



## TOOL D10 Communicating with target groups – key messages

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D10

<b>For:</b>	Commissioners in primary care trusts (PCTs) and local authorities
<b>About:</b>	This tool provides the key messages for communicating to mainstream and minority ethnic families about diet and physical activity. It also provides details on the National Marketing Plan.
<b>Purpose:</b>	To give local areas an understanding of how they can reach the priority cluster groups (1, 2 and 3) using key messages derived from national qualitative research.
<b>Use:</b>	<ul style="list-style-type: none"> <li>• The key messages should be used to reach appropriate cluster groups.</li> <li>• Details of the National Marketing Plan can help local areas synchronise their marketing strategy with national policy.</li> </ul>
<b>Resource:</b>	<i>Insights into child obesity: A summary.</i> A draft of this report is available to PCTs and LAs through their Regional Public Health Group. A final report will be published in late 2008.

### Communicating to families

The findings of the national qualitative research commissioned by the Department of Health (see page 59 and **Tool D9**) suggest that parents overall need to be more engaged with the child obesity issue in order to take proactive steps to prevent obesity in their children. To do this, it will be important to raise their awareness of what healthy behaviour is and the risks and benefits associated with it, through targeted interventions. To engage families with messages about diet and physical activity, it is essential that the national research findings are taken into account. For example, the qualitative research found that effective communications should focus on either diet or physical activity, but not both:

- When messages are combined, diet messages dominate and the activity component is ignored, regardless of the order in which messages are presented.
- Parents are likely to acknowledge the need for dietary change but are not likely to recognise the need for a change in activity levels. This is because for diet, parents' awareness of the problem is high so they are already actively engaged in risk behaviours. However, for physical activity, parents tend to believe their children are already active enough and they are less inclined to see their children's activity levels as their responsibility than they are with their children's diet.
- In addition, some parents find it difficult to make the link between diet and activity, and will reject communications that try to make that connection clear.
- Combining diet and physical activity in communications can also perpetuate unhealthy diets as parents believe that as long as children are active, it does not matter what they eat.

The research concluded that, to be sufficiently motivating, diet and activity messages need to occupy very different emotional territories:

- Messages on diet that outweigh the negative, short-term consequences of introducing healthy diets (eg resistance from fussy children) by 'shocking' parents with the long-term negative consequences of failing to change behaviour can be very motivating, but careful testing with representative focus groups is needed on the exact wording before such messages are used.

- Successful messages about activity focus on 'disarming' parents by showing the positive benefits (non-health-related) of being active with children, such as creating treasured family memories.

In addition to communication which motivates families to address their children's diet and activity levels, the research recommended that:

- Parents would require specific, supportive messages that empower them to make changes.
- Messages will need to feel relevant and actionable and should be easily adaptable to normal family life, and presented in a down-to-earth way.
- The language used when communicating to families needs to be clear, simple and non-judgemental, and the tone of voice needs to be empathetic and positive. This will help secure participation from the target audience. Further details about what works (language and imagery) are provided below.

### What works for the priority clusters – Language

- Language should be empathetic. Use 'we' and 'us', rather than 'you'.
- Don't tell parents what to do. This alienates and 'de-skills' them.
- Use 'could happen' rather than 'will happen' when talking about negative consequences. Parents need to feel that there is hope.
- Use the kind of colloquial phrases that parents use themselves, like 'bags of energy'.
- Acknowledge their concerns and reflect them back, by using phrases like 'It's hard to say no to your kids' and 'You don't have to turn into a health fanatic to do something about it.'
- Don't be judgmental. Avoid talking about the 'right' foods or 'good' and 'bad' energy.
- Direct references to 'obesity' and 'weight' alienate parents and may mean they fail to recognise themselves as part of the audience for a campaign or intervention.
- If you must talk about weight, use clear, simple language. Explain jargon and define terms like 'overweight' and 'obese'.
- Focusing on future dangers, which most parents are willing to acknowledge, will reduce the risk of parents 'opting out' of a communication because they don't believe their children are currently overweight or inactive.

### What works for the priority clusters – Imagery

- Images of happy, healthy children draw parents in and encourage them to identify with a shared goal.
- Images of adults make parents more likely to think "They're not like me, so this doesn't apply." Images of children are likely to appeal to adults, regardless of their background.
- However, images of very overweight or obese children also encourage de-selection since the majority of parents with overweight and obese children may be unaware of or sensitive about their children's weight status.
- Settings should be familiar and everyday, for example local parks, gardens or the kitchen.
- Avoid anything too aspirational or 'middle-class' – for example, toys, environments or clothes.
- Focus on images of children playing as opposed to taking part in specific sports or types of exercise, as sports and exercise may lead parents to turn off.
- For the same reason, avoid images of children eating specific foods.
- Imagery should reflect the fact that families, particularly those in the 'at-risk' clusters, often don't fit the stereotype of two parents and 2.4 children.

## Cluster-specific messages

Research has established that motivating propositions (re-framing diet in terms of negative long-term consequences, and activity in terms of positive family experiences) worked to stimulate a desire to change behaviour across all of the at-risk cluster groups. However, when creating targeted messages it may be necessary to create a mix of tailored messages.

**Tool D8** and the overview of research given on pages 139–140 provide insight into how families think and feel about issues and are a useful starting point for message development, as will any locally commissioned research. The following table suggests key issues that should be considered when developing messages to target one of the priority clusters.

Cluster	Mindset	Messaging considerations
1	Cluster 1 families are fatalistic about their ability to make changes and believe the barriers to doing anything are too substantial. They are particularly sensitive to judgement of their parenting skills.	Emphasise how the barriers – time, cost and convenience – can be overcome. Demonstrate that change is achievable – possibly by showing that others like them are achieving it. Avoid any implicit judgement of parenting skills.
2	Cluster 2 parents have low levels of understanding of the issues but are keen to be 'good parents'.	Encourage personalisation by talking about the kinds of issues they are struggling with, such as child fussiness. Messages should aim to increase their awareness of diet- and activity-related issues but will need to focus on 'skills' for implementing solutions as well as the solution, eg how to encourage fruit and vegetable consumption, and not just why it is important. As this cluster tends to be in a lower socioeconomic group, solutions should be low-cost.
3	Cluster 3 parents believe they know a lot about diet and physical activity and believe their family are already healthy.	As parents in this cluster are least likely to recognise the issue as belonging to them, messaging will need to personalise the issue by demonstrating likely gaps between perceived and actual behaviour. There will be less need to overtly tackle barriers such as 'time' and 'cost'.

## Communicating to black and minority ethnic (BME) families

Research with BME communities shows that **direct messages regarding health, childhood obesity and associated health risks were most successful**. As with mainstream communities, messages about diet tended to have more impact than messages about physical activity, and communications will have to work hard to encourage take-up of messages about physical activity.

### Hard-hitting messages relating to diet resonate

As with the general population, effective diet messages were often those that raised parents' awareness of the long-term, negative consequences of indulgent food practices.

### Rational messaging relating physical activity to education is more successful than emotional messages

The positive emotional messages that connected physical activity with happy family memories were seen as too 'soft' and emotional. This reflects the insight that parents in these communities do not connect health with happiness in the same way that mainstream communities do, and also reflects the absence of physical activity traditions in their cultural life. Messages that motivated parents most were those that linked educational attainment and physical activity under the heading of 'energy for learning'. This fitted parents' own priorities and was easy to understand.

### Other considerations based on research findings

- It is possible to talk directly to these communities about the dangers of childhood obesity. The issue is not as emotive in these communities and deselection is less likely.
- Extended family will be an important additional target audience, to ensure that grandparents do not undermine mothers' attempts to improve children's diets.
- For mothers with low English language levels, children are important conduits for information.
- These communities are more comfortable with face-to-face communication through community workers than with communication using telephone, internet services or leaflets.
- Engaging community leaders and workers is likely to be important, particularly to create 'cultural licence' for increased activity levels.

## The National Marketing Plan – social marketing at a national level

The Government has committed £75 million to a three-year marketing programme to combat obesity. This programme will be amplified by partnership work with commercial organisations and non-governmental organisations. This programme is driven by a substantial body of research. **Local authorities and PCTs can access a draft report that describes this research via the obesity lead in their Regional Public Health Group, or by emailing [healthyweight@dh.gsi.gov.uk](mailto:healthyweight@dh.gsi.gov.uk).** A final version of the report will be published in late 2008, informed by continuing research. In the meantime, the Cross-Government Obesity Unit welcomes feedback on the draft report.

The aim of this programme is to use marketing as a catalyst for a societal shift in lifestyles in England, resulting in fundamental changes to those behaviours that lead to people becoming overweight and obese. The programme will not tell people what to do; rather it will seek to recruit people to a lifestyle movement, which they can join and in which everyone can play their part.

The programme will:

- create a new 'movement' called Change4Life, which will speak to and for the public on this issue; the new movement will be the author of all public-facing marketing and communications
- direct people to a suite of targeted products and services (including those developed/delivered locally)
- build a coalition of partners (across Government, local service providers, commercial and third sector), all working together under a common banner
- create targeted campaigns which use a mix of very simple universal messages and tailored messages which take account of people's individual needs and circumstances.

The programme will explain the long-term health consequences of poor diet and activity levels and will raise this as an issue that is relevant to the whole of society.

Specific targeted campaigns will be developed for the following groups:

- pregnant women
- parents of children aged 0-2
- at-risk families
- those minority ethnic groups that the Health Survey for England and Department of Health research shows to be most at risk.

The campaign will initially focus on clusters 1, 2 and 3 (see [Tool D4](#) and page 59) as the highest priority since research indicated that these families had the highest risk of their children developing obesity.

The campaign will seek to 're-frame' the issue of obesity so that families begin to personalise the issues of poor diet and low physical activity levels. The Department of Health will then schedule messages promoting diet and physical activity to fit into the natural calendar of family life. For example, messages about physical activity will be timed to coincide with school holidays.

In later years, specific activity will be developed for:

- young people
- at-risk adults
- stakeholders (such as the NHS workforce).

There will be a Change4Life website and helpline giving people access to tools, support, advice and information. In particular, there will be a tool that lets people search for local services and activities.

The Department of Health team will make detailed marketing plans available in advance of all activity and will provide a campaign toolkit to give local and regional teams everything they need to develop activity locally. It is recommended that, wherever possible, local organisations join up any marketing or communications activity that are run so that:

- local activity can benefit from the umbrella support provided by the national campaign, and
- people who are motivated by the national activity can easily find locally-delivered products and services.

In addition, the Department of Health recommends that local areas do the following.

- Design interventions or services that support the national movement: eg opportunities for children to get their hour a day of physical activity, or opportunities for families to trial different ways of achieving 5 A DAY.
- Ensure details of all services (such as breastfeeding cafés, walking buses, or cookery classes) are included within the searchable tool.
- Synchronise any behavioural guidance with that provided by the Department of Health campaign (so that people are not given conflicting advice).
- Explore ways in which they can recruit local partners, whether from the commercial or voluntary sector, to the movement.
- When appropriate, use the brand name for new communications.
- When appropriate, use the central helpline and website as the call-to-action in communications.