U.S. Department of Health and Human Services
and
The Advertising Council

HEALTHY LIFESTYLES AND DISEASE PREVENTION MEDIA CAMPAIGN:
Take a Small Step to Get Healthy

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EXECUTIVE SUMMARY

Goals and Objectives

- The Healthy Lifestyles and Disease Prevention Media Campaign complements other public health initiatives addressing overweight-obesity that are sponsored by the U.S. Department of Health and Human Services and its agencies including the Centers for Disease Control and Prevention, the National Institutes of Health and the President's Council on Physical Fitness and Sports. The Campaign's ultimate goal is to help reverse the trend toward overweight-obesity in the U.S. and its resulting health consequences.
- The Campaign's primary communications objective is to increase awareness, change behavior and promote healthier lifestyles among millions of Americans who are currently unhealthy and/or overweight and at risk for obesity and long-term chronic disease.

Facts of the Problem

- 64% percent of the U.S. population is overweight or obese (Flegal et al., 2002).
- Between 1980 and 2000, the percentage of obese adults, 20-74 years of age, in the U.S. population doubled from 15 to 31% (Flegal et al., 2002).
- In 2000, the total direct and indirect costs of obesity, including medical costs and lost productivity, were estimated at $117 billion annually (Surgeon General, 2001).

Issues

- Primary and secondary research for the Healthy Lifestyles and Disease Prevention Media Campaign confirmed that people encounter numerous personal, environmental, social and cultural barriers to getting enough exercise and eating healthier foods.
- Most adults are knowledgeable of the benefits of physical activity, eating less fat and eating more fruits and vegetables, but lack the motivation and skills to maintain healthier diets and behaviors in their daily routines over long periods of time.
- Weight loss efforts are often motivated by special occasions or needs, but long-term changes in behavior and weight loss are difficult to maintain.
- People have intention to change, but require social support, suggestions and skills that can be easily adapted and maintained in their busy lives over time.

Target Audiences for the Campaign

- The general market (adults 18+) with a focus on "Family Builders," those age 25-49 years of age with children 18 or under living at home. Family builders represent 36% of the U.S. population. The Campaign also includes specific efforts targeting African American and Hispanic/Latino Family Builders (McCann-Erickson, 2003).

Solutions

- The Communications Strategy for the Healthy Lifestyles and Disease Prevention Media Campaign focuses on the strategic "Selling Idea": *"Experience the Power of Small Steps."*
- "Small Steps" is a concept derived from Social Learning Theory (Bandura, 1986; NCI 1997) and is viewed by health experts as a helpful approach for motivating individual attitude and behavioral changes to reduce overweight-obesity.

- The Healthy Lifestyles and Disease Prevention Media Campaign is broadcast on a donated basis in Television, Radio, Newspaper, Magazine, Internet, and Out-of-Home media. The public service messages give people information about how they can modify their lifestyles to become healthier and drive them to a website, www.smallstep.gov, with information on small, practical steps for losing weight and maintaining a healthier lifestyle among other relevant topics.
- The Campaign's television and radio public service messages, which include general audience, African-American and Hispanic/Latino-targeted advertising, use humor to inspire overweight adults to incorporate "Small Steps" into their hectic lives. The "Small Steps" communicated represent doable, desirable healthier eating and activity behaviors that do not require drastic changes in lifestyle, and should be sustained over time.
- The Campaign's print public service messages combine images of average, overweight Americans with clever graphics to demonstrate how small changes in activity and diet over time can produce visible changes in physical appearance and health.

INTRODUCTION: RECENT GOVERNMENT EFFORTS

"When it comes to your health, even little steps can make a big difference."
George W. Bush, President of the United States (June 20, 2002).

~ ~ ~ ~

"Americans need to understand that overweight and obesity are epidemic in our country today, and the health consequences are real and extensive. At the same time, each of us needs to know that we can take effective action, a few small steps at a time, to protect our own health and control this epidemic." **Tommy Thompson, Secretary of Health and Human Services, U.S. Department of Health and Human Services (March 9, 2004)**

~ ~ ~ ~

In 1996, based on evidence that rates of obesity in the United States had sharply increased, the Centers for Disease Control and Prevention (CDC) and the American College of Sports Medicine issued public health recommendations to encourage citizens to minimally complete 30 minutes or more of moderate intensity physical activity, like walking, five or more times per week (Pate et al., 1995). The Surgeon General and the National Institutes of Health swiftly confirmed these important new recommendations (NIH, 1995; USDHHS, 1996). During the same year, the U.S. Preventive Services Task Force issued guidelines to health care providers to advise patients to include physical activity in their daily routines (USPSTF, 1996). Since that time, health practitioners and researchers have been striving to implement and evaluate measures to thwart the escalating rates of obesity in the United States. While such efforts have not been without merit, they have not been entirely successful (Tudor-Locke, 2002). By the year 2000, obesity in the United States and around the world had become epidemic (NHLBI, 1998; WHO, 2000; Bray et al., 2004).

In 2001, the United States Department of Health and Human Services (USDHSS) developed a program called the *Healthier US* initiative. This program, as well as similar initiatives developed by other respected private and public health organizations such as the American Dietetic Association, the American Diabetes Association, the National Cancer Institute and the CDC, encourages Americans to make and maintain realistic lifestyle changes toward achieving a longer and healthier lifespan. Additionally, the Surgeon General issued *A Call to Action to Prevent and Decrease Overweight and Obesity 2001*, a report that highlighted the epidemic levels of overweight and obesity in the United States. The Surgeon General recommended immediate action to address the problem and prescribed strategies including "an informed, sensitive approach to communicate with and educate the American people about health issues related to overweight and obesity" (Surgeon General, 2001).

In 2002, to complement a variety of USDHSS programs, President George W. Bush appointed an elite group of physicians, athletes and other fitness experts to preside over the President's Council on Physical Fitness and Sports. The Council's objective is to encourage Americans to adopt healthier behaviors including being physically active every day and developing good eating habits (*HealthierUS*, 2002).

Recently, the USDHSS, in collaboration with The Advertising Council and its partners, launched the Healthy Lifestyles and Disease Prevention Media Campaign: *Take a Small Step to Get Healthy*, a population-based health communications program targeting U.S. adults who have unhealthy habits and/or are overweight-obese. This initiative complements existing USDHHS programs and resources and is designed to encourage Americans to pursue healthier lifestyles to prevent overweight-obesity and consequent health risks. The Campaign promotes awareness of small, realistic and practical solutions to help adult Americans, and families in particular, improve their levels of activity and nutrition. Through the remaining first decade of the 21st Century, it is hoped that millions of Americans will take "Small Steps" to improve and maintain their health. Indeed, the cumulative effect of millions of small, practical and repeated efforts to improve individual health, among other public and private measures, is needed to help curb the health, social and economic consequences of overweight-obesity that now burden the American population. As such, Americans must be encouraged to make every effort to reduce their risk of becoming and remaining overweight or obese (The Advertising Council, 2004).

Background on the Campaign

This report describes and summarizes the communications strategy for the Healthy Lifestyles and Disease Prevention Media Campaign. The communications strategy was developed to guide the development of the Campaign, its specific messages, informational materials and activities. The Campaign is funded by the U.S. Department of Health and Human Services, and was developed by The Advertising Council and its volunteer partners. The goal of the Healthy Lifestyles and Disease Prevention Media Campaign is to prevent overweight-obesity and the resulting health consequences among adults and to help reverse the trend toward inactivity and poor eating habits in the United States.

Healthy Lifestyles and Disease Prevention Media Campaign objective:
To encourage Americans to begin making behavior changes toward the maintenance of a healthy lifestyle, including increased physical activity and improved diet that can help prevent overweight-obesity.

Key decisions underlying the communications strategy:

- The Campaign will focus on primary prevention;
- The Campaign will promote helpful strategies to prevent and reduce the prevalence of overweight in the U.S. population;
- The Campaign will target adults in the general market with families, including African American and Hispanic/Latino audiences;
- The Campaign messages will be specific to target audiences;
- The Campaign will be relevant to activities and initiatives promoted by the U.S. Department of Health and Human Services;
- The Campaign will be broadly promoted through national and local media;
- The Campaign messages will run in donated media;
- The Campaign messages will be repeated over a long period of time, with updated approaches to keep the target audience engaged and motivated (Backer et al., 1992);

Why tackle the problems of overweight-obesity?

Physical activity and overweight-obesity are two of the ten leading health indicators for the prevention of long-term chronic disease as defined by the U.S. Department of Health and Human Services *Healthy People 2010*. *Healthy People 2010* is a set of health objectives, based on scientific evidence, that were created for the country to achieve over the first decade of the 21st century. These objectives are based on similar criteria developed for the 1979 Surgeon General's Report, *Healthy People* and *Healthy People 2000*. These objectives can be applied by State and local government health agencies, communities, organizations and individuals to develop programs that can improve health (*Healthy People 2010*).

Specifically, physical activity and overweight-obesity determine health status for key clinical and public health concerns including Type 2 diabetes, heart disease and stroke, disability, chronic kidney disease and maternal, infant and child health (Healthy People *2010*). Preventing overweight and obesity can also help prevent the serious health, social and economic consequences of long-term chronic disease, like Type 2 diabetes, for millions of Americans.

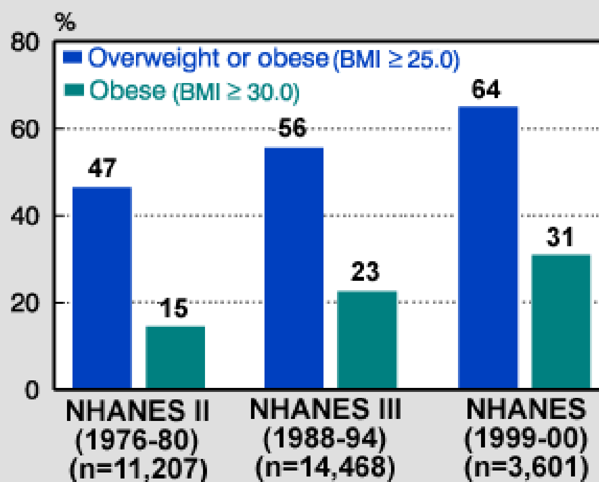
The *Healthy People 2010* objectives for achieving improvement for these key health indicators are to:

- Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day; and

- Reduce the proportion of adults who are obese.

Evidence of overweight and obesity among adults:

- Over the past two decades the proportion of obese adults 20-74 years of age in the U.S. population doubled from 15 to 31% (Flegal et al., 2002).
- In 1980 more than half of the U.S. population was of normal weight. By the year 2000, only 35% of the population was normal weight. The dramatic increase in overweight and obesity is recognized for both women and men, in all adult age groups, and among all racial and ethnic groups surveyed (Flegal et al., 2002).
- Rates of chronic diseases directly related to overweight and obesity, such as diabetes, hypertension and heart disease, are disproportionately higher in African American and Hispanic/Latino populations (NCHS, 2000; Mokdad et al., 2003; Thorpe et al., 2003).



(CDC, National Center for Health Statistics, *Health E-Stats*, Overweight and Obesity, 2002)

Race/ethnicity	Number of people with diabetes (2002)	Percent of racial/ethnic population (2002)
Hispanic/Latino	2.0 million	8.2%
African American/non-Hispanic Black	2.7 million	11.4%
Non-Hispanic White	12.5 million	8.4%

Diabetes by race and ethnicity (CDC, 2003)

Factors contributing to overweight-obesity in the U.S.

According to health experts, body weight is determined by genetic, metabolic, socioeconomic, cultural, environmental and behavioral factors. Overweight-obesity, in particular, is the result of an imbalance between energy ingested and energy expended over a long period of time (CDC, 2003). Although the actual causes of the overweight-obesity epidemic in the United States are unclear, it is believed by many health experts that variations in environment and behavior, such as sitting for hours and watching television or overeating large portions of high-fat, calorie-dense foods and sweetened drinks, may contribute to many people becoming overweight and obese (Surgeon General, 2001; American Dietetic Association, 2002; CDC, 2003; Bray et al., 2004).

Associations with other serious diseases

Overweight and obesity are associated with increased risks for diabetes, heart disease, hypertension, elevated levels of triglycerides (blood fat) and decreased levels of high-density lipoproteins (HDLs) or "good cholesterol". Overweight and obesity are also linked with increased risks for endometrial, prostate, gallbladder, kidney and post-menopausal breast cancers. Excess weight can cause reproductive complications and increase the risk of developing arthritis, sleep apnea and asthma as well as increase surgical risks (Surgeon General, 2001). According to the CDC, excess weight accounts for the significant effect that inactivity and poor diet have on mortality.

Obesity in children

The prevalence of obesity in children and adolescents has also more than doubled since the early 1970s. Today, the prevalence of obesity among youth 6 to 19 years of age is 15% (Ogden et al., 2002). A recent survey by the New York City Department of Health and Mental Hygiene and the New York City Department of Education found that 43% of enrolled children in kindergarten through the fifth grade were overweight (19%) or obese (24%). Rates of obesity were higher in Hispanic/Latino (31%) and African American (23%) children than among Asians or Whites (Thorpe et al., 2003). %).

Age group	1971-1974	1999-2000
Children 6-11	4%	15%
Adolescents 12-19	6%	15%

Prevalence of obesity among youth in the U.S. (CDC, 2002)

A recent study by the U.S. Department of Agriculture found that the proportion of foods (and soft drinks) consumed by children from fast food outlets and restaurants increased nearly 300% between 1977 and 1996, during the same period that Body Mass Indexes (BMI) for children also increased in the U.S. (St-Onge et al., 2003). Not only has the prevalence of overweight children in the U.S. increased, but children have also become heavier (Jolliffe, 2004).

Consequences of a continued negative health trend and the need for urgency

The number of severely obese people, who weigh more than 100 pounds over a healthy weight, also increased from 1 in 200 in 1968 to approximately 1 in 50 by the year 2000. Recent estimates and predictions by health researchers suggest that 40% of the U.S. population -- 68 million people -- will be obese by the year 2010. Some experts now predict that by the year 2040, only 5% to 15% of the population will maintain a healthy weight (Hellmich, 2003). Without producing a significant reversal in the trend toward overweight-obesity, adult Americans will be more likely to face serious health consequences (Daviglus et al., 2003; Fang et al., 2003).

Costs to the nation

As the current population ages, chronic diseases resulting from obesity threaten to significantly strain both public and private resources. A recent analysis sponsored by the CDC indicates that health care expenditures are 37% higher for persons who are overweight and obese than for those who are normal weight. These costs are distributed among the population, adding an average of $732 to each American's annual health care costs (Connolly, 2003). Health economic analyses have estimated that the direct and indirect costs of obesity were $117 billion in 2000 (Surgeon General, 2001). The costs of obesity, and diseases like diabetes that are related to obesity, represent approximately 1 in 10 dollars spent in the U.S. for health care (Colditz, 1999; Hodgson & Cohen,1999; American Diabetes Association, 2003).[1]

Why start with lifestyle changes?

Although individual genetics and metabolism are key factors in determining body weight and mass, human interaction with the environment, society and culture can influence behavior that contributes to weight gain and changes in health over time. Individual lifestyles, which include how people eat and exercise, can influence long-term health outcomes. For instance, adults can reduce their risk for Type 2 diabetes by 60% simply by engaging in 30 minutes of exercise on most days and keeping their Body Mass Index (BMI) under 25, which is the threshold for being considered overweight (Knowler et al., 2002; Thorpe et al., 2003).

Measures of weight – measures of risk

Body Mass Index (BMI) is the current standard for determining weight-by-height and is one of several measures applied by health care practitioners to assess obesity and individual risk for disease and disability. Other commonly applied measures include waist circumference, blood pressure, blood sugar and cholesterol levels (Garrow & Webster,1985; CDC, 2003).

The formulas for calculating adult BMI are both Metric and English.

> The metric formula for adults is:
> [(weight in kilograms)/((height in meters) x (height in meters))] = BMI
>
> The English formula for adults is:
> [(weight in pounds)/((height in inches) x (height in inches))] x 703 = BMI

---

[1] Direct costs represent health and hospital care expenses; indirect costs refer to the costs of disability, work loss and premature mortality.

The interpretation of BMI is standardized for both women and men of all ages:

BMI	Weight Status
Below 18.5	Underweight
18.5-24.9	Normal
25.0-29.9	Overweight
30.0 and above	Obese

It should be noted that BMI is not an accurate health assessment for all people. While an individual's BMI correlates with body fat, it does not specifically calculate the amount of body fat for each person. The correlation between body fat and body mass depends on many factors, including age, gender, and muscle mass.

STATEMENT OF THE PROBLEM

Today, approximately 64% of American adults, of all races and ethnicities, are overweight or obese, possibly because of over-consuming calorie dense foods and drinks and having insufficient levels of physical activity (Flegal et al., 2002; Bray et al., 2004). Although the causes of this epidemic are unclear, it is likely that redressing the trend toward overweight-obesity will require overcoming many individual, environmental, community and institutional barriers to healthier lifestyles (American Dietetic Association, 2002; Hellmich, 2003; Elliot, 2003; CDC, 2003). The barriers to healthier lifestyle behaviors may include:

The "built" environment

New technologies and the continuing evolution of time and labor-saving devices and machines, including modern modes of transportation and the reliance on motor vehicles, have been identified as possible factors contributing to the trend toward overweight and obesity. In the 1990s, while the prevalence of overweight and obesity was rising in the U.S. population, trips made by walking declined approximately 4% and automobile trips increased nearly 6%. Further, one-fourth of all trips people made were one mile or less, but three quarters of these trips were made by car (CDC, 2000). A 1995 survey by the U.S. Department of Transportation found that 86% of all person trips in the U.S. were made by car, but only 5% were made by walking (Hu & Young, 1999). A recently published study of Atlanta transportation patterns and body mass index has shown that each additional hour spent in a car per day was associated with a 6% increase in the chance of obesity (Frank et al., 2004; Becker, 2004). Other comparative studies have suggested that Americans walk and bike far less than Europeans and that there are significant disparities in activity among the poor (Frank & Engelke, 2000). However, many U.S. communities also lack parks, sidewalks or other public areas where people can safely walk, jog or cycle (Sallis & Hovell, 1990; Sallis et al.,1992).

Lack of physical activity

In 2002, according to the CDC's Behavioral Risk Factor Surveillance System, nearly 25% of adults surveyed reported having no leisure time physical activity and many others were not active enough (CDC 2003; CDC, 2004). Further, the most recent 2003 estimates provided by the CDC's National Health Interview Survey, show that only 33% of adults 18 years of age and older were engaging in light-moderate leisure time activity for at least 30 minutes, five times per week; however, rates of activity were higher among White adults than Hispanic/Latino or African American adults (CDC, 2004). Both CDC surveys demonstrate that women tend to be less active than men and that leisure time physical activities also decrease with age as weight management and disease prevention are increasingly important for both genders (CDC, 2003; CDC, 2004).

Food excess in the environment

There are currently a vast variety of food options and food products available to consumers with higher sugar and fat contents. Portion sizes have increased over the years and calorie-dense, pre-packaged products, soft drinks and fast foods are more accessible than at any other time (American Dietetic Association, 2002; CDC, 2003; Bray et al., 2004). Americans have become accustomed to being "courted by food" and enticed by the "value marketing ratio" of larger portions for fewer dollars everywhere they go (Spake, 2002; Elliot, 2003). Evidence of these products in the consumers' environment suggests that eating healthier foods and smaller portions

are increasingly negotiable endeavors rather than essential tasks and behaviors to maintain health. There is evidence, however, that some fast food industry leaders may be responding to consumer advocacy and government concerns for the restaurant industry to include healthier food choices on menus (Connolly, 2003). Websites for several fast food chains currently offer detailed product nutrition information and suggest eating strategies for reducing fat, calories and carbohydrates.

Social and cultural factors

Public perception, attitudes and values become a common force when groups attain majority status. At 64%, overweight and obese people now represent a statistical majority in the U.S. As such they appear to have established a new status quo of inertia to physical activity and healthier eating (McCann-Erickson, 2003).

In 1985, 55% of Americans perceived others who were not overweight to be more attractive, compared with only 26% in 2002 (National Eating Trends, 2002). Although 60% of people indicate they would like to lose weight, one survey found only 24% of adults were on a diet (Roper Public Opinion Online, 3-2002; Calorie Control Council, 2002). Other government health studies estimate that 77% of adults may not be eating enough fruits and vegetables and that most adults are not active enough (CDC, 2003). Even so, dieting has become a huge industry, with consumers spending $35 billion in 2000 alone on dieting resources and products (Calorie Control Council, 2002). However, consumer motivation for dieting may not be rooted in the need for a healthier lifestyle. Some market research suggests that consumers' most deeply held desires include buying new clothes, sleeping late, taking naps, spending quality time alone, ordering out dinner, and eating something "decadent and sinful"(Yankelovich Monitor, 2002).[2] Moreover, American consumers demand convenience, expediency and immediate gratification in virtually every aspect of their lives, as noted by a plethora of time-and-effort-saving products and services currently marketed and available to consumers (McCann-Erickson, 2003). Weight loss and increasing physical activity, on the other hand, are more likely to be accomplished with small, incremental lifestyle changes that require some time and patience.

Americans are also inundated with media that promote unrealistic messages and images of success with products or equipment that are unlikely to produce permanent weight loss and ultra-fit physiques without continuous rigor and commitment. As a consequence some adults have experienced disappointment on so many occasions they admit to having become jaded and skeptical.

"There are so many gimmicks in "fit" or "shape" magazine…they're in your face, constantly nagging." (Family Builder)

Psychological and emotional factors

Eating

Studies suggest that stress and negative moods (such as anger, depression, worry, hopelessness and dissatisfaction) are antecedents to episodes of binge eating for some people and offer

[2] National Eating Trends, Roper Public Opinion and Yankelovich Monitor market data are proprietary information provided directly to McCann-Erickson.

temporary relief for negative feelings (Stickney et al., 1999, Wolff et al., 2000). However, the relationships between moods and binge eating among people who are chronic dieters is complex and believed to serve as a distraction from distress or mask the source of dysphoria (Polivy & Herman, 1999). Cycles of binge eating and dieting among the obese, in particular, may require special intervention (DiGioacchino & Sargent, 1998)

> *"Today I [feel] crappy, so I'm going to eat crappy food."* (Family Builder)
>
> *"I'm an emotional eater. When I'm depressed or sad, when life is overwhelming, I eat."* (Family Builder)
>
> *"To me, food is comforting too…I'm stressed out, divorced, not happy living here…. It's easier to have some cake than call a friend."* (African American Family Builder)
>
> *"Sometimes food can be your best friend. If you're down, it picks up you. But after the euphoria, it's gotta be your worst enemy."* (Family Builder)

Physical activity

Recently reported results from a nationally representative CDC survey of dieters also found that only one third of those trying to lose weight reported exercising more while also eating fewer calories. The researchers concluded that more effective strategies are needed to promote weight loss efforts that combine physical activity with calorie reduction (Kruger et al., 2004). Having social support from family and friends has also been correlated with regular physical activity (CDC, 1999).

Over the past two decades, numerous psychosocial and cognitive approaches have evolved to help educate people in practical skills, to change attitudes and beliefs that can help reduce their risk for disease. However, even experienced clinicians seem perplexed and discouraged by their patients' failures to lose weight (McCann-Erickson primary market research, 2002):

> *"Americans spend billions on diet and exercise products and they're still overweight. What's out there is not working."* (Endocrinologist)
>
> *"I've stopped prescribing low calorie diets to most of my overweight or obese patients. They just won't adhere to them in today's world."* (Internist)[3]

[3] Quotes from doctors were provided from relevant McCann-Erickson market research conducted in 2002.

ROLE OF THE HEALTHY LIFESTYLES AND DISEASE PREVENTION MEDIA CAMPAIGN

The Center for Disease Control and Prevention's Task Force on Community Preventive Services recently evaluated a wide variety of programs designed to increase physical activity and reduce the burden of diabetes. According to the Task Force, health intervention messages targeting families are important and necessary as many risk factors for disease aggregate within the family and home environment (Kahn et al., 2002). The socially supportive environment of the family can influence, change and reinforce desired behaviors for children. Indeed, as demonstrated by the campaign's qualitative exploratory research, adults can be highly motivated to address diet and activity issues with their children:

> *"My daughter is obese. I have to give her a balanced meal. She's 12. I never had a weight problem at that age."* (African American Parent)
>
> *"I have to play games with my son. I tell him that I will take him to McDonald's if he eats something healthy first. Then, he ends up forgetting about McDonalds."* (Hispanic/Latino Parent)

What We Hope to Achieve

- Encourage at-risk Americans who are overweight or obese to adopt healthier lifestyles by making changes in their eating habits and adding physical activity to their everyday routines;
- Increase awareness of health problems associated with overweight-obesity and provide information and individual solutions that can help motivate changes in attitudes and behavior;
- Increase awareness of the Healthy Lifestyles and Disease Prevention Media Campaign and public service announcements (PSAs) among target audiences;
- Drive traffic to the Healthy Lifestyles and Disease Prevention Media Campaign website, www.smallstep.gov

Scope of the Healthy Lifestyles and Disease Prevention Media Campaign

The Advertising Council only represents public service campaigns that are non-commercial, non-partisan, non-denominational, and national in scope, so addressing some of these complex environmental and social factors would be in opposition to its policy. However, the Campaign can begin to effectively address some of the *individual factors and choices* that form barriers to a healthy lifestyle.

Individual factors

There are a variety of well-recognized individual barriers to maintaining healthier lifestyles that can reduce overweight-obesity and the risk for long-term chronic disease like diabetes. These barriers include:

- Not having enough time to exercise or eat right;
- Having too many competing priorities between work and family;
- Lack of helpful information;
- Lack of social support from family and friends;
- Lack of confidence in the ability to be physically active (low self-efficacy);
- Lack of ability or capacity to self-monitor or maintain progress; and the
- Lack of enjoyment/avoidance of pain or injury (Sallis &Hovell, 1990; Sallis et al.,1992).

Time and the lack of motivation

> ***"The gods had condemned Sisyphus to ceaselessly roll a rock to the top of a mountain only to have the stone fall back down of its own weight, because they felt that there was no more dreadful punishment than futile and hopeless labor."***
> *(Myth of Sisyphus, Camus)*

Campaign qualitative exploratory research with adults, completed in January and February 2003, confirmed many well-recognized individual struggles and personal barriers to improving dietary habits and levels of physical activity. Many study participants complained about the lack of time or motivation to attend to their health needs, as if it were a "Sisyphean task" (McCann-Erickson, 2003).

> *"It's hard to get into an exercise regimen: you have to go, sign up, pay money, make an effort to get there, then rearrange your whole schedule."* (Family Builder)
>
> *"It's the time, but even if I had the time, I don't think I'd do it…It's very hard…I've got laundry piled up on the treadmill."* (Family Builder)
>
> *"You come [home] tired from work and you prefer to sit down and watch TV."* (Hispanic/Latino Family Builder)
>
> *"I'm stressed, I'm tired and just want to go home and eat."* (African American Family Builder)

> *"I don't have the time. My wife and kids take up the little free time I have."* (Hispanic/Latino Family Builder)

> *"I'm usually on the go and don't have time to really eat a meal…so I eat junk throughout the day and when it's time to eat a meal, I'm not hungry."* (Family Builder)

Competing Priorities

According to the qualitative exploratory research, families struggle to achieve healthier eating because adults are struggling with the constant needs and demands of their children. For some adult householders, eating out was purely a matter of convenience to accommodate their long work schedules.

> *"I don't want to go to a fast food place, but I have to. My kids scream, 'there it is Mom, we want to go'…my kids, the little garbage disposals."* (Family Builder)

> *"It's so much easier to get something fast to eat. You do what's easiest." (Family Builder)*

> *"We just grab something like pizza…after coming home from work at the end of the day, I just say 'where do you want to go?'"* (Family Builder)

Tasks and needs without a "quick fix" ordinarily fell to the bottom of the long list of daily priorities:

The Family Builders To Do list:
Sit at computer at work
Pick up kids
Take kids to sports
Grab take-out dinner
Help kids with homework
Pay bills
Watch TV
Clean house
Exercise and eat healthy…?

> *"It's hard to carve out 'me time'. Working out is not an option for me. Family and work commitments make it hard. I long for my college days."* (Family Builder)

> *"I need more time to myself. I've got family and stress on the brain. I go home (after work) and I cook and do a myriad things. I need 3 hours to go to the gym."* (Family Builder)

SCIENTIFIC BASIS FOR THE COMMUNICATIONS STRATEGY

In preparation for the market research required for the Healthy Lifestyles and Disease Prevention Media Campaign, The Advertising Council and McCann-Erickson received extensive health issues briefings. The first briefing was conducted by USDHSS in November 2002 in Washington, D.C. and a second health program and research briefing was conducted in December 2002 at the CDC in Atlanta, Georgia. The Advertising Council, in conjunction with strategic planning and creative specialists at McCann-Erickson, also conducted an extensive literature review (see References and Appendix B).

In January and February of 2003, The Advertising Council conducted 8 focus groups and 6 in-depth ethnographic interviews with adult men and women in three regional U.S. markets to learn more about consumer knowledge, attitudes, and behaviors concerning health and lifestyle (see Appendix C).

The Advertising Council's qualitative exploratory research

Objectives of the primary research:

- To conduct in-depth, psychographic assessments of knowledge, beliefs, attitudes and behaviors concerning a healthy lifestyle and body weight, both within and across specific segmented adult target audiences;
- To assess (within and across key adult target audiences) current barriers, both perceived and actual, to achieving a healthy lifestyle and body weight;
- To determine what knowledge, beliefs, attitudes, behaviors and barriers regarding healthy lifestyles and body weight are *similar* across adult target audiences;
- To determine what knowledge, beliefs, attitudes, behaviors and barriers regarding healthy lifestyles and body weight are *distinct* across adult target audiences; and
- To identify the most powerful and compelling insights that would form the basis of the "Selling Strategy" for the Healthy Lifestyles and Disease Prevention Media Campaign.

To achieve these objectives, the qualitative exploratory research was conducted using focus groups in Tampa and Chicago, and by ethnography and in-depth interviews in Los Angeles and Chicago. These markets were selected on the following basis:

- Each State represented a geographically distinct section of the United States.
- Florida, Illinois and California have high rates of obesity in their populations. The State rates of obesity and diabetes also increased significantly during the 1990's (Mokdad et al., 2001 & 2003).

State	Percent obese 1991	Percent obese 2001
Florida	10.1%	18.4%
Illinois	12.7%	20.5%
California	10.0%	20.9%

Prevalence of obesity in population by State and year (CDC, 2003)

State	Percent with diabetes – 1994	Percent with diabetes – 2001
Florida	4.7%	6.7%
Illinois	5.4%	6.5%

California	5.2%	7.2%

Estimated prevalence of diabetes in adult population by State and year (CDC, 2003)

- Tampa, Chicago and Los Angeles have racially and ethnically mixed communities with strong Hispanic/Latino and African American markets (U.S. Census Bureau, 2000).

City	Total population	Percent Race or Ethnicity
Tampa	303,447	Hispanic/Latino 19.3% (n=58,522) Black/African American 27.2% (n=82,470) White 51% (n=154,812)
Chicago	2,896,016	Hispanic/Latino 26.0% (n=753,644) Black/African American 37.4% (n=1,084,221) White 31.3% (n=907,166)
Los Angeles	3,694,820	Hispanic/Latino 46.5% (n=1,719,073) Black/African American 12.0% (n=444,635) White 29.7% (n=1,099,188)

Population demographics for three U.S. cities (U.S. Census Bureau, 2000)

Methods

Three experienced market research consultants (including one specialized in Hispanic/Latino consumer market research) were contracted to recruit participants for the focus groups and in-depth interviews. All focus groups and in-depth interviews were conducted by professional interviewers and moderators.

Qualitative research was focused on four segmented adult target audiences:

- Young Adult Career Builders, 20-29 years of age as a comparison group;
- Family Builders, 25-49, years of age with children age 18 or under living at home;
- African-American Family Builders, 25-49 years of age, with children age 18 or under living at home; and
- Hispanic/Latino Family Builders, 25-49 years of age, with children age 18 or under living at home.

General demographic *inclusion* criteria for research participants:

- Equal representation of men and women;
- Inclusion regardless of marital status;
- Inclusion regardless of educational status;
- Incomes $30K-$50K, 25% with incomes less than $35K; and
- Inclusion regardless of part-time or full-time employment status.

General *exclusion* criteria for qualitative research participants were as follows:

- Self-report of vegetarian or vegan diet;
- Self-report of being “healthy eaters all the time”;
- Self-report of being “physically active all the time”;
- Self-report of being diabetic or pre-diabetic;
- Self-report of diabetes or pre-diabetic conditions in the immediate family;
- Employment in health care, medical practice or diet and nutrition services;

- Employment in advertising, marketing or public relations; and
- Intention to participate in market research within a 21-day period from date of call.

"Selling Strategy" concepts tested in focus group were based on scientific briefings and health program and literature reviews as mentioned at the beginning of this section. The concepts tested included:

- The benefits of doing 30 minutes of moderate physical activity each day, either consecutively or spread out during the day;
- Ideas and suggestions for activities for people to incorporate into their busy schedules to keep fit;
- Encouraging people to find a friend or family member to exercise with; and
- Confirming that it's OK to skip a day of eating healthy or physical activity, as long as these behaviors are continued over time.

Key insights from the qualitative exploratory research:

- Consumers have high awareness of the importance of diet and activity as part of a healthy lifestyle and consider themselves knowledgeable of what they should be doing to stay healthy. However, most people are doing nothing to improve their short and long-term health outcomes.
- Consumers perceive eating healthy and getting regular exercise as very difficult *have to-dos* that are not supported by their modern, technology driven, instant gratification lifestyles. Consumers feel overwhelmed and are quickly de-motivated and distracted by professional and family obligations. Healthy intentions, therefore, frequently fail to achieve priority status in the busy wake of day-to-day living.
- Consumers are interested and willing to learn and practice new strategies that will help them increase activity levels and improve their diet, but only if these strategies involve desirable and do-able behaviors that they can easily adopt within the context of their busy lifestyles.

Detailed findings from the qualitative exploratory research:

A. Barriers

The respondents had many excuses for why they were unable to live a healthy lifestyle:

- Not enough time: family and personal obligations
- Too tired, too lazy
- Too expensive to eat healthy food
- Too expensive to join a gym
- Don't know how to cook healthy meals
- Too hard to do it alone (no family/household support)
- Too difficult to stay motivated
- Don't see results fast enough.

B. Motivators

The vast majority of respondents knew they had bad eating habits and did not get enough physical activity on a regular basis. They generally knew the consequences of an unhealthy lifestyle. Yet only a few thought they were truly at risk for disease later in life; many thought they'd "get their act together" and change at some point.

Potential motivators were varied and personal:

- Health scare: they found themselves personally at risk
- Self-esteem, self-confidence, ability to achieve a goal
- Doing for oneself – physically: to feel better, be more energetic, to look more attractive
- Doing it for one's children
- Becoming angry or disgusted with oneself: seeing numbers on the scale that are shocking or having to buy bigger clothing
- Doing something now so it will not become a desperate situation later in life.

By and large, there was a sense that the motivation had to come from within, but that this was a very difficult thing to do.

> *We make up our own minds about how we live.*

C. Reactions to a "Healthy Lifestyles" Campaign

The respondents were positive to the idea of a healthy living campaign sponsored by the government. They recognized that there was a problem with the U.S. population being overweight, which needed to be addressed.

> *Health is an issue just like violence is an issue. A lot of people pay attention to government intervention programs.*

Although they wished that the government would do some unrealistic things like:

- Make healthy food less expensive
- Force fast food restaurants to serve healthier food
- Give out free gym memberships

…and some potentially achievable things like:

- Educate children in schools about nutrition
- Serve healthier food to children at school,

Overall they felt a campaign might help motivate them by bringing attention to the seriousness of the problem and perhaps by giving them ideas on how to get started and stick with it.

While there was no one "magic bullet" to motivate the respondents in this study, they said repeatedly that they needed ideas that were convenient, things they could easily incorporate into their lives. A number of people mentioned that if they were Oprah, with a personal chef and personal trainer, they would have no problem losing weight and getting healthy. But since they

had to do it all themselves, it was perceived as a daunting task. They did not want to give up a lot. Few respondents thought they had the self-discipline required to stay on a diet and exercise regularly; they were looking for easy little things that could add up to make a big difference.

Something for people on the go that's easy, not a lot of steps.

Thus, the idea of tips that could be easily incorporated into their busy, stressful lives was interesting to the majority of the respondents. They wanted ideas on how to:

- Cook a healthy meal that was simple to make and that tasted good
- Choose/make a healthy snack
- Exercise while watching TV
- Find a partner to exercise with
- Develop a realistic plan with ways to splurge/take time off without giving up or having to "start all over again."

Because there are so many temptations in the environment, respondents said that they needed support – both encouragement and involvement by others – in order to live a healthy lifestyle. Without that support system, few thought they could achieve it. To that end, community-based programs through schools, clubs, the Y, religious organizations could be very helpful. In addition, models used in medical compliance programs – a person or call center for ideas, intervention or motivation – could help people stay with their program.

We're gonna do this together.

Theoretical framework for the Healthy Lifestyles and Disease Prevention Media Campaign

In order to provide relevant public service messages to encourage people to prevent and reduce overweight-obesity, the Healthy Lifestyles and Disease Prevention Media Campaign has integrated the concepts and strategies of several important behavioral change methodologies and strategies. These approaches include the Consumer Information Processing model, Social Marketing, Social Learning Theory and the Transtheoretical or "Stages of Change" model (as it is more commonly known). This theoretical framework is essential for developing and ultimately assessing the effectiveness of the messages produced for this Campaign.

Consumer Information Processing (CIP) and Social Marketing

Consumer information processing and social marketing concepts and strategies are used to influence consumer behavior and were drawn from the fields of communications, advertising, marketing and psychology. Since the 1970s, these theoretical concepts and strategies have been widely applied to mass media health promotion and disease prevention activities sponsored by public and not-for-profit health organizations (Bettman, 1979; Wartella & Stout, 2002; Atkin, 2002). The Campaign's communications strategy and creative production depend on these general concepts and strategies as follows:

- How audiences process information. For messages to be effective and remembered by the target audience, they must be simple and salient because the capacity to process information is relatively limited.
- How messages must be directed to target audiences and fit the situational context of the audiences' life experiences, knowledge, and attitudes and beliefs;
- How messages need to attract attention and stand out in the target audiences' perceptual field;
- How much experience the audience has with similar messages and decision-making; and
- Where messages are placed and how often they are seen. (Bettman, 1979; NCI, 1997).

Social marketing also emphasizes the importance of market research, audience segmentation, pre-testing concepts and messages with defined audiences as well as ongoing evaluation of promotional methods and approaches. Social marketing is consumer driven and based on the principle that audiences (whether individual, group or organizational) have resources such as time, money or effort which they would exchange for perceived benefits - in this case spending some time and effort to take *small steps* toward looking and feeling better (Kotler & Andreasen, 1991; NCI, 1997).

Social Learning Theory

Health behavior is influenced by a variety of individual, environmental, social, cultural, organizational and structural factors (such as law or policy) (NCI, 1997). The relationship between individual awareness, behavior and the environment, in particular, is mediated by "self-efficacy" – a person's belief in his or her own competence to perform specific behaviors in a specific context (Bandura, 1977). For many public health programs that promote individual behavior change, self-efficacy is a predictor of short and long-term achievement. Therefore, Bandura's (1986) Social Learning Theory is extensively applied to health promotion and disease prevention programs that focus on awareness of a desired behavior and the individual's

interaction with the external environment. One strategy for enhancing self-efficacy is recognized as *"setting small, incremental goals"* such as exercising for 10 minutes each day. As self-efficacy improves, greater goals and persistence with a plan of action are possible (NCI, 1997).

There is general agreement among health behavior researchers that the most important determinants of individual behavior change, particularly toward weight loss and regular exercise, are a person's *intentions to change*, their *self-efficacy* and the degree of *social support* available to them (Love et al., 1996). These factors were also reflected in the comments and recommendations of the participants in the qualitative exploratory research for the Healthy Lifestyles and Disease Prevention Media Campaign. These participants clearly indicated that they had positive intentions to lose weight and exercise. They recognized the value of social support and they referenced situations and ideas that would enhance their self-efficacy.

> *"I wake up at 7 a.m. and walk 2 miles with my neighbor. We've been doing it for four months. I need somebody there to come and get me…motivate me."* (Family Builder)
>
> *"I could break [activity] up into 10 minutes a piece. Maybe I could take the 10 minutes to run in place or do sit ups."* (Family Builder)
>
> *"I'd like to go [to the gym] everyday again. I had one of my buddies going with me but he moved. I need to stay motivated."* (African American Family Builder)

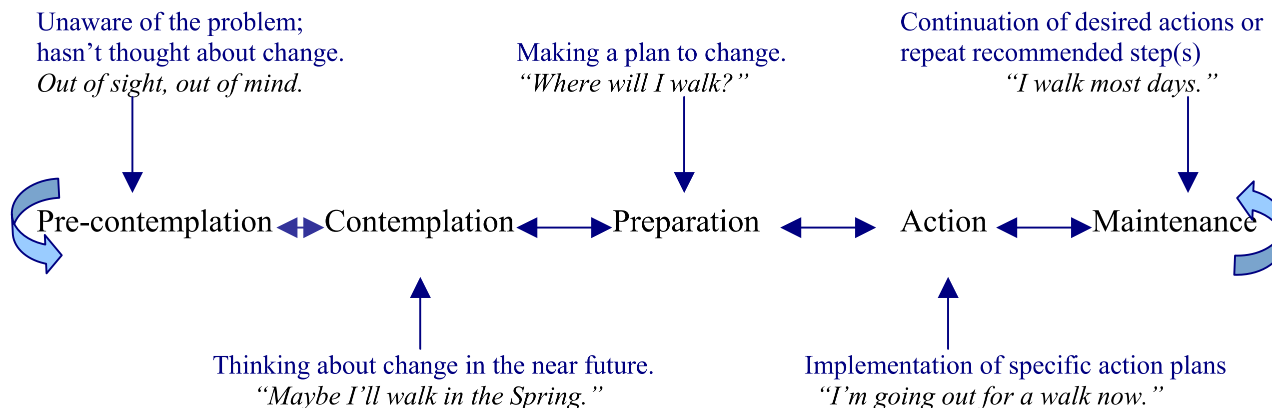
During the qualitative exploratory research, participants provided many ideas for small changes that they could incorporate into their daily routines as follows:

> *"I can* get off the bus a stop early and walk for 10 minutes.*"*
> *"I can* eat a snack of vegetables with low fat dip or dressing."
> *"I can* play with my kids in the yard for a half hour rather than watch TV."
> *"I can* prepare a healthier meal.*"*

Stages of Change

Another theory recognizes that human behavior evolves through various preconscious and conscious stages. Based on the Transtheoretical or "Stages of Change" model (Prochaska & DiClemente, 1984), behavior changes are viewed as a process rather than distinct events. Individuals are also recognized for being at different levels of readiness or motivation to change their behavior. A key assumption of this model is that people may not graduate smoothly from one stage to the next, but may exit or re-enter a stage of readiness at any point in the cycle (NCI, 1997). These different stages of readiness are described and illustrated below:

Stages of Change
(As *presented in:* Theory at a Glance: A Guide for Health Promotion Practice. NIH/NCI, 1997)



Based on the qualitative exploratory research, adult family builders are not at all oblivious to their need for behavior change. They are merely stuck in "contemplation". They can be temporarily motivated to make a plan for seasonal outdoor activities or for the need to look slimmer for a special occasion. However, they do not maintain these activities over time.

To be helpful for a national audience, a media campaign addressing overweight-obesity needs to motivate adult audiences to move out of "contemplation" and toward "preparation" and "action". The messages should provide positive reinforcement and help audiences maintain positive attitudes and intentions toward behavior change. The "Small Steps" being promoted through the public service messages and the website can help individuals think about and identify ideas and solutions for their own health action plans. These ideas are simple, varied and can be easily incorporated into daily routines to help raise personal self-efficacy. Many "Small Steps" focus on family involvement and offer opportunities for building social support to help maintain behavior change.

Walter Sikes' theory of behavior change also supports the idea that engaging people in *small steps* is more helpful for turning stressful obligatory tasks into desired activities. Sikes' approach promotes seven basic principles that inform behavior change (Sikes, 1989):

1. You must know what something is and understand it before you try to change it.
2. You cannot change only one element of a system.
3. People will resist change they perceive to be punishment.
4. People are reluctant to undergo temporary discomfort for long-term gain.
5. Change generates stress.
6. Participation reduces resistance.
7. *Behavioral change usually occurs in very small steps.*

Stages of Change and Social Learning Theory concepts are also applied by organizations including the CDC, the American Dietetic Association and the Dietary Guidlines Alliance (a partnership between USDHSS, the USDA and the food industry) among other agencies. The concepts are also broadly promulgated in the fields of public health, psychology and self-help practice.

"Are you in the right frame of mind for weight loss?" (American Dietetic Association)

…Before you pick a weight-loss plan, ***make sure you are ready to change your eating and exercise habits***. Ask yourself the following questions:

- Are you willing to make regular physical activity a part of your routine?
- Are you committed to making ***small gradual changes*** in your eating plan?
- Do you have a realistic weight-loss goal in mind?
- Can you control your food choices and meal preparation methods?
- Are you losing weight to improve your health and feel better?…

(Emphasis in italics and boldface added)

(Excerpted from the American Dietetic Association's website page for Daily Tips at www.eatright.org)

The Healthy Lifestyles and Disease Prevention Media Campaign endeavors to raise health awareness and motivate the largest conceptual group of people for whom the Campaign messages can have the most beneficial impact on behavior – millions of American "Jaded Can't Doers".

Who are the "Jaded Can't Doers"?

As with any media campaign, before creative concepts could be developed it was important to understand the mindset of the target audience. For most Family Builders, eating healthy meals and getting regular exercise are considered very difficult *have-to-dos,* and these activities are not supported by most family builders' modern, sedentary lifestyles. The concept of *small steps* should help build to a sense of personal accomplishment and reward, thereby setting the stage for taking additional steps and graduating along a continuum of behavior change**.**

In spite of high levels of awareness and knowledge about reducing fat and cholesterol, eating more fruits and vegetables and increasing physical activity, many adults participating in the qualitative exploratory research admitted to a lack of motivation and self-discipline in maintaining healthier health regimens. These overweight and obese adults also lacked belief in and hope for long-term changes and success in managing their weight and dietary habits. In general, it was easier for these adults to refuse exercise and take refuge in sedentary activities, fast foods and snacks that provided immediate gratification and comfort. These are the psychographic characteristics of the conceptual target audience that The Advertising Council and McCann-Erickson defined as the Jaded Can't Doers.

The Jaded Can't Doers are adult men and women of different races and ethnicities who may or may not be overweight or obese, but share "unhealthy" lifestyle behaviors and beliefs. Jaded Can't Doers want to incorporate healthier behaviors into their busy lives, but without the need to drastically change their lifestyle, give up all their favorite foods or eliminate all sedentary leisure

activities. Jaded Can't Doers have another important characteristic in common: they desperately need to be convinced that a healthier lifestyle is, in fact, attainable.

Multiple target audiences

The first step of the Campaign was to address the multiple constituencies within the conceptual target audience of Jaded Can't Doers with a single, strong message. The Jaded Can't Doer mindset applies across all gender, ethnic and socioeconomic groups. According to the most recent population census, there are 105.5 million households in the United States. Thirty-six percent of these households have children age 18 or under (U.S. Census Bureau, 2000). So within the psychographic group of Jaded Can't Doers, the market segment who are Family Builders was defined as married or single parents, 25-49 years of age, with children 18 years of age or younger living at home. The Campaign also specifically targets African American and Hispanic/Latino Family Builders. By focusing on Family Builders, in particular, the Healthy Lifestyles and Disease Prevention Media Campaign speaks to adults, but also hopes to indirectly influence their children (McCann-Erickson, 2003).

An objective of the exploratory qualitative research was to recognize a unifying principle among general market, African-American and Hispanic/Latino Family Builders that would enable the development of a communications strategy for the entire Campaign.

Why we are addressing each one specifically

According to the general principles of social marketing, media messages are most effective when target audiences are carefully segmented, addressed individually and as locally as possible and when there is a solid understanding of the behavior or attitudes that the Campaign endeavors to influence (Wartella & Stout, 2002). The effectiveness of this approach is well recognized in health promotion programs such as the Legacy Foundation's Truth National Tobacco Counter-Marketing Campaign that targeted American youth. Successfully targeted messages can potentially raise awareness of problems within specific populations and change attitudes toward unhealthy behaviors and intentions to engage in unhealthy behaviors (Farrelly et al., 2002).

Why these targets audiences were chosen

Overweight and obesity affect the majority (64%) of adult Americans. Adults are at risk to become overweight and obese as they age due to cumulative dietary patterns, metabolic changes and decreasing activity. However, even moderate increases in weight of 10 to 20 pounds for a person of average height increases the risk of death (Surgeon General, 2001). Additionally, according to the CDC, African Americans and Hispanic/Latino adults are disproportionately affected by obesity. Between 1991 and 2001, the percent of obese Hispanic/Latino adults doubled from nearly 12% to 24% and increased from 19% to 31% among Black, non-Hispanic/Latino adults (CDC, 2003).

Percent of Obese Adults by Race, 1991 and 2001	**1991 % Obese**	**2001 % Obese**
Hispanic/Latino	11.6%	23.7%
Black, Non-Hispanic/Latino	19.3%	31.1%
White	11.3%	19.6%

(CDC, BRFSS obesity trend data, 1991-2001)

With scientific evidence of the disproportionate increases in obesity among African-American and Hispanic/Latino populations, The Advertising Council ensured that Campaign PSA messages and executions for these populations were completed with relevant casting, contexts and language. The PSA production for Spanish-language messages was managed by a firm specializing in advertising to the Hispanic/Latino market (see Acknowledgments).

COMMUNICATION OBJECTIVES AND STRATEGY

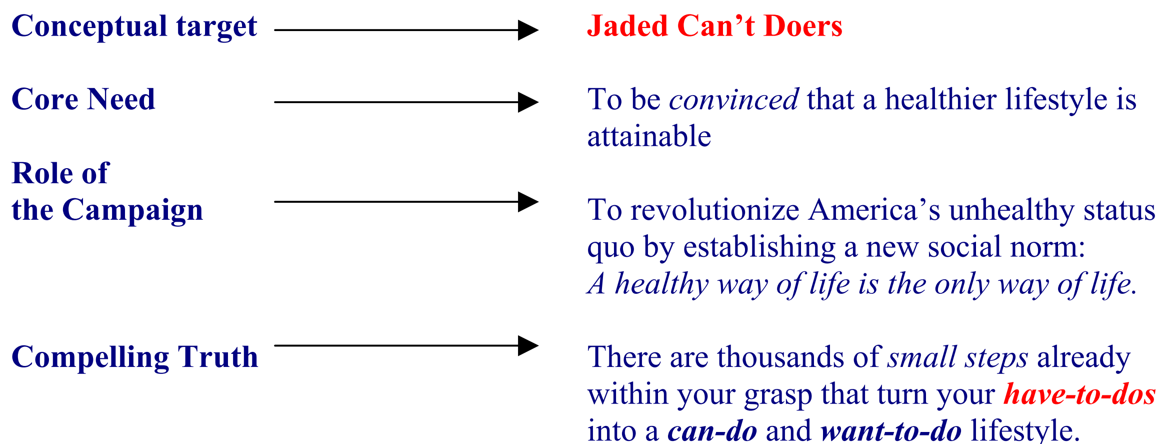
Communication objectives:

- Instill the belief that a healthier lifestyle is achievable for all Americans;
- Enhance perceptions that "Small Steps" like walking, household chores, eating more fruits and vegetables can noticeably improve health;
- Enhance perceptions that a healthier lifestyle has positive and valued outcomes;
- Reinforce positive activities to counter sedentary behaviors;
- Convey "Small Steps" (simple strategies and ideas) that adults can incorporate into their daily routines; and
- Encourage all overweight adults at risk for chronic disease to take action.

Strategy: "Experience the Power of Small Steps"

Key elements underlying the communications strategy

Effective media campaigns are generated from a single strategic "*selling idea.*" The selling idea is itself not a tagline or primary communication; it is a summary of the strategic platform that identifies a conceptual target audience, a core audience desire, defines the role of the Campaign and recognizes a *compelling truth* (McCann-Erickson, 2003). The selling idea should provide the spark of ingenuity that inspires transforming, memorable advertising communications that drive the desired public response. In this case the desired response is to encourage Americans to build healthier behaviors into their lives by turning the healthy lifestyle *have-to-dos* into *can-dos* and *want-to-dos*. For this Campaign, the selling idea, developed by McCann-Erickson, is summarized as follows:



Selling Idea
(The summary concept of the Healthy Lifestyles and Disease Prevention Media Campaign *is)*: → "*Experience the Power of Small Steps*"

All journeys may begin with a single step, but to stay on this journey, it must be a step the Jaded Can't Doers among Family Builders, in particular, can and want to take. By engaging in a variety of *small steps* that reinforce personal intention, social support, self-efficacy and maximize choice, individuals should be able to explore options, practice and sustain behavioral changes over time.

Adults participating in The Advertising Council's qualitative exploratory research believed that *small steps* could help them achieve their health and fitness goals without disrupting their lifestyle.

> *"I can get off the bus one stop earlier, stop at the ATM or store and get a 10-minute walk to boot."*
>
> *"I can eat dinner an hour earlier."*
>
> *"Eat only fruits and vegetables after 9 00 p.m."*
>
> *"Spend time with my kids by going for a walk or taking them to the park instead of sitting in front of the TV together."*

This powerful insight provides an opportunity to communicate new accessible ideas as to how today's Family Builders can begin to achieve healthier lifestyles over time -- without having to drastically change their lives by giving up all their favorite foods or diminishing leisure time pleasures. Since children are the conceptual target audiences top priority, *small steps* that are doable in the context of family life can be empowering and motivating. Therefore, the Healthy Lifestyles and Disease Prevention Media Campaign website provides a list of 100 "Small Steps" toward a healthier lifestyle. These ideas were drawn from qualitative exploratory research and other expert resources (CDC, 2003). Examples of these "Small Steps" are listed below:

Small Step Sample

4. Walk during lunch hour.
11. Avoid food portions larger than your fist.
20. Do yard work.
26. Skip buffets.
36. Wash the car by hand.
44. Ask a friend to exercise with you
54. Play with your kids 30 minutes a day.
62. Explore new physical activities.
78. Eat before you get too hungry.
81. Snack on fruits and vegetables.
94. Take your dog for longer walks.

For a complete list of the Campaign's "Small Steps", please see Appendix D.

Message execution considerations:

- Messages will be tailored to match the psychographic, social and age profiles of the target audiences;
- The messages will be unusual, highly creative and memorable to the target audience;
- Fear appeals will be avoided so as not to alienate people who have either very low or very high fear thresholds;
- Messages will avoid stigmatizing overweight-obese people with unfriendly images or language;
- Messages will use humor and positive messages to engage audience attention;
- To maximize effectiveness of the communications, messages will address those who are ready and may not yet ready to change behavior, since everyone is at a different point in the Stages of Change cycle.

> ***"We know that gloom and doom messages warning against weight gain don't work. These [PSAs] are provocative and attention-getting – but they are also empowering and achievable."*** **- Tommy Thompson, Secretary of Health and Human Services, U.S. Department of Health and Human Services (March 9, 2004)**

EXECUTIONS

Please see Appendix E and F for scripts, storyboards, print and out-of-home executions.

Television and radio

The English and Spanish television and radio executions focus on the tangible results of adopting "Small Steps" to create a healthy lifestyle and reduce the risk for disease. The Campaign uses humor to inspire overweight adults to incorporate these lifestyle suggestions and strategies into their lives.

In the television PSAs, individuals find body parts such as love handles, a double chin, a belly, and a butt that have been "lost" by people who have adopted "Small Steps" into their lives. Each lost body part is attributed to a specific "Small Step" that the individual has taken to lose weight.

The radio PSAs follow a similar format, featuring humorous conversations and scenarios about a fat body part that is lost as a result of taking a "Small Step". Both the radio and TV PSAs end with the tagline, "Take a Small Step to Get Healthy" and direct audiences to the campaign website, www.smallstep.gov.

Print and out-of-home

The English and Spanish print PSAs feature illustrations of parts of the body that minimize dramatically as a result of "Small Steps". These PSAs demonstrate the potential results of adopting a healthier lifestyle, and encourage the reader to visit the website to learn how to incorporate these strategies into their daily routines.

The out-of-home executions also focus on helpful strategies such as “Replace Sunday Drive with Sunday Walk” and “Get Off a Stop Early and Walk.” These PSAs also direct viewers to the website for more helpful “Small Step” suggestions.

Internet

Nine Internet banner ads promote various “Small Step” suggestions, give the Campaign tagline and website address, and link viewers to the Campaign website for more “Small Steps” and additional information. The Campaign message intermittently alternates with the appearance of small feet that rapidly traverse the PSAs brightly-colored background. The banner PSAs can be displayed in the vertical or horizontal margins of Internet websites. Two of the banner ads have been produced in Spanish, including no. 28 (Bicycle to the store instead of driving) and no. 67 (Take the stairs instead of the escalator).

COMMUNICATIONS RESEARCH

Phase I: pre-production focus groups on creative concepts

In September of 2003, communication checks on the public service messages were conducted with doctors based in New York City and target audiences in Houston and Chicago. The objectives of this research were to understand the overall appeal of the messages, the clarity of the main message, the believability of the message, and the situational and language fit of each communication. Four different taglines were tested and the appeal of the "Small Step" suggested in each public service message was also assessed. Other objectives included evaluating the potential of these messages to motivate changes in attitudes and/or behavior and to glean additional relevant ideas and situational contexts for future message development.

Clinician perspective

One-on-one interviews were held with five clinical specialists practicing at New York-Presbyterian Hospital, which serves two important New York City communities: Washington Heights, which is a predominantly Hispanic/Latino community, as well as Harlem, which is predominantly African American. These clinicians included experts in pediatric and neuro-endocrinology, obesity surgery, obesity treatment and activity management for minority elders.

Overall reaction from clinicians

Clinicians indicated the PSA concepts were "big/unusual ideas" that could stand out, attract attention and encourage consumers toward a healthier lifestyle. "Small Steps" were acknowledged as a positive way to promote the importance of individual behavioral change through a mass media campaign. USDHHS involvement was viewed as providing credibility to these messages.

Target audiences

The communication checks were completed with eight focus groups with Family Builders - adults 25-49 years of age with children 18 or under living at home. The participants in the groups were screened with an 18-item instrument and selected on the same diet/exercise attitude and behavior criteria as established for the qualitative exploratory research conducted in January and February 2003. Respondents were screened to not necessarily be overweight (though some were), but <u>at risk</u> for future health problems due to current unhealthy eating habits and/or poor exercise habits. Four of the groups were mixed to include African American, Hispanic/Latino and White adult Family Builders, of varying income levels and marital status. Two groups included bilingual Spanish/English adults of varying Hispanic/Latino origin (including Mexican, Panamanian, Cuban, Puerto Rican, Columbian, and Ecuadorian participants).

Group discussions were guided by a professional bi-lingual moderator and lasted approximately two hours. Creative materials were presented on storyboards and scripts were read to the participants, who evaluated the television and print creative concepts. The participants also ranked the usefulness and importance of the "Small Steps" and reasons for losing weight. They were also asked to recommend additional creative taglines and any information or services that would be helpful to them on a website.

Overall target audience reaction

Group and individual responses to the Campaign were very positive. Participants described the messages as “comical”, “clever” and “attention-getting”. The messages were viewed as clear and easy to understand. Most found the Campaign messages and concepts to be motivating and virtually all of the participants indicated that they would go to the website to read “all the small steps”. Some of the comments included:

> *“This tells me that instead of doing nothing, I should take small steps. I can feel healthy and lose weight too. I like that.”*
>
> *“These are small things I can do in my every day life.”*
>
> *“They’re educating you that there are small steps you can take with your family that will help you lose weight and be healthy.”*
>
> *“It’s saying that you don’t have to join a gym, spend money or go jogging to be healthy.”*

Importantly, participants indicated they would talk about the Campaign with friends, family or co-workers and refer the website address or the “Small Steps” to others who were overweight. Participants also highlighted the “buzz” value of the Campaign:

> *“Everybody is talking about weight these days. This would definitely get my attention.”*
>
> *“I wouldn’t change the channel. Especially if I saw one, then I’d look forward to seeing what else somebody lost in the next commercial.”*
>
> *“Someone like Dave Letterman would say, “Hey Paul, what’s that by your foot? Did you lose your butt?”*

Taglines

Out of the four different taglines tested, “Take a Small Step to Get Healthy” was recognized as the most positive and direct call to action.

Website

Virtually all participants preferred a website to a toll free number. Participants indicated that they had Internet access from home or work and had preferences for interactive website features that would help increase their motivation and compliance. These preferences included being able to read and print the “Small Steps”, find recipes and easy-to-understand information about calories, what to eat, how many minutes to exercise, and the ability to email an information link to family and friends. Other recommended features included a contract that could be printed out to signify commitment to a health plan and a checklist for keeping track of their own “Small Steps”.

Phase II: post-production focus groups on creative print materials

To test four Campaign TV PSAs and 6 print messages in finished format, six focus groups were conducted in Boston and Chicago in January 2004. All executions were rotated and tested in-depth for message comprehension, relevancy, appeal, and persuasion. The groups were

comprised of one general population, one Hispanic/Latino and one African American focus group in each market. Hispanic/Latino participants were self-identified and bilingual (Spanish/English). Hispanic/Latino participants were exposed to both Spanish and English PSAs and print messages; however, all discussions were held in English.

All of the participants were aware of the obesity problem that exists in the U.S. The majority of participants indicated that the "Small Steps" Campaign would be noticed and that it addressed the problem in a funny, easy to understand and unique way. The majority of participants also cited the Campaign messages as motivating and agreed that the Campaign would provide some incentive to people to start exercising or eating better. They also believed this Campaign was helpful because the advice presented in the messages was not forceful. Participants liked the fact that the PSAs provided ideas for small, easy steps that anyone could incorporate into their lifestyle without much effort.

Specific comments from focus group participants:

> *"You don't always have the motivation to start an exercise program, but these are the kinds of things you can do."*
>
> *"The steps they give you are very good because some people are doing unhealthy things to lose weight."*
>
> *"The U.S. is becoming obese so this message is very relevant and it makes you think about your health and lifestyle."*
>
> *"This is a good campaign for the obesity problem in the U.S. because a lot of people will not go to the gym and need a little push."*
>
> *"The campaign helps me all around with my children, with eating right, with exercise. I will spend time doing some of these things."*

Summary Results:

- All participants agreed that the Campaign's "Small Steps" TV and print messages were original, funny and memorable;
- Many of the participants said they would be interested in visiting the website;
- The small steps could be easily adopted into their lifestyles;
- "Love Handles" was deemed to have the clearest message and participants recommended that the Campaign launch with this PSA and release "Butt" and "Belly" after consumers have become accustomed to the off-beat humor and meaning of the Campaign.

Phase III: post-production quantitative copy test of television PSAs

In February 2004, rough-produced versions of the PSAs were quantitatively tested among the target audience. Participants were selected from 16 different urban markets nationwide (see Appendix C) and screened according to same target audience specifications used in the focus groups. If the participant qualified, they were invited to a separate location nearby where they

viewed advertising and programming. *Love Handles, Chin* and *Butt* were tested. Afterwards, in-depth, one-on-one interviews were conducted.

The total sample for the survey (n=155) were demographically specified as follows:

- General adult population sample (by income, gender and ethnicity, etc.) (n=100)
- African-American adults (n=30)
- Hispanic/Latino adults (n=25)
- All participants were Adults 25-49 who reported difficulty maintaining day-to-day healthy eating and exercise programs and were parents of children 18 years of age or under and living at home.

The surveyors excluded potential participants if either they or their family members were affiliated with an advertising agency, market research firm, or Campaign partner.

The test was conducted to establish whether the campaign was achieving its objectives:

Primary:

- To motivate and inspire behavioral change among unhealthy and overweight adult Americans through increased physical activity and healthy eating.

Secondary:

- To provide the target audiences with ideas, "Small Steps," they can perform in the context of their busy lives.
  - To drive target audiences to the website
  - To be a breakthrough, memorable message – within a saturated category.

Communications criteria that were measured for this Campaign were compared to a simulated Non-Profit/PSA Campaign norm and an All Product Campaign norm based on the copy test results of thousands of prior non-profit public service announcements and product advertising executions.

To test recall and salience of the message, participants were exposed to one of three Campaign PSAs within a clutter of six other non-competitive advertisements representing a variety of products and services. The test PSA was always embedded in the fourth or middle position. Inserting the test commercial in the fourth position, in clutter, derives from the phenomenon of recency-primacy in learning and memory theory, where people typically attempt to recall items in the order that they saw or heard them – either first to last or last to first (Welch & Burnett, 1924).

To test message comprehension participants were asked what the main ideas of the PSA were. Due to the in-clutter exposure, participants had to search their memories concerning the "Small Steps" PSA. The clutter makes message takeaway more stringent, forcing viewers to process the ideas in the PSA and play them back more or less in their own words. The question lends valuable insights into what is most salient in the Campaign's messages**.** For the copy test, each

of the 3 test PSAs appeared in clutter in 1/3 of the interviews, enabling campaign-wide and individual executional assessment.

To assess comprehension of the message, participants were then re-exposed to the Campaign PSA in isolation (e.g., excluding the other non-competitive messages) and asked additional questions. By applying this methodology, The Advertising Council and its partners were able to determine the effectiveness of the Campaign's message registration.

Copy test results

The copy test results indicated that the "Small Steps" campaign succeeded on several fronts. The PSAs appeared to have a breakthrough quality and convey a highly relevant message. The vast majority of test participants confirmed the understanding that physical activity and better eating habits could help people live longer and healthier lives. Importantly, the Campaign resonated more with consumers who are less fit and have less time for regular exercise. And the use of "lost body parts" to illustrate how one could lose weight was both attention-getting and humorous.

> *"It was funny. Body parts lying on the ground. It was kind of humorous. It's just something odd that you don't usually see. You don't usually see a butt lying on the ground or a chin, so, it was odd to see it put that way."*

> *"I was pretty comfortable with it. It didn't offend me or anything like that. I thought it was kind of cute. The way they were just getting the point across to you with the body parts. I thought it was a good way to get the point across."*

The PSAs were recognized as very important and compelling to 65% of test participants compared to 53% among the Simulated Non-Profit/PSA Campaign norm and 44% for the All Product Campaign norm. Additionally, 65% of participants made spontaneous remarks that the PSAs made them think about their health or the need to become more physically active. Several people commented positively on the dual benefit conveyed in "Butt" that a person could lose weight while giving more time and attention to their children.

> *"It made me think how I don't do any of those things on a daily basis. I get too busy doing family routine things and don't think about myself. Just how much sense it really does make when you stop and think about it."*

> *"Going outside with your child. It's telling me to be active for at least 30 minutes a day. They are telling me if I play with my children that I am getting exercise without knowing it."*

The participants generally agreed that the "Small Steps" Campaign could make a difference in people's lives and provide helpful information in a practical manner.

Key summary results

Main ideas

Campaign's unique approach was highly effective in promoting the idea that eating better and getting exercise as part of a daily routine could help people become healthy. Ninety-two percent of participants registered the main ideas for the Campaign ("get healthy", "eat healthy", "get in shape", and "lose weight"), significantly above PSA and Product norms.

Campaign image scan

Eight-three percent of participants agreed that the "Small Steps" Campaign could make a difference in people's lives. Another three-quarters agreed that the Campaign provided useful information (79%), was a plan that they could follow (76%), could teach people how to live longer and healthier lives (75%) or was practical (72%).

Importance of the Campaign

Ninety-eight percent of participants found the main message somewhat or very important to them personally, significantly higher than the PSA norm of eighty-seven percent.

Commercial uniqueness

Eight-five percent of participants deemed the Campaign to be distinct from other campaign advertising, significantly above the Product norm.

Spontaneous thoughts and feelings

Nearly all participants (95%) had something positive to say about the Campaign. Negative comments were far below the simulated Non-Profit/PSA Campaign Norm and All Product Campaign Norm.

Commercial profile

The strong entertainment value of the PSAs were noted in the participants descriptions of the Campaign. Seventy-two percent of participants described the PSAs as funny; 70% indicated the PSAs got their attention and 68% described the PSAs as entertaining. All of these responses were above PSA and Product norms.

Commercial likeability

Eight-seven percent of participants indicated that they liked the PSAs. This was also higher than the PSA and Product norms.

Website evaluation

Forty-six percent of participants recalled the website address in the message; 53% indicated they were likely to visit the website and 21% indicted they would definitely visit the website.

New information

Although 42% found the PSAs "informative", not surprisingly, in this highly-saturated category, the Campaign did not come across to participants as particularly "newsworthy" or offering new information.

Campaign's potential to be motivational/helpful

Over half (58%) of the copy test participants agreed that this Campaign was appropriate for them, which was lower than the Simulated Non-Profit/PSA or All Product Campaign norms. However, nearly half (49%) cited the messages as motivational.

Likelihood of making lifestyle changes

Seventy percent of participants indicated they were likely to make lifestyle changes. This result was on par with the Simulated Non-Profit/PSA and All Product Campaign norms.

Sub-sample analyses

Participants who self-reported having "somewhat" or "much" healthier eating habits and activity levels than a year ago and those who did not:

The Campaign resonated more strongly among the less active group (n=58) who were much more involved and more willing to sign on to the program. These participants were more likely to be married, college educated, worked full-time and had children over six years of age in the household. However, after viewing the PSAs, they reported wanting to eat better (86% vs. 72%); wanted to be more active (50% vs. 24%), and had better website recall (23% vs. 11%) and learning more (13% vs. 4%) than their "healthier" counterparts. Eight-eight percent of this prime target group of participants thought the Campaign plan would be easy to follow and 67% thought the program would be right for them.

African-Americans and Hispanics/Latinos:

The Campaign appeared to resonate more powerfully among African-Americans participants than Hispanic/Latino participants. African Americans were more interested in visiting the website and expressed greater interest in the Campaign content and creative features. African Americans also generally agreed that small changes in eating habits and physical activity could impact their weight and health status (84%, vs. 67% of Hispanics).

Phase IV: Continuous tracking of target audience responses

To ensure that the messages of the Healthy Lifestyles and Disease Prevention Media Campaign are effective and on-target with its intended audiences, The Advertising Council has developed a 12-item survey instrument and protocol for quantitative benchmark and post-launch tracking of audience responses. The instrument, which provides aided recognition of 3 PSAs focuses on:

- Message importance;
- Awareness of the Healthy Lifestyles and Disease Prevention Media Campaign PSAs;
- Attitudes toward healthy eating and activity; and
- Personal behavior.

Results of these PSA tracking results will be published periodically.

How will the Healthy Lifestyles and Disease Prevention Media Campaign messages be disseminated?

The Healthy Lifestyles and Disease Prevention Media Campaign PSAs were produced for national and local media across urban, suburban and rural markets. Targeted media outlets include television, radio, newspaper, magazine, out-of-home and the Internet. Campaign PSAs were also produced for African American and Spanish-speaking audiences. A Campaign-specific website was also developed within the existing U.S. Department of Health and Human Services website. The website includes information on "Small Steps" (e.g., the practical strategies that can be adopted and incorporated into daily routines and lifestyles) that can be printed, downloaded or emailed to family and friends. Additionally, a comprehensive nationwide public relations program was designed to complement the launch of the Campaign PSAs and website. The public relations campaign will continue to promote the PSAs as well as USDHSS programs and initiatives related to overweight-obesity.

Campaign website

The core functions and concepts of the website (www.smallstep.gov) are structured as follows:

Step 1: Get the Facts

- Health data, research, and other relevant health information concerning overweight-obesity

Step 2: Eat Better

Information on improving diet and nutrition

- GOALS: provides users with background information for eating right
- TOOLS: empowers users with the information to assess their current health status and improve their nutrition
- CHOICES: provides suggestions and ideas to implement small, but helpful changes in diet

Step 3: Get Active

Information on fitness and activity

- GOALS: provides information on fitness plans
- TOOLS: empowers users with the information to assess their current level of fitness and to explore suitable activities; also includes an exercise tracker tool that enables users to monitor progress with physical activities
- CHOICES: provides suggestions for implementing small, but helpful changes in physical activity

Step 4: Learn More

- Additional resources, articles and tools

List of "Small Steps"

- Visitors can review the full list of "Small Steps"

Success stories

- Testimony from people who have adopted a "Small Steps" approach to achieve a healthier lifestyle

Interactive website features:

- Newsletter signup for email alerts and newsletters
- Email content to others
    - Postcards of print materials
    - Recipes
    - Health information

Healthy living wizard (currently in development)

- Periodic questions, answers and facts related to diet and activity

Activity tracker

- Enables users to create personal accounts to monitor their progress

Public relations components/strategies

The "Small Steps" public service advertisements (PSAs) are the creative cornerstone of the USDHHS Healthy Lifestyles and Disease Prevention Media Campaign, and were designed to attract public and media attention with their simple, but surprising concepts promoting the *power of small steps*. Therefore, the public relations components for this communications program will continue to convey the message that small, incremental lifestyle changes are possible and powerful – and that the USDHHS, its partners and supporters, can encourage and support Americans as they take steps to a healthier lifestyle (see Appendices A, E and F).

A comprehensive public relations plan was developed and executed to support the campaign. Goals of the public relations plan include:

- Securing national media attention for the launch
- Building a framework for sustainable partnerships to help promote the campaign
- Generating awareness of the USDHHS' anti-obesity efforts as part of a large, sustained health promotion and prevention strategy
- Generating localized, community-level press coverage
- Attracting the attention of electronic and print media that reach African-American and Latino audiences
- Building and sustaining website traffic
- Providing an entrée for the promotion of other USDHHS Healthy Lifestyle programs disseminated through disease advocacy groups; and
- Generating earned media to help raise awareness of the campaign and enhance PSA placements in both national and local media markets

Specific public relations initiatives included:

- The campaign launch on March 9, 2004, via a press briefing in Washington, D.C. This event was timed to coincide with the release of new obesity-related mortality data from the CDC. The briefing included remarks from the Secretary of Health, campaign partners, and testimony from a local family who had successfully adopted the "Small Steps" approach toward a healthier lifestyle.
- The launch of a matte release to community daily and weekly newspapers across the country, in April. The matte release, essentially a pre-packaged news story, was also translated and distributed in Spanish to Hispanic/Latino community newspapers.
- Healthier U.S. Summit. As part of the Healthier U.S. Summit in late April, USDHHS invited stakeholders and partners to sponsor small exhibits at a Healthy Lifestyles and Disease Prevention Fair.
- English and Spanish language radio tours. Coinciding with the Summit, U.S. Surgeon General, Vice Admiral Richard H. Carmona, M.D., M.P.H., F.A.C.S., conducted a three-hour radio media tour to generate local radio coverage of the campaign. A Spanish-language spokesperson, Cristina V. Beato, M.D., Acting Assistant Secretary for Health, provided interviews on Spanish language radio stations nationwide.
- Different issues and information angles on the Campaign were tailored and pitched to specific audience demographics with "Small Step" suggestions to accompany them. Media targets included syndicated health/medical columnists and consumer newsletters.

CONCLUSION

The U.S.Department of Health and Human Services has long spearheaded initiatives to movitate Americans of all ages to become more active, to eat healthier foods and to adopt healthier behaviors. The Healthy Lifestyles and Disease Prevention Media Campaign will now coalesce the efforts and resources of many public and private health organizations and institutions, the media, the food industry and many other private citizens to join in promoting healthier lifestyles. Already partnering with the USDHSS on this Campaign are such varied organizations as the Sesame Workshop, the United Fresh Fruit & Vegetable Association, Lifetime Television and numerous national news and media organizations.

This report has summarized the key points of the Campaign's qualitative exploratory research, theoretical framework, creative communications concept and brand development, production and evaluation that have made this Campaign possible and applicable to the USDHHS' current public health objectives. The Department of Health and Human Services, in concert with The Advertising Council, has offered this Campaign information with a view toward enabling the work of other agencies and parties planning similar or related initiatives.

With continued public support, new campaign launches, program monitoring and evaluation efforts, the Healthy Lifestyles and Disease Prevention Media Campaign will continue for years ahead. However, one media campaign, regardless of how innovative or memorable, is not sufficient to raise public awareness about the importance of preventing overweight-obesity or the measures that can be taken to reduce the problem. Effective health prevention strategies and health communications must be varied, highly visible, and repeated often. Campaign messages must be specific to the demographic and situational contexts of its audiences. Further, such messages must be integrated, complemented and reinforced within worksite wellness programs, schools, community-based recreational resources, the food and restaurant industry and by health care providers and institutions across the United States. With a broad-based and integrated effort across both public and private sectors, building and maintaining healthier lifestyles can be the expected social norm and not the exception for Americans in the 21st Century.

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Matias Reynal, Senior Copywriter
Ramon Valadez, Account Supervisor

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Sean Carton, Partner, CEO
Holly Moring, Project Manager
Peter Davis, Director, Interactive Media and IT

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Patrick McCabe, Partner
Laura Staich, Managing Supervisor
Becky Watt-Knight, Vice President

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ToniAnn Bonade, Vice President, Account Supervisor
Tim Dillingham, Vice President, Creative Director
Robert Frost, Senior Copywriter
Peter McGuiness, Senior Vice President, Group Account Director
Chuck Pagano, Senior Copywriter
Christine Surette, Vice President, Strategic Planner
Joyce King Thomas, EVP, Executive Creative Director

The Advertising Council
Heidi Arthur, SVP, Director of Campaign Management
Peggy Conlon, President and CEO
Patty Goldman, Research Director
Carla Horrilleno, Assistant Campaign Manager
Deborah Leiter, VP, Senior Campaign Director
Meghan McGinley, Assistant Campaign Manager

George Perlov, SVP, Director of Research, Planning & Foundation Relations
Anthony Signorelli, Campaign Manager
Paula Veale, SVP, Director of Corporate Communications

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Carolyn Springer, Ph.D., Adelphi University

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Kathryn Tannert Niang, M.P.H.

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Appendix A. Core Public Relations Media Materials (national press kit)

1) Lead press release highlighting the campaign;
2) Secondary press releases/fact sheets aimed at specific audiences with particularly high incidence of obesity and related health challenges;
3) Copies of the print and broadcast PSAs (see Appendix E and F)
4) Examples of "Small Steps" (see Appendix D)
5) Fact sheets
6) Description of materials offered on the website
7) Backgrounder on other USDHHS overweight-obesity education initiatives
8) Spokesperson biographies

Appendix B. Additional information resources reviewed or relevant to this report

Print

Diabetes

ADA. (1998)Economic consequences of diabetes mellitus in the U.S. in 1997. *Diabetes Care*, 21:296-306.

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Health Communications

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Obesity

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Screening for obesity in adults: recommendations and rationale. (2003). *Annals of Internal Medicine*, 139: I57.

Physical activity

AARP. (2001). Increasing physical activity among adults age 50 and over: national blueprint. The Robert Wood Johnson Foundation: Princeton, N.J.

Centers for Disease Control and Prevention. (2001). Increasing physical activity: a report on recommendations of the task force on community preventive services. MMWR, Vol.50, No. RR-18.

Online

American Diabetes Association: www.diabetes.org
American Dietetic Association: www.eatright.org
National Cancer Institute's Eat 5 to 9 a Day Program: www.5aday.gov
USDHSS and The Advertising Council's Healthy Lifestyles and Disease Prevention Media Campaign: www.smallstep.gov
U.S. Preventive Services Task Force: www.preventiveservices.ahrq.gov

Appendix C. Communication Research Reports and Materials

Qualitative exploratory research

The Advertising Council/McCann-Erickson (focus group screener)
January 2003

The Advertising Council/McCann-Erickson (focus group discussion guide)
January 2003

MBC Inc. (Hispanic/Latino markets)
January 2003

PeopleTalk (General population and African-American markets)
January 2003

PortiCo Research (Ethnographic study)
March 31, 2003

McCann-Erickson (Selling strategy)
April 11, 2003

Communication checks

MBC Inc. (Message testing)
September 2003

McCann-Erickson (Summary of key findings from ad testing)
September 29, 2003

MBC Inc. (Evaluation of print messages)
January 2004

Diagnostic Research (Copy test methodology/PSAs)
October 20, 2003

DR copy test screener
February 2004

DR copy test questionnaire
February 2004

DR report deck (Copy test evaluation)
March 2004

Appendix D. Small Steps (www.smallstep.gov)

Small Steps

Take Small Steps Today!

1. Walk to work.
2. Use fat free milk over whole milk.
3. Do sit-ups in front of the TV.
4. Walk during lunch hour.
5. Drink water before a meal.
6. Eat leaner red meat & poultry.
7. Eat half your dessert.
8. Walk instead of driving whenever you can.
9. Take family walk after dinner.
10. Skate to work instead of driving.
11. Avoid food portions larger than your fist.
12. Mow lawn with push mower.
13. Increase the fiber in your diet.
14. Walk to your place of worship instead of driving.
15. Walk kids to school.
16. Get a dog and walk it.
17. Join an exercise group.
18. Drink diet soda.
19. Replace Sunday drive with Sunday walk.
20. Do yard work.
21. Eat off smaller plates.
22. Get off a stop early & walk.
23. Don't eat late at night.
24. Skip seconds.
25. Work around the house.
26. Skip buffets.
27. Grill, steam or bake instead of frying.
28. Bicycle to the store instead of driving.
29. Take dog to the park.
30. Ask your doctor about taking a multi-vitamin.
31. Go for a half-hour walk instead of watching TV.
32. Use vegetable oils over solid fats.
33. More carrots, less cake.
34. Fetch the newspaper yourself.
35. Sit up straight at work.
36. Wash the car by hand.
37. Don't skip meals.
38. Eat more celery sticks.
39. Run when running errands.
40. Pace the sidelines at kids' athletic games.
41. Take wheels off luggage.
42. Choose an activity that fits into your daily life.
43. Park further from the store and walk.
44. Ask a friend to exercise with you.
45. Make time in your day for physical activity.
46. Exercise with a video if the weather is bad.
47. Bike to the barbershop or beauty salon instead of driving.
48. Keep to a regular eating schedule.
49. If you find it difficult to be active after work, try it before work.
50. Take a walk or do desk exercises instead of a cigarette or coffee break.
51. Perform gardening or home repair activities.
52. Avoid laborsaving devices.
53. Take small trips on foot to get your body moving.
54. Play with your kids 30 minutes a day.
55. Dance to music.

56. Keep a pair of comfortable walking or running shoes in your car and office.
57. Make a Saturday morning walk a group habit.
58. Walk briskly in the mall.
59. Choose activities you enjoy & you'll be more likely to stick with them.
60. Stretch before bed to give you more energy when you wake.
61. Take the long way to the water cooler.
62. Explore new physical activities.
63. Vary your activities, for interest and to broaden the range of benefits.
64. Reward and acknowledge your efforts.
65. Choose fruit for dessert.
66. Consume alcoholic beverages in moderation, if at all.
67. Take stairs instead of the escalator.
68. Conduct an inventory of your meal/snack and physical activity patterns.
69. Share an entree with a friend.
70. Grill fruits or vegetables.
71. Eat before grocery shopping.
72. Choose a checkout line without a candy display.
73. Make a grocery list before you shop.
74. Buy 100% fruit juices over soda and sugary drinks.
75. Swim with your kids.
76. Flavor foods with herbs, spices, and other low fat seasonings.
77. Remove skin from poultry before cooking to lower fat content.
78. Eat before you get too hungry.
79. Don't skip breakfast.
80. Stop eating when you are full.
81. Snack on fruits and vegetables.
82. Top your favorite cereal with apples or bananas.
83. Try brown rice or whole-wheat pasta.
84. Include several servings of whole grain food daily.
85. When eating out, choose a small or medium portion.
86. If main dishes are too big, choose an appetizer or a side dish instead.
87. Ask for salad dressing "on the side".
88. Don't take seconds.
89. Try your burger with just lettuce, tomato and onion.
90. Try a green salad instead of fries.
91. Bake or broil fish.
92. Walk instead of sitting around.
93. Eat sweet foods in small amounts.
94. Take your dog on longer walks.
95. Drink lots of water.
96. Cut back on added fats or oils in cooking or spreads.
97. Walk the beach instead of sunbathing.
98. Walk to a co-worker's desk instead of emailing or calling them.
99. Carry your groceries instead of pushing a cart.
100. Use a snow shovel instead of a snow blower.

Appendix E. Campaign Broadcast Media Executions (TV, Radio and Internet)

TV (scripts and storyboards)

Belly (English & Spanish)
Love handles
Chin

Radio (scripts and storyboards)

Grocery store
Long distance dedication
More vegetables (Spanish)
Neighbor
Swimming (English & Spanish)
Traffic report
Walking (Spanish)

Internet banner PSAs

Small Step no. 23
Small Step no. 28 (Spanish)
Small Step no. 33
Small Step no. 37
Small Step no. 42
Small Step no. 67 (Spanish)
Small Step no. 72
Small Step no. 78
Small Step no. 79

To view these PSAs visit: http://www.adcouncil.org/campaigns/healthy_lifestyles/

Appendix F. Campaign Print Media Executions (magazine and out-of-home)

Bikini (English & Spanish)
Buff daddy
Chin
Fetch
Get off (English & Spanish)
Mobbed
New guy
Soccer mom
Sunday drive
Small step

To view these PSAs visit: http://www.adcouncil.org/campaigns/healthy_lifestyles/