the Games and build on its previous summer activity campaigns to develop a new Change4Life summer campaign.
- 9.21 We will look at how we can use the summer campaign as a focal point for our commercial sector partners' contributions to Change4Life during 2012.

Reinvigorating Start4Life

- 9.22 Start4Life is the sister brand of Change4Life and provides advice and support for the parents of children under the age of two. Recognising the crucial importance of early development to children's future health behaviours, the Start4Life programme will expand to provide support and advice on other issues that are relevant to the under-fives (such as immunisation).
- 9.23 Cognisant of the Chief Medical Officers' new guidelines on physical activity, materials for parents of the under-twos will expand to include messaging about the risks of excess confinement in buggies, cots, chairs and car seats. Start4Life will also provide advice and information on other issues relevant to early years.
- 9.24 Start4Life will also include advice on maternal health during pregnancy.

10 Resource implications

- 10.1 The strategy has profound implications for how the Change4Life team is organised within the Department of Health and how it interacts with marketing and communications services across government and with agency suppliers.
- 10.2 The skill sets required to manage Change4Life and other government marketing programmes are changing. In particular, delivering this strategy will require more:
- business analytical skills
 - client service, sales and negotiation skills (to broker and manage relationships with the commercial sector and other stakeholders)
 - consumer understanding and insight mining
 - understanding of behavioural economics and social psychology
 - idea generation/new product development
 - legal knowledge
 - financial expertise.
- 10.3 Some of these skills are abundant within the civil servant workforce, but others, particularly those involving working with the commercial sector, are less common. This provides opportunities for career development and we will look at ways to up-skill the workforce for the coming challenges.
- 10.4 In addition, we will still need to procure the following from external suppliers:
- channel planning
 - delivery of creative work
 - public relations
 - research
 - external evaluation.

11 Evaluation plan

- 11.1 In advance of the publication of the Change4Life evaluation plan, this section sets up the key objectives of the evaluation and what we have learned about the evaluation process to date.
- 11.2 We are aware of the need to establish whether the Change4Life programme will have longer-term effects. In line with Department of Health best practice,¹⁸ there will be a stand alone evaluation plan for Change4Life 2011/12, which will be devised in consultation with internal and external experts and stakeholders. We will consult the Cabinet Office Behavioural Insights Team in the development of this evaluation plan.
- 11.3 However, we would emphasise that Change4Life presents a number of challenges for evaluation. Change4Life is only the marketing component of the Government's response to obesity; it has been designed to work with other policy levers. As such, it can be virtually impossible to isolate the effects of Change4Life from those of other interventions and actions that may be operating at a national or local level. It is the combination of these levers that we believe is likely to be effective on individuals and the population, not any single lever in isolation. It will take several years for the impact of any actions to tackle obesity to be seen in population level BMI statistics, and several decades for these changes to filter through into reductions in the prevalence of obesity-related illnesses (since these illnesses typically develop in mid-life).
- 11.4 So, while we are cognisant of the need to establish the longer-term efficacy of the programme, we will also put in place interim measures to see whether the campaign is inspiring change.

Evaluation objectives: what do we want to understand?

- 11.5 The first step in any evaluation process is to set out the key questions the plan intends to answer. The evaluation objectives outlined below draw on previous objectives, as well as adding new ones which have arisen as a result of the new strategy.
- 11.6 The Change4Life evaluation plan will consider the following questions:
- Does Change4Life continue to be a well known, well trusted and well understood brand?

18 See *DH Marketing Evaluation Handbook*, February 2009

- Is the Change4Life programme working?
 - Is there evidence of changes in attitudes, intentions, trial, behaviours or practices?
 - Is there evidence of an ongoing health movement in which Change4Life is playing an active role?
 - How well are individual campaign and marketing activities working, and what factors increase effectiveness?
 - How effective is digital engagement compared with traditional forms of engagement?
 - How valid is the new behaviour change model?
 - Has the brand stretched successfully? Is Change4Life working equally effectively across all its target audiences and all lifestyle areas?
- 11.7 Ultimately, this analysis will enable us to develop learning that informs future marketing activity, and to demonstrate that the investment is both valid and successful against the core marketing aims.
- 11.8 The focus of the evaluation plan is to ascertain the impact of the communications activity on behavioural change that leads ultimately to improved health outcomes. In turn, this will lead to cost savings which can be set against investment levels to generate a return on investment.
- 11.9 We will seek to isolate the unique impact that marketing has on behaviour, for example, by replicating the basket analysis we conducted in 2009, which explored differences in purchasing patterns between families who were engaged with Change4Life and a control sample of demographically comparable families who had not.

What we have learned about evaluation

- 11.10 Change4Life is a complex programme of activities with ambitious aims that will continue to necessitate the use of a mixed methodology approach. Evaluation findings have helped us refine the Change4Life programme; we have also learned from the evaluation process itself, in particular:
- We do not need to measure audience attitudes and behaviours with such frequency, since the Change4Life evaluation to date has shown that shifts in these happen relatively slowly. Indeed, frequent measurement can inadvertently create unrealistic expectations of how rapidly attitudes and behaviours change.

- There is value in separating the monitoring of the Change4Life campaign (brand awareness, message comprehension, etc) from health behaviours and attitudes. As already mentioned, the latter are typically far slower to change and it may be more fruitful to monitor all health-related attitudes and behaviours (smoking, diet, physical activity, etc) holistically, in keeping with the life course approach.
- While quantitative analysis is necessary to provide a robust picture, we should not underestimate the importance of qualitative evaluation that provides additional perspectives and deeper understanding. Future evaluation should seek to include qualitative elements where appropriate.
- It is important to ensure that a robust evaluation plan is in place for each burst of campaign activity, as these will complement the picture provided by national level or continuous evaluation measures and provide intermediate indicators of success.
- We need to invest more time to pre-test and creatively develop individual campaigns.

Reporting back

- 11.11 We will report back on this strategy and aim to publish an interim report after the first 12 months.

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