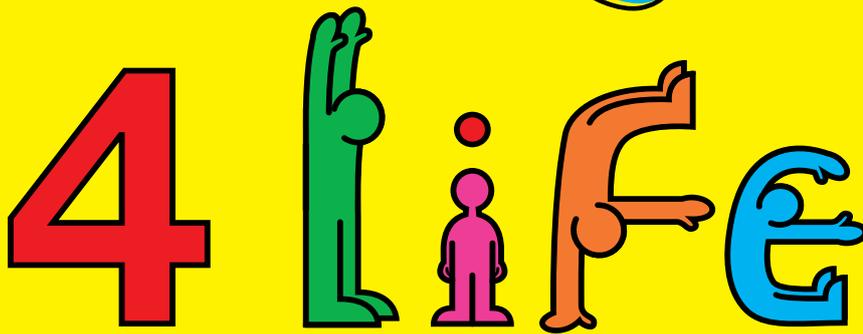


change



Eat well

Move more

Live longer

CHANGE4LIFE ONE YEAR ON

In support of Healthy Weight, Healthy Lives

DH INFORMATION READER BOX

Policy HR/Workforce Management Planning/ Clinical	Estates Commissioning IM&T Finance Social care/Partnership working
Document purpose	For Information
Gateway reference	13505
Title	Change4Life One Year On
Author	DH
Publication date	16 February 2010
Target audience	PCT CEs, SHA CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, GPs, Communications Leads, Directors of Children's SSs
Circulation list	
Description	This document reports on the first twelve months of the Change4Life programme.
Cross reference	Change4Life Marketing Strategy
Superseded documents	N/A
Action required	N/A
Timing	N/A
Contact details	Change4Life Marketing Team DH Communications Directorate Skipton House 80 London Road London SE1 6LH
For recipient use	

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First published February 2010

Published to DH website, in electronic PDF format only

<http://www.dh.gov.uk/publications>



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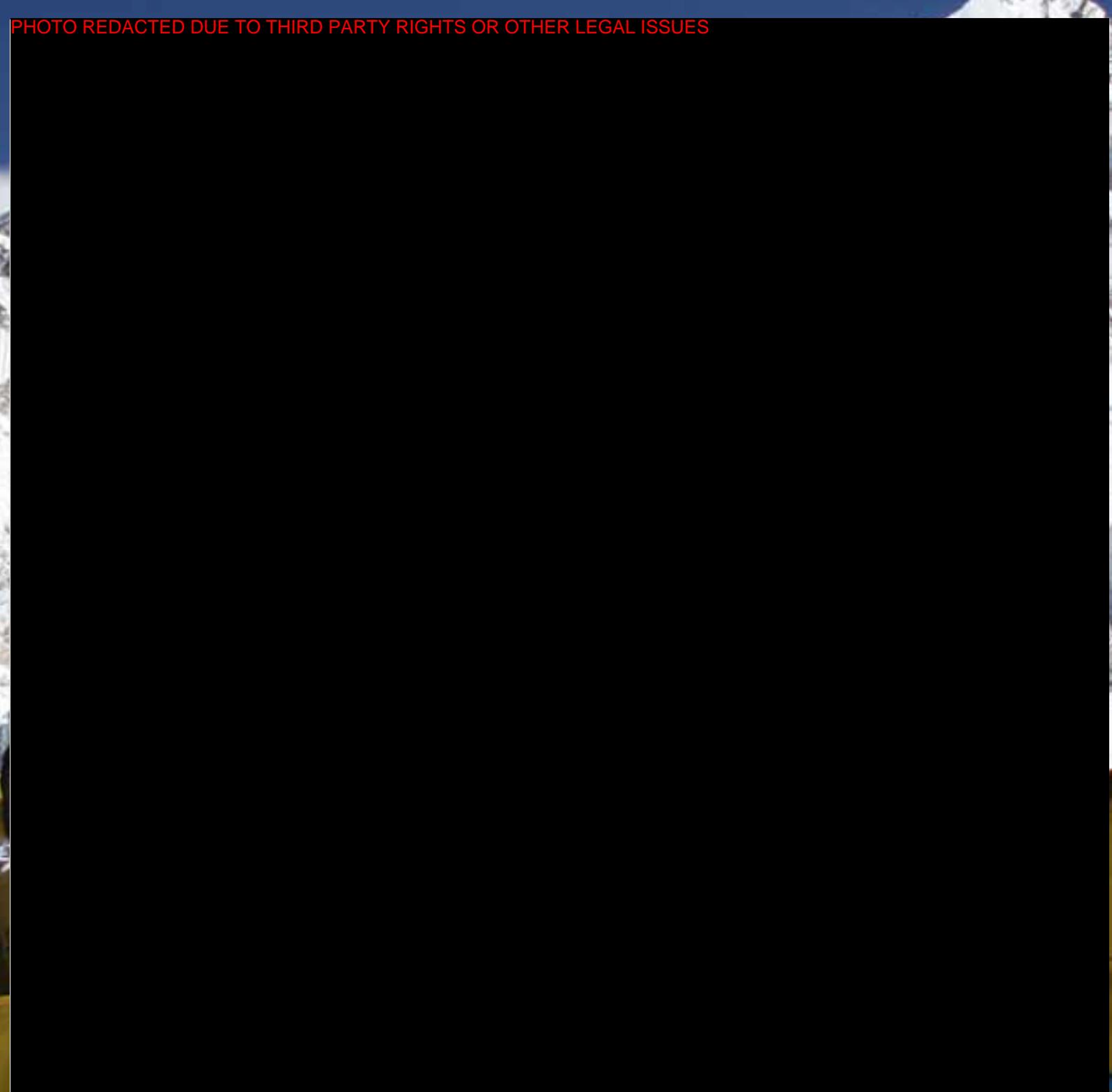


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FOREWORD





In 2009, Change4Life came to life.

Responding to an urgent need to tackle the alarming rise in obesity, we launched not just a campaign but a societal movement, Change4Life, with a mission to encourage people to eat well, move more and live longer.

Change4Life set out to move beyond traditional communication, with an ambitious social marketing strategy to match the scale of the challenge: if we took no action, forecasts suggested that by 2050 only one in ten of the adult population could be a healthy weight.

Over the last year, I have seen the Change4Life movement extend across England, with a coalition of grassroots supporters, NHS and local government staff, commercial sector partnerships and non-government organisations joining forces with the Government to bring Change4Life to life.

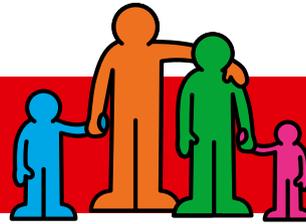
We have mobilised a network of trusted sources to help us communicate messages about how families can eat well and move more. You can now find Change4Life activity in schools, GP surgeries, community centres, even your local supermarket, ranging from reminders to eat 5 A Day, to a new rap composed by kids to promote healthier eating.

As the campaign developed, we launched a range of Change4Life sub-brands, such as Let's Dance with Change4Life, Bike4Life and Walk4Life, that have encouraged and supported people to get up and about and have fun. We have also extended the campaign to pregnant mums and families with babies aged 0–2 with Start4Life, and worked to promote Change4Life within ethnic minority communities.

This report shows the fantastic progress we have made towards achieving our shared aim – to create a lifestyle revolution in which we all play a part in changing the behaviours that can lead to people becoming overweight and obese. As we enter Change4Life's second year, we have surpassed all our targets for year one and we are beginning to see the impact on families as they start to adopt new, healthier behaviours.

These might be simple swaps, like switching from full-fat to skimmed milk or walking instead of travelling by car or bus. But they all contribute to our goal of reducing obesity.

While we have made significant progress, this is no time to take our foot off the pedal, so this month we launch Change4Life to a new adult audience and we will be going even further in our mission to help everyone achieve a healthy weight.



Unless we sustain the achievements of year one, we will still face an obesity crisis in years to come. With the Change4Life brand and the continued commitment and energy of the Change4Life movement, I believe we can support people to make the simple changes that will lead to us living healthier, longer lives.

Secretary of State for Health
Andy Burnham

1. EXECUTIVE SUMMARY

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1.1 Background

Change4Life is the social marketing part of the Healthy Weight, Healthy Lives cross-governmental strategy for England.

In its first year, Change4Life focused on those families with children aged 5–11, who were at greatest risk of becoming overweight or obese.

1.2 The Change4Life movement

Change4Life's aim has been to inspire a societal movement through which government, the NHS, local authorities, businesses, charities, schools, families and community leaders can all play a part in improving children's diets and activity levels.

Change4Life has been promoting eight behaviours that help children achieve and maintain a healthy weight.

When families joined Change4Life, they received a questionnaire that asked about a typical day in the life of each of their children. This enabled us to send everyone who completed a questionnaire a tailored action plan with advice for each child. Beyond this, we sent 200,000 of the most at-risk families further support packs, which, through frequent reminders, tips and ideas, aimed to help people keep up good behaviours.

1.3 Achievements so far

We were set challenging targets for the first year of activity. All of the targets were exceeded.

	Year one Target	Year one Achievement
Reach (% of all mothers of children under 11 who had an opportunity to see the advertising campaign)	99%	99%
Awareness (% of all mothers with children under 11 who recalled seeing the Change4Life advertising)	82%	87%
Logo recognition (% of all mothers with children under 11 who recognised the Change4Life logo)	44%	88%
Response to <i>How are the Kids?</i> (total number of questionnaires returned electronically, by post or from face-to-face marketing)	100,000	346,609
Total responses (including website visits, telephone calls, returned questionnaires)	1,500,000	1,992,456
Sign-up (total number of families who joined Change4Life)	200,000	413,466
Sustained interest (total number of families who were proven to still be interacting with Change4Life six months after joining)	33,333	44,833

1.4 Are families doing anything differently?

According to our tracking study,¹ over 1 million mums are already claiming to have made changes to their children's diet or activity levels as a result of Change4Life.

When we compare our latest data with a year ago, about 180,000 more mums now claim that their families have adopted *all eight* of the Change4Life behaviours.²

Analysis of actual sales data provided by commercial partners suggests that Change4Life may already be having a positive impact on the types of food that families are purchasing.

We are working with other government departments, with industry and with a leading academic to underpin these early positive indications with more robust evidence of behaviour change.

1.5 Local and national partnerships

We believe that the success in the first year is a testament to the way in which communities supported Change4Life. For example:

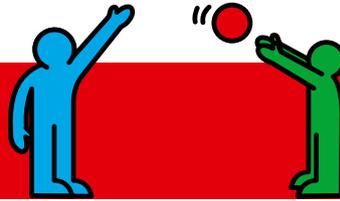
- 44% of primary schools, hospitals, general practices, town and village halls, children's centres, pharmacies, nurseries, libraries and leisure centres displayed Change4Life materials.
- Over 25,000 local supporters used Change4Life materials to help them start conversations regarding lifestyles with over 1 million people.
- NHS staff ordered over 6 million items of Change4Life material to distribute to the public.
- Primary schools generated over 50,000 sign-ups to Change4Life.
- Local authorities and primary care trusts joined up their own activities and created new ones, such as street parties and roadshows.

In addition:

- We have worked with other government departments to launch Change4Life sub-brands, such as Swim4Life, Play4Life and MuckIn4Life.
- Three of the main health charities (Cancer Research UK, Diabetes UK and the British Heart Foundation) ran their own campaign in support of Change4Life, and other non-governmental organisations, such as Natural England and Sustrans, also supported the campaign.

1 See Annex 4 for details of the tracking and all extrapolations made from it

2 British Market Research Bureau (BMRB)



- Businesses supported the movement, for example by providing free gym access, money off fruit and vegetables, and low cost bikes.

1.6 Looking forward

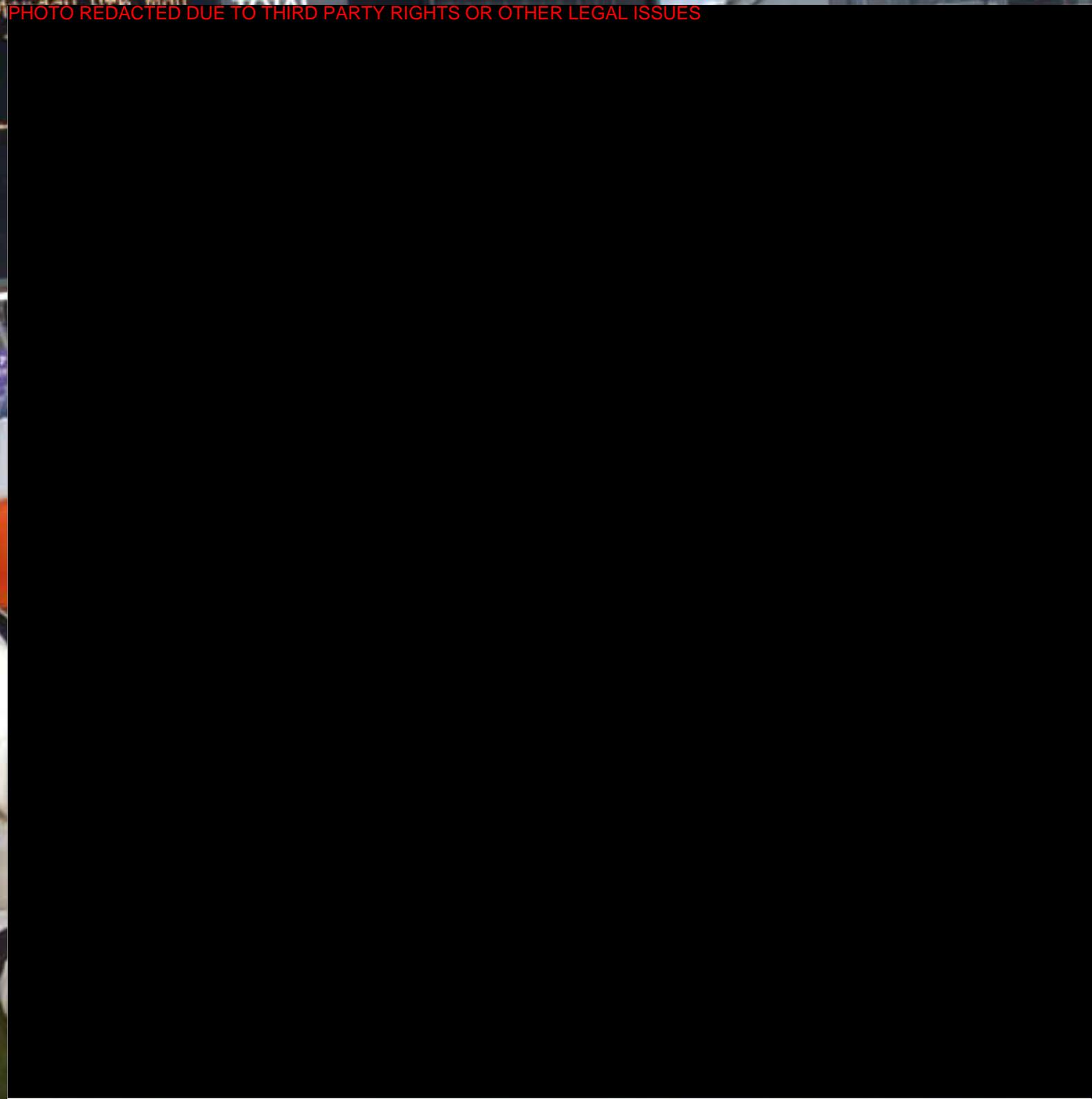
The latest data show that obesity prevalence in children may be beginning to flatten out. This is good news. Change4Life can play a role in accelerating the pace of change towards the government's target of returning obesity levels to 2000 levels by 2020.

We will be using what we have learned about the power of partnerships and community engagement as we evolve the families' campaign for 2010 and 2011.

In the next 12 months, we will do more of the things that families have told us help them to change their behaviours and will test more ways to inspire them to do so. This will involve, for example, providing materials for schools to encourage children to make pledges to change their diet and/or activity levels, and developing a clearer role for the Change4Life sub-brands and Change4Life ambassadors.

We are also producing messages for pregnant women and parents of children under the age of two (under the Start4Life sister brand), for ethnic minority communities and for middle-aged adults.

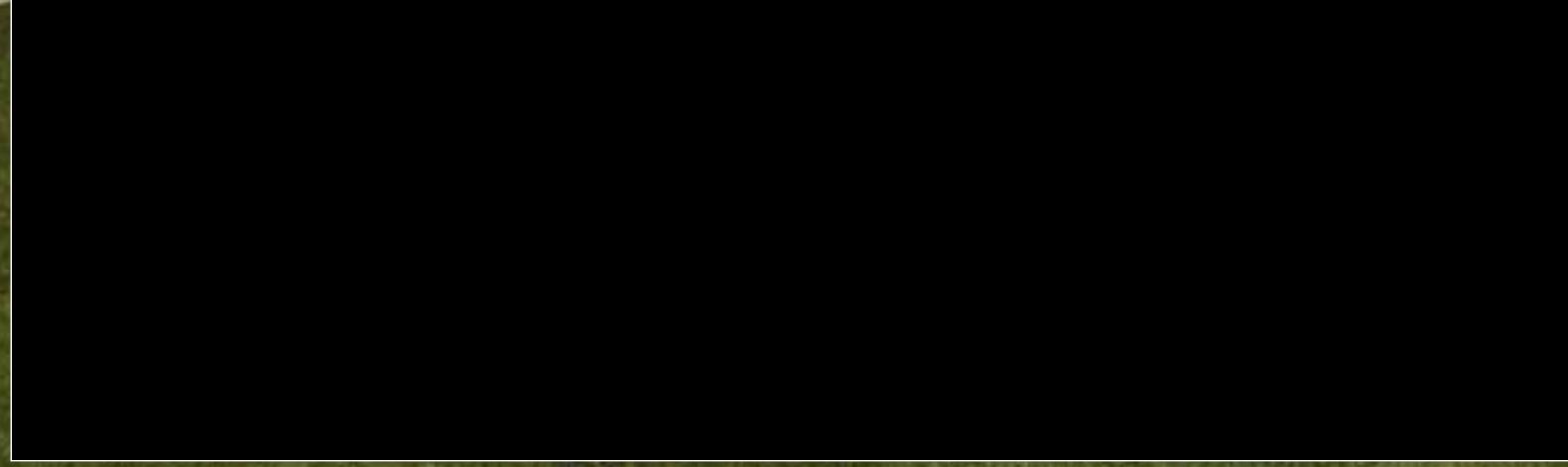
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2. INTRODUCTION

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Change4Life is the social marketing component of the Government's much broader response to the rise in obesity, as set out in *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* (HM Government, 2008) and in *Healthy Weight, Healthy Lives: One Year On* (HM Government, 2009).

Change4Life was launched to the public in January 2009. In the spring of that year, the Government published the Change4Life marketing strategy (available at www.dh.gov.uk) setting out the rationale for the programme, how it was intended to work, and what targets had been set for the first 12 months of activity.

A commitment was made to report on Change4Life's performance against those targets, together with what had been learned about using marketing to influence behaviour, one year later. This report fulfils that commitment.

This document contains the work of a diverse team of people working within the communications directorate of the Department of Health, as well as their policy colleagues across government departments, regional and local counterparts and national and local partners. Ten specialist marketing and communications agencies contributed to the programme and to the thinking that led to it. Nine independent research agencies provided analyses used in this document. In addition, the Healthy Weight Healthy Lives Expert Advisory Group provided technical advice throughout the development and delivery of the campaign.

2.1 Context

The rise in obesity is one of the greatest health challenges facing our society. Already 30% of children and 61% of adults are overweight or obese.³ If the trend is allowed to continue, by 2050 nine out of ten adults could be overweight or obese.⁴

Obesity is not a cosmetic issue. Becoming overweight or obese increases an individual's likelihood of developing (among other conditions) cancer, type 2 diabetes and heart disease, leading to reduced quality of life and, in some cases, a life cut short. The annual cost to society of obesity-related illness could reach £50 billion by 2050 at today's prices.⁵

Childhood obesity is particularly worrying, since there is a recognised 'conveyor-belt effect' whereby weight gained in childhood continues into adulthood.

Foresight called for a society-wide response to the rise in obesity, creating an environment that better supports people in developing and sustaining healthy eating and activity habits.

3 Health Survey for England 2008

4 Government Office for Science's Foresight Report (*Tackling Obesities: Future Choices*, 2008)

5 Government Office for Science's Foresight Report (*Tackling Obesities: Future Choices*, 2008)

The Government set out its response to the Foresight report in *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England*. The strategy focused activity across government in five areas:

- Children: healthy growth and healthy weight – early prevention of weight problems to avoid the ‘conveyor-belt’ effect into adulthood.
- Promoting healthier food choices – reducing the consumption of foods that are high in fat, sugar and salt and increasing the consumption of fruit and vegetables.
- Building physical activity into our lives – getting people moving as a normal part of their day.
- Creating incentives for better health – increasing the understanding and value people place on the long-term impact of decisions.
- Personalised advice and support – complementing preventative care with treatment for those who already have weight problems.

Healthy Weight, Healthy Lives: One Year On and *Healthy Weight, Healthy Lives: Two Years On* (both available at www.dh.gov.uk) reported on progress against these five areas.

The Healthy Weight, Healthy Lives strategy is already delivering important changes to the environment and to the society families inhabit. All children are now entitled to five hours of physical activity in and out of school. Free school meals are more widely available and uptake of healthy meals has increased in both primary and secondary schools. A pilot programme has increased the quality of fruit and vegetables in convenience stores in deprived areas. Schemes such as Walk-Once-A-Week and the designation of 19 ‘Cycling Towns’ and Cities have made it easier for families to walk and cycle. Nine ‘Healthy Towns’ are up and running, with schemes such as mass bike rides, healthy meal events, green gyms and cookery classes. Weight management services for both children and adults have been improved and healthcare professionals have new resources, such as the ‘Let’s Get Moving!’ physical activity care pathway.

From the outset, it was envisaged that social marketing would play an integral part in the delivery of the Healthy Weight, Healthy Lives strategy, by engaging with individuals, families and communities to encourage them to take advantage of these environmental and societal changes and give them the skills, tools and knowledge to change their behaviours. This was recognised to be a long-term and substantial endeavour. A sum of £75 million was set aside for a three-year programme of activity.



2.2 Summary of the one-year marketing strategy

Change4Life is the first national social marketing campaign designed to prevent obesity in England.

It is based on a substantial body of research and insight, combining the academic evidence base with consumer market research. A summary of the research and insight can be found in *Healthy Living Social Marketing Initiative: A Review of the Evidence* (Medical Research Council, 2008) and in *Healthy Weight, Healthy Lives: Consumer Insight Summary* (HM Government, 2008).

Change4Life's initial focus is on families with children aged 5–11, particularly on those whose current behaviours and attitudes indicate that their children are at increased risk of excess weight gain. These families, grouped into distinct 'clusters' using a method that combined qualitative and quantitative techniques, account for approximately 64% of all families and are biased towards low income groups. Initially only clusters 1, 2 and 3 were defined as at-risk; subsequently, cluster 5 was also classified as high-risk.⁶

Change4Life's remit is preventative not remedial: the programme was not set up to recruit overweight or obese children into weight loss programmes but to change the way all of us raise and nourish our children, with the aim of creating a cohort of 5–11-year-olds who have a healthy relationship with food and activity.

Change4Life promotes eight different behaviours that parents should encourage their children to adopt if they are to achieve and maintain a healthy weight (see section 4.4). These behaviours were developed in consultation with the Healthy Weight, Healthy Lives Expert Advisory Group, the Chief Medical Officer and key stakeholders such as the Food Standards Agency.

Since there was no established model for changing these behaviours through a large scale campaign, we took advice from leading academics in the fields of child psychology, nutrition, physical activity and behaviour change, as well as adapting learning and combining best practice from other successful behaviour change programmes. A theoretical model of how families' behaviours might change was developed, with all assumptions being documented in the Change4Life marketing strategy.

The programme developed to support this model differed from traditional government marketing and communications campaigns. Rather than taking a top-down approach, the campaign set out to use marketing as a catalyst for a broader societal movement in which everyone who had an interest in preventing obesity (be they teachers, healthcare professionals, community groups, businesses, charities or individual members of the public) could play a part. This involved working across

6 See Annex 2 for more detail

government departments, recruiting local supporters and forming partnerships with non-governmental organisations and the commercial sector.

Resources were targeted at the families that had been identified as being at greatest risk of weight gain. All materials were researched with families from at-risk audiences in advance, to ensure that the messaging and tonality was both engaging and appropriate.

We consciously decided to avoid government branding, since our research told us that people were keener to be a part of a movement that was owned by all, rather than prescribed by the Government. Accordingly, one of our agency partners, M&C Saatchi, created the Change4Life brand, along with a suite of sub-brands (Walk4Life, Play4Life, Cook4Life, etc) and toolkits which were made available to partners.

It was also a deliberate decision not to use the word 'obesity' in the brand name, since evidence suggests that focusing on positive messages about healthy lifestyles, rather than directly on weight or obesity, is more likely to create effective behaviour change. Indeed, the campaign seldom refers to obese or overweight (and never to fat) children, since this can increase stigmatisation. Instead the campaign refers to 'dangerous amounts of fat in the body'.

The campaign involved:

- paid-for advertising (including television commercials, newspaper advertising and posters);
- sponsorship of Channel 4's *The Simpsons*;
- direct and relationship marketing (including a customer relationship programme, delivered both online and offline);
- digital communications (including a website, email marketing and online display advertising);
- public relations;
- partnership marketing (the creation and dissemination of messages and offers by Change4Life partners); and
- communications aimed at stakeholders (such as the health and teaching workforces).

The campaign also communicated with the public by means of materials distributed to healthcare professionals, via benefits mailings and through schools.

At-risk families were invited to join Change4Life and were sent a questionnaire (referred to throughout this document as '*How are the Kids?*') to assess their current behaviours. Of those who opted in to future contact, 200,000 received ongoing

Change4Life support, advice and information via a customer relationship management (CRM) programme.

To enable local use and implementation, the brand and its assets were made available to local authorities, the regional and local NHS and to local partners. We tried to provide a high degree of flexibility, enabling communities to decide what they needed and create their own marketing materials as well as more lateral solutions (for example, a Change4Life advice centre was opened in Luton, a Change4Life van toured East Lancashire).

Details of how these individual elements of the campaign performed are to be found in Section 4.

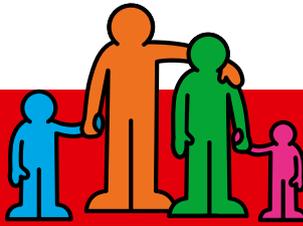
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3. CHANGE4LIFE'S PERFORMANCE IN YEAR ONE

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The targets for the first year of the campaign were:

- to reach 99% of families living in England (defined as an opportunity to see the campaign);
- for 82% of all mothers with children under 11 to recall the advertising campaign (as measured by the tracking study);
- for 44% all mothers with children under 11 to recognise the Change4Life logo (as measured by the tracking study);
- for 100,000 families to complete *How are the Kids?* questionnaires;
- for 200,000 families to join Change4Life (defined as registering their details with us);
- for 33,333 families to still be involved with Change4Life after six months; and
- to generate 1.5 million responses (calls, web visits or paper responses).

These targets were developed in conjunction with our communications partners and with COI, by examining what had been achieved by previous campaigns of a comparable size and by using COI's Artemis evaluation software.⁷ Artemis forecasts the levels of response and 'conversion' (the percentage of responders who will then take the desired action), based on media spend and mix.

The campaign met or exceeded all of its targets, many of them in the first few months of the campaign.

3.1 Targets for reach and awareness

The campaign reached 99% of families by the end of January 2009.⁸

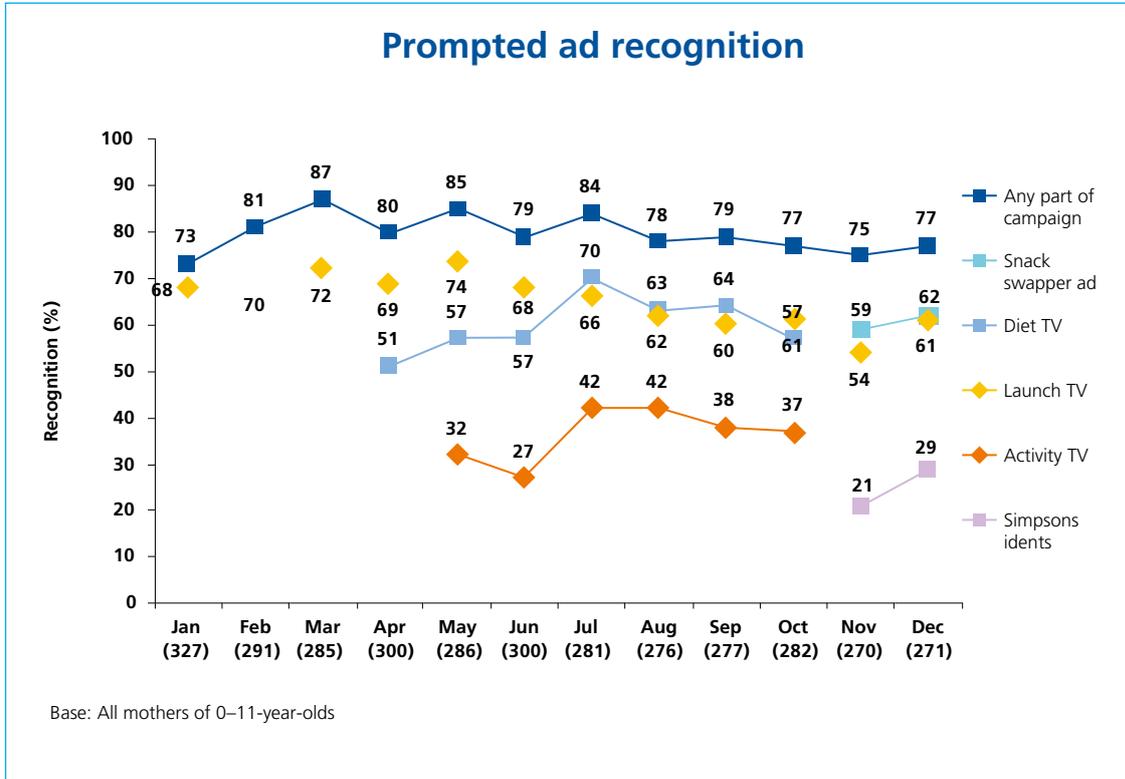
Awareness of the advertising campaign peaked at 87% in March⁹ and remained high throughout the year.¹⁰

7 COI Artemis was specifically developed to better evaluate government and public sector campaigns whose principal objectives are to bring about changes in behaviour and attitudes rather than drive purchasing

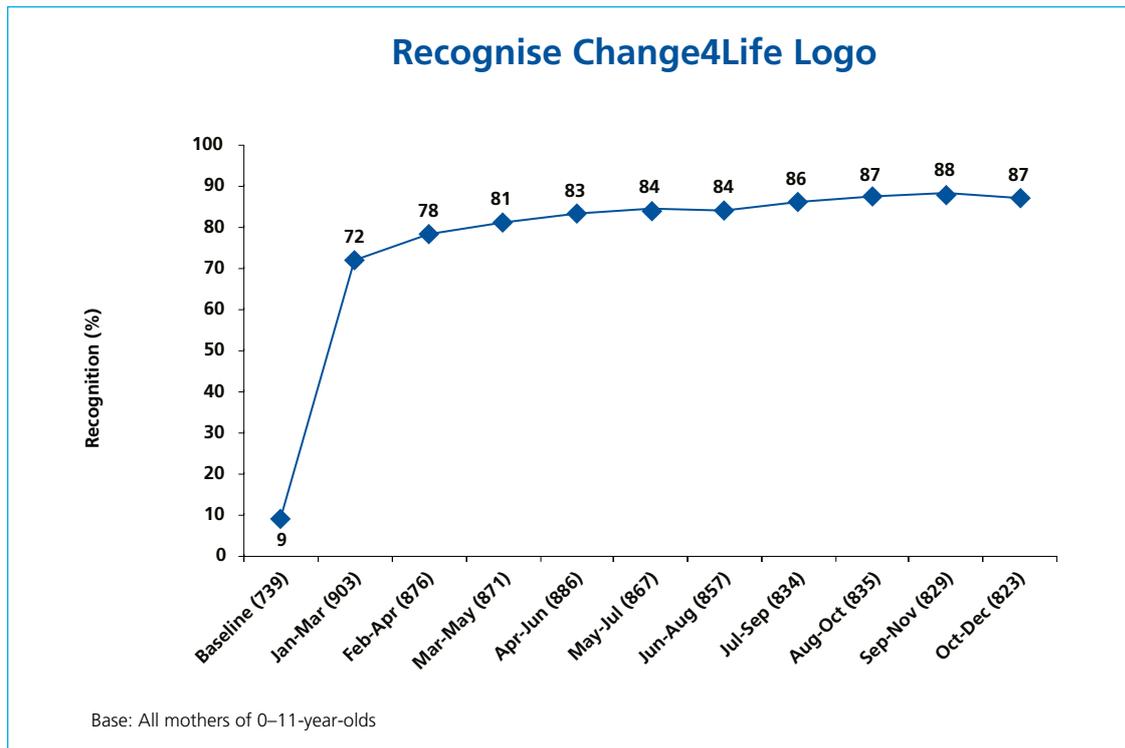
8 Source: IPA Touchpoints

9 BMRB tracking study

10 Note: advertising awareness is reported using 4-weekly data, since it fluctuates considerably depending on television advertising. Since several different commercials ran during the year, the figure for 'any part of campaign' is the most reliable guide for total advertising awareness



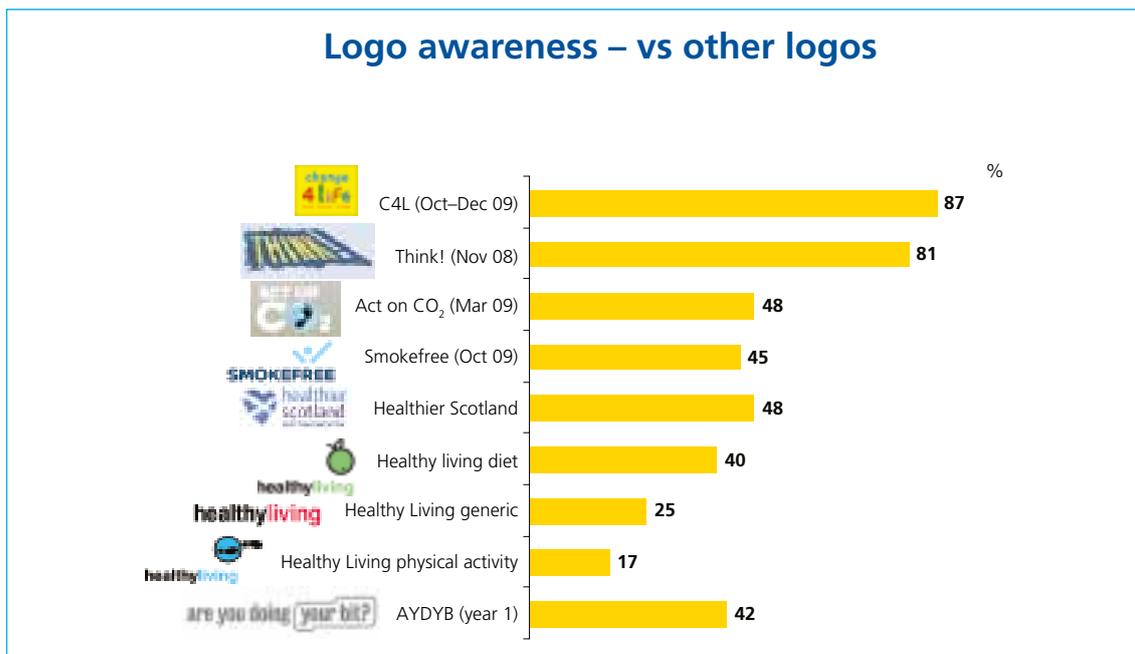
Logo recognition exceeded its target, reaching 88% in September–November and closing the year at 87%.





It surprised us that brand awareness was higher than advertising awareness, and on reflection, the target for logo recognition seems low. However, it was based on analysis by COI of other government logos, which typically plateau at between 40% and 50% recognition, some after years of campaigning. There are a few exceptions within Government, the most successful being the Department for Transport's *Think!* identity.

Unlike advertising awareness, which fluctuated in response to bursts of television advertising, logo recognition built steadily throughout the year. This suggests that awareness of the brand is driven not only by the advertising but by other factors, such as activity by commercial partners and NGOs, public relations and direct and relationship marketing, and also not-paid-for activity within communities (see Section 4 for more detail on this).



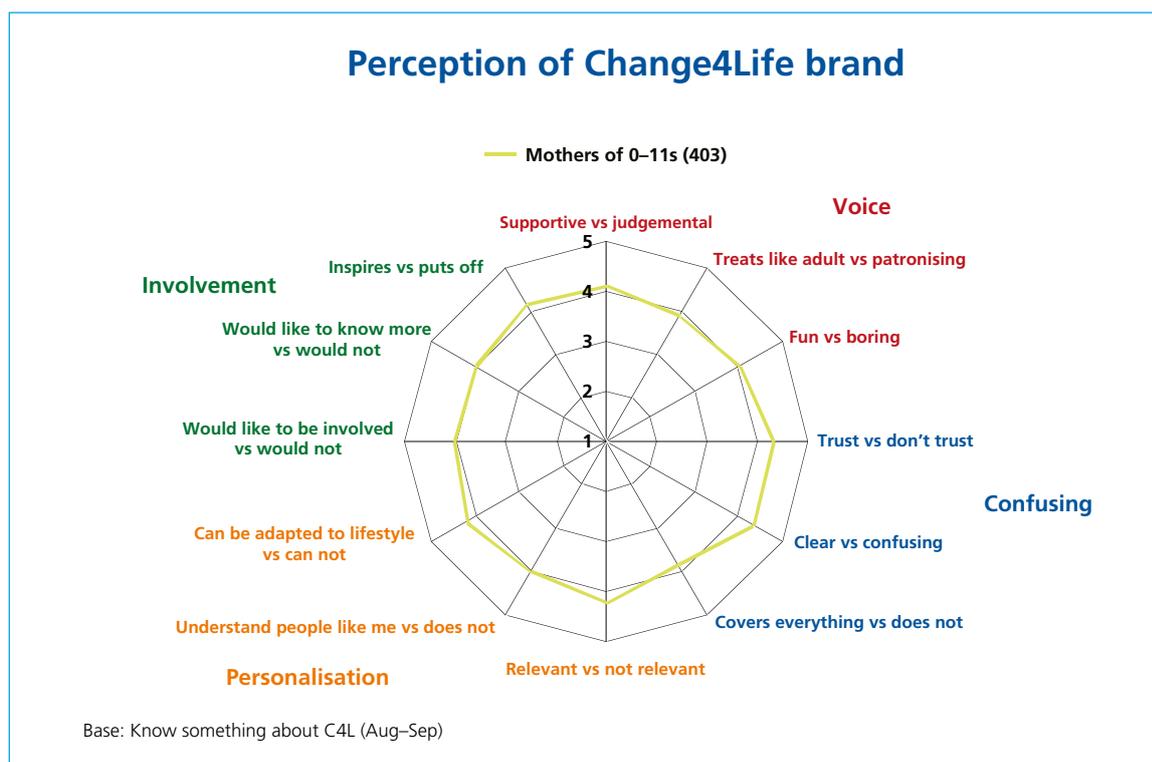
Such a high figure for logo awareness suggests that Change4Life is operating in a different way to other government brands: rather than simply 'kitemarking' information, it is acting like a commercial brand, with values that people can buy into and with which they can identify.

This is underlined by the scores on 'brand metrics' (questions that show how people feel about a brand), which show a high level of affinity between the public and Change4Life.

The chart opposite shows data on a five point scale, where a score of 5 would be the most positive score possible (i.e. if all 403 people chose the positive attribute for that measure) and 1 would be the most negative.¹¹

11 Source: BMRB tracking study

The brand is extremely strong on all dimensions, most especially being clear, trusted, relevant, adaptable to lifestyle and supportive not judgemental.



3.2 Targets for engagement

In the first 12 months 413,466¹² families joined Change4Life – that is they registered their details by telephone, post or on the website.

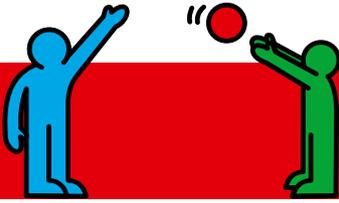
In England, 346,609¹³ families sent in *How are the Kids?* questionnaires, of whom 288,487 (85%) provided enough information for us to provide them with a personalised response. Even though *How are the Kids?* is no longer 'live' or being promoted, responses continue to come in at average of over 200 per day.

Some 200,000 at-risk families were included in the postal (and more expensive) version of the customer relationship management (CRM) programme, which comprised four separate packs of additional information and resources (see Section 4). A further 90,000 people received a lower-cost electronic version of the CRM programme.

We had set a target of 33,333 families entering the CRM programme to still be interacting with Change4Life after at least six months. In order to measure continued interaction, we put coupons into the CRM packs to incentivise a response (e.g. 'send this back to receive a free ringbinder'). While response does not in any way signal

12 Source: Data Lateral

13 Source: Data Lateral



behaviour change, it does prove that the packs were opened, read and that the recipients were sufficiently interested to interact further with Change4Life. The second CRM pack (sent out at least six months after people joined Change4Life) received over 44,833 responses.

Counting all postal, online, face-to-face and telephone responses, Change4Life generated 1,992,456 responses, exceeding the target of 1.5 million.

These figures are impressive. Independent audits by COI concluded that Change4Life:

- had the fastest awareness build of any government campaign that they had ever monitored; and
- had (in *How are the Kids?*) the most efficient engagement tool in the COI Artemis database.¹⁴

3.3 Achievement against targets: summary table

	Year one Target	Year one Achievement
Reach (% of all mothers with children under 11 who had an opportunity to see the advertising campaign)	99%	99%
Awareness (% of all mothers with children under 11 who recalled seeing the Change4Life advertising)	82%	87%*
Logo recognition (% of all mothers with children under 11 who recognised the Change4Life logo)	44%	88%*
Response to <i>How are the Kids?</i> (total number of questionnaires returned electronically, by post or from face-to-face marketing)	100,000	346,609
Total responses (including website visits, telephone calls, returned questionnaires)	1,500,000	1,992,456
Sign-up (total number of families who joined Change4Life)	200,000	413,466
Sustained interest (total number of families who were proven to still be interacting with Change4Life six months after joining)	33,333	44,833

* Where the figure fluctuates month by month, the highest figure achieved is given; final figures for December were 77% for advertising awareness and 87% for logo recognition.

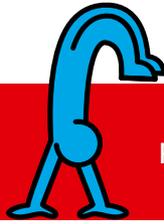
¹⁴ COI Artemis currently contains data for 54 campaigns across a variety of government departments, enabling comparisons to be made in terms of efficiency and effectiveness

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4. PERFORMANCE OF INDIVIDUAL STAGES OF THE CAMPAIGN

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The staging and shape of the year one activity was based on a hypothetical model of behaviour change. In developing this model, we drew heavily on the academic literature around behaviour change, on previous behaviour change programmes (particularly tobacco control) and on other interventions (often smaller scale, face-to-face programmes) that had successfully changed behaviours.

This model assumed that, for behaviour change to happen on any significant scale, people would first need to:

- be concerned that weight gain could have health consequences;
- recognise that their families were at risk and take responsibility for reducing that risk;
- know what they needed to do to change; and
- believe that change was possible.

Then people would need to:

- try new behaviours; and
- embed these behaviours into their daily routines so that they became habits.

This led to a working hypothesis for how behaviour change might be created, which looked like this:



It was always recognised that this model is overly rational and simplistic. We did not expect individual families to travel neatly and sequentially through each stage. Rather we assumed that individual families would move at their own pace, sometimes fast, sometimes slow, sometimes stalling, lapsing or even going backwards for a time. However, it was considered to be a reasonable overview of what might be expected to happen at a population level.

The model also provided a framework for deploying communications activity.

This was aligned into six phases:

- Mobilising the network.
- Reframing the issue.
- Personalising the issue.
- Rooting the behaviours.
- Changing social norms and inspiring trial of new behaviours – ‘we’re in’.
- Supporting change.

The next section of this report considers each of these phases and explores how well they met their individual objectives.

4.1 Mobilising the network

'Mobilising the network' started in 2008, before any direct communication to the public. The aim of this phase was to ensure that, when the public did attempt to change behaviours, it met an informed and supportive local environment.

An enormous amount of work was done in this stage by local authorities, primary care trusts, strategic health authorities, the government offices in the regions and commercial and NGO partners to prepare for the public launch.

The scope and scale of partnership working that has been achieved is unprecedented, and we worked with representatives from across the network to develop a governance framework and campaign guidance to ensure best practice (full details in Annex 3).

This phase of activity has not been time-limited. Harnessing the strength and creativity of everyone from national partners to local people is part of the creation of a broader movement, and is continuing.

4.1.1 Local supporters

In the context of Change4Life, a 'local supporter' may be someone from the community whose job it is to promote healthy lifestyles or an individual who has influence with our target audience (such as a member of a community-minded voluntary group, club or registered charity). What distinguishes them is that they are willing to do more than help their own families; they are willing to help others.

At launch, there were about 8,000 individuals signed up as local Change4Life supporters. By the end of 2009, there were over 25,000.

Our initial expectation was that local supporters would come primarily from the voluntary sector and from community-minded individuals, many of them parents themselves. Analysis of the local supporter database taught us that (among those who have given us their occupation) 70% are public sector workers, the largest single group (nearly 4,000 people) working in local authorities. While this is not altogether surprising (there is evidence that public sector workers are more community-minded than the general population¹⁵) it is a reminder that Change4Life is a movement not just of parents but of the people those parents look to and trust, many of whom have a pre-existing professional interest in obesity prevention.

15 See, for example: 'The Economics of Public Sector Motivation', Karlsson, Martin, Oxford Policy Institute, March 2008



Quantitative research¹⁶ ($n=500$) with local supporters showed that the most common way in which they had promoted Change4Life was by facilitating conversations with people about healthy weight, eating well and moving more (75% of respondents said that they had done this), the next closest being displaying or giving out Change4Life leaflets (68%) and putting up Change4Life posters (67%). As many as 23% of local supporters reported that they had already spoken to more than a hundred people about Change4Life. By multiplying the mean number of people that those local supporters who were surveyed said they had spoken to by the total number of local supporters, Continental Research calculated that the 25,000 local supporters have already spoken to over 1 million people about Change4Life.

Asked whether they intended to sustain their involvement with Change4Life in the next year, only 5% of local supporters said that their involvement would decrease; 44% said they expected their involvement to increase and 51% said it would stay the same.

Local supporter case study: Wayne Carter at Bolsover District Council

Wayne Carter works for Bolsover District Council in Derbyshire and runs the Five 60 scheme, which aims to increase consumption of fruit and vegetables and the proportion of children doing sixty minutes of activity per day.

In the scheme, children and their families record their activity levels and consumption of fruit and vegetables over a 12 week period. For every three weeks completed, the family receive an 'exercise cheque', allowing the whole family to take part in a free exercise session at the district council's leisure facilities.

When Change4Life launched, Wayne registered as a local supporter as he felt that linking to the campaign and using the logo was a way to enhance his activity. He used the logo to reinforce the Five 60 promotional materials and ordered Change4Life materials to give to pupils.

Wayne said 'Change4Life helped to raise awareness of the need to tackle obesity. You saw the campaign everywhere: on the telly, in supermarkets, in the community, and I wanted to make the most of linking to it.'

4.1.2 Workforces

We targeted the health and schools workforces as routes in to our families, and designed resources for use both by healthcare professionals and by schools.

To tell workforces that Change4Life was coming, the Chief Medical Officer wrote to every general practice, the Chief Nursing Officer wrote to every nurse and the

Secretary of State for Children, School and Families wrote to every head teacher, urging them to lend their support to the movement.

Materials sent to healthcare professionals



Note: Messaging to NHS workforces does use the word 'obesity' and features the NHS logo (in contrast to public-facing communication, which does not).

Healthcare professionals ordered over 6 million Change4Life materials.

A quantitative survey ($n=251$) of general practitioners, practice nurses and practice managers, conducted in June and July 2009, showed that the majority were aware of Change4Life and approved of its aims:

- 72% were aware of Change4Life.
- 87% said that they supported the idea of using government money on a campaign to prevent childhood obesity.
- 84% agreed with the statement 'the prevention of people becoming overweight or obese is part of my role'.¹⁷

Qualitative research with healthcare professionals who were using the materials showed that they found them useful as a 'conversation-starter'. The scale and mass

17 GFK Quantitative Research with healthcare professionals, 2009



appeal of the campaign makes it easier to bring up the subject of diet and physical activity, as this quote illustrates:

'The materials are easy to use for our client group, because literacy rates are quite low. It's a very good tool to have a conversation.' (Practice nurse)¹⁸

How are the Kids? questionnaires were delivered to schools with their free fruit and vegetables. This delivery mechanism was the single largest driver of response to *How are the Kids?* delivering a total of 53,091 returned surveys to Change4Life.^{19,20}

In addition, Change4Life branding appeared on healthy school food menus. Change4Life lessons and assemblies took place. We also heard about schools harnessing the creativity of children themselves, writing plays, music and lyrics in support of Change4Life.

The Sat Fat Rap, composed by the pupils at Shotton Hall School, Peterlee

sat fat rap

Chorus

It's the sat fat rap
It's the sat fat rap
It's the sat
It's the sat
It's the sat fat rap
It's the sat fat rap
It's the sat
It's the sat
It's the sat fat rap

Verse

loads of vegetables here and there
with a bit of fish and chips in all the way they
then they get there I know you say
it got there in one of those many ways
burgers, chips, kebabs and fries
Toggs, crisps, pasties and pies
I don't really wanna change my heart
But it's hard to stop an ego's shoulder's hard

Chorus

I decided to cut out the sweets
I went back super fit to super slim
I jumped on the scales and all as they broke
I said hey now do get some more at home
But started jiggling and eating a lot
I started taking fruit to the classroom again
This is all to reduce the size of my belly
Instead of eating around and watching the belly

Chorus

Then I went down the shop and he did about
I went back and got chocolate and
It's big high from the rubbish that you eat
You eat the sat fat and do not cheat
If you do well get me a gift
You say to me get fat by teenage self
I need to be a big child designer
But now we get require to of by eating the same

Chorus and Verse

Ways in which we will be working more closely with healthcare professionals and schools will be explored in Section 7.

18 GfK Qualitative Research with healthcare professionals, 2009

19 Source: COI Artemis/Data Lateral

20 Approximately 2 million questionnaires were sent to schools, although since they were unsolicited, we do not know how many were given to children. Even if all were distributed, this represents a response rate of 2.5%, which is extremely high for direct marketing

4.1.3 Non-governmental organisations

At the launch of Change4Life, it was important that there was a consistent message about the health consequences of obesity and that this message was delivered not only by Change4Life but also by other trusted voices.

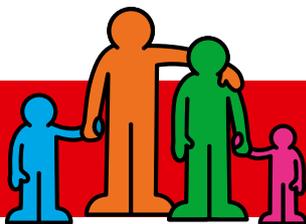
For this reason we asked three of the main health charities – Cancer Research UK, the British Heart Foundation and Diabetes UK – to run their own campaign in support of Change4Life, using the same language and making the same key arguments ('nine out of ten of our children could grow up to have dangerous amounts of fat build up in their bodies' and 'children would be more likely to get type 2 diabetes, heart disease and cancer and could even have their lives cut short') as were made in the government campaign.

The charities produced this campaign in women's magazines:



This was the first time these three charities had come together to campaign on a single issue and we believe it contributed to the success of the 'Reframing the issue' phase of the campaign. The tracking study indicates that 23% of mothers recalled seeing the the campaign in March.

In addition, we also work closely with other non-governmental organisations (NGOs) such as Living Streets, Sustrans and Natural England, who also have an interest in promoting physical activity.



4.1.4 Commercial partners

We chose to work with commercial partners to deliver the Change4Life messages, not for their financial might but because of the close relationships that they have with the public and their proximity to the point of purchase and consumption, particularly of food products.

All national partners (including commercial partners) must agree to abide by the Change4Life terms of engagement and all applications for partner activity must be approved by the Department of Health. We estimate the value of the media already delivered (or committed to be spent by April 2010) by commercial partners as £7.5 million.

At the stakeholder launch, there were seven commercial organisations that had signed the Change4Life terms of engagement and made pledges to support the campaign. These seven were:

- Tesco
- Asda
- Association of Convenience Stores
- Pepsico
- Kellogg's
- Fitness Industry Association
- ITV.

In addition, the Advertising Association had pledged to put together a consortium that would deliver £200 million of media value (over four years) to the campaign.

At the time of writing, there are 183 national organisations, most of them commercial sector, signed up to Change4Life, 50 of whom are already delivering against their pledges.

We estimate the value of the media already delivered (or committed to be spent by February 2010) by partners to be £9 million,²¹ with much more already pledged for future delivery.

Activity included providing lower-cost fruit and vegetables (by, among others, Tesco), promoting Change4Life in-store (for example the Co-operative produced till screen advertising), selling 70,000 family bikes at cost (Asda), sponsoring the London Marathon as the Flora Change4Life London Marathon (Unilever), funding breakfast

²¹ Advertising Equivalent Value to April 2010 forecast by Manning Gottlieb OMD. At time of writing this is being independently audited

clubs (Kellogg's, working with the charity ContinYou), funding free swimming for all customers (British Gas), producing and airing prime time television programming that showed how people could make changes to their lives (ITV's *The Feelgood Factor*), advertising active games (Nintendo Wii) and promoting the Change4Life sub-brands (for example PepsiCo's support for Play4Life).

Full details of all commercial partner activity can be found at www.nhs/change4life/pages/partners.



The public are already noticing the impact of the partnerships. In the latest period of the tracking study, 29% of mothers could spontaneously name at least one Change4Life national partner.

Case study: Fitness Industry Association and MoreActive4Life

The Fitness Industry Association represents both private sector and local authority fitness venues.

It was one of the original Change4Life partners and has committed to a three year plan of support under the MoreActive4Life sub-brand.

The first phase of activity, during the summer of 2009, saw over 200,000 people take part in 'taster sessions' (opportunities to try new activities for free) at 1,100 participating venues.

Participants filled out questionnaires to assess their FIA 'Healthy Living Index', which combines self-reported data on activity, diet, general lifestyle and emotional well-being.

Data collected by the FIA indicate that 80% of those taking part had a starting Healthy Living Index of average or below average and that participants improved their HLI by 20% over six weeks.

The FIA will launch the second stage of its MoreActive4Life campaign in 2010. The FIA has worked in partnership with MEND²¹ to develop a brief behavioural intervention specifically designed to enable the health and fitness sector to proactively target sedentary people. This combines evidence-based behaviour change techniques with nutrition education and varied forms of graded physical activity.

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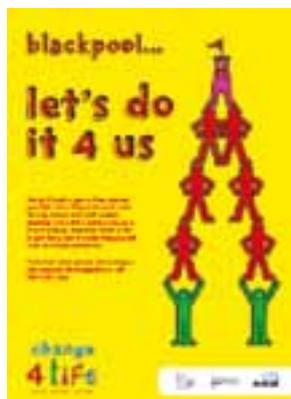
22 MEND is a social enterprise dedicated to reducing global overweight and obesity levels. MEND stands for Mind Exercise Nutrition... Do it!

4.1.5 Local and regional partners

Change4Life created assets that could be taken and adapted by the local and regional NHS and by local partners.

Uptake of these assets has been high. The flexibility of the assets has enabled local areas to create new products that address local issues and make the best use of local knowledge.

Change4Life in Blackpool



Change4Life in East Lancashire



In addition to the activity that regions paid for themselves, a fund of £1 million was set aside from the central money and regions were invited to submit bids for this via their strategic health authority (SHA). All submissions needed to propose a marketing or communications initiative within Change4Life that was specific to a local need or circumstance. Bids were co-signed by the SHA communications director and the regional director of public health.

Eight awards were made from this fund and the table below gives examples of the activities that were organised as a result of this financial support.

North East	A Change4Life play (developed in partnership with Shotton Hall School community arts team in Peterlee); a Change4Life comic (distributed to primary schools, doctor's waiting rooms and children's hospital wards in the region); sponsorship of regional events (including regional Cancer Research Race for Life events and TESCO Great School Run); a Change4Life art project (working with The Baltic in Gateshead to develop a school arts project focusing on 'what Change4Life means to me')
North West	Change4Life 'Down Your Street' events (a radio partnership between Greater Manchester Public Health Network and Manchester Key 103 and a Change4Life radio awareness campaign plus a radio partnership with CFM Radio in Cumbria)
Yorkshire and the Humber	Change4Life was the headline sponsor at the Countryside Live event; in addition, dance was promoted via youth dance hubs
East of England	A regional communications campaign and a cookery theatre at the Royal Norfolk Show
London	A Change4Life branded marquee at major community festivals over the summer
South East Coast	A Change4Life/Bike4Life event stand at the South of England Show. The NHS South East Coast Best of Health Awards conference (promoting Change4Life to NHS Colleagues); the launch of an Eat Out Eat Well Award, and a dance promotion campaign across Kent in association with ActivKent and Kent County Council
South Central	A catalogue of Change4Life branded items (such as lunchboxes, aprons, cycling bands and pedometers), a Change4Life image library (to provide a free resource for all local supporters)
South West	A series of highly targeted events focusing on signing up priority cluster families to Change4Life and to sign-post them to Change4Life activities/partners in their area; a communications campaign focusing on healthy fruit and vegetable displays in the independent retail and community food sectors

During October 2009, we asked the British Market Research Bureau (BMRB) to conduct a local audit to assess how much Change4Life material (excluding the mass media campaign) was visible at a local level. Staff visited 400 venues (general practices, pharmacies, hospitals, primary schools, children's centres, nurseries, children's play centres, leisure centres, libraries and town/village halls) chosen for their proximity to 50 randomly generated postcodes throughout England. Staff recorded

any non-paid-for materials visible within the community. The auditors were able to see Change4Life materials on display in 27% of all venues. Change4Life was most visible in general practices (40%), children's centres and leisure centres (36% each), children's play centres (33%) and primary schools (32%). The researchers also interviewed staff and asked whether there were any materials on display in areas of the venue that they were not able to visit (such as changing rooms) and whether materials had previously been on display but had since been taken down. Taking into account these responses, 44% of venues have displayed Change4Life materials at some point.

There was some regional variance in the amount of material on display. Since the tracking study was conducted in the same randomly generated postcodes, BMRB were able to map the observed data back to the tracking study to assess whether a high level of community-sponsored material correlated to increased levels of awareness and knowledge of Change4Life. The analysis showed no statistical difference in the levels of awareness of Change4Life between areas that had high or low levels of community-sponsored materials (which is unsurprising since these measures are close to saturation levels and are driven by mass media). However, there were significant differences in responses to two questions. People who lived in areas that had high levels of community-sponsored communications were significantly more likely to say that they *knew a lot about Change4Life* (17% vs 3%)²³ and to say that they *had passed Change4Life information on to families and friends* (21% vs 8%).

4.2 Reframing the issue

The first stage of the public campaign set out to reframe obesity from a cosmetic to a health issue.

The campaign launched with television advertising supported by a website and a customer information line.

While the paid-for advertising was substantial, the launch also generated significant free publicity. An independent audit²⁴ showed that, by the end of February, 1,317 separate articles had been written about Change4Life, 95% of which were positive. The auditors placed a value on this coverage of £12,457,572.

23 TNS BMRB October 2009

24 Metrica, 2009

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The advertising reached 99% of the target audience during the launch phase and was recalled by 87% of mothers.

It also succeeded in helping parents make the link between the behaviours that cause excess weight gain and poor health outcomes, for example:

- 85% of mothers agreed that the Change4Life advertising 'made me think about my children's health in the long term';
- 81% agreed it 'made me think about the link between eating healthily and disease'; and
- 83% agreed that it 'made me think about the link between physical activity and disease'.

Awareness of the link between behaviour and poor health outcomes also increased.²⁵

²⁵ Source: BMRB tracking study. Q1 (Jan-March) data are compared with the baselines as March marked the close of the 'Reframing the issue' phase

	Food that children eat now could affect their chances of developing...		Physical activity that children do now could affect their chances of developing...	
	Pre stage %	Q1 %	Pre stage %	Q1 %
Diabetes	48	55	29	39
Cancer	24	29	19	25
Heart disease	52	57	42	48

(Note: bold type indicates that the change is statistically significant.)

4.3 Personalising the issue

The 'Personalising the issue' phase was designed to help people recognise that their own families may need to change their current behaviours.

The main marketing mechanic for this phase was the *How are the Kids?* questionnaire on children's diet and activity. *How are the Kids?* was positioned as an opportunity to see how modern life was affecting the individual's family and to start a dialogue with Change4Life. It was not designed to be a scientific study but to generate engagement with our target audience.

The *How are the Kids?* questions were constructed around the eight desired behaviours and were designed to encourage the reader to re-evaluate their children's performance against these behaviours – to make the issue personal.²⁶

***How are the Kids?* schools pack**



²⁶ *How are the Kids?* was a means of encouraging participation and not a risk-profiling tool. While the programme generated a vast amount of data, we recognise that it is not an accurate picture of what people are really doing

The survey was available both online and on paper, and was 'door-dropped' directly to high-risk cluster areas, delivered face to face via field marketing, supported with direct response television, made available in doctors' surgeries, pharmacies and post offices, distributed as loose inserts in women's magazines and posted as an online version on the website.

Those who responded received a review of how they scored against the relevant questions, with tailored recommendations for each child.

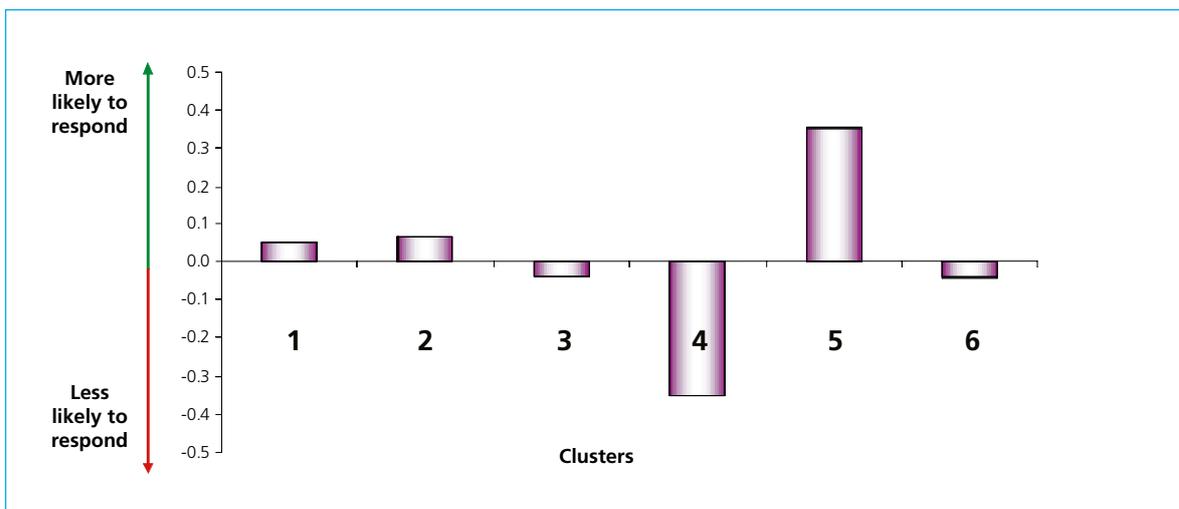
***How are the Kids?* action plan**

We had been set a target for 100,000 responses to *How are the Kids?*

In the event, 346,609²⁷ families in England sent in *How are the Kids?* questionnaires, of whom 288,487 (85%) provided enough information for us to provide them with a personalised response. Even though *How are the Kids?* is no longer 'live' or being promoted, responses continue to come in at an average of 200 per day.

The success of the *How are the Kids?* initiative was recognised at the Direct Marketing Awards, where the campaign was awarded the gold for the best customer acquisition campaign, the gold for best launch campaign, the silver for best direct response print advertising, and three bronze awards (best use of door drops, best use of field marketing and best use of email marketing).²⁸

Response to *How are the Kids?* was higher among at-risk segments, particularly the lower income segments (1, 2 and 5), confirming that Change4Life is engaging the right target audiences and not just reaching already healthy, affluent households (segments 4 and 6).²⁹



27 Source: Data Lateral

28 Entries available to read at www.dmaawards.org.uk

29 Source: COI Artemis

4.4 Rooting the behaviours

Achieving and maintaining a healthy weight requires that parents help their children to:

- reduce their intake of fat, particularly saturated fat;
- reduce their intake of added sugar;
- control portion size;
- eat at least five portions of fruit and vegetables per day;
- establish three regular mealtimes each day;
- reduce the number of snacks they eat;
- do at least 60 minutes of moderate-intensity activity per day; and
- reduce time spent in sedentary activity.

Prior to the launch of Change4Life, only one of these (eat at least five portions of fruit and vegetables per day) had any real traction with the public (via the 5 A Day initiative). DH set its agencies the challenge of developing seven new vivid descriptors for the remaining behaviours. The descriptors they generated were:

- Cut Back Fat
- Sugar Swaps
- Me Size Meals
- Meal Time
- Snack Check
- 60 Active Minutes
- Up And About.

The eight behaviours were initially promoted to the public via a wall chart and by interactive tools on the Change4Life website.

Online 'What's for Breakfast?' tool, supporting the Meal Time behaviour:

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In addition, three television commercials were made. The first supported Me Size Meals; the second 60 Active Minutes and the third supported Snack Check and Sugar Swaps. For the third, a 'Snack Swapper' tool was developed and distributed via schools, media partners and through the helpline.

There have been encouraging increases in awareness of the eight behaviours:

Behaviour	January 2009 (327) %	October–December 2009 (823) %
5 A Day	80	73
Sugar Swaps	6	26
Me Size Meals	4	36
Snack Check	5	15
Cut Back Fat	14	21
Meal Time	5	14
60 Active Minutes	8	26
Up And About	9	13

Source: BMRB Tracking Study

The significant increases are in those behaviours – Me Size Meals and 60 Active Minutes, Sugar Swap and Snack Check – that have featured in the television advertising, although the trend is positive in most cases.

There is a decline in awareness of the 5 A Day behaviour. We will continue to monitor awareness of this behaviour, to assess whether it needs more support.

Further analysis of the Me Size Meals behaviour is included in Section 6.

4.5 Changing social norms and inspiring trial of new behaviours – ‘we’re in’

It can be difficult for people to try something new. We know that for people to move from the intention to change to actually changing their behaviour, they need to believe that change is both possible (i.e. believe in their own ability to change) and normal (i.e. believe that people like them are already making changes).

The ‘We’re in’ phase of the campaign seeks to normalise the desired behaviours by providing proof that other people are already changing. It also aims to inspire people to try new behaviours by providing incentives and trial opportunities.

4.5.1 Regional press partnership

The objective for regional press was to target at-risk areas and showcase stories of Change4Life making an impact at a community level. Regional press was used to generate stories and images of families as they were making their own changes, with an aim of creating a virtuous circle of normalisation.

Amra, which represents over 190 regional newspapers, was chosen for this activity.

Amra used locally sourced case study material to showcase local activity and reported on upcoming and relevant events which fitted the Change4Life movement.

Example of the Amra sponsorship: the *Crewe Chronicle*

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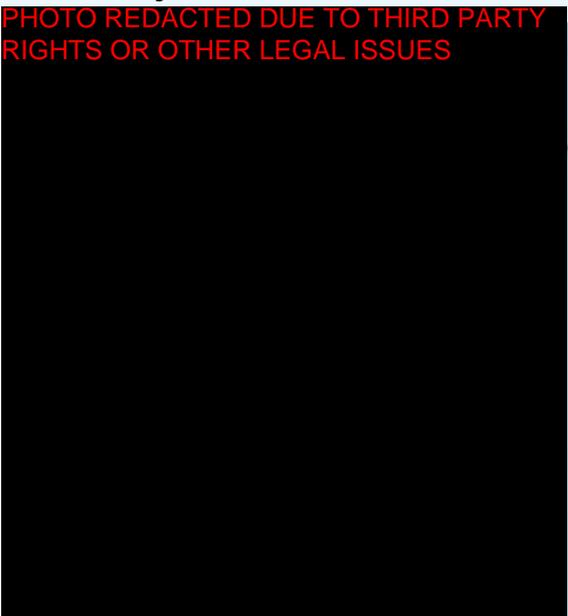
The activity ran from w/c 29 June to w/c 21 September. We are currently working with Amra to evaluate this activity.

4.5.2 Other local activity

Local activity also contributed to the 'We're in' phase.

Case study: Greater Manchester takes Change4Life 'Down Your Street'

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In the summer of 2009, the Greater Manchester Public Health Network partnered with Key 103 (Manchester's music radio station), Greater Manchester Fire and Rescue and Greater Manchester DriveSafe to deliver a series of community-based street parties. Key 103 asked listeners to send in their stories about why they thought Key 103 should come down their street. Streets were chosen in areas with high levels of deprivation and high numbers of children under 11 years old.

During the lead up to the parties, the Key 103 media van visited all 10 Greater Manchester boroughs, with local healthcare professionals and local authority staff on hand. On board the van were a range of Change4Life activities for the community to engage with. Over 1,500 people visited the bus and podcasts were created at each site to allow a wider public to be engaged.

Four street parties were held in: Harpurhey (Manchester), Curzon Green (Stockport), Stalybridge (Tameside) and Carmine Fold (Middleton). Celebrities (Peter Andre, Alesha Dixon, Daniel Merriweather, the Noisettes and JLS) attended the parties.

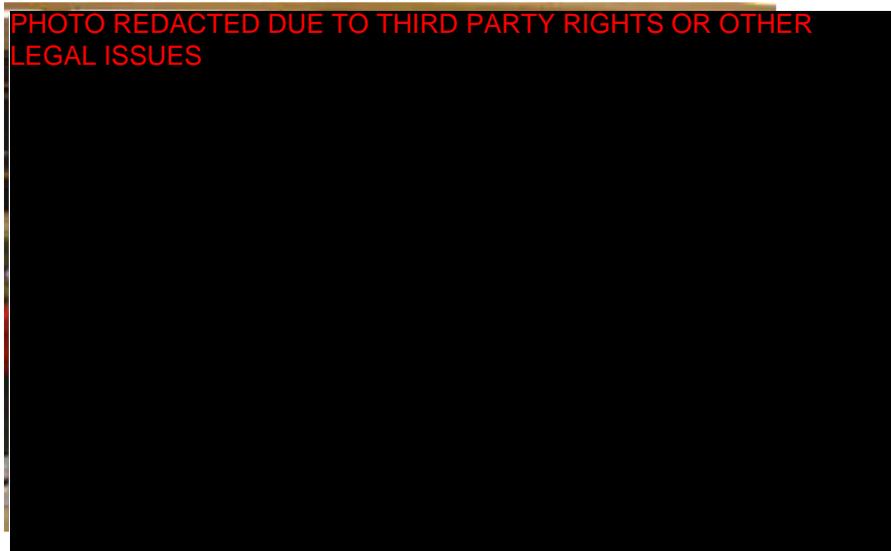
During the street parties 328 people (divided into two samples of adults and children aged 5–12) were interviewed. Of the adults surveyed, 58% said that they had been inspired to make changes within their family as a result of Change4Life. Among children, 65% said that they had been inspired by the campaign.

The campaign website attracted 14,936 unique users with 645 click-throughs to the main Change4Life site.

Across the nine weeks of the campaign, Change4Life was mentioned at least once per hour every day on Key 103 by a presenter or in a promotional trail. Change4Life messages were heard on air by 853,017 adults (36% of the Greater Manchester population) an average of 31 times.

Many NHS, local authority and non-governmental organisation (NGO) partners also organised their own activity; for example Active Luton opened a Change4Life advice centre in the Arndale Centre, which provided advice about diet and activity as well as information about local facilities, such as free women-only swimming classes, to the local community.

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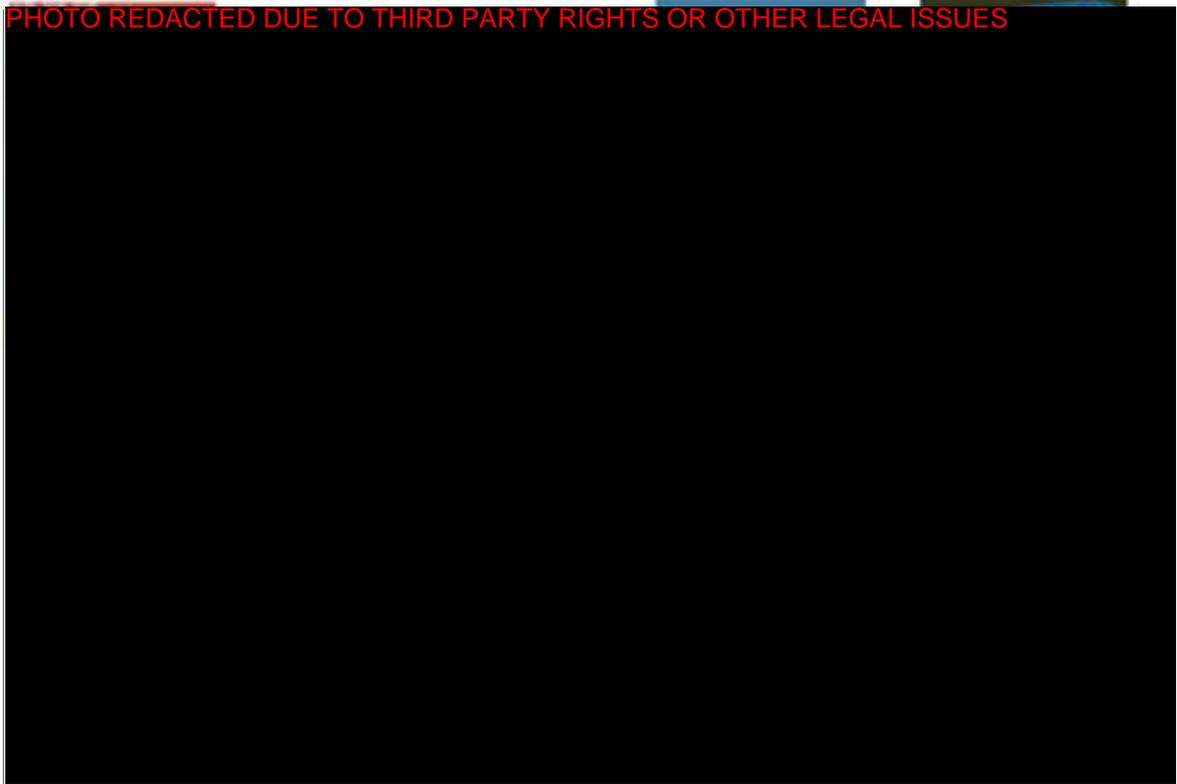
4.5.3 Impact of the sub-brand activity

Commercial partners supported sub-brands, which have provided inspiration and opportunities for people to try new behaviours. For example:

- Bike4Life is supported by Halfords, Sky and Asda (who sold 70,000 bikes at cost as part of its support).
- Breakfast4Life is supported by Kellogg's.
- Play4Life is supported by JJB Sports, Pepsico and Unilever (Flora).

- Swim4Life is supported by Kellogg's and British Gas (which offered a free swim to all its customers).

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Across government, the Department for Children, Schools and Families campaigned around Play4Life; the Department for Culture, Media and Sport (DCMS) promoted the cross-government free swimming offer as Swim4Life; the Department for Transport took up both Bike4Life and Walk4Life as part of its sustainable transport policy; Defra promoted intergenerational conservation volunteering as MuckIn4Life; and the Food Standards Agency aligned its Eat Well programme as EatWell4Life. By April 2009, £1.5 million had been spent on the campaign by other government departments.³⁰ This was early in the campaign and we hope to repeat this analysis so that we continue to monitor cross-government support as it builds.

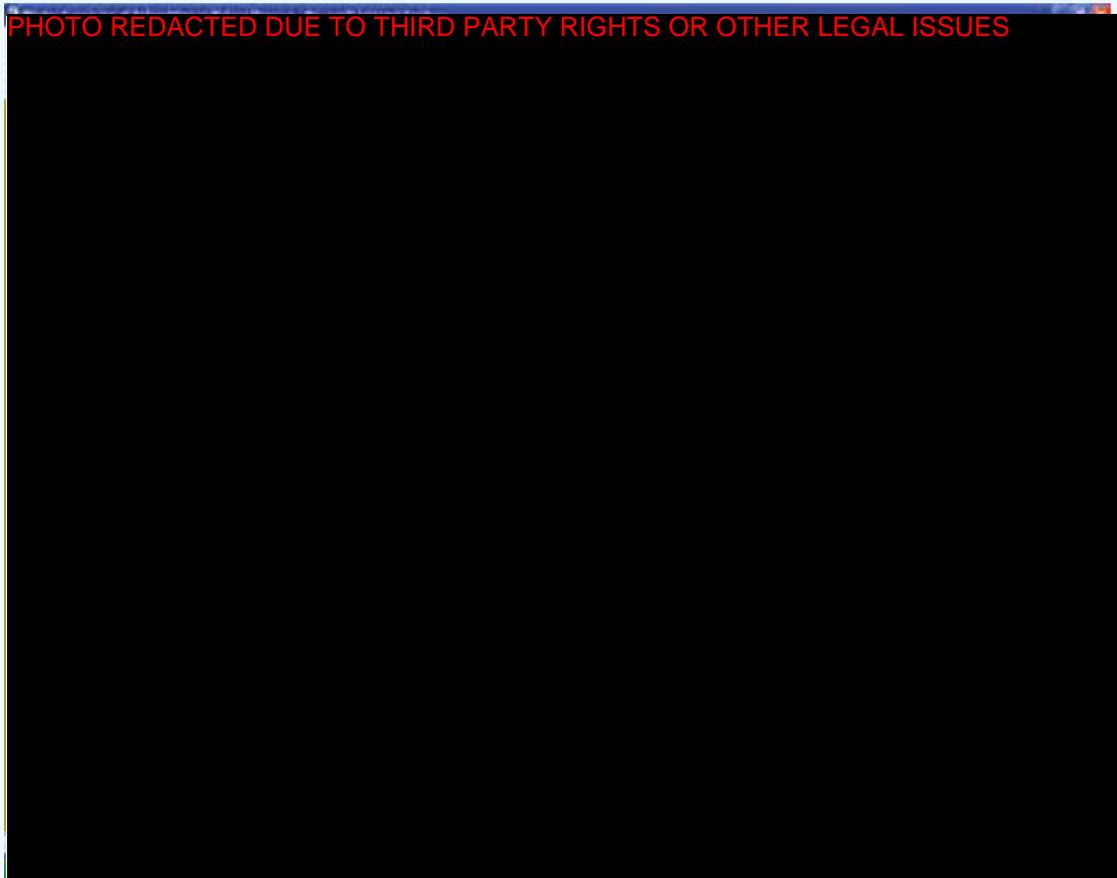
³⁰ Advertising equivalent value calculated by Manning Gottlibe OMD

Case study: Defra and MuckIn4Life

The MuckIn4Life brand was developed with Defra to support its conservation volunteering agenda.

MuckIn4Life aims to help people have fun and be healthy whilst taking part in free environmental activities for all the family.

The Muckin4Life website



Independent research conducted for Defra²⁹ at the events found that:

- 94% of those who visited the MuckIn4Life stand said that they would be more likely to spend more time outside in green spaces in future;
- 86% agreed with the statement 'I now have more ideas of how to get the children involved in environmental activity'; and
- 32% said they were likely (11% said very likely) to volunteer for a conservation/environmental project.

Beyond central government departments, there was also enthusiasm for the sub-brands. Forty-five applications were made to create sub-brands, with 16 (including ideas as diverse as Hula4Life and Skip4Life) created to date.

Case study: Manchester and Points4Life

In November 2008, Manchester was successful in its bid for funding from the Healthy Community Challenge Fund to become a Healthy Town.

Points4Life will launch in Manchester in the summer of 2010. It is an innovative approach that seeks to make activity and healthier food choices easier for the local community.

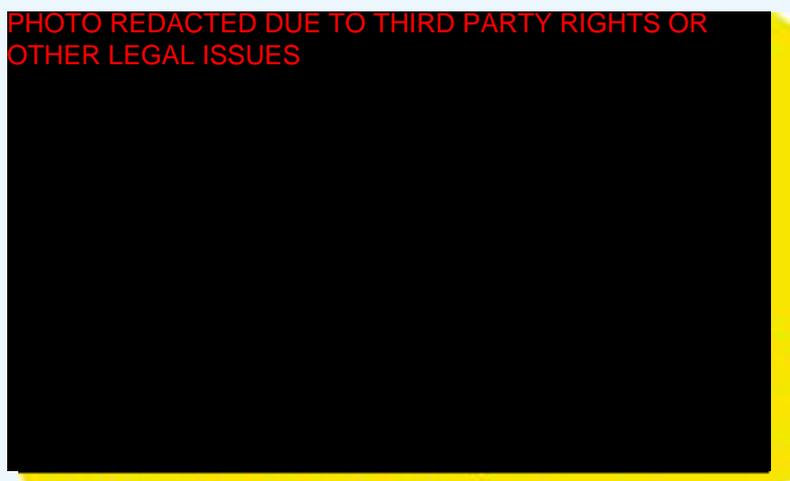
Developed by NHS Manchester and Manchester City Council, Points4Life is the world's first citywide wellness incentive programme, rewarding people for making healthy and active choices.

Members earn Points4Life when they buy healthy food through partner retailers and by participating in physical activity with a range of partner organisations.

The rewards depend on the number of Points4Life earned, with a range of rewards such as leisure and entertainment experiences, gadgets and money-off vouchers, as well as chances to win money-can't-buy prizes.

Members who reach their Points4Life goals – representing achievable steps towards a healthier lifestyle – qualify for bigger rewards.

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To facilitate uptake of the sub-brands, a number of toolkits were provided to enable local service providers to promote sub-brands and, where appropriate, run associated events. Independent research with local supporters found that the most-used toolkits so far are Walk4Life (with 25% of local supporters claiming to have used it) and Breakfast4Life (20%).³²

32 Continental Research, December 2009

Case study: Swim4Life

In qualitative research³¹ with our target audiences, mothers reported that their children often wanted to go swimming and that they valued swimming as an important life skill that was also fun to do. However, cost was a significant barrier to participation.

The free swimming programme, launched in April 2009, is a £140 million programme designed to increase participation in swimming in England and lead to subsequent health and economic benefits.

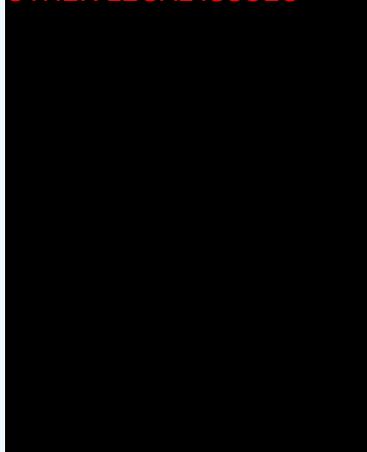
The initiative is based around local authorities providing free swimming for children aged 16 or under and for adults aged 60 or over. Free swimming along with a variety of other initiatives, will contribute to the target set out in the London 2012 Olympic Legacy Action Plan to get 2 million more adults more active by the London 2012 Olympics.

The programme is funded by five government departments: DCMS, DH, DCSF, the Department for Work and Pensions, and Communities and Local Government.

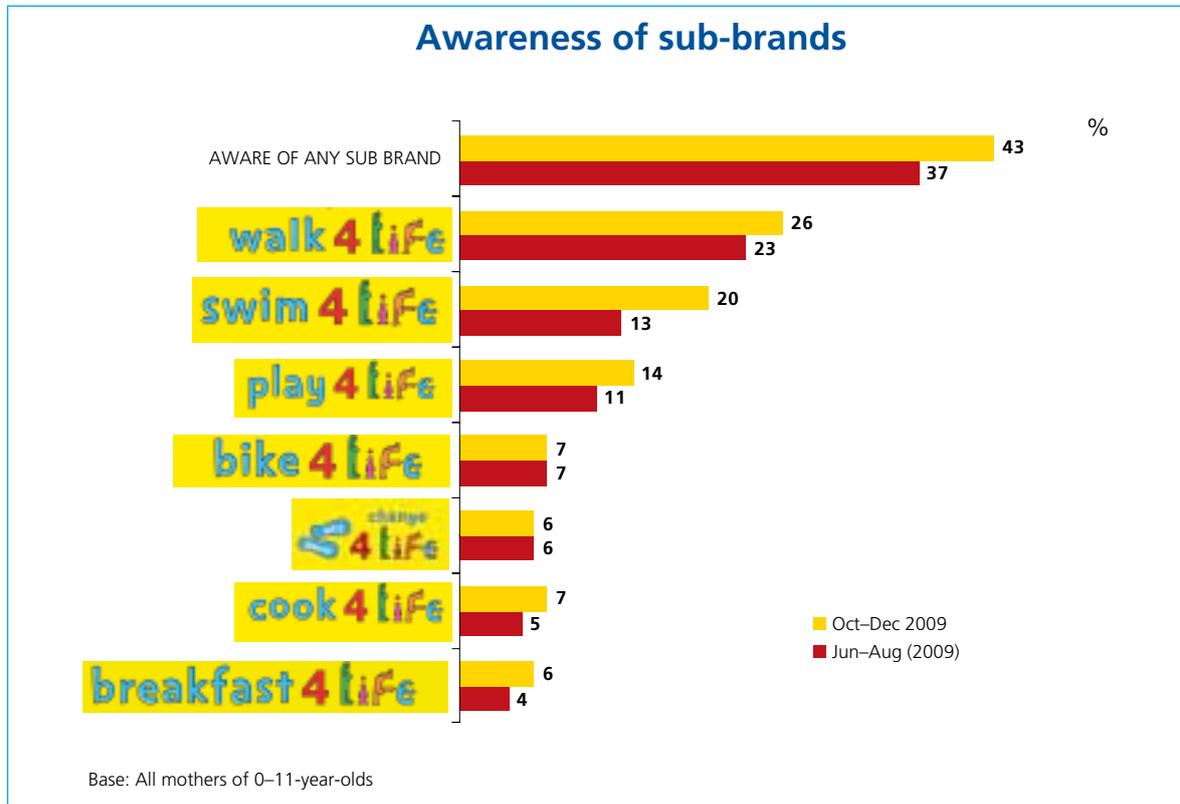
Free swimming is publicised under the Swim4Life sub-brand with a centrally funded poster campaign in participating areas, as well as assets that could be used by local partners. Additional public relations activity has included a competition for children to design a new swimming stroke.

Between April and September, there were over 6.8 million free swims for children under 16 and over 3.5 million free swims for the over-60s.

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Public awareness of the sub-brands grew in consequence of the sub-brand activity.



Recommendations for how the sub-brands will be deployed in future are included in Section 7.

4.6 Supporting change

Change4Life messages and information can be accessed through many different channels. However, we also provided an intensive programme for families who were likely to need most support.

Of the 413,466 families who joined Change4Life, 387,906 (85%) provided contact details and gave us permission to continue sending them further communications.

From among these, we prioritised 200,000 families (using postcodes to determine those households that were most likely to be at risk) to enter a customer relationship management programme, which comprised four separate packs of information and resources, designed around the calendar of family life and delivered to their homes.

In addition, over 90,000 others who had opted in to further communication received an electronic customer relationship management (CRM) programme.

CRM pack 1 ('Your Summer Survival Kit') contained an activity book, the offer of a free ringbinder and either a snakes and ladders game (with dice) or a pedometer (for families with older children).

CRM pack 2 contained three booklets (Me Size Meals, 5 a day and Swaps).

As discussed, we know that at least 44,833 people were opening the packs and reading at least the letter (since they returned a coupon to us).

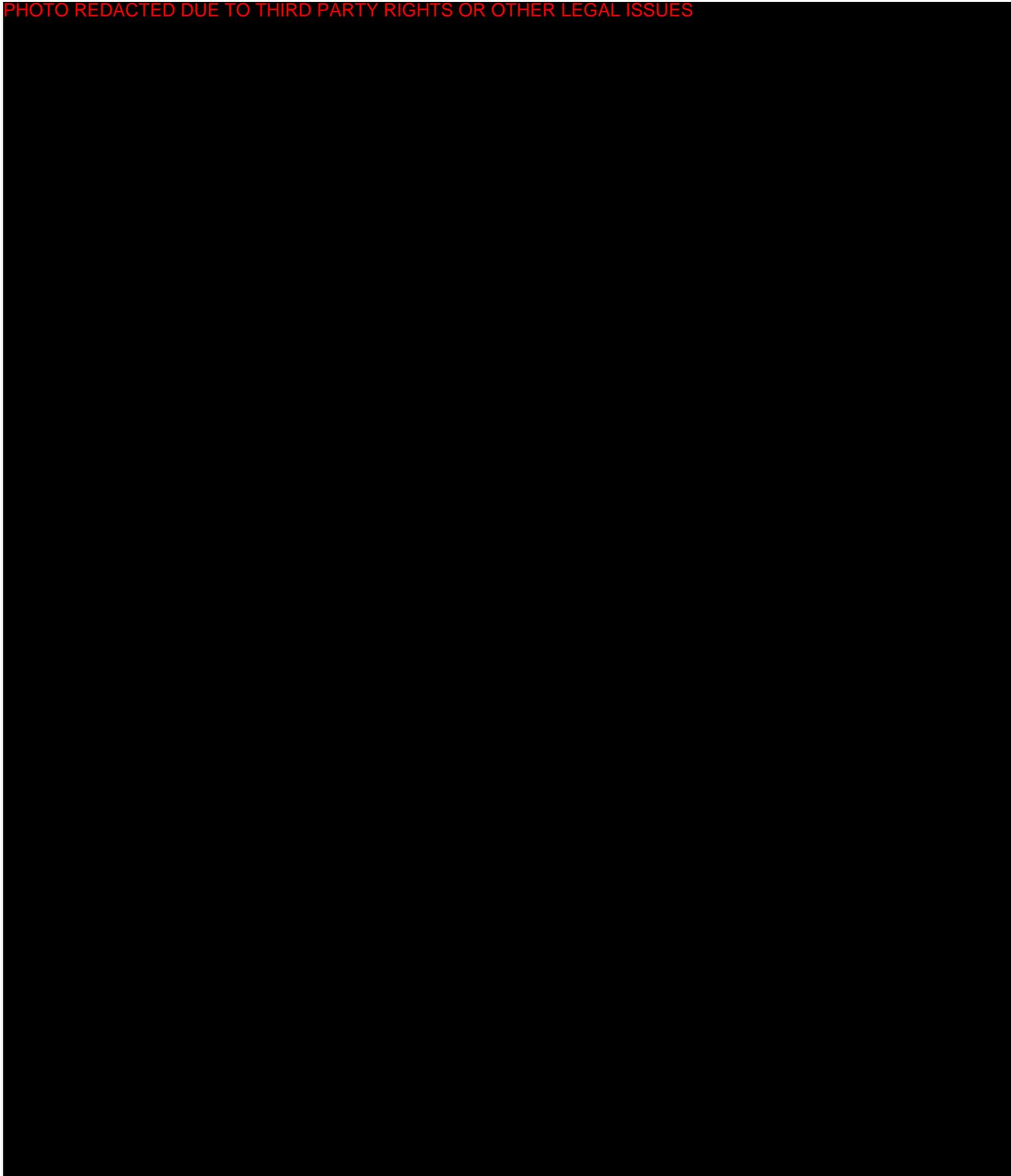
In addition, we asked the people who received CRM2 to tell us whether or not the pack had been useful to them. Analysis of responses from the first 8,000 coupons received shows a high degree of customer satisfaction with the pack.

<i>What do you think of this pack?</i>	4537 (%)
Base: those answering this question	
Brilliant	76
Good	22
OK	2
Not very useful	*

We also asked people for their comments on the Change4Life programme as well as their suggestions for what could be improved. Over 23,000 people hand wrote responses to this question. A selection of their responses is included opposite.

From the 23,000 handwritten responses to the CRM pack

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Outside the CRM programme, we realised that there was considerable appetite among the public for interactive products and tools that would provide stimulus to change their behaviours and would help them track the changes that they were making. For example, we included a response mechanism on the Change4Life 8 Behaviours wall chart that invited people to phone Change4Life if they would like to receive another wall chart. 17,738 people took up this opportunity.

For this reason, we set our agencies the task of creating an integrated communications package around the Snack Check (reducing consumption of unhealthy snacks) and Sugar Swaps (reducing consumption of added sugars) behaviours. This package involved the creation of a product (the 'Snack Swapper'), advertising (a television commercial), public relations (including distribution of the Sugar Swapper in women's magazines), partnership activity (including free distribution through schools and the NHS) and an online version.



Over 2.5 million Snack Swappers were distributed to the public, supplies were exhausted and Snack Swappers gained their own online following through blogs, Facebook and Twitter posts.

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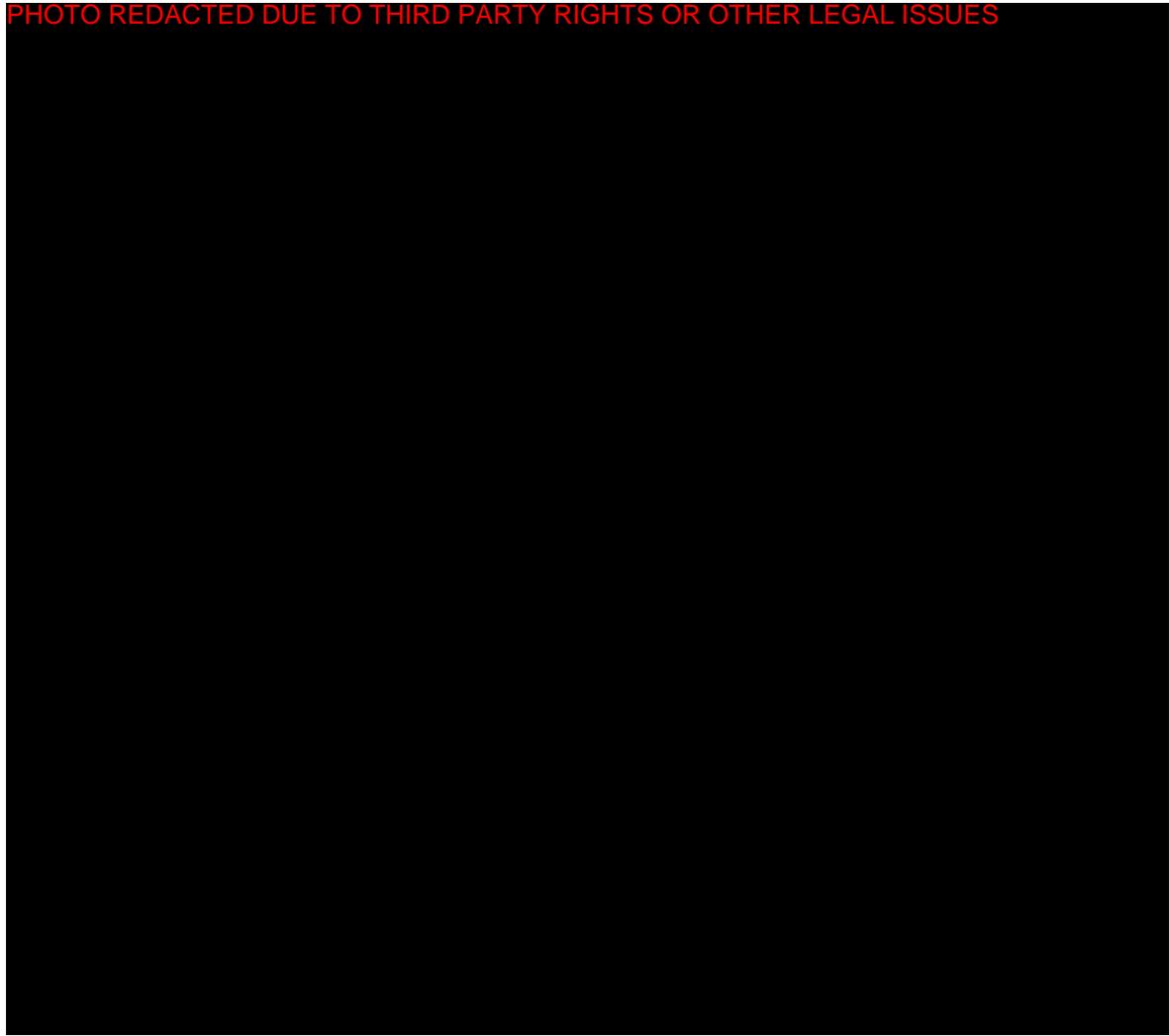
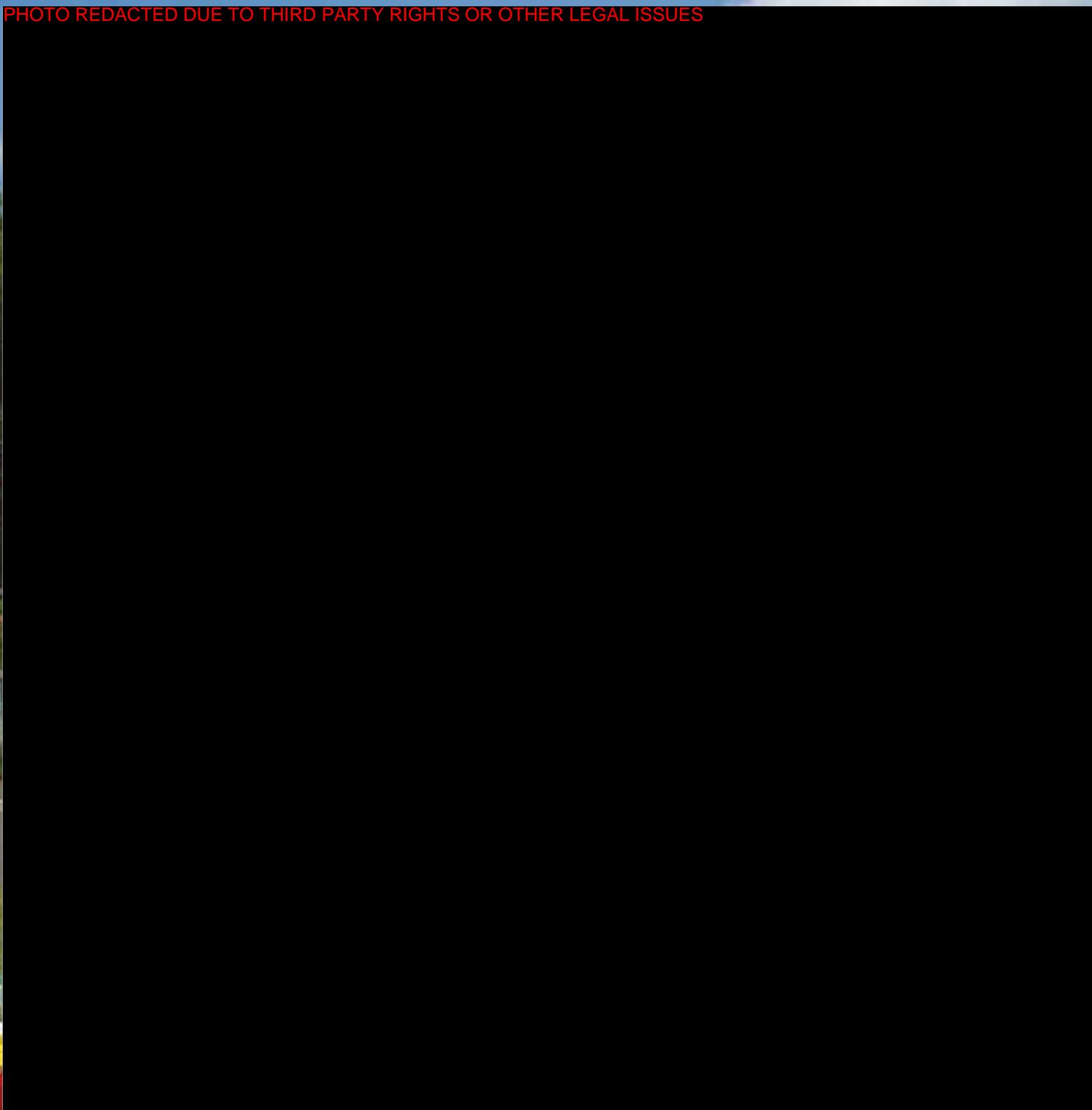


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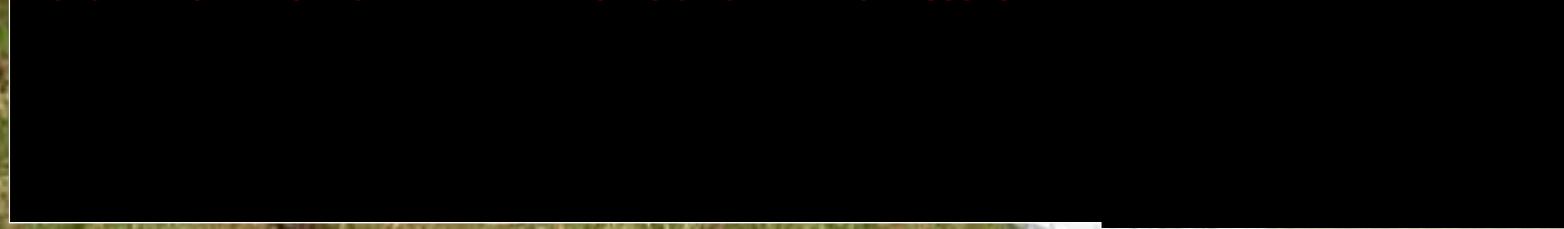


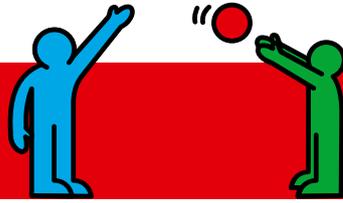
5. WHAT HAVE WE LEARNED FROM THE FIRST YEAR?

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We are aware that others may wish to replicate some or all of the Change4Life programme and, to this end, we thought it worthwhile documenting what we believe to be the important factors in its performance to date (as well as outlining some things which, had we our time over again, we might have done differently).

5.1 Critical success factors

We believe the following have been critical to the success to date:

- **Embedding Change4Life within the broader policy context.** The campaign is not an add-on, it is an integral part of Healthy Weight, Healthy Lives. It has helped to bind the policy together and explained it to the public.
- **Basing the campaign on the latest evidence,** including evidence generated through ongoing campaign research and monitoring, sharing that evidence base widely and seeking expert opinion to guide decisions where the evidence base is limited.
- **Engaging specialist suppliers,** all of whom, while outstanding in their own field, are also capable of working together in a spirit of cooperation.
- **'Open source' marketing:** the creation of sub-brands and allowing partners to create their own sub-brands, content and programmes, encouraging them to feel that they are part of a bigger initiative.
- **Building a coalition of partners,** including commercial sector, non-governmental organisations and other government departments.
- **Working to engage the local NHS and the schools.** Pre-existing networks, such as regional obesity leads, regional physical activity leads and healthy schools coordinators have all worked hard to promote the movement in their areas.
- **The Change4Life brand identity,** created by M&C Saatchi (and the claymation television advertising developed by Aardman Animation) captured the imagination of the public and made it possible to land some hard-hitting messages in an engaging and charming way. It has also provided a rallying call for those already working in the area.
- **The *How are the Kids?* mechanism,** created by EHS Brann. *How are the Kids?* was the entry point into Change4Life for 63% of those who joined. Without it, we would have ended the year with a database of only 149,458 families, about 50,000 short of our target. In addition, we know that families who joined Change4Life through *How are the Kids?* engage more frequently with other aspects of the programme.

5.2 If we had our time over again, what would we do differently?

The campaign was developed (and is being delivered) at great speed. Our advice to others contemplating such a programme would be:

- **Spend more time on the ‘Mobilising the network’ phase:** on reflection, we underestimated the amount of time it would take to engage properly.
- **Start the CRM programme sooner:** many families waited months for their first CRM pack; we should have had the CRM programme ready to go out to families as soon as they joined Change4Life.
- **Develop more products for professionals** such as teachers and doctors who have a professional interest in combating obesity.

5.3 Did the programme represent good value for money?

When we spend public money on an intervention, we need to consider whether it represents good value.

This section provides answers to the following questions:

- Was the investment in Change4Life deployed efficiently?
- Did the government investment attract other marketing spend relating to obesity that would not otherwise have happened?

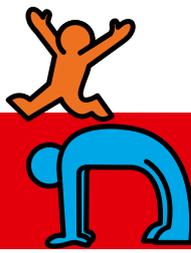
5.3.1 Was the investment in Change4Life deployed efficiently?

5.3.1.1 Buying review

An independent review of the media buying for the Change4Life campaign³⁴ highlighted considerable savings across all media channels:

- Securing sponsorship of *The Simpsons* for less than 50% of the market price.
- Over-delivering launch TV by 20% (achieving 20% higher ratings than paid for).
- Added value of over £700,000 across press partnerships and display advertising.

In all, over £6 million worth of media savings were made across the year, the equivalent of 40% of the actual spend.



5.3.1.2 COI Artemis

COI's Artemis tool holds data for 54 government campaigns and enables government departments to assess the cost effectiveness of their activity.

COI Artemis measures:

- cost per response (includes all calls, texts, web visits and survey returns);
- cost per active response (the cost for a response where the individual went on to do something active, such as order fulfilment materials); and
- cost per intermediate conversion (the cost for a response where the individual registered their details, gave us more information about themselves or opted in to an ongoing relationship with Change4Life).

The original COI Artemis forecast (based on the media plan) was for 100,000 returns at an average cost per response of £5, cost per active response of £22 and cost per intermediate conversion of £27. These forecasts were themselves bullish: the average cost per response across government campaigns is £13, the average cost per active response is £115 and the average cost per intermediate conversion is £303.

How are the Kids? delivered a cost per active response of £10 and cost per intermediate conversion of £15, making it the most cost-effective response mechanism in government.

	COI Artemis average	<i>How are the Kids?</i>	
		COI Artemis forecast	Actual
Cost per response	£13	£5	£5
Cost per active response	£115	£22	£10
Cost per intermediate conversion	£303	£27	£15

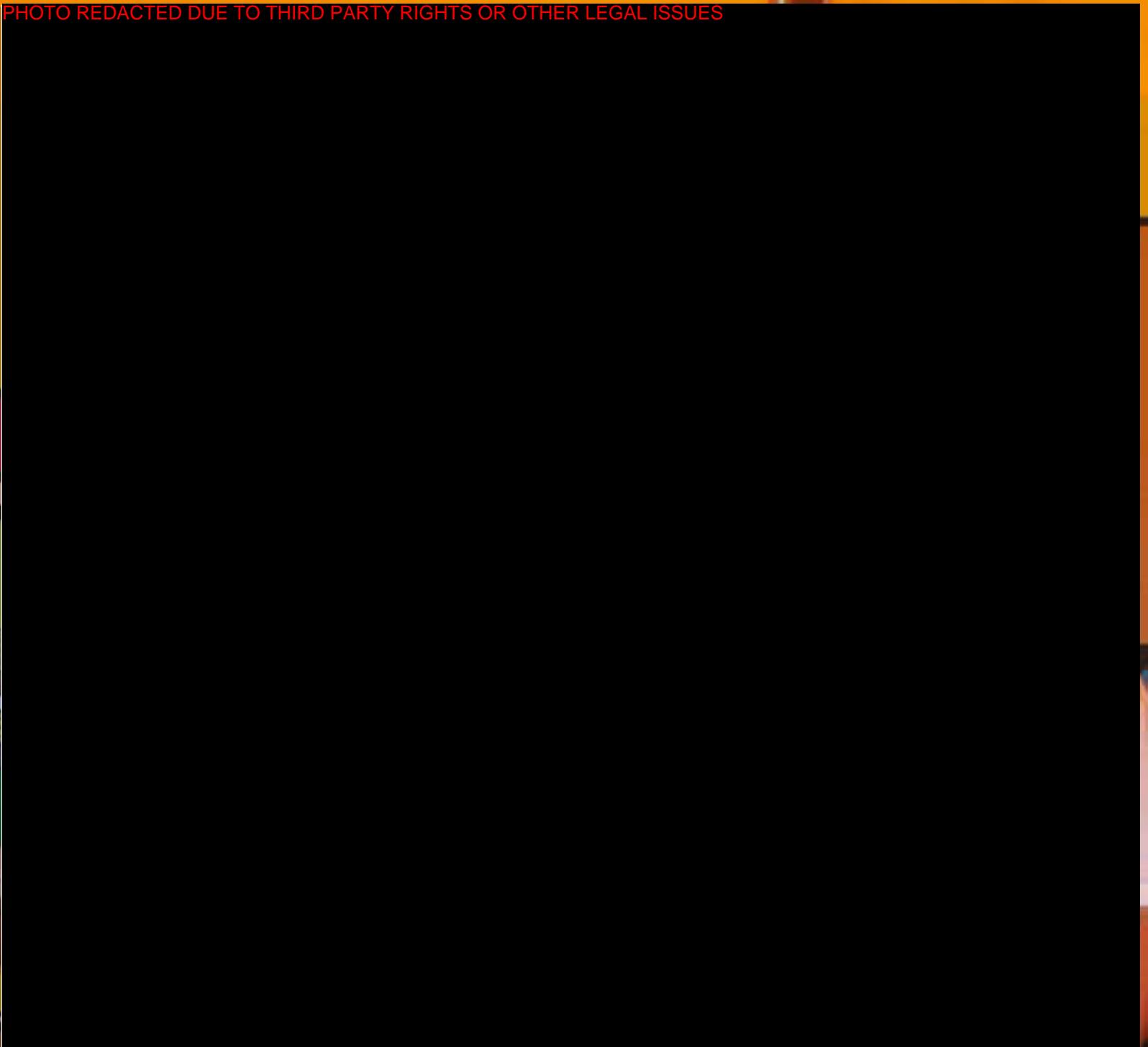
5.3.2 Did the government investment attract other marketing spend?

The original investment in the DH campaign attracted:

- £1.5 million in spend from other government departments.³⁵
- A further £7.5 million of national partner activity.³⁶
- £12,457,572 in free media space for the launch.
- £532,393 in free media around the sponsorship of Channel 4's *The Simpsons*.
- £200 million in commitments by the Advertising Association consortium.
- Considerable as-yet-unquantified activity by local supporters, regional and local NHS, local authorities, schools and healthcare professionals.

35 Advertising Equivalent Value to April 2010 forecast by Manning Gottlieb OMD. At time of writing this is being independently audited

36 Advertising Equivalent Value to April 2010 forecast by Manning Gottlieb OMD. At time of writing this is being independently audited



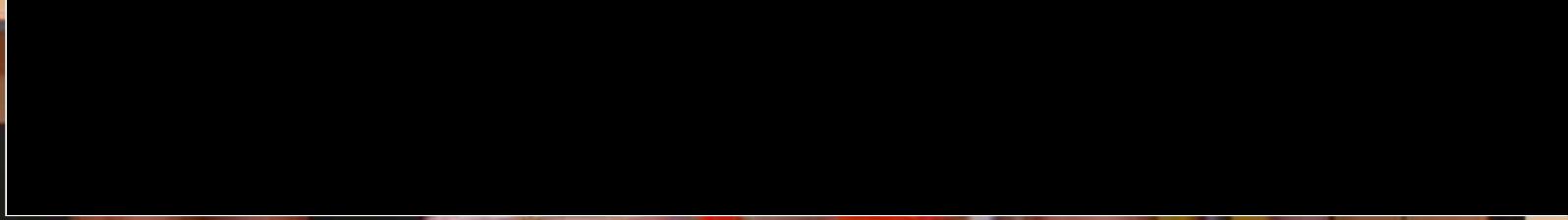
6. IS THERE ANY EVIDENCE THAT FAMILIES' BEHAVIOURS ARE CHANGING?

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In the original marketing plan, we stated that we would not expect to see significant behaviour change in the early stages of the campaign. However, even at this stage, there are promising signs that people may be changing their behaviours. This evidence is drawn from two sources:

- the tracking study; and
- basket analysis.

6.1 What does the tracking study tell us?

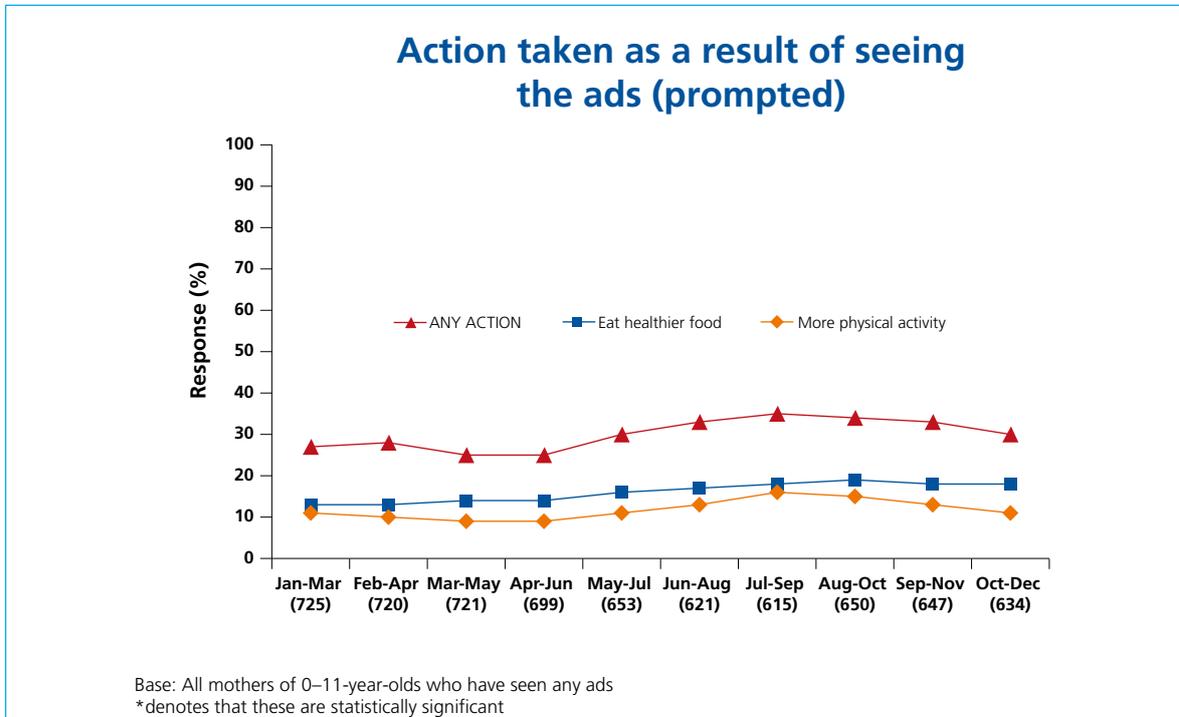
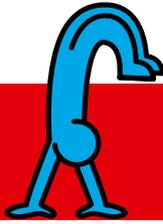
As part of the monitoring of Change4Life, we commissioned a tracking study, fielded for us by the market research company, BMRB. The tracker is continuously in operation, and interviews 300 mothers with children aged 0–11 every month.

The tracker asks mothers about their own behaviours, the behaviours of their children, and their beliefs about what constitutes a healthy diet, as well as checking for awareness of the campaign, specific adverts, sub-brands and behaviour descriptors.

Data is collected face-to-face in the respondents' homes. Fieldwork began in December 2008, before the launch of Change4life in order to provide a 'baseline'.

The tracker is a rich resource, allowing us to see how attitudes and claimed behaviours change throughout the year and giving us, in the final quarter, the opportunity to make year-on-year comparisons. However, we exercise caution when interpreting the data in the tracking study, since we know that there is a risk that the campaign could increase the social desirability of certain responses.

The tracker shows a high degree of claimed change, with three in ten of those mothers who were aware of Change4Life claiming to have made a change to their children's behaviours *as a direct result of the campaign*. This equates to over 1 million mothers claiming to have made changes in response to the campaign.



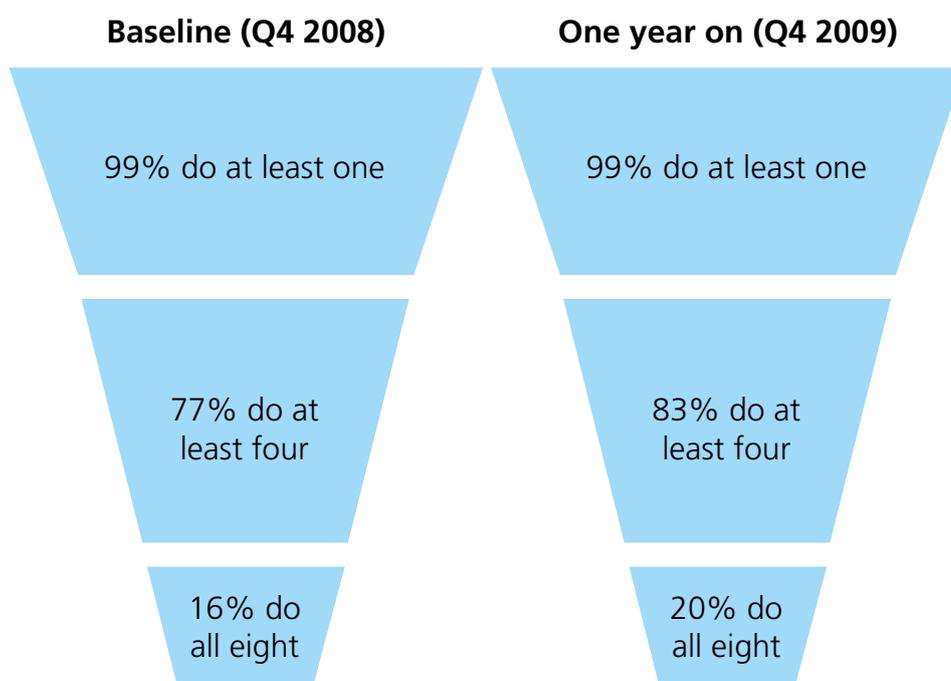
It is interesting that some people claimed to be changing their behaviours as soon as they saw the advertising, although there is a steady increase from the beginning of the 'Rooting the behaviours' phase, which peaks in the summer and then declines slightly at the end of the year. It seems likely that there is some seasonality to family behaviours, with physical activity being more popular in warm weather and comfort-eating more tempting in the cold. Clearly we will need to look at more than one year's data to see whether year-on-year trends are changing.

It is perhaps more useful to look at what people are claiming to do and to do, and actually do, without the halo of the Change4Life brand. The tracking study asks people about the eight behaviours right at the beginning of the questionnaire, before the Change4Life branding has been revealed (and without using the Change4Life versions of the behaviours). We asked about these behaviours before the campaign launched and throughout the activity, so it is possible to make year-on-year comparisons.

Almost all mothers (99%) claimed that their children did at least one of the Change4Life behaviours at the pre-stage and this remained constant throughout the year.

Encouragingly, however, the number of mothers claiming that their children do all eight behaviours increased from 16% at the baseline to 20% by quarter four. This also showed seasonality, climbing steadily throughout the year (18% in the spring, 20% in the summer and 24% in the autumn, dropping slightly in the winter).

Trend in mothers claiming their children have adopted the Change4Life behaviours



The proportion of families having adopted at least four of the behaviours has also increased (in other words, the campaign has not only encouraged families who already had relatively healthy lifestyles to become even more healthy; it has also persuaded people with much less healthy lifestyles to make an effort to improve their health).

If the claimed data equate to actual change, an extra 4% of families (about 180,000) are now practising all eight behaviours.³⁷

³⁷ See Annex 4

Case study: What is happening with portion size?

Portion size is one of the behaviours we have promoted most. The tracker provides us with a rich source of data around portion size. It measures mothers' beliefs about what constitutes a healthy portion size, their awareness of the 'Me Size Meals' behaviour, and their claimed adherence to this behaviour.

In all cases, we see a positive trend following the Me Size Meals advertising:

	Baseline (Dec 08) (656) %	Final quarter Oct–Dec 09 (727) %
<i>Proportion strongly agreeing:</i>		
It's better to give children smaller portions and then they can have seconds if they want	31	42
<i>Proportion strongly disagreeing:</i>		
As long as my children aren't overweight, I don't worry about what they eat	38	40
The most important thing is to fill up my kids, so I encourage them to clear their plates	17	34
<i>Proportion aware of Me Size Meals behaviour</i>	4	36
<i>Proportion claiming to serve child-sized portions</i>	60	69

In addition, the proportion of mothers claiming that they now limit the amount of food on their own plates has also increased significantly from 35% at the baseline to 42% one year later, suggesting that changes made for children may also have, in the case of this behaviour, a positive effect on parental behaviour.

6.2 What can basket analysis tell us?

'Basket analysis' uses data provided by retailers to track actual shopping behaviour. It employs a variety of methods, including geo-demographic profiling of store loyalty card data (to see what sort of people bought what sort of products) and the use of in-home scanners (so that panellists, who have already provided demographic information, can automatically upload data on all of their purchases). Individuals give their consent for their information to be used in this way, and the data is presented anonymised and aggregated.

To understand whether Change4Life might be beginning to have a measurable impact upon the food that our at-risk audiences were buying, we commissioned dunnhumby to analyse data from the Tesco Clubcard database.

6.2.1 Exploring the relationship between joining Change4Life and food purchasing

In a pilot study using objective measures of actual purchasing behaviour, dunnhumby analysed purchases (using the Tesco Clubcard database) of 10,000 of the families who were most engaged with Change4Life.³⁸

The analysis compared purchases made at Tesco during September, October and November 2009 (the intervention period) with the same three months of 2008 (i.e. pre-Change4Life). To factor out the impact of pricing and sales promotion, dunnhumby created a control group of 10,000 non Change4Life families who were demographically comparable and whose purchasing in 2008 matched the intervention group.

Profiling by dunnhumby confirmed that the Change4Life households did indeed contain a large proportion of lower income families (confirming that the people who are engaging with Change4Life are from the right target audience segments.)

The analysis found differences in the purchasing behaviour of the intervention group relative to the control. In particular, there were changes in the purchases of beverages among Change4Life families, favouring low-fat milks and low-sugar drinks. More in-depth analysis will be undertaken to confirm this.

6.2.2 Next steps

This is the first time we have employed this kind of analysis. These initial results are encouraging and suggest this will be a useful method to track changes in behaviour.

In the coming months, we will be refining the methodology to get a clearer understanding of the overall diet of Change4Life families.

6.3 Building a Change4Life funnel

In all behaviour change programmes there is a degree of attrition between those who want or intend to change their behaviours and those who make a change, and also between those who make a change or try a new behaviour and those who keep it up or succeed in embedding that change into a habit. In the original marketing strategy we considered two examples from other campaigns: tobacco control and 5 A Day. In the case of tobacco control, we saw that, while 75% of smokers report that they

38 'Most engaged' was defined as families who had joined Change4Life and had responded to at least one of the CRM packs

want to quit, only 45% will make a quit attempt in a given year. Of these, only one in fifteen (3% of smokers) will succeed in becoming smokefree. In the case of 5 A Day, the attrition rate is less acute: 52% of the population report that they want to eat five portions of fruit and vegetables per day, 40% try and about 14% (about one in three) succeed in doing so regularly.

In the marketing strategy, we hypothesised that the success rate for Change4Life would fall somewhere between these two: the Change4Life behaviours being harder to implement than 5 A Day (there being eight of them) but not so hard as smoking (which requires the conquering of an addiction). As a working hypothesis, we suggested a conversion rate of one in six for people participating in the Change4Life CRM programme; that is, for every family who succeed in embedding all eight behaviours, we would need to recruit at least six into the programme. Outside of the programme, we proposed a much weaker conversion rate (since people would not have the support and frequent reminders available to those in the CRM programme) of one in twelve.

The tracking study data would suggest that the conversion rates proposed in the original marketing strategy were overly cautious: as we have seen, 1 million mothers reported that they attempted to change their children's behaviours as a result of Change4Life; and an extra 180,000 mothers now claim that their children now do all eight behaviours. This equates to a conversion rate of 1 in 5.5.

Within the CRM programme, the conversion rate also seems to be better than expected. We sent the CRM materials to 200,000 families. We know for certain that 44,833 were still interacting with the programme after six months. This equates to a conversion rate of about 1 in 4.5.

We should, however, remember that we are not comparing like with like. In the case of smoking and 5 A Day, people are telling us about their own behaviour; in the case of Change4Life, parents are telling us about their children's behaviours and this alone could account for the apparently high conversion rate. We will need to look at the forthcoming academic research (see annexes for description) to see whether people's claimed behaviours are an accurate reflection of the changes they are actually making.

6.4 What did we learn about the behaviour change model and how will we refine our thinking as a result?

As we look back over the year, it would appear that our hypothetical model of how we might influence behaviours served us well. The issue does indeed appear to have been reframed (more people believing that excess weight gain in childhood leads to poor health outcomes) and personalised (more people believing that their families are at risk). Taking time to carry out these stages seems to have paid dividends, since response rates and conversions have been high.

Two things stand out as areas for refinement:

- Whether or not people are actually changing their behaviours, they seem to *want to* change their behaviours from the moment they engage with the campaign. As we move forwards into 2010/11 we will seek to ensure that every interaction with the campaign provides an immediate stimulus or prompt to do something differently.
- The local media partnership is still to be evaluated. However, our sense is that this activity was less convincing in providing social proof (increasing the belief that others like you are already changing their behaviours) than the activities of local supporters (who held over 1 million face-to-face conversations with the target) and the regional and local NHS and local authorities. Next year, we will explore ways we can better use the assets that the central marketing team holds (such as the *How are the Kids?* dataset) to provide social proof as well as looking to provide more mechanisms to stimulate local activity.

6.5 Are trends in obesity changing?

In November 2009, the National Heart Forum published *Obesity trends for children aged 2–11 years and 12–19 years*. This compared previous forecasts of obesity prevalence based on Health Survey for England (HSE) obesity data to new updated forecasts based on data between 2000 and 2007. This suggested that obesity might be levelling off in children.

One month later, data from the National Child Measurement Programme (NCMP) for the 2008/09 school year and from the HSE for the 2008 calendar year both showed that the trend in childhood obesity was flat when compared with the previous year.

While the new data are encouraging, they show a levelling off, not a decline. Rates of obesity are still unacceptably high and it would be dangerous to become complacent at this stage.

Many of the children who were measured by the NCMP and HSE were measured before Change4Life launched and their weight will depend on their experiences some time before that, so no credit can be ascribed to the campaign. However, Change4Life did not mark the start of government (or NGO) activity in obesity. If the trend is levelling off, we should look to other causes such as initiatives that had already started in schools plus the many local initiatives and the actions of individuals and families.

There is, however, an opportunity to accelerate the pace of change towards the government's target of reducing the proportion of people who are obese or overweight to 2000 levels by 2020.

We believe that Change4Life can continue to play a critical part in this by bringing together national work, grass roots programmes and individual efforts into a bigger societal movement.

6.6 Risks

The Change4Life programme is still only 12 months old, but, in the changing economic climate, there are considerable risks to the programme:

- The targets for the first year of Change4Life are only interim steps towards a much bigger objective – that of reducing the level of childhood obesity. Evidence suggests that lasting effects can only be brought about with sustained intervention.
- Change4Life has evolved as the evidence comes in and as new opportunities arise. There is, however, always an anxiety that the brand will be asked to stretch too far or do too much too early in its development.
- We have succeeded in creating a programme that partners want to support. There may now be the temptation to withdraw central funding and 'let the partners deliver it for us', but we doubt that partners would continue their support if there was no central activity. Local partners in particular may not continue their efforts if they do not see evidence of continued commitment from the centre.

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7. THE MEDIUM TERM

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In the next 12 months, we will do more of the things that families have told us help them to change their behaviours and will test more ways to inspire them to do so. This will involve, for example, providing materials for schools to encourage children to make pledges to change their diet and/or activity levels, developing clearer roles for the Change4Life sub-brands and Change4Life ambassadors.

We are also producing messages for pregnant women and parents of children under two (under the Start4Life sister brand), for ethnic minority communities and for middle-aged adults.

7.1 How the families campaign will evolve

As we look to the next year, our task is to maximise opportunities for behaviour change, in particular our focus will be on activities that encourage people to try unfamiliar or hard-to-adopt behaviours.

7.1.1 Evolution of the advertising campaign

We will continue to run the 'Rooting the behaviours' advertising, and will use the 'Snack Swapper' model (where the advertising features a tool that is also distributed to the public to help them change their behaviours).

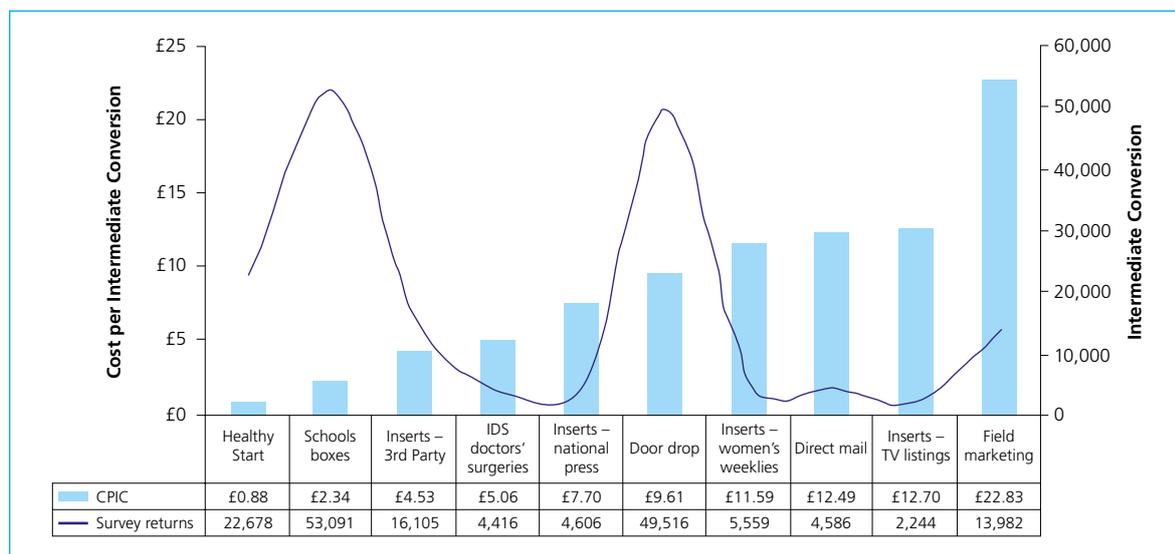
We will also set up a media test in which we will deploy different levels of advertising, and different combinations of adverts in different regions, in order to assess the relationship between the families campaign and the forthcoming adults campaign. In this way, we aim to maximise the benefits of both strands of the campaign in the most cost-effective manner.

7.1.2 Using government channels even more

The COI Artemis results indicate that government-funded channels (such as distribution through schools and doctors' surgeries and including the questionnaire in the Healthy Start mailing) outperformed paid-for commercial channels (e.g. magazines), both in terms of the overall levels of response and the cost per response.

The following chart shows both the total number of families who completed a *How are the Kids?* survey with enough data to generate a personalised response (shown by the solid line and the right hand scale) and the cost per intermediate conversion (shown by the solid blocks and the left hand scale).

Total response and cost per intermediate response by channel



The most cost-effective response mechanism was the Healthy Start mailing, generating intermediate conversions for an astonishing 88 pence (against a government average of £303), although the total number of returns at 22,678 was limited by the absolute size of that mailing. The schools boxes was the most successful mechanism in terms of absolute numbers, generating over 53,000 conversions at a cost of £2.34.

These compare with more expensive channels, such as inserts in TV listings magazines, which generated 2,244 conversions at a cost of £12.70 each.

Field marketing is the *most* expensive means of generating responses. However, field marketing took place in areas of high deprivation and was intended to give families with low literacy skills help with questionnaire completion. So while the cost is high, it secured nearly 14,000 responses from families who otherwise might not have been able to join Change4Life.

In future, therefore, we plan to focus more on Government channels, and de-prioritise paid-for distribution channels, making the campaign more cost-effective.

In addition to using government channels to spread our messages, we will also invest in tailored materials that meet the needs of our partners and support them as they attempt to change people's behaviours. One example of this will be the launch of a bespoke programme for schools called SmallSteps4Life, developed by the Food Standards Agency.



SmallSteps4Life

SmallSteps4Life is the food spearhead programme developed by the Food Standards Agency to support Change4Life and the healthy active lifestyle strand of the London 2012 domestic education programme.

The SmallSteps4Life programme aims to encourage primary and secondary pupils to set themselves small, achievable lifestyle challenges, either as individuals or as groups, around the three themes of healthy eating, getting active and feeling good.

Programme elements include the SmallSteps4Life website, which, through challenge tips, games, and classroom resources, will enable schools to promote their activities and share their experiences so as to inspire other schools across the UK. The website will also help to maximise accessibility and offer an engaging and interactive rich experience for schools and young people. There will be a local engagement programme as well as hard copy resources for schools.

SmallSteps4Life launched to teachers in October 2009 and will launch UK-wide in February 2010.

7.1.3 Developing *How are the Kids?*

We recognise that we have, in *How are the Kids?* a property that can be further developed. During the campaign's second year, we will do two things:

- Send a second questionnaire to everyone who completed the first one; remind people of their positive intentions, help people reflect on their behaviours, celebrate successes and congratulate them on their progress.
- Pilot a localised *How are the Kids?* which will enable primary care trusts and/or local authorities to collect data and engage directly with their populations.

7.1.4 Increasing sub-brand activity

The sub-brands promote single issues with either a food or an activity focus (for example cooking is promoted via Cook4Life and swimming is promoted via Swim4Life).

Sub-brands are uniquely positioned to give people realistic ways of trying out for the first time something that is unfamiliar (e.g. access to free/reduced-price equipment; guided walks or cookery classes).

To date, DH has developed seven sub-brands: Walk4Life, Swim4Life, Bike4Life, Play4Life, Let's Dance, Cook4Life and Breakfast4Life.

Beyond the seven DH-created sub-brands, 45 partners have applied to create new sub-brands. The 16 approved to date include MuckIn4Life (Defra), MoreActive4Life (the Fitness Industry Association) and Skip4Life (Birmingham PCT). In theory, there is no limit to the number that could be developed, although we have recently changed our guidelines to encourage partners to look first at the existing suite of sub-brands before submitting an application to create another.

The speed at which the Change4Life sub-brands have been created and launched is unprecedented. Most commercial brands establish themselves for *years* before they launch a single sub-brand. Very few brands ever develop seven or more. We cannot think of a prior example of any brand that has launched so many sub-brands in so short a time as Change4Life has done. The willingness of the market to accept so many sub-brands suggests that they are meeting a real need both for partners and for the public.

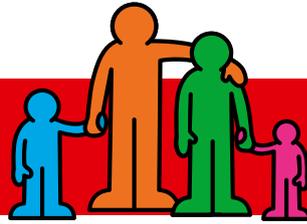
Originally, it was envisaged that partners would join forces and campaign collectively behind sub-brands. However, this has not happened and has resulted in a proliferation of sub-brand names, with partner activity fragmented. While this helps to create a sense of buzz and movement around Change4Life, it is organic and unscripted and probably duplicates a lot of resource. We believe that there is now an opportunity to create a structured programme of activity that uses the sub-brands more effectively, particularly as a means of galvanising partner support at a local level.

From existing 7 sub-brands (which we will continue to support) we will prioritise the following:

- Let's Dance
- Bike4Life
- Walk4Life

In addition we plan to introduce a new sub brand:

- Football4Life



We chose these sub-brands to focus on because:

- they focus on areas which require equipment, coaching or specialist skills; and
- they all have broad popular appeal.

7.1.5 Harnessing the talent of Change4Life 'Ambassadors'

A wide variety of engaged organisations and individuals could already be considered as Change4Life Ambassadors, including national partners, local supporters, CEOs of charities, the Chief Nursing Officer, community leaders and journalists. They help to act as advocates and endorsers or add credibility to our message.

However, our focus in 2010 will be to build on the level of 'ambassadorial' support that we can harness from both mums (peer-to-peer awareness raising, endorsement, feedback mechanism and test bed, recruitment of new mums, etc) and celebrities (helping to secure media coverage, broaden the message to specific audience groups or clusters, add credibility, etc).

7.2 New audiences for years two and three

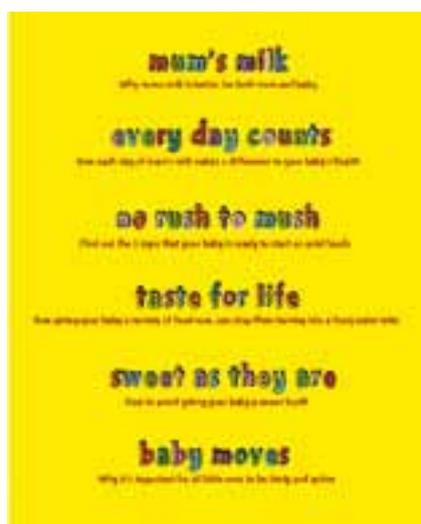
7.2.1 Start4Life marketing strategy

While Change4Life sets out to change common behaviours that lead to weight gain in children aged between 5 and 11 years old, there is an opportunity to ensure that those children who are being born now grow up with a healthy relationship with food and activity from birth. This opportunity is not about *changing* but about *starting well*. To meet this opportunity, Change4Life's first sister brand was created: Start4Life.



Start4Life promotes breastfeeding, healthy weaning and active play. Programme objectives are to increase breastfeeding continuation rates at 6 weeks and increase average weaning age from 19 weeks to 26 weeks. As with the Change4Life

campaign, consumer-friendly versions of the behaviours were designed, with creative, academic and health professional involvement.



Since the early years are so important to a child's future health outcomes (including but not limited to obesity), Start4Life will also provide links to (and will indirectly support) other programmes, such as the Healthy Child programme, that aim to promote child health and well-being.



Start4Life will target healthcare professionals, pregnant women, families with babies under 2 years old and those who influence them.

Start4Life launched to the public in January 2010.

It will be evaluated via:

- surveys with healthcare professionals (to establish awareness and attitudes to the campaign);
- monitoring of orders for campaign materials (to establish whether healthcare professionals are using the campaign);
- a quarterly tracking study of pregnant women and parents of babies; and
- monitoring of website visits.

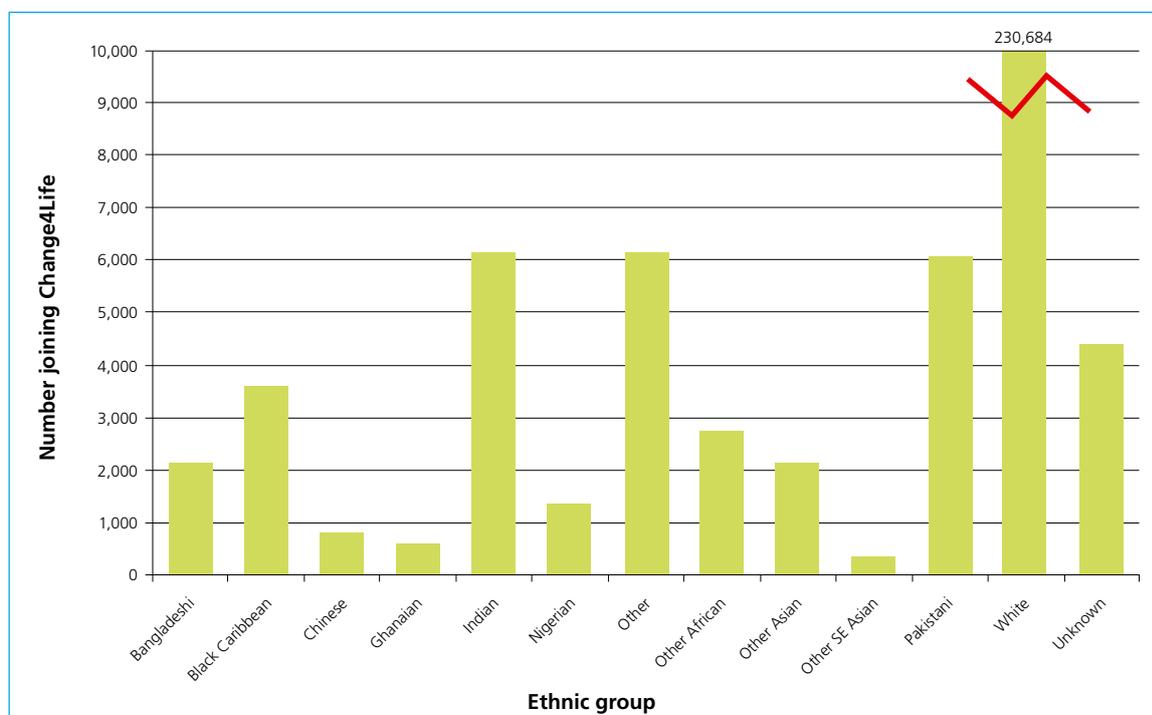
We will not at this time be engaging in any commercial partnerships for Start4Life.

7.2.2 Marketing strategy for ethnic minority communities

Analysis of data from that National Child Measurement Programme indicates that children from the Pakistani, Bangladeshi and black African communities are more likely to become overweight or obese than their white British counterparts:

	Overweight/obese in Reception class	Overweight/obese in Year 6
	%	%
White	22.6	31.5
Asian or Asian British	19.1	35.6
Black or Black British	28.7	41.9
All children	22.6	32.6

Encouragingly, a significant number of ethnic minority families joined Change4Life in its early stages. However, it is more likely that these responders were born in Britain and more likely to access mainstream media.



The original *How are the Kids?* survey and the materials that were sent in response were only available in English. We have always recognised that tailored materials, using other languages and culturally specific advice would allow Change4Life to engage with other communities in a more meaningful way. In consequence, we appointed a specialist ethnic marketing agency and worked closely with primary care trusts and local authorities in three areas – Luton, Bradford and Lambeth & Southwark – to design bespoke programmes.

The ethnic minority campaign was launched in late 2009, in Luton, and includes:

- gatekeeper events, engaging with healthcare professionals and others working with the communities;
- community events, engaging authority figures (such as faith leaders) from within the communities themselves;
- working with respected celebrities from the communities;
- bespoke advertising, stressing the importance of obesity as an issue for these communities and making the link between current practices and weight gain;
- a culturally sensitive version of *How are the Kids?*, with tailored fulfilment materials, available in different languages;
- face-to-face marketing at community events and melas; and
- partnership marketing, including with commercial brands that target these audiences.

7.2.3 Marketing strategy for adults

Obesity peaks in the 45–65 age range: 30% of adults aged 45–54 are obese (and 69% are overweight or obese).³⁹

For this reason, from February 2010, Change4Life will launch a campaign for adults.

The objectives behind the Change4Life adults campaign are to:

- encourage adults who are overweight, or on a trajectory to obesity, to lose some weight; and
- prevent the onset of lifestyle diseases such as type 2 diabetes, coronary heart disease and some cancers.

We have developed a set of behavioural goals in consultation with experts and stakeholders including the Food Standards Agency and the Healthy Weight, Healthy Lives Expert Advisory Group, which, if adopted, should help adults maintain a healthy weight and which can be adapted, where appropriate, to help people lose weight. Many of the behaviours are similar to the Change4Life family target behaviours; however, there are additional adult behaviours related to liquid calories and fibre.

These behaviours and early creative work were researched with the target audience. Our target adults found the behaviours easier to access when packaged under a core 'umbrella' proposition.

The most compelling umbrella proposition was 'Swap it, don't stop it', since this packaged diet and activity together and offered a positive exchange which not only motivated people to take up the behaviour change but also equipped them with strategies to carry this out.

The adults campaign launches to the public in February 2010. This will involve:

- a public relations campaign, using free editorial to highlight the changes that modern life has made to the lifestyles of people in the target audience;
- advertising launching Change4Life to the adult audience and promoting a 'swapper' tool to facilitate behaviour change;
- web-based tools and content contained within a dedicated part of the Change4Life site; and
- a partnership element, including an employee health and well-being programme.

7.3 Future audiences

Our intention has always been to extend the Change4Life campaign beyond families to other at-risk audiences. In the original marketing strategy we raised the possibility of a campaign for teenagers in the near future. We have, however, decided not to develop bespoke work for teenagers at this point:

- Our academic advisors told us that, while diet and physical activity behaviours do often deteriorate in the teenage years, they tend to improve again in adulthood (providing good habits were established in childhood).
- When seeking to influence teenagers, we have to recognise that we are in a competitive landscape with other health behaviours – alcohol, drugs, sexual health – which teenagers may find inherently more interesting and whose negative consequences may be more immediate.
- We have been advised by stakeholder groups (particularly the eating disorders charity, Beat) that we should guard against unintended consequences, particularly an over-focus on dieting and excessive exercising in teenage girls.

While we are not, therefore, designing a specific campaign for teenagers at this time, we are encouraged that the mainstream families campaign is landing far more squarely with teenagers than might have been expected:

- The tracking study indicates that 88% of 12 to 19-year-olds have seen a C4L advertisement.
- The *How are the Kids?* questionnaire included a surprising number of responses from families with children aged 11 to 16 – over 125,000 – for whom we designed a bespoke fulfilment pack.
- The programme contains offers, such as free swimming, that may be motivating to teenagers, and we anticipate that the forthcoming Let's Dance and Football4Life sub-brands will also appeal to this audience.
- Finally, we are working with the Ideas Foundation (a charity whose mission is to involve young people from lower-income backgrounds in the creative industries) with the aim of harnessing the creativity of young people to put forward ideas for how Change4Life might motivate 11–16s in future.

7.4 Beyond England

Change4Life was developed for England. However, we have held meetings with the devolved administrations, and, in February 2010, Wales will launch its version of Change4Life, including a Welsh-language version of *How are the Kids?*

**Ilawlyfr ar fagu
plantos iach a hapus**

**Ffordd o gael
y teulu cyfan yn
llawn egni!**

**Llund trol o
awgrymiadau,
posau a syniadau!**

**newid
am oes**

Bwyta'n dda Symud mwy Byw'n hirach

Her Iechyd Cymru
Health Challenge Wales

During 2009, meetings were held with the American Health Secretary, and with Michelle Obama, to explore the possibility of adapting the Change4Life model for the USA.

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8. THE LONGER TERM

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All the evidence suggests that, for a lifestyle intervention to be successful, we will need sustained activity for a number of years. The progress to date on Change4Life is encouraging and we hope that central funding will continue for years to come. However, we recognise that we operate in a changing environment (and also that, as with any publicly funded campaign) we should respond to the emerging evidence and always seek to implement the most efficient funding model.

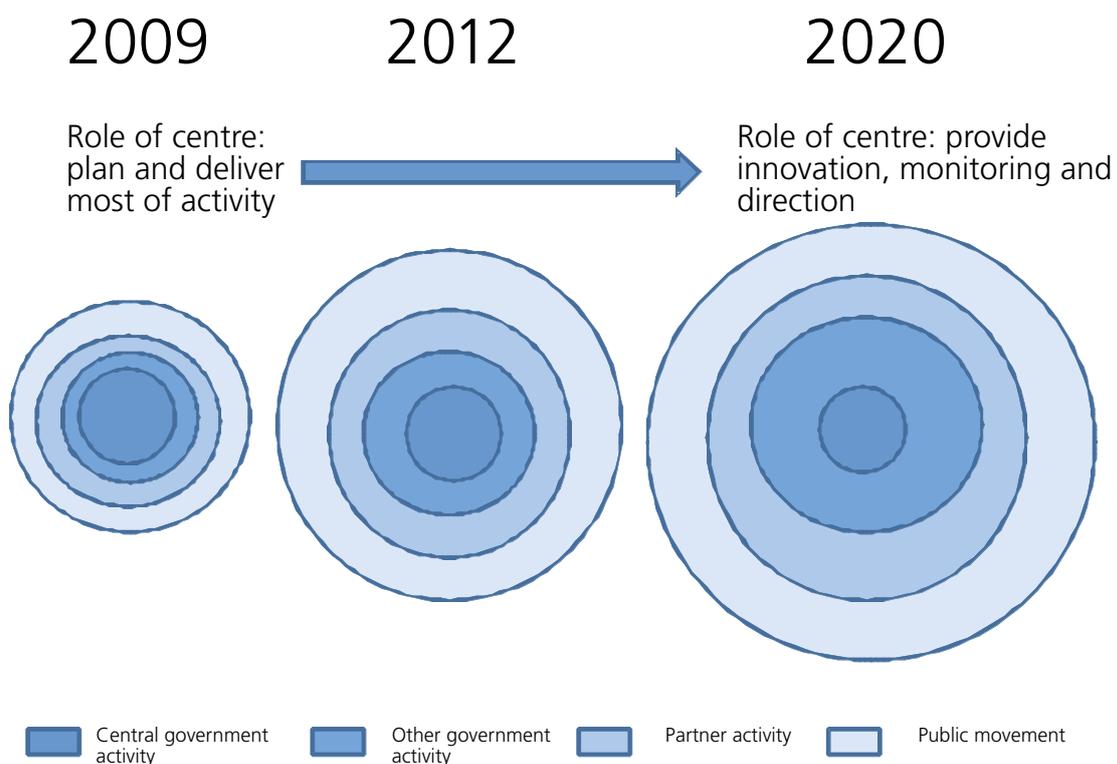
The purpose of this central funding was to provide a catalyst for a much broader societal movement, which happens at a grass roots and local level and is, to some extent, independent of Government control.

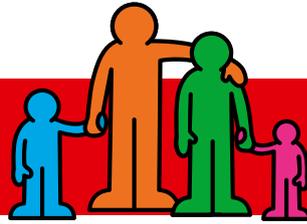
Once the local movement is under way, we anticipate that the role of the centre will change (although some central funding will always be needed to ensure that partners have something to join up with).

8.1 Increasing localisation

It is our ambition that, with time, the proportion of the total spend that comes from central funding could decline (as could the need for central control) as local funding and local solutions increase.

Role of the centre in future





There are some things which can be done more efficiently from the centre (and there are benefits in doing some things once, rather than asking each region to do the work themselves). Over time, however, the role of the centre shifts from the creation and delivery of most activity to a role that is about innovation (horizon-scanning and generating new ideas and products), monitoring (providing common evaluation tools and benchmarking regions against one another) and direction (sharing best practice and encouraging the roll out of success models).

8.2 Brand stretch

Change4Life was created to help prevent childhood obesity, by prompting changes to behaviours relating to food and activity.

However, the physical incarnation of the brand does not mention children, obesity, diet or exercise. While this was originally done for sound consumer-insight-driven reasons (the words 'obesity', 'diet', 'food' and 'exercise' were all unappealing to our target consumers; an excessive focus on childhood obesity made parents feel that they were being singled out and blamed by society for their children's weight), we have created a brand which might potentially have broader application. In the current challenging economic climate, it behoves us to explore whether the brand might be able to carry messaging beyond diet and activity and whether doing so would create economies of scale within the overall departmental communications budget.

It is interesting that, while we know that Change4Life is a prevention campaign in childhood obesity, to the public it already seems to have a broader meaning as a 'health and well-being movement'.

Indeed the brand has already moved beyond its original definition:

- Healthcare professionals are using Change4Life materials not just for prevention but to initiate conversations about weight loss.
- Local authorities and primary care trusts have also branded weight loss services (for adults and children) under the Change4Life umbrella.
- At the beginning of 2010, the brand began to target both Early Years and the non-family adult audience.
- Within the Change4Life adults campaign there will be messaging about the calorific content of alcoholic drinks.

However, it may be possible to go further. For this reason, we have initiated an exploratory project to assess how far the brand might stretch into other public health areas. This project will conclude later in 2010.

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9. CONTRIBUTORS

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- EHS Brann (direct marketing and customer relationship management)
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- BrandScience
- Continental Research
- Define
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- GfK
- HPI
- TNS.

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ANNEX 1: EVALUATION APPROACH

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The relatively few campaigns on obesity prevention to date have tended to be short lived and most have not been evaluated on the scale that would be desirable. In consequence, the project team finds itself pioneering a new approach to evaluation as well as government communication. In order to create a robust evidence base, 7% of the total marketing budget is being spent on research, monitoring and evaluation of campaign activity, and national partners are required to demonstrate how they will evaluate their own activity and to share any results with Change4Life.

There are three high-level themes to the evaluation programme:

- Monitoring campaign exposure and visibility to target audience.
- Investigating the impact on families.
- Tracking the development of a social movement.

Such a complex intervention necessitates a mixed-method approach to evaluation to ensure that we have a rounded view of the campaign. This approach makes use of best practice from market research (e.g. DH Marketing Evaluation Handbook), academia (e.g. MRC updated guidance on 'developing and evaluating complex interventions', 2006) and the commercial world. Some of the methods we are using to evaluate the campaign are still being finalised; however, we have already set up a number of strands.

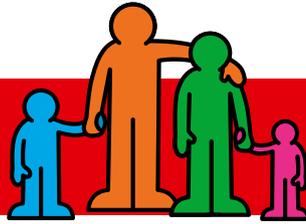
Monitoring campaign visibility

Several projects contribute to the measurement of the target audience's exposure to the campaign. The core source of information is a continuously fielded, nationally representative monitoring study conducted by the British Market Research Bureau (BMRB). This includes a series of standard measures (brand and advertising awareness, understanding of key messages, engagement with the campaign, awareness of the sub-brands, etc). Additional questions have been added to reflect the evolving nature of the campaign.

Measuring the impact on families

The fundamental question for the evaluation of Change4Life is 'what impact is it having on families' attitudes and behaviours?' A number of projects will support us in addressing this:

- The nationally representative monitoring study conducted by BMRB. As well as the measures of campaign awareness mentioned above, this survey also monitors intent to change and self-reported behaviour. The sample is representative of the English adult population with boosts in target audiences of mothers with children aged 0–11 and pregnant women. The survey is soon to include a boost of the future adult audience (aged 45–65).



- An academic study using a randomised design and control group to gauge the impact of Change4Life marketing materials upon family behaviour. The study is led by Professor Jane Wardle and Dr Helen Croker of UCL and contains a combination of quantitative and qualitative approaches.
- COI's Artemis database which holds response data for all government campaigns and enables us to assess the cost-effectiveness of marketing activity in terms of the volume and nature of responses generated.
- Longer term use of proxy data at a population and sub-population level. Over time, routine survey data will support tracking of behaviour change, body mass index (BMI) change and other longer term health outcomes (e.g. Health Survey for England, National Travel Survey and the National Diet and Nutrition Survey).

In addition we have commissioned two pieces of basket analysis (see Section 6 for explanation) using data provided by retailers. These will track purchases of healthy and unhealthy foods throughout the life of the campaign.

Tracking the development of a social movement

There is no standard approach to measurement and evaluation of a 'social movement', particularly at such an early stage in its genesis; therefore, the campaign is seeking to monitor progress at a number of levels:

- **Selected questions within the monitoring study.** These will provide an indication of target audience impression of the pervasive nature of Change4Life and whether they recognise, from having seen the Change4Life logo or messages, which commercial organisations are involved in the campaign.
- **A quantitative survey of delivery chain professionals.** An initial survey of general practitioners, practice nurses and practice managers was conducted in May–July 2009. The survey measured awareness, attitudes and response to Change4Life. The current intention is to repeat this with a wider set of professionals in 2010.
- **National partnership monitoring.** This includes measures such as partner pledges and activity, number of local supporter registrations and orders for campaign materials. Work is also being carried out to measure the financial contribution of commercial partnerships using a model for Advertising Equivalent Value.
- **A local audit.** This will independently assess the extent of local and national partnership activity in a number of communities. With extensive local variation in activity it will not be possible to assess all activity or generalise to a great extent from this work; however, the audit will be linked to the monitoring study, thereby providing local context to this data set. The first survey will be carried

out in November 2009 and will involve a day's audit of 50 locations, to include GP surgeries, schools, leisure centres, supermarkets, community centres, etc. This is a new methodology, which will be rerun if the results prove useful.

- **Buzz monitoring.** A project looking at keyword tracking online to see to what extent people are talking about Change4Life through this medium.

Links to policy and delivery programmes

A number of other evaluation projects have been commissioned by the policy team to explore the impact of other Healthy Weight, Healthy Lives policy activities, where Change4Life plays a role, either through use of branding or specific campaign materials. There will be opportunities to draw insights from these projects for the overall campaign evaluation. This could include examples of local adaptation, impact of Change4Life in specific settings and investigation of the combined effect of marketing and environmental change.

Particular examples include the evaluation of the convenience stores project and local and national evaluation of the nine 'Healthy Towns'. To some extent these are focused interventions and lessons may not be transferable to the campaign as a whole; however, they could give interesting case studies of the varied and innovative use of Change4Life for specific outcomes.

Longer term evaluation

Ultimately the team aims to establish whether there is a link between changes in behaviours and changes in weight, and between changes in weight and improved health in the longer term, thus allowing us to calculate the return on marketing investment in terms of savings to the state and quality adjusted life years (QALYs) to the individual.

ANNEX 2: THE INCLUSION OF CLUSTER 5 FAMILIES

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Since writing the original marketing plan, a decision was taken to include Cluster 5 families within the definition of 'at risk'. The reasons for this decision are set out below.

In order that resources can be targeted to those families who have greatest need of them, a segmentation was developed,⁴⁰ which identified six different 'clusters', or groups of families, who held similar attitudes, behaved in similar ways and shared certain demographic characteristics.

The cluster segmentation was first developed using the TNS Family Food Panel⁴¹ and bespoke surveys. The clusters were each given a risk category based on their self-reported weight status and self-reported behaviours and attitudes. Cluster 5 was classified as medium risk because, although parents may have been overweight, their children had lower levels of obesity and were less likely to be overweight, and these families also seemed to have lower levels of risky behaviour and stronger parenting skills than Clusters 1, 2 and 3. In practice, however, 'medium risk' meant that Cluster 5 were initially excluded from much of the activity and were scheduled to receive no more support than the low-risk clusters 4 and 6.

In order to develop the segmentation further, we recreated our clusters on the TGI⁴² database to get a richer picture of the people – the media they are regularly exposed to and the brands they buy – to help us with our media targeting and campaign development. The TGI sample was larger and the data had been collected more recently than that in the original TNS sample; however, when carrying out the recreation, we found some nuances and differences that gave us new information on Cluster 5, in particular:

- Cluster 5 were exhibiting lower levels of the desired dietary and activity behaviours than previously thought. While Cluster 5 may have strong parenting skills, it appears that they are not necessarily using them to ensure their children have healthy diets.
- Cluster 5 contained more people from the lower (DE) socio-economic groups than originally thought. Families in lower socio-economic groups are a key audience for the Change4Life campaign, as they are at a higher risk of obesity than more affluent groups, and because of the wider health inequalities agenda.

40 See Healthy Weight Healthy Lives Consumer Insight Summary at www.dh.gov.uk

41 Taylor Nelson Sofres (TNS) Family Food Panel includes 11,000 individuals within 4,200 households who record their food and drink consumption in diaries. It is the UK's largest database tracking food and drink consumption

42 TGI = Target Group Index, is a continuous survey of consumer usage habits, lifestyles, media exposure and attitudes. It is widely used in planning marketing strategies and advertising campaigns

A recommendation was made that Cluster 5 be reclassified as high risk. This reclassification means that Change4Life is now targeting an even greater proportion (approximately 64%) of families with children aged 2 to 11. It also means that Cluster 5 families will receive information and support from Change4Life; for example, those who signed up for the CRM programme will have received a summer survival kit in July.

	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6
Description	Struggling parents who lack confidence, knowledge, time and money.	Young parents who lack the knowledge and parenting skills to implement a healthy lifestyle.	Affluent families, who enjoy indulging in food.	Already living a healthy lifestyle.	Strong family values and parenting skills but need to make changes to their diet and activity levels.	Plenty of exercise but potentially too many bad foods.
Family diet	Seek convenience, eat for comfort, struggle to cook healthily from scratch.	Children fussy eaters, rely on convenience foods.	Enjoy food, heavy snackers, parents watching weight.	Strong interest in healthy diet.	Strong parental control but diet rich in energy-dense foods and portion size an issue.	Eating motivated by taste, diet includes both healthy and unhealthy foods.
Physical activity	Seen as costly, time-consuming and not enjoyable. High levels of sedentary behaviour.	No interest in increasing activity levels because parents perceive children to be active.	Believe family is active, no barriers to child's activity except confidence.	Family active although believe children not confident doing exercise.	Know they need to do more: time, money, self-confidence seen as barriers.	Activity levels are high, particularly among mothers.
Weight status	Mothers obese and overweight.	Families obese and overweight. Fail to recognise children's weight status.	Families obese and overweight. Low recognition of children's weight status.	Below average levels of obesity and overweight.	Parental obesity levels above average, children below.	Low family obesity levels but child overweight levels are a concern.
Demographic	Low income, likely to be single parents.	Young, single parents, low income.	Affluent parents of all ages, households vary in size.	Affluent older parents, larger families.	Range of parental ages, single parent families.	Average incomes, younger mothers, households vary in size.
Intent to change	High, but fear of being judged and lack of confidence are powerful barriers.	Currently low due to lack of knowledge, but willing to accept help once alerted to risks.	Low intent to change and likely to deny that problems exist.	Low intent to change but already leading a healthy lifestyle.	Low intent on diet but significant intent to change on physical activity.	Highest among the clusters for both diet and physical activity, so influencing them is not a priority.
Potential task	Build confidence, increase knowledge and provide cheap convenient diet solutions.	Increase understanding of risks of current lifestyle and develop parenting skills.	Encourage recognition of problem and awareness of true exercise and snacking levels.	Learn from successful techniques used by cluster.	Focus on increasing activity levels and educate on portion size.	Focus on providing cheap, convenient, healthy high-energy foods to fuel active lifestyle.

ANNEX 3: GOVERNANCE AND CAMPAIGN GUIDANCE

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The scope and scale of partnership working on Change4Life is unprecedented and it is not without its risks. We have worked collaboratively with representatives from industry, and with NGO and other government department partners, as well as with the NHS to develop a governance framework and campaign guidance and resources to ensure best practice in partnership working.

Governance framework

Whilst final accountability and decision making responsibility must lie with ministers and the Department, we are committed to clear governance with strong senior representation from across a selection of partners to help guide the campaign, and have created a Change4Life Board.

The Change4Life Board is jointly chaired by the DH Director General of Communications and the Director of Health and Wellbeing.

The membership comprises:

- Mike Farrar CBE, CEO, NHS North West
- Claire Hughes, Company Nutritionist, Marks and Spencer PLC
- Dr Susan Jebb, Head of Nutrition and Health Research, Medical Research Council, Human Nutrition Research
- Tim Lefroy, CEO, The Advertising Association
- Sarah Lyness, Director, Policy and Communications, Cancer Research UK.

The role of the board is to review progress against the campaign objectives, advise on future direction and adjudicate on any disputes arising under the partnership terms of engagement (see below).

Before any national partner (commercial or NGO) can work with us they must sign the campaign Terms of Engagement. Amongst other things, the Terms require the organisation to support healthy diet and activity behaviours and the goals of the campaign. Local supporters are required to accept the campaign terms and conditions.

All national partners are also required to complete and submit activity application forms for approval by the Department of Health.

Campaign guidance and resources

Change4Life invites all partners to work with the campaign to achieve behaviour change objectives. Whilst we therefore promote 'open sourcing', we also provide guidance and tools to inspire partners and ensure that they use the brand consistently and in the right context. The campaign guidance and resources include:

- brand guidelines for national partners and the NHS;
- retail guidance, which sets out how Change4Life can be used in the retail environment;
- resources and reference materials; and
- toolkits.

All the documents referred to under the governance and campaign guidance and resources can be downloaded at www.nhs.uk/change4life/pages/partners.aspx.

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ANNEX 4: CHANGE4LIFE TRACKER – METHODOLOGY

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As part of the evaluation plan for the Change4Life campaign, a large-scale tracking study is being run to evaluate awareness of, and response to, the campaign and its impact on attitudes and behaviours. The tracking study is carried out by the British Market Research Bureau (BMRB). The survey commenced in November 2008, when a baseline of key measures was established, and the full study has been running since January 2009. The questionnaire is updated on a monthly basis in order to ensure that the latest campaign activity is monitored; however, the majority of core questions have remained consistent throughout in order to provide trend data.

All interviews are carried out face-to-face in homes using computer-aided personal interviewing (CAPI), which enables interviewers to show adverts, pictures, etc to respondents. The sample is drawn using random location sampling in England. The data is collected by continuous, dedicated ad hoc surveys with fieldwork taking place all the time, and for the minority group of pregnant women, through BMRB's Omnibus survey. By interviewing continuously, it is possible to track the impact of the campaign in its broadest sense, picking up the effect of campaign bursts and any other activity between the bursts, which is important as the movement grows. It also covers background 'noise' in terms of partner activity, other related activity and other influences such as seasonal effects, and economic factors such as the credit crunch. The tracker is reported on quarterly, although weekly summaries and monthly tables are provided.

A number of different groups are interviewed to elicit the views of those who are the campaign focus now and those who could become the focus in the future:

- At the broadest level there is a sample of all people aged 15+ in England, which provides the wider context to compare subgroups against and to see the wider impact of the campaign on those not specifically targeted. Approximately 300 people are interviewed per month (NB the number of interviews has decreased since Q1 and Q2 2009 – when approximately 500 per month were interviewed – now that there is a clearer idea of the audiences of most interest).
- Alongside the general public there is a 'booster' sample of mothers of 0–11s, approximately 300 per month. Within this group, target mothers (in clusters 1, 2, 3 and 5) are looked at specifically as the primary target of the families campaign.
- Since December 2009, a 'booster' sample of 100 45 to 64-year-olds per month has been interviewed. When this booster is added to the general sample it results in approximately 200 interviews with the target middle-aged adult audience per month.
- Approximately 100 pregnant women a month are interviewed using the BMRB Omnibus. From January 2010 pregnant women are interviewed on a 'three

months on, three months off' basis (resulting in a sample size of approximately 300 every six months).

- Finally, there is a sample of approximately 50 young people aged 12–19 per month made up of those aged 15–19 from the all-adult sample, supplemented with interviews with 12–14-year-olds identified in households interviewed in the general public survey.

Extrapolations made from the tracking study data

Over 1 million mothers are now claiming to have changed something in their children's lifestyles as a result of Change4Life. This was calculated as follows:

- Total number of mothers with children aged 0–11 in England: 4.59 million.⁴³
- Percentage of mothers aware of Change4Life advertising in final quarter of 2009: 77% = 3.53 million mothers.⁴⁴
- Percentage of those who claim to have changed something as a result of Change4Life: 30% = 1.06 million mothers.

About 180,000 more mothers are now claiming to have adopted all eight of the Change4Life behaviours. This was calculated as follows:

- Total number of mothers with children aged 0–11 in England: 4.59 million.
- Percentage of mothers claiming their children did all eight behaviours at baseline: 16% = 734,400.
- Percentage of mothers claiming their children did all eight behaviours one year later: 20% = 918,000.
- Additional mothers now claiming their children have adopted all eight behaviours = 183,600.

All calculations compare the end of 2009 data to the baseline (end of 2008) to factor out seasonality.

43 Labour Force Survey for England, 2008

44 BMRB tracker Q4 2009

