

ShowCase

Change4Life

Topic: Obesity

Organisation: Department of Health (England)

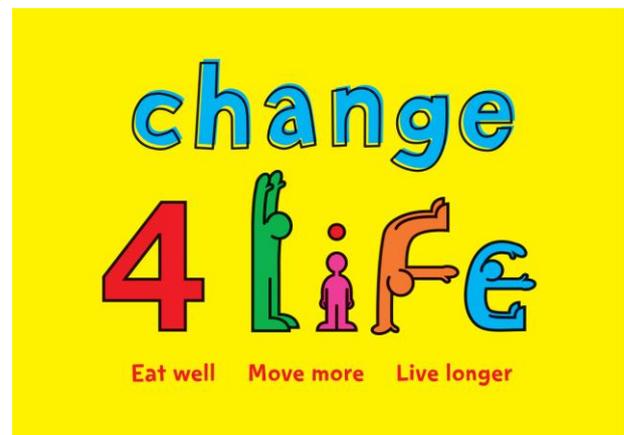
Location: England; Wales

Dates: 2007 to ongoing

Budget: £75 million (over 3 years)

Website:

www.nhs.uk/change4life/Pages/change-for-life.aspx



Overview

Change4Life is England's first ever national social marketing campaign to reduce obesity. In designing it, the Department of Health and its agencies drew on academic and commercial sector expertise, behaviour change theory and evidence from other successful behaviour change campaigns, and commissioned a substantial and ongoing programme of research among the target audiences.

This led to the creation of a three-year marketing strategy to drive, coax, encourage and support people through each stage of the behaviour change journey. Launched in January 2009, Change4Life focuses on prevention and aims to change the behaviours and circumstances that lead to weight gain, rather than being a weight-loss programme for the already obese. In its first year, Change4Life focused on families, particularly those with children under 11. In years two and three, the campaign has expanded to address other at-risk groups.

Results

Change4Life exceeded all of its first year targets, including:

- The campaign reached 99 per cent of targeted families
- 413,466 families joined Change4Life in the first 12 months
- Over 44,833 families were believed to still be involved with Change4Life after 6 months
- Over 1.9 million responses (postal, online, face-to-face, telephone) were received in year one

1. BEHAVIOUR

- For priority families to:
 - Reduce sugar intake
 - Increase consumption of fruit and vegetables
 - Have structured meals, especially breakfast
 - Reduce unhealthy snacking
 - Reduce portion size
 - Reduce fat consumption
 - Do 60mins of moderate intensity activity
 - Reduce sedentary behaviour

2. CUSTOMER ORIENTATION

- Review of existing evidence base
- Quantitative segmentation of 883 families with children aged 2 to 10 – TNS Family Food Panel, bespoke surveys
- Qualitative research into current behaviours and attitudes
- Proposition research to identify most effective ways of tackling family diet and activity levels
- Qualitative research with 6 ethnic minority communities

3. THEORY

- Theoretical model of behaviour change was developed:
 - Reaching at-risk families
 - Helping families understand health consequences
 - Convincing parents their children are at risk
 - Teaching behaviours to reduce risk
 - Inspiring people to believe they can do the behaviours
 - Creating desire to change
 - Triggering action
 - Supporting sustained change
- Recognition that this model is overly rational and simplistic – Individual families not expected to travel neatly and sequentially through each stage

4. INSIGHT

- Most parents do not realise obesity is their issue
- Parents under-estimate amount of food they and their children eat and over-estimate amount of activity they take
- Healthy living perceived as a middle-class aspiration
- Parents prioritise their children's immediate happiness over their long-term health
- Parents have surrendered control over food choices to their children

5. EXCHANGE

Barriers:

- Parents do not recognise their families are at risk of obesity
- Lack knowledge, skills and confidence to cook from scratch
- Lack inspiration, motivation or confidence to be more active
- Believe it is too unsafe for children to play outside

Response:

- Create right preconditions for behaviour change – Increase people's perceived risk and knowledge and confidence to change
- Support people on a behaviour change journey – Consultation and dialogue are key

6. COMPETITION

- Snacking – Has become a way of life in many households
- Sedentary activities
- Habitual use of cars for short journeys – Seen as more convenient and as status symbol

7. SEGMENTATION

Target audiences

- The 1.4 million families who have children aged under 2
- The 1.6 million families with children aged 2 to 10 whose children are most at risk of weight gain
- Pregnant women
- Ethnic minority communities (particularly Black African, Bangladeshi and Pakistani)

Segmentation

- Families grouped into 6 clusters according to attitudes and behaviours relating to diet and physical activity
- Three clusters of families prioritised, where their children were at risk of becoming obese
- Ethnic minority communities fell into 4 broad groups

8. METHODS MIX

- **Mobilising the network** – Engagement with partners and workforces across public, private and third sectors
- **Reframing the issue** – Change4Life brand; TV and print advertising; Information line; Website
- **Personalising the issue** – 'How are the kids?' survey
- **Rooting behaviours** – Tips and resources to support target audiences in adopting desired behaviours; TV ads
- **Inspiring change** – Editorials in press and radio advertising; Local case studies and personal stories; Funding for localised activity
- **Supporting change** – Customer relationship management programme; Locally searchable database of services; Interactive products and tools