

Consumer attitudes and beliefs regarding nutrition & physical activity the implications for primary health care practice

Cheryl Hutchins



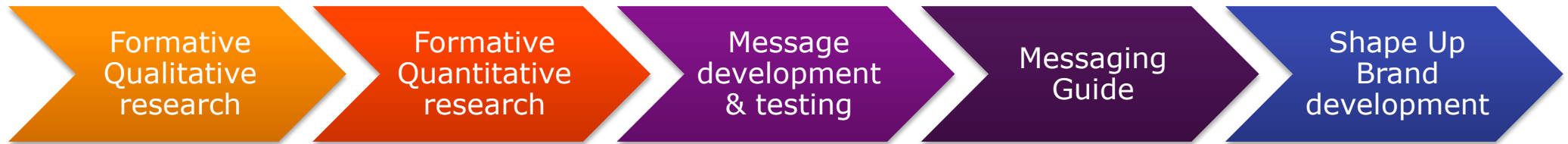
Development of the Shape Up Initiative

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Background



The Development of Shape Up



National Obesity Social Marketing Campaigns

Phase One (2008-2010) – Measure Up Man



- Focus was 'What' and 'Why' messages
- TV supported by radio, print, digital, out of home and shopping trolley ads

Phase Two (2011-2012) – Swap it, Don't Stop It



- Introduced 'How to' messages
- TV supported by radio, magazine, digital and out of home, cinema

Phase Three -

No new mass media campaign due to funding cuts.



Long term framework to drive and sustain obesity prevention efforts.



To provide high level strategic advice to inform an actionable social marketing strategy to increase the adoption and maintenance of healthy lifestyles and healthy weight amongst the Australian populace.

Qualitative focus

36 x ethnographic interviews

34 x affinity mini-group discussions

4 x online discussion boards

19 x affinity paired depth interviews
with CALD (13 paired interviews) and Indigenous participants (6 paired interviews).

Quantitative focus

An online survey N=3,400
(incl n = 400 Queensland boost)

18-64 year olds

Quotas for metro/regional; gender
and income

2

Qualitative Research



Key take-outs - highlights

Confusion around weight classification, and tendency to self-exclude from 'overweight' and, particularly 'obese'



Internalisation of messages about overweight essential

Healthy weight maintenance and weight loss dependent on recognition of weight fluctuation



Build salience of weight by encouraging quantitative monitoring

Benefit recognition essential motivator of weight loss and healthy weight maintenance



Promote age specific benefits of healthy weight



Key take-outs

Poor knowledge about health and nutrition act as a barrier to adopting healthy lifestyles



Potential need for improving health literacy

Psychological and external factors also present significant obstacles



External pressures difficult to surmount

Healthy habit formation essential for negotiating these barriers



Importance of facilitating healthy habit formation



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What the survey found

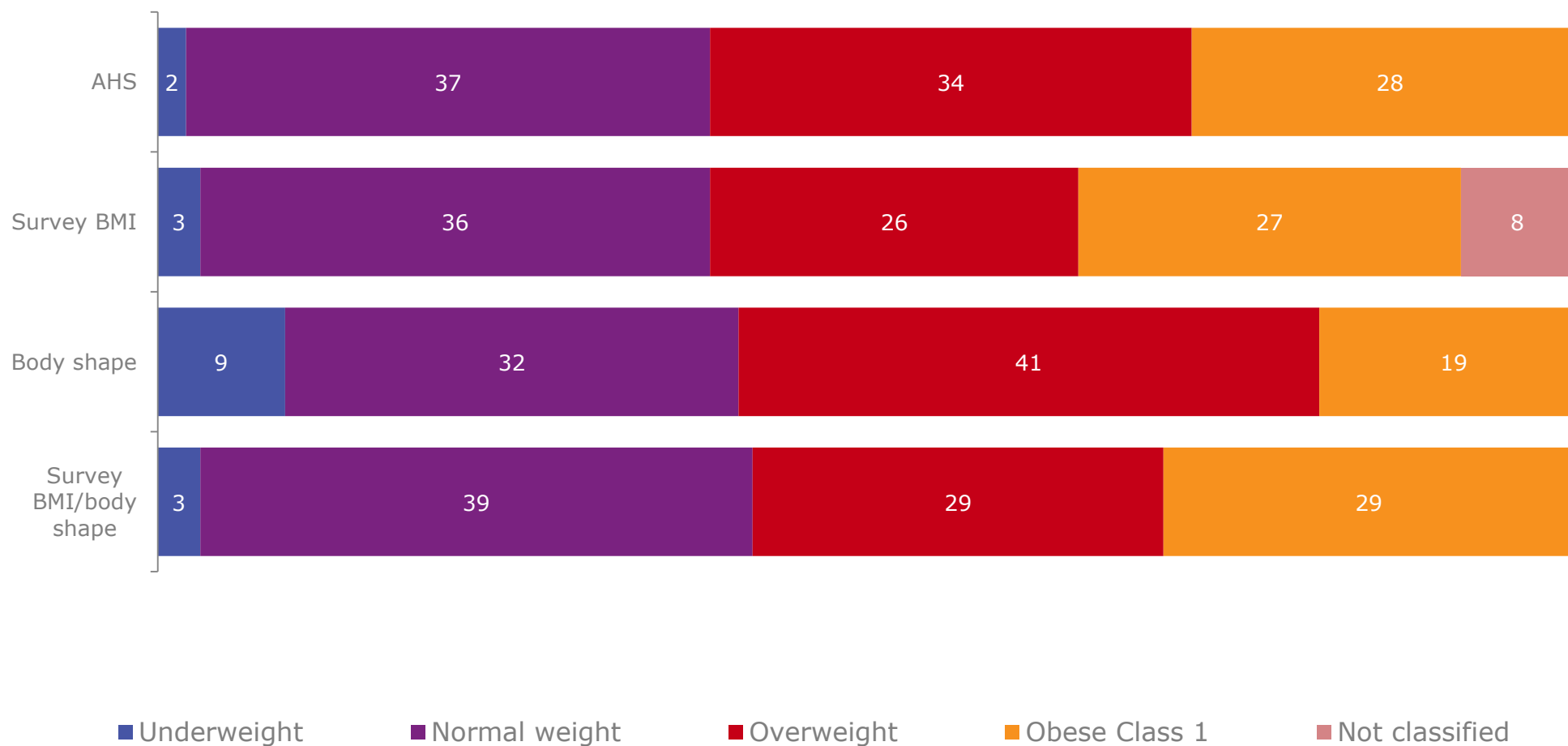


The survey asked about ...

1. How important is obesity?
2. **Attitudes to personal weight**
3. **Diet and influential behaviour**
4. **Attitudes to physical activity and diet**
5. Physical activity and influential behaviour
6. Potential strategies for addressing obesity
7. **Segmenting for effective intervention**
8. Demographics, life stages, **BMI**

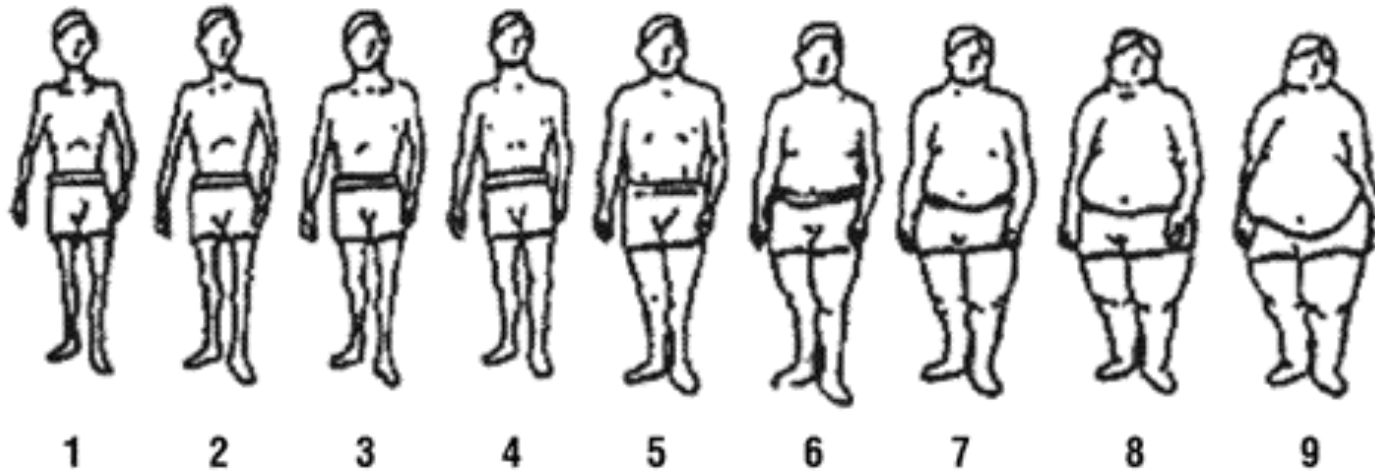


How representative was our sample: Body Mass Index (BMI)?



Body Shapes

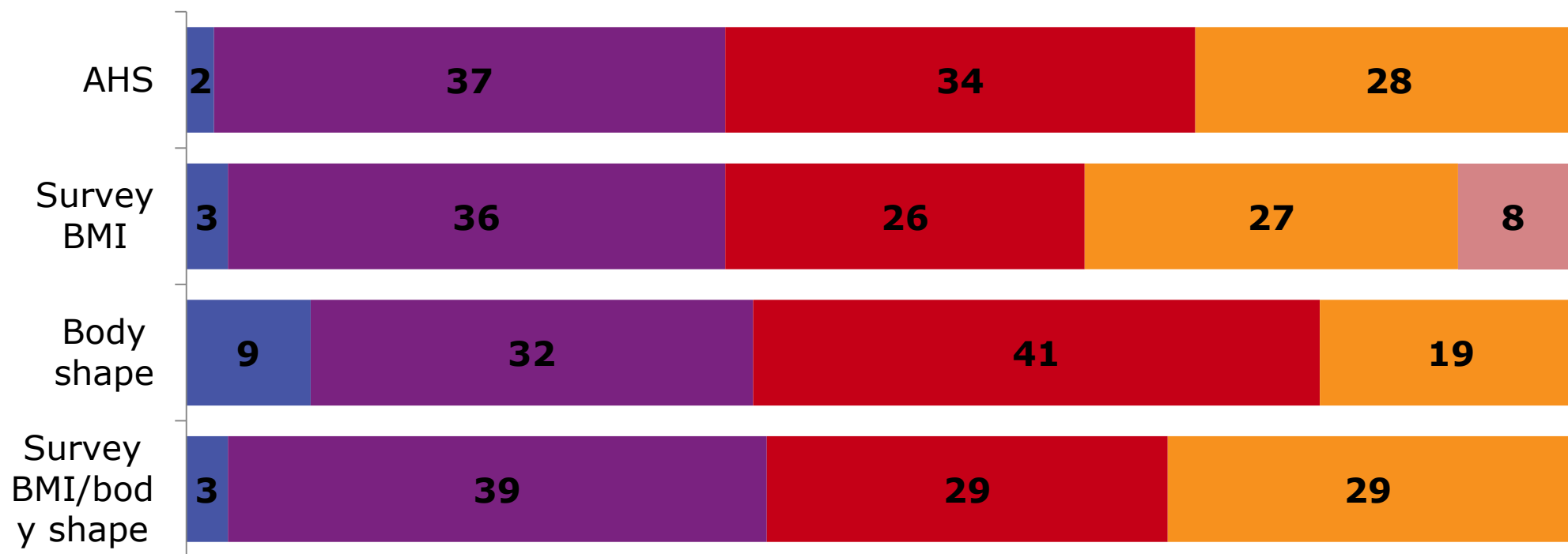
Male



Female

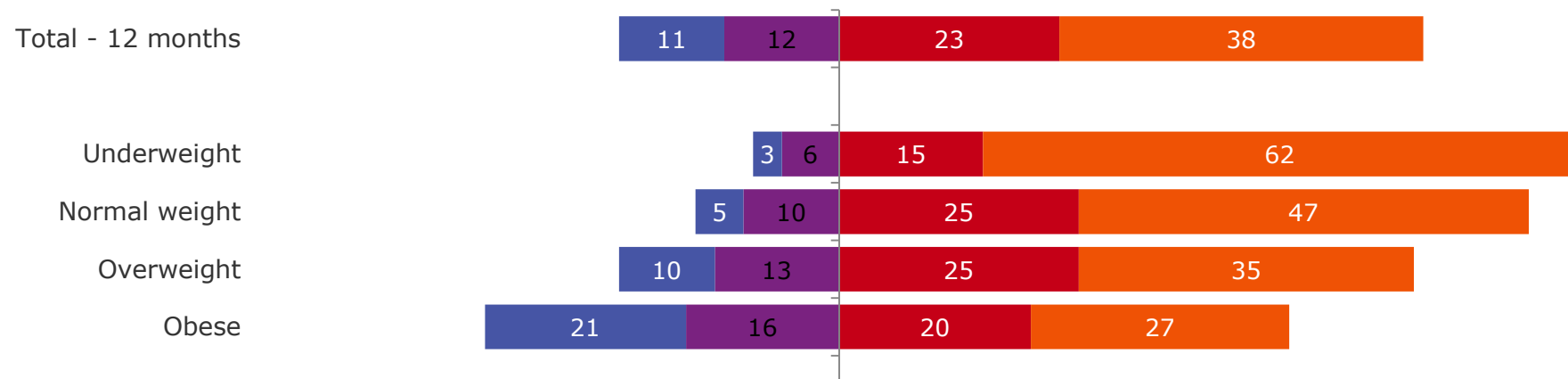


How representative was our sample: Body Mass Index (BMI)?



■ Underweight ■ Normal weight ■ Overweight ■ Obese Class 1 ■ Not classified

Level of confidence in maintaining current weight in 12 months



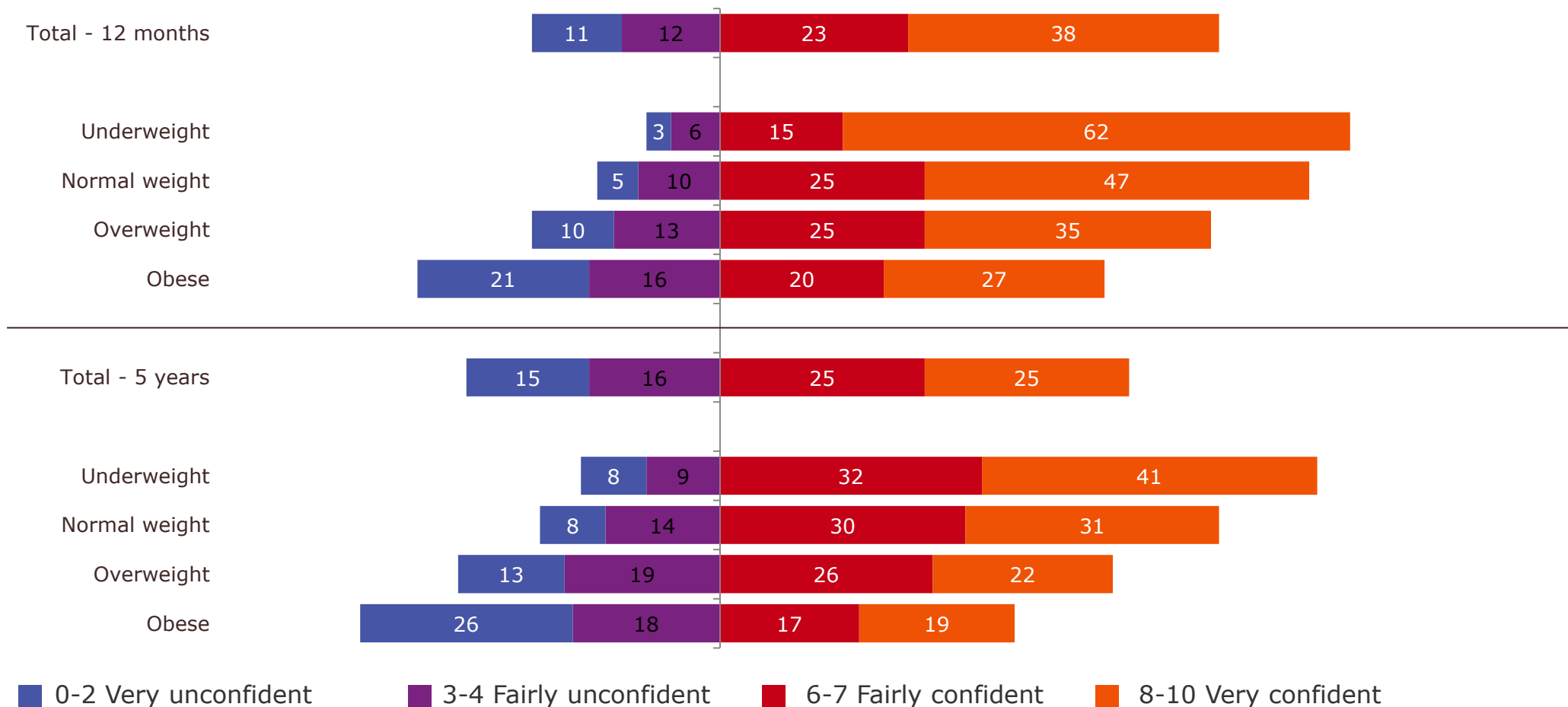
■ 0-2 Very unconfident ■ 3-4 Fairly unconfident ■ 6-7 Fairly confident ■ 8-10 Very confident

Source: H5. How confident are you in your ability to **not** put weight on over the next **12 months** (i.e. to stay the same weight that you are now)?

H6. How confident are you in your ability to **not** put weight on over the next **5 years** (i.e. to stay the same weight that you are now)?

Base: All respondents n=3424

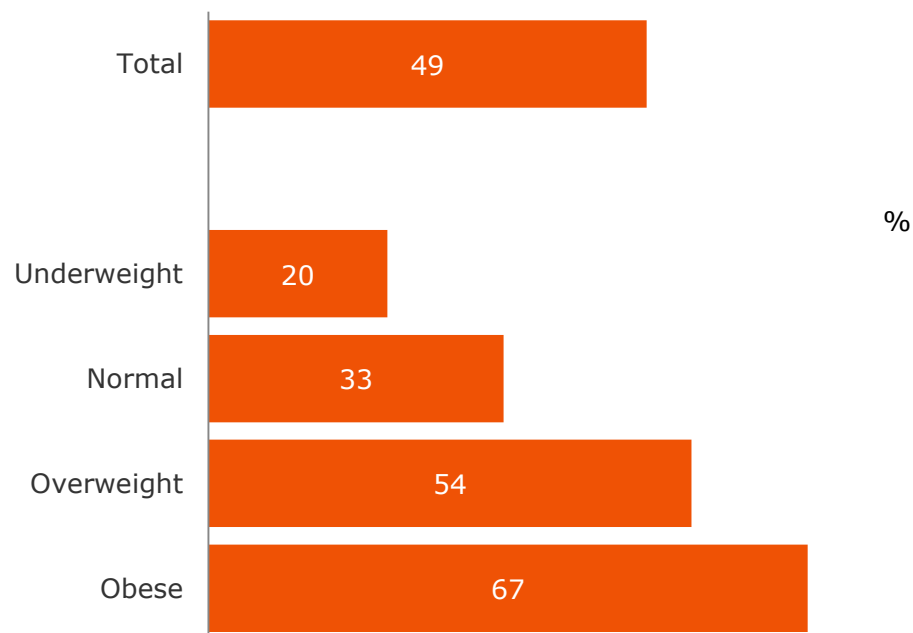
Level of confidence in maintaining current weight in 12 months, and in 5 years



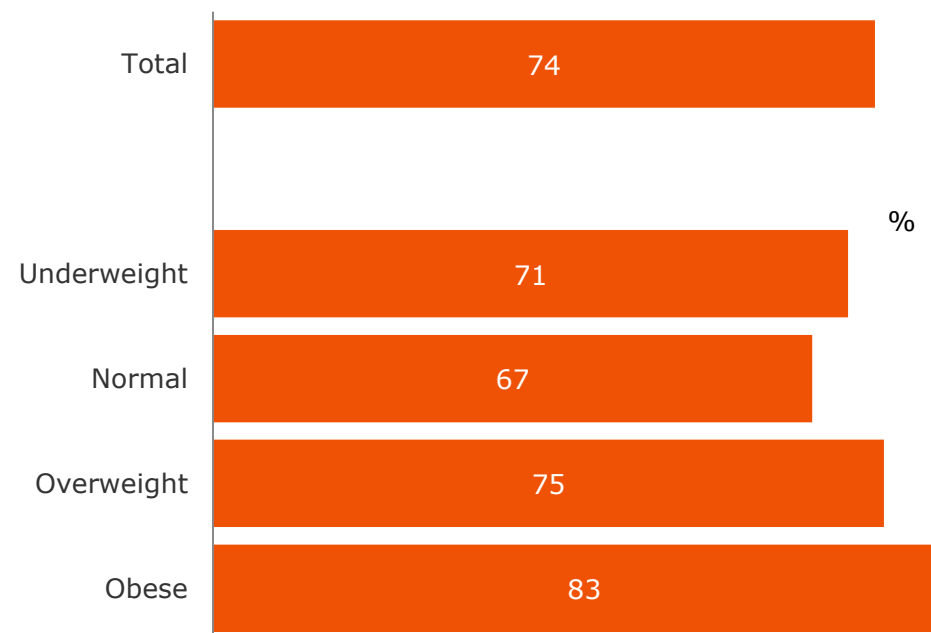
Source: H5. How confident are you in your ability to **not** put weight on over the next **12 months** (i.e. to stay the same weight that you are now)?
 H6. How confident are you in your ability to **not** put weight on over the next **5 years** (i.e. to stay the same weight that you are now)?
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Identification of a need to change

I need to eat less



I need to be more physically active

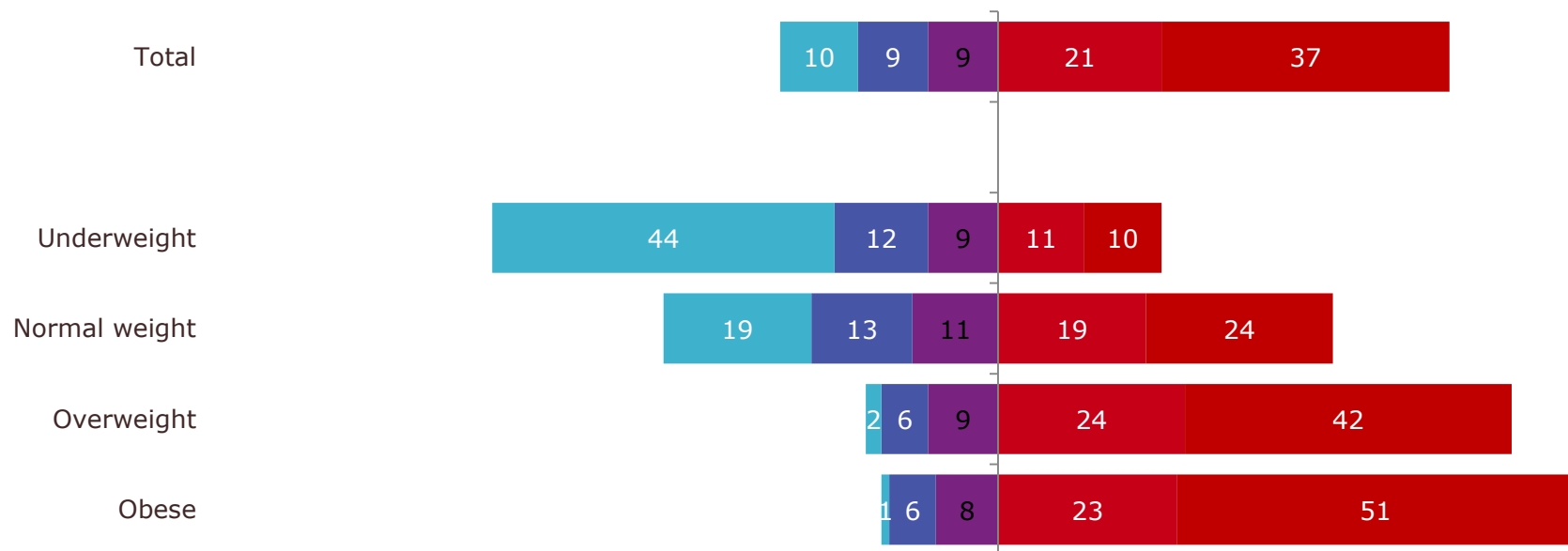


Source: E3(f). To what extent do you agree or disagree with the following statements about diet? I need to eat less

G1(d) To what extent do you agree or disagree with the following statements about diet? I need to be more physically active

Base: All respondents n=3424

Likelihood of trying to lose weight in next 12 months

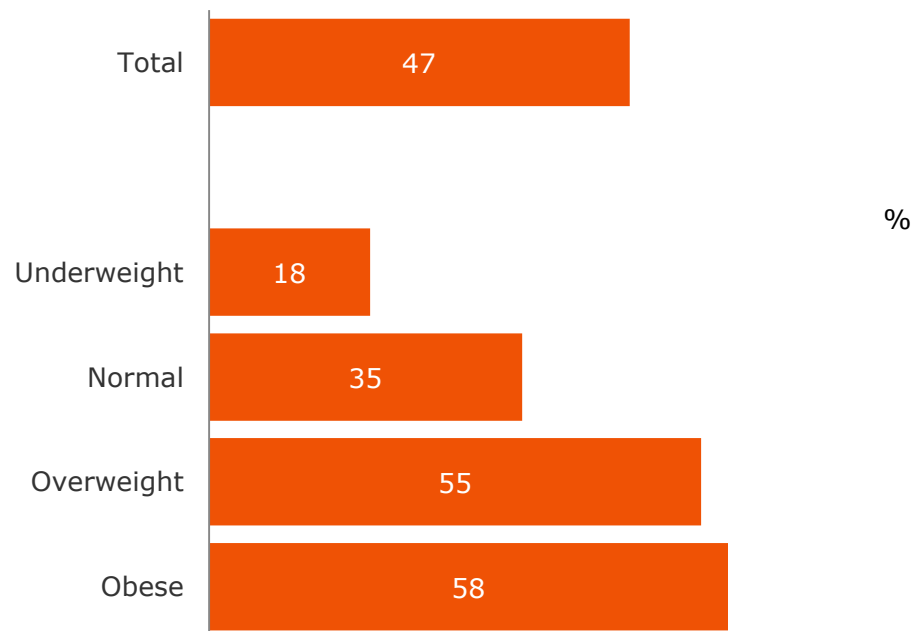


■ 0-2 Very unlikely ■ 3-4 Fairly unlikely ■ 6-7 Fairly likely ■ 8-10 Very likely ■ I don't need to lose weight

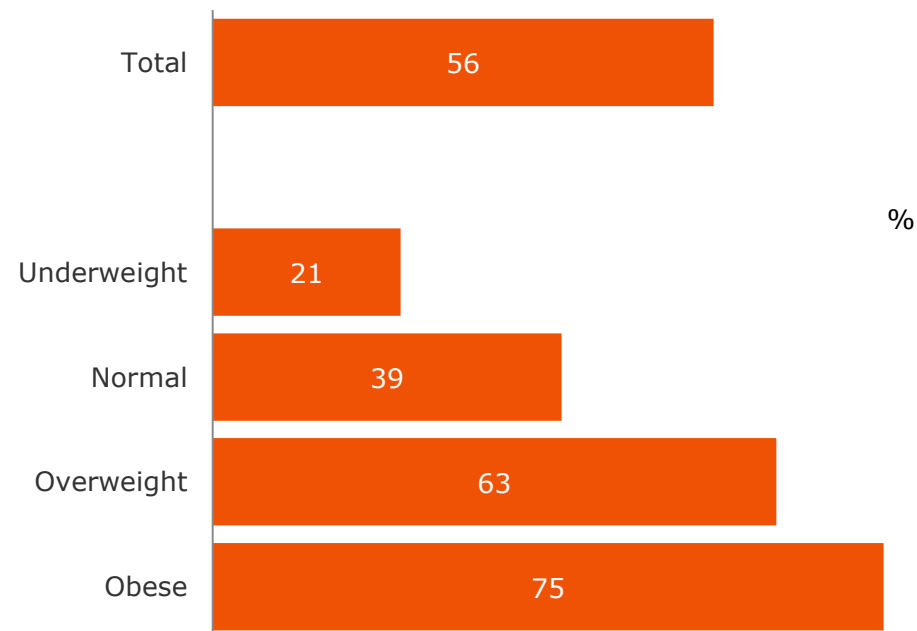
Source: H7. How likely do you think it is that you will try to lose weight over the next **12 months**?
Base: All respondents n=3424

Reduction of portion sizes

Have reduced in past 12 months

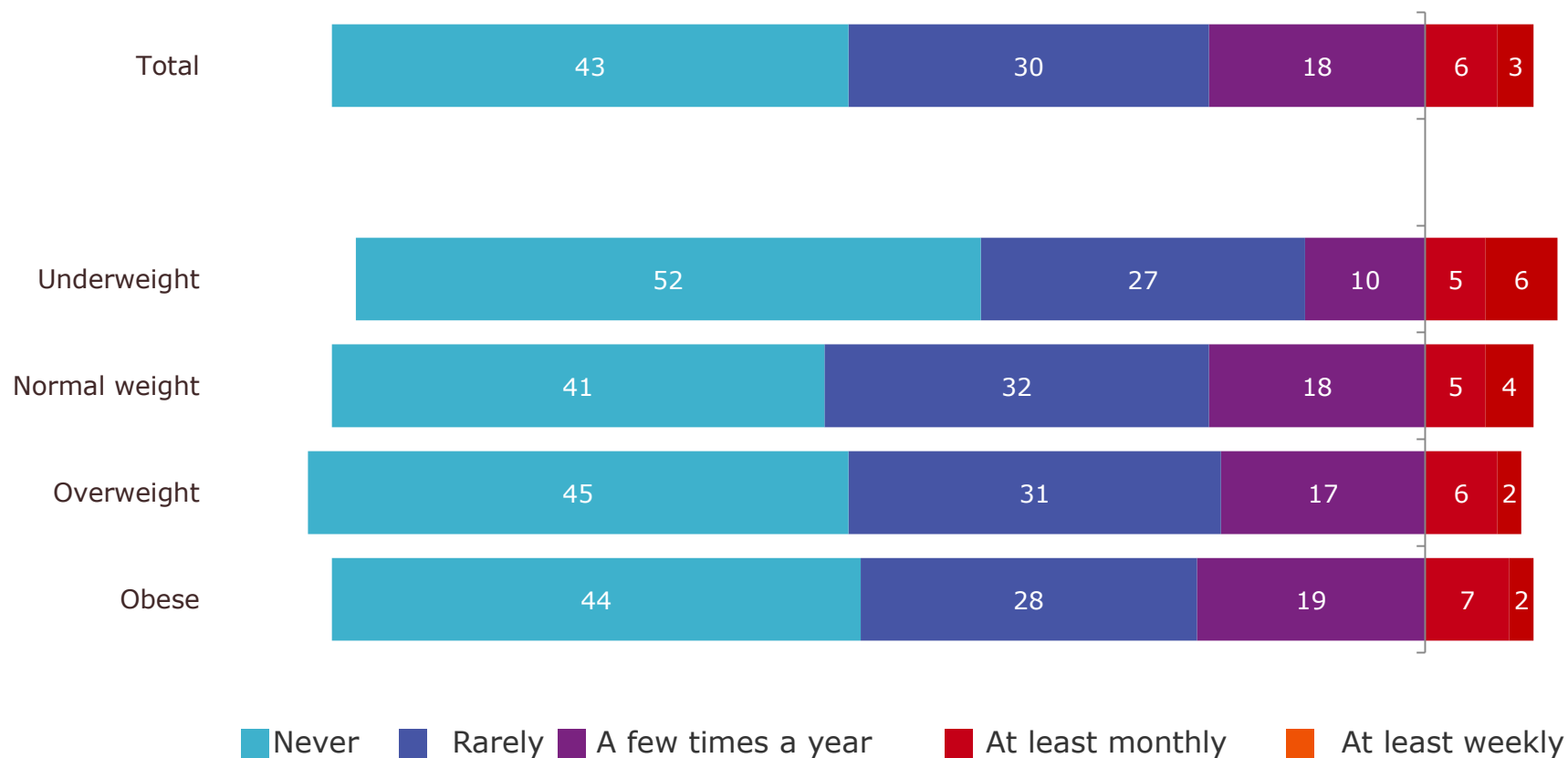


Planning to reduce in next 12 months



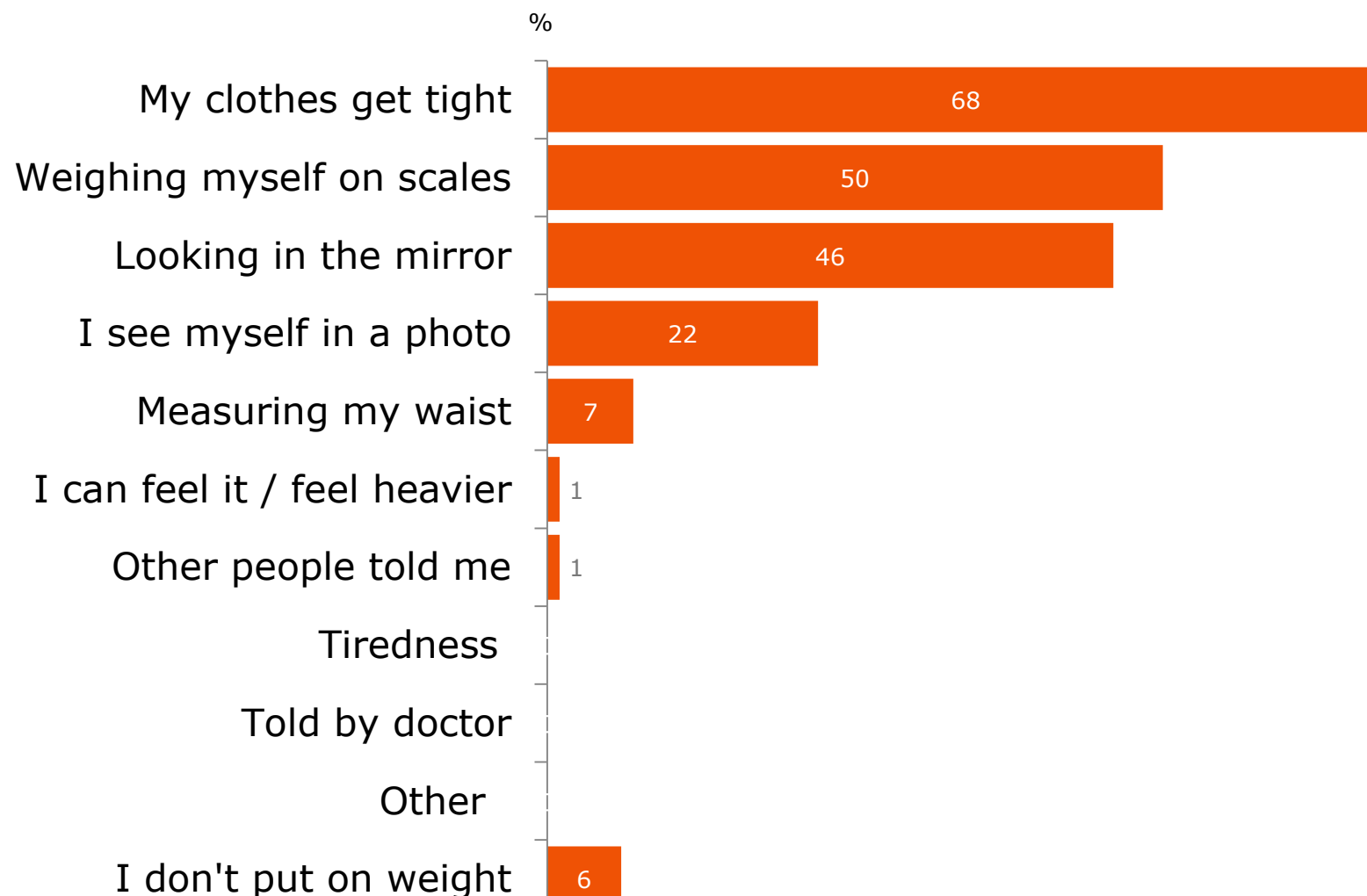
Source: H9. Over the **past** 12 months have you reduced your portion sizes in order to maintain or lose weight?
H10. Over the **next** 12 months are you planning on reducing your portion sizes in order to maintain or lose weight?
Base: All respondents n=3424

Frequency of measuring waist



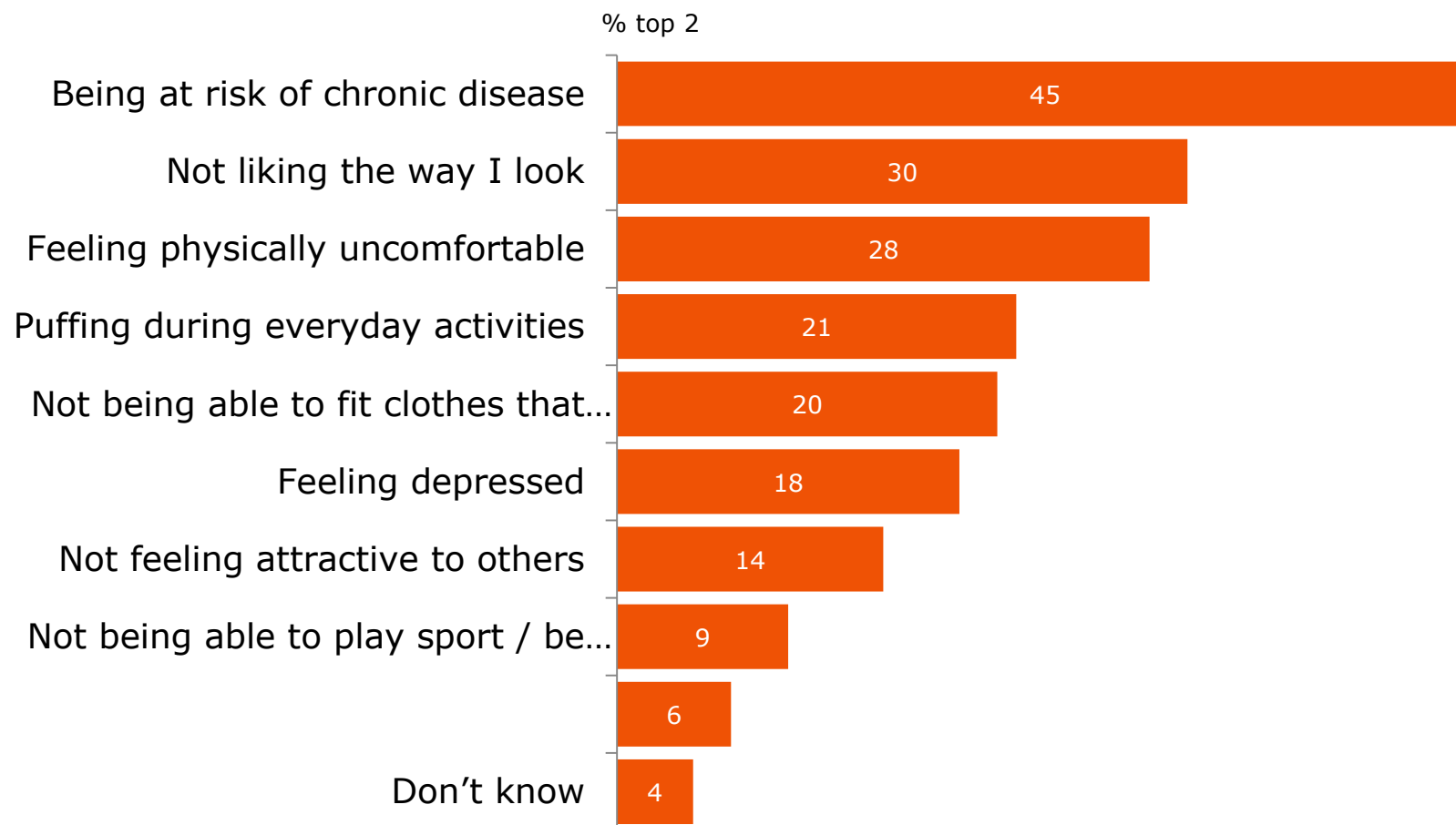
Source: How often do you take your waist measurement with a tape measure?
Base: All respondents n=3424

Indications of putting on weight



Source: I4. What are the indications for you that you have put on a bit of weight?
Base: All respondents n=3424

Greatest impacts of being overweight



Source: I7. From the same list, please select the **two** that for you would be the greatest impacts of being overweight.
Base: All respondents n=3424

Diet, physical activity and influential behaviour



We collected behavioural data on ...

Diet

Food & drink consumption:

- What is eaten
- How often
- How much
- Context – where and how

Responsibility for meals:

- Planning
- Shopping
- Cooking

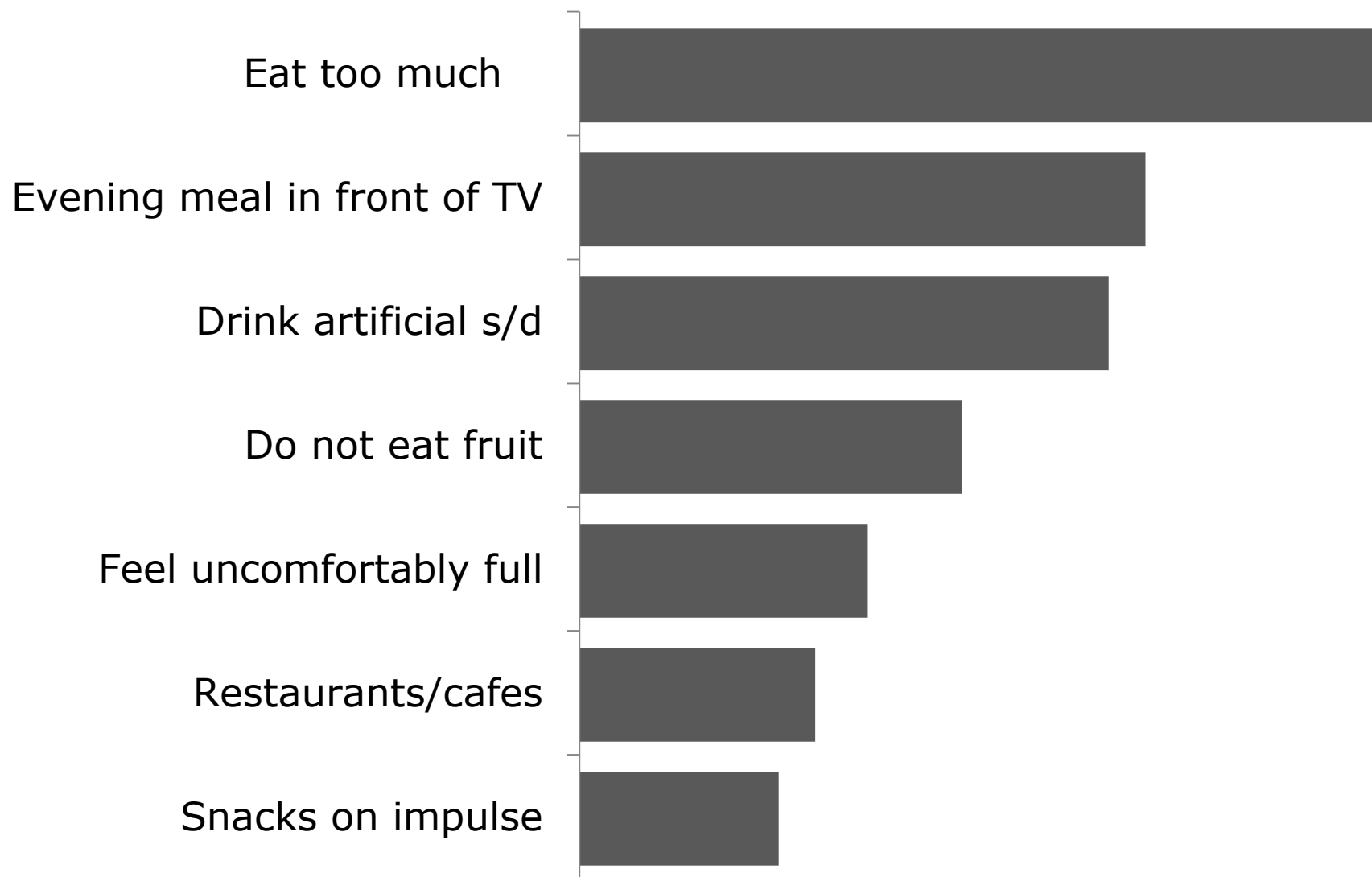
Family needs & composition

Physical activity

How much

- What is recommended
- Required for good health
- Time doing
- Time sitting

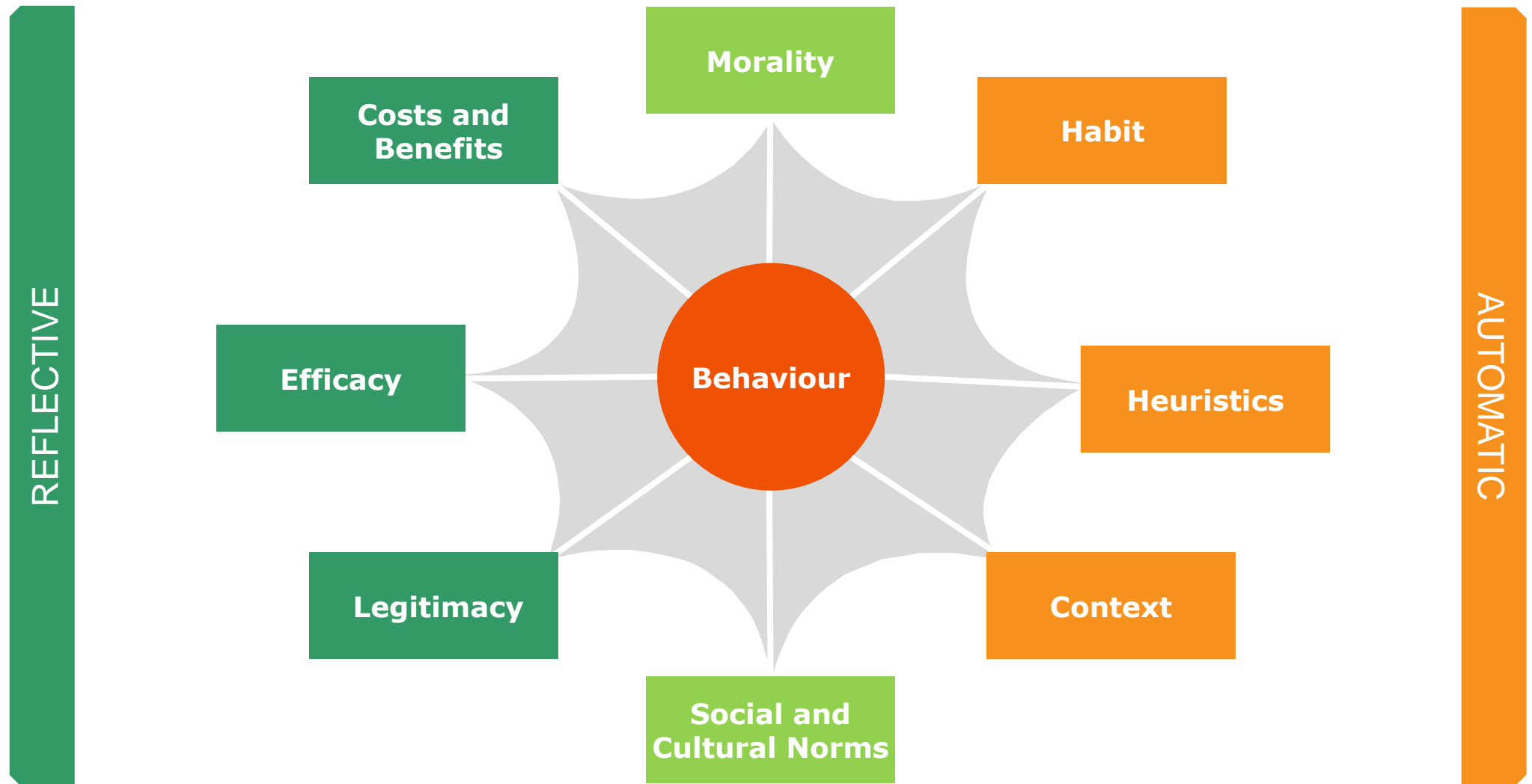
Top 7 (of 27) food behaviours linked to BMI



Attitudes to diet and physical activity

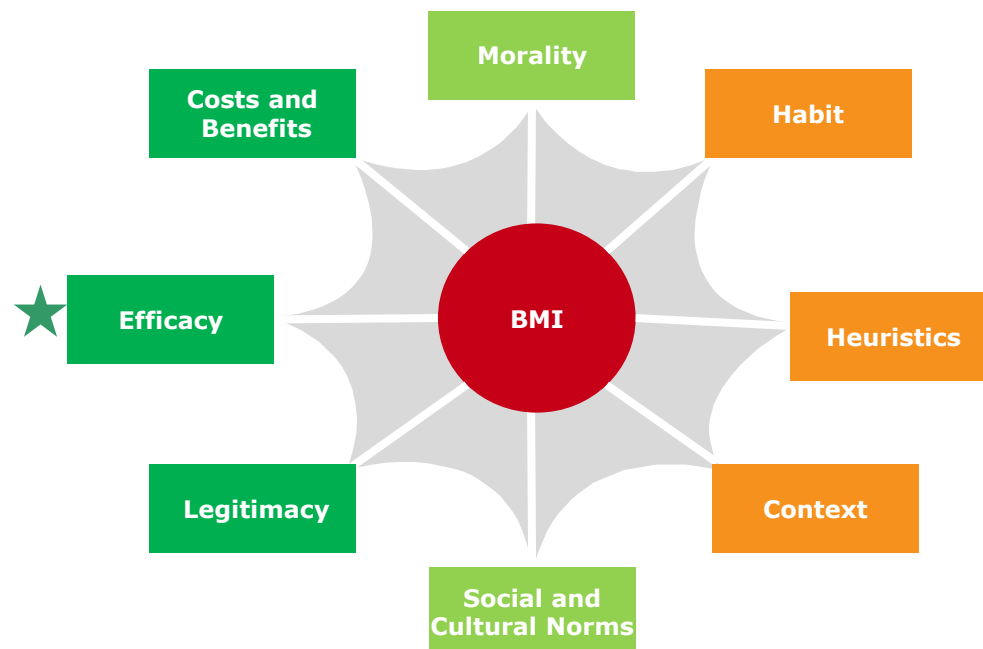


The TNS Behaviour Web



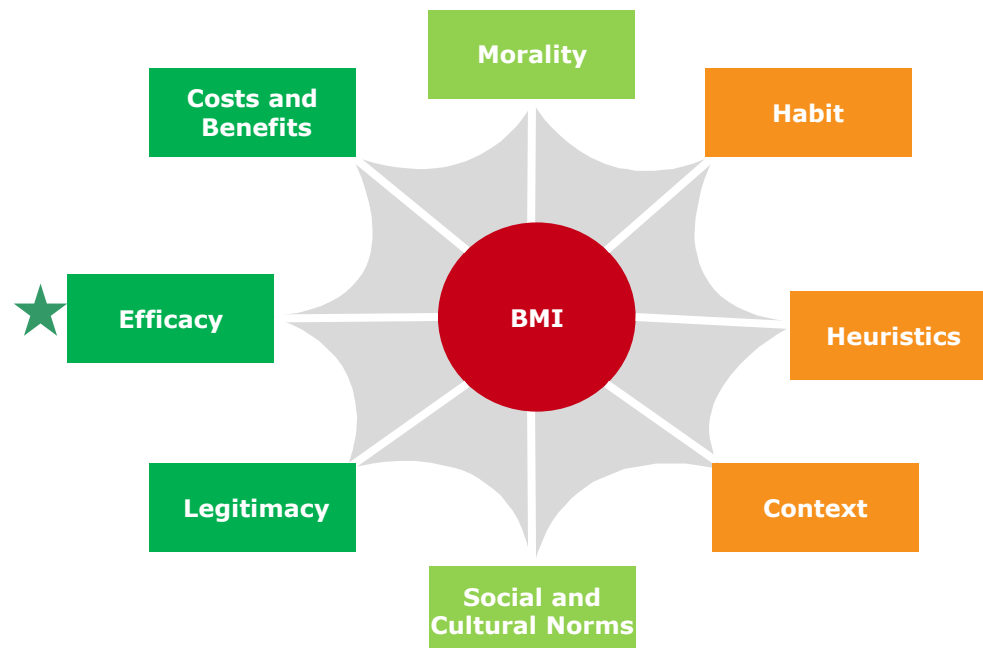
Attitudes underpinning diet - efficacy

- I feel I have the skills and ideas to shop for and cook healthy meals (70%)
- I find it easy to cook healthy meals (65%)
- I always make time to shop for healthy meals (56%)
- I always make time to cook healthy meals (57%)
- I wish I could improve my diet (56%)
- I find nutrition labels easy to understand (49%)
- It's hard to know what is a healthy food choice when you're eating out (43%)
- There is so much information on healthy food I get confused (40%)
- I find it really difficult to eat healthy foods (25%)
- I don't have the energy to shop for and cook healthy meals (22%)



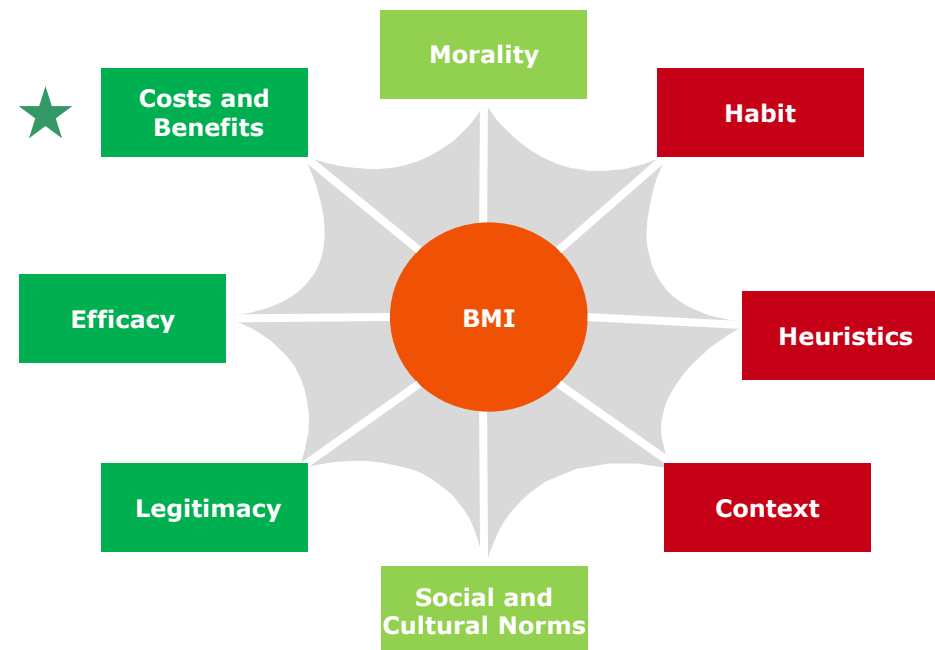
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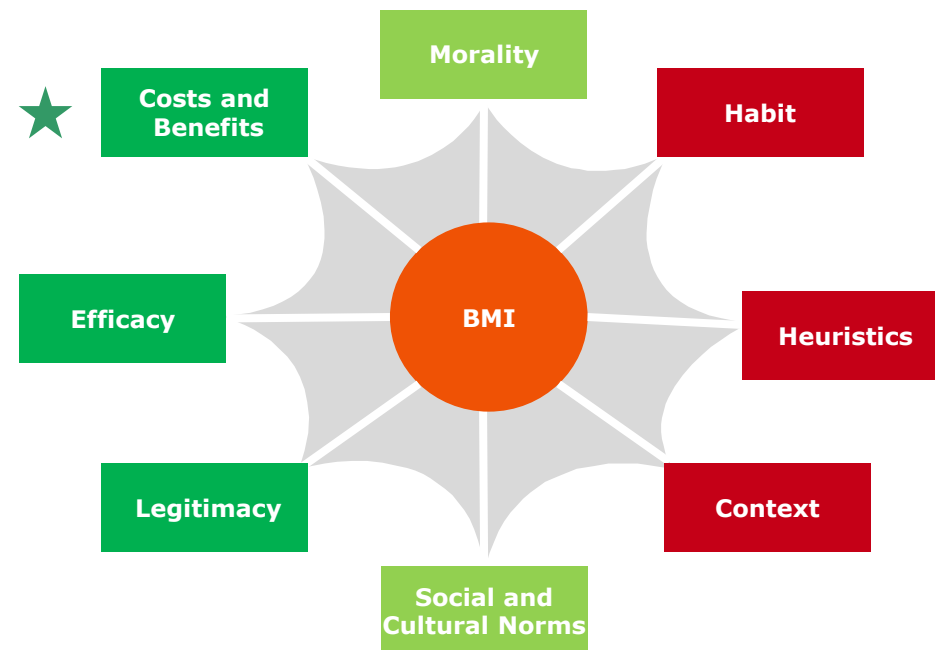
Attitudes underpinning physical activity – costs and benefits

- I feel good about myself when I have done some exercise (78%)
- It's too expensive to join a gym / organised sport (69%)
- Exercise is a good way to balance out unhealthy food or drink (60%)
- After a busy or stressful day it feels good to have a workout (46%)
- I have to travel too far to exercise (15%)

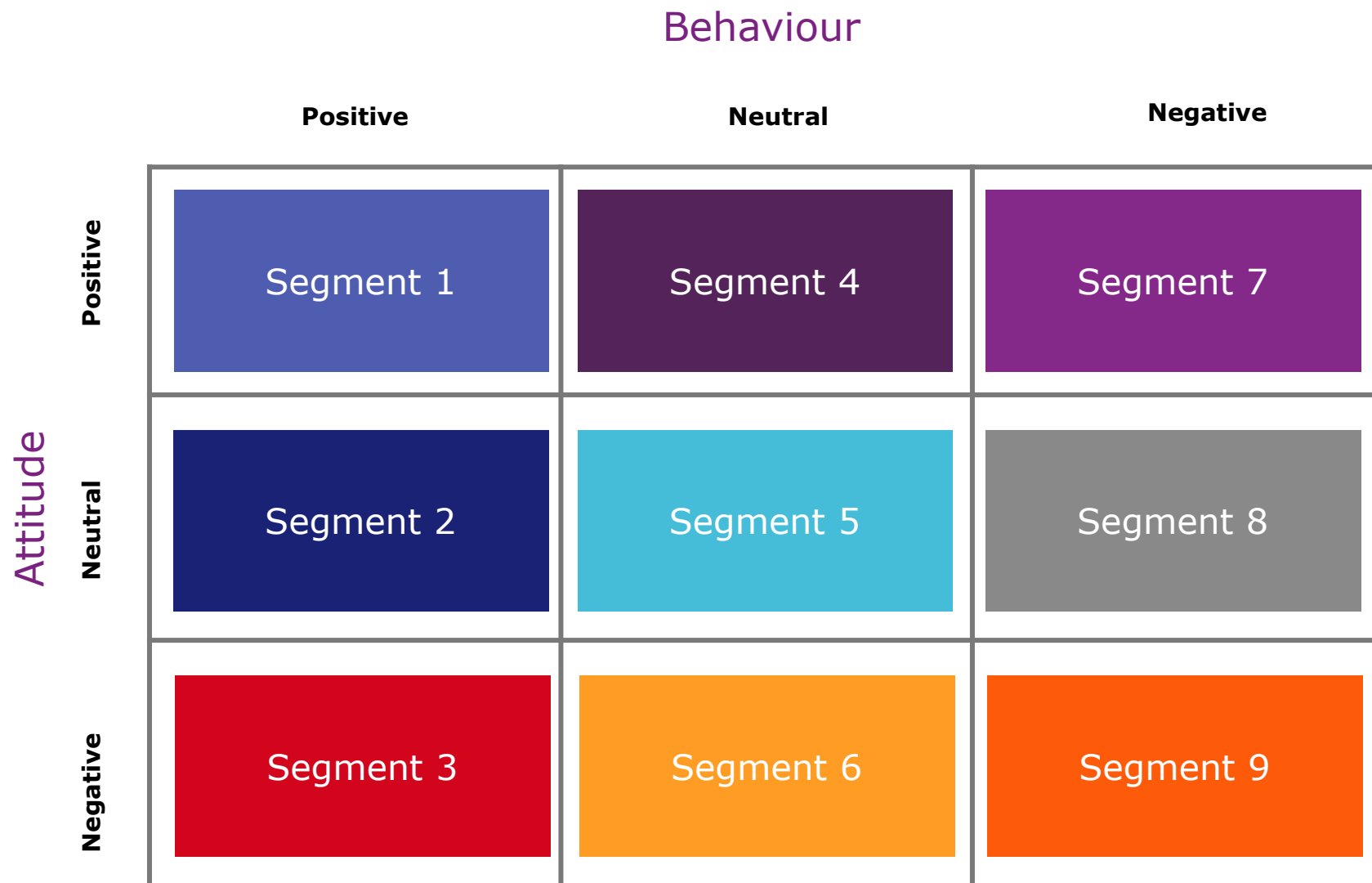


Attitudes underpinning physical activity – costs and benefits

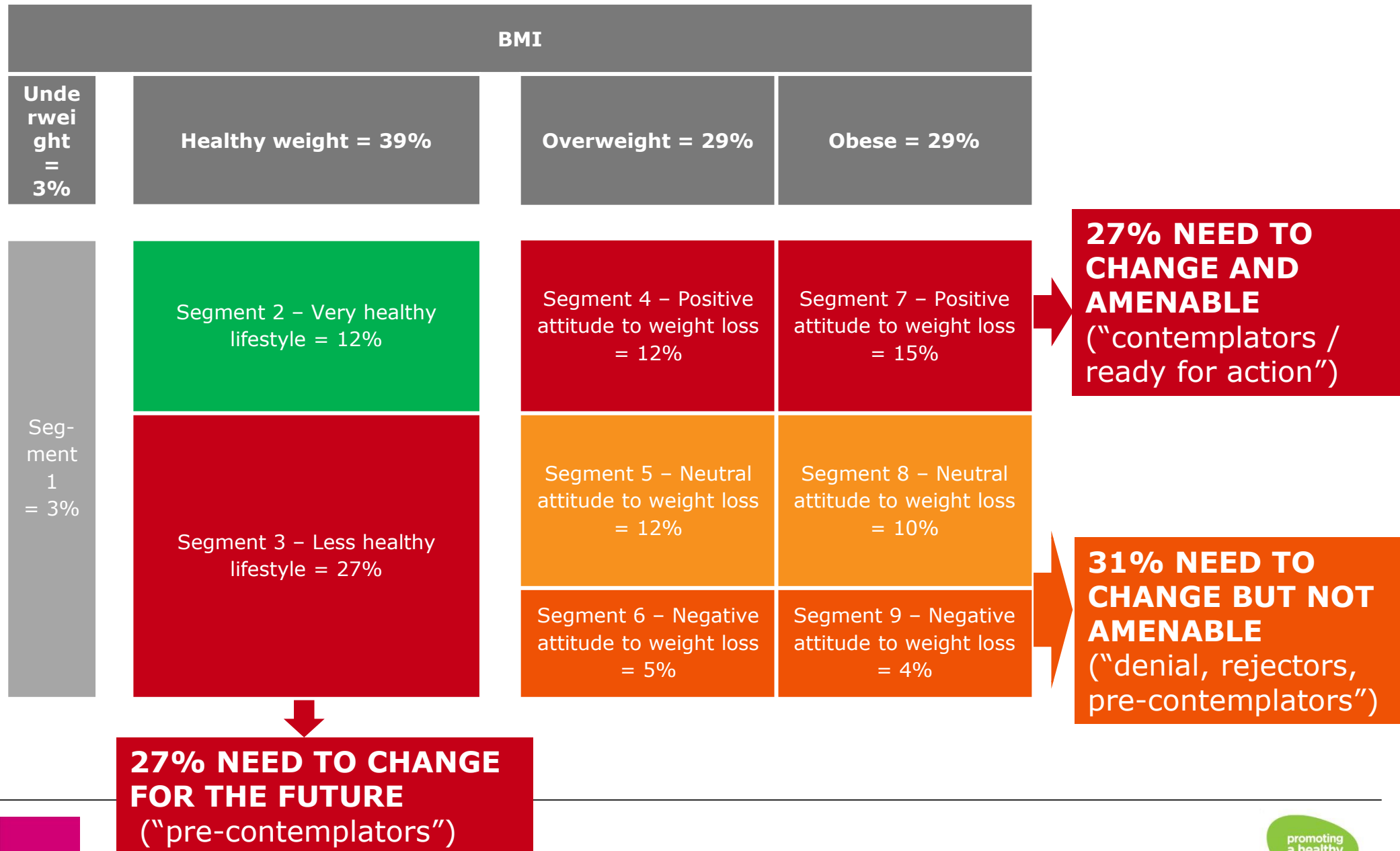
- **I feel good about myself when I have done some exercise**
- **It's too expensive to join a gym / organised sport**
- Exercise is a good way to balance out unhealthy food or drink
- **After a busy or stressful day it feels good to have a workout**
- I have to travel too far to exercise



A simple attitudinal segmentation model

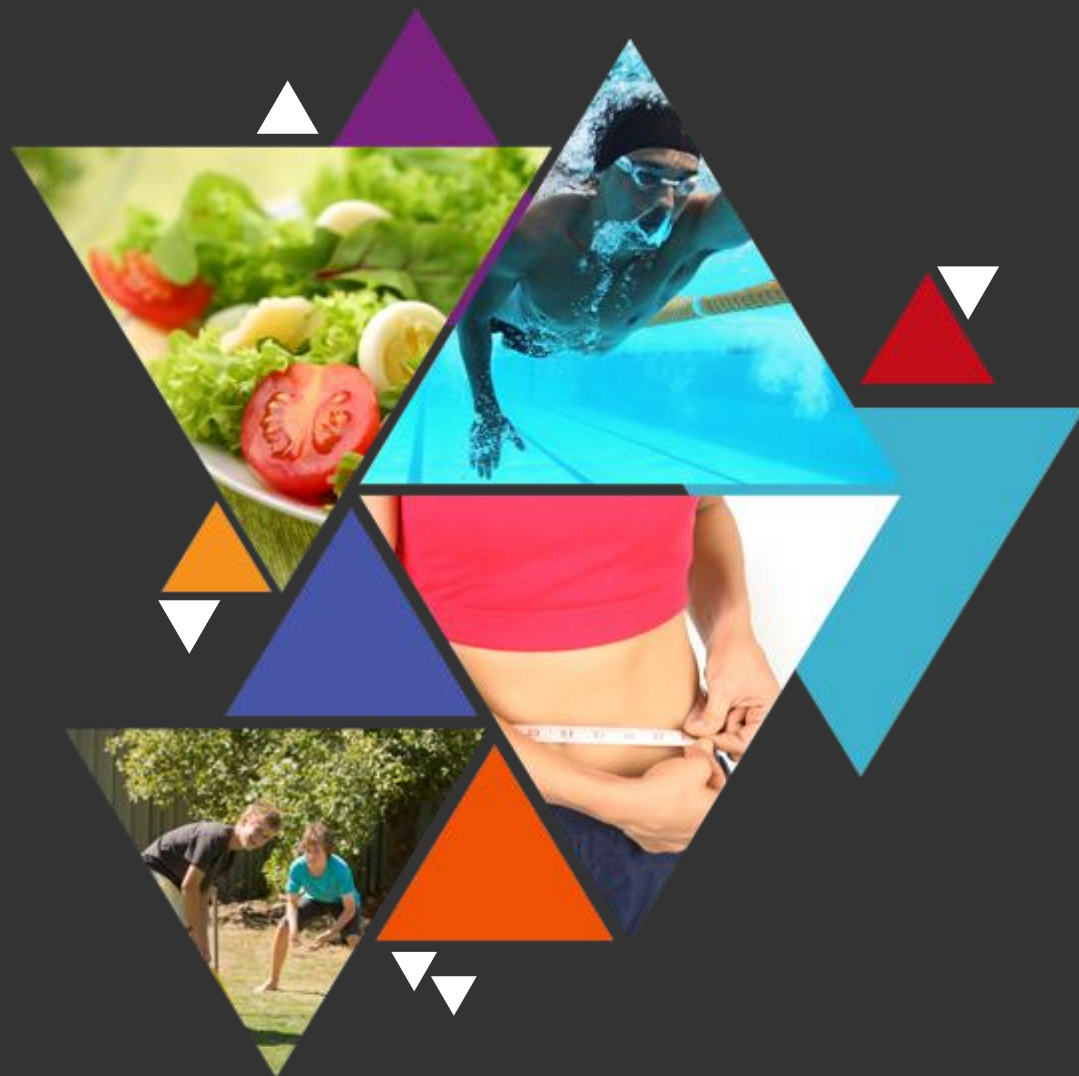


Prioritising the segments



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Message development and testing



The Development of Shape Up



Message development: What attitudes and behaviours to focus on?

- **What is the 'way in' for different segments?**

Content

Tone

- **What does the evidence indicate?**
- **What is the current policy context?**
- **Synergies with partners**



Priority weight behaviours: 6 Territories

Healthy Weight



Active Living



Healthy Eating



Portion Control



Sugar sweetened drinks



Kilojoules



Mindless eating



Emerging territory

5

Shape Up Message Guide



Segment 3 – Normal weight, less healthy lifestyle (27%)

Who are they?

- Similar to Segment 2 in age (younger) but gender is more evenly spread (52% male)
- They do not think they're particularly healthy, but are not concerned.
- Attitudes and diet/activity behaviours place them at risk of weight gain in the future.
- Largest concentration of CALD backgrounds (30%).
- Much lower confidence in maintaining weight/avoiding weight gain in the future (compared to Segment 2)

How do we target them?

- Tone requires increasing personal relevance, using empathy and creating self-assessment as the way in
- Increase awareness of current 'risk-raising' behaviours and potential vulnerability to weight gain in the future as a result of particular behaviours that they can relate to
- Provide motivation to be healthier
- Message territories **Healthy Weight, Portion Control and Active Living** are all relevant, but need to start with motivation and benefits. **Sugar drinks** messaging a secondary priority.



Segment 4 and 7 – Overweight or Obese, likely to try to lose weight (27%)

Who are they?

- These segments differ mostly by their weight (overweight 12% vs obese 15%)
- Tend to be older (more than two thirds are aged 44+)
- Slightly more likely to be female (obese group more so, 59%)
- Parents
- Segment 4 higher income
- Segment 7 highest concentration of Regional Australia
- Many adopted healthier lifestyle to lose weight but believe it's not enough
- Try to eat healthy and exercise but want and need to improve further
- Led astray easily, influenced by environment

How do we target them?

- Highly amenable to change
- Ready!
- Tap into benefits and induce / motivate through communications, skills, induce to trial, address cost and time barriers
- Messaging with tips and support to lose weight
- Provide strategies to deal with situations that lead them astray
- Message territories **Healthy Weight, Portion Control and Active Living** are all relevant for activation messaging. **Sugar drinks** messaging directed towards parents (for kids) not for themselves (lowest levels of consumption after Seg 2).



Territory 1 - Healthy Weight



Central Idea

Live today for tomorrow.

The theme of healthy weight touches upon a whole range of issues, which resonate strongly with the various audience segments.

Messages to use

There are many reasons to choose a healthy diet and start getting enough physical activity now. It will help you sleep better, give you more energy, reduce the risk of depression and can help to prevent chronic diseases such as heart disease and type 2 diabetes. So start today and wake up feeling better tomorrow.

As we become busier and busier with our jobs, our kids and life in general regular physical activity and healthy eating go out the window. We put our health on hold.

For many of us, life just catches up. We get busy at work and with our families and, before you know it, bad eating habits have crept in and any thought of physical activity gets put on the shelf.

Why this message?

The underlying message paints an all too familiar picture of the problems we face and clearly communicates the benefits of maintaining a healthy weight and staying active.

To influence behaviour change, our communication must enable our audience to see themselves as those at risk.

As people's lives change so do their priorities. Acknowledging this and the difficulties some people have in maintaining a healthy weight allows our audience to recognise their own behaviours.

Suggested taglines and phrases.

'What' and 'why' of the message tone and content

Eg. "As we become busier and busier with our jobs, our kids and life in general...we put our life on hold"



The “way in” is different for different audience profile factors



Audience considerations

For healthy weight, **18-24 year olds** look for immediate benefits – sleeping better, feeling better, waking up feeling great. They focus on what they can do to be healthy, not how to avoid weight gain and disease later on. Be direct and keep it simple.

They do not connect with the prospect of becoming chronically ill through weight gain, especially the risk of cancer – this seems a very ‘distant’ and unlikely risk (“I’m just thinking about the next weekend!”).

24-35 year olds relate to the notion of life becoming busier, even if they aren’t parents, through working full time and not having as much leisure time for themselves.

References to ‘obese’ and ‘obesity’ are rejected by this audience as being too alarmist or ‘extreme.’

Younger males particularly connect with messages that ‘put them in control’ by raising their awareness, and challenging or showing them what to do.

Teen girls

This group were health-conscious and generally more knowledgeable than older audiences, having received health education and compulsory physical education at school.

Older audiences

Older audiences connected more with the risk of chronic health issues linked to excess weight, as these seemed a more realistic prospect, perhaps because of their own health status, health ‘scares’ and/or the health of their peers.

There is a need to manage the risk of older audiences becoming complacent however – some had a sense that the messaging was aimed at younger audiences as it was ‘too late’ and ‘too hard’ for them to address their weight and/or lifestyle.

Parents (with young children)

Empathy provides a strong point of connection for this audience.

Recognising parents’ busy, pressured lives in a non-critical way in an effective way to ‘hook’ parents into a message. Putting their health on hold strongly resonates with this audience.

Parents warm to the notion of ‘simple steps’ as they are busy and may be overwhelmed – this provides a sense of hope, self-efficacy and accessibility.

Immediate consequences on their family of putting on weight, such as not being able to keep up with children, resonate and are both

Possible application in primary health care

- Tailor health education resources and tools,
- Reassess tone and approach to personal communication with clients,
- Inform the development of social marketing resources (eg. newsletter, publicity materials) within local media; and
- Inform the priority selection



- Disease Prevention and Health Promotion in Medicare Locals Program – 7 Medicare Locals funded
- Preventive Health Matters – Online community, discussion forum, networking tool (www.preventivehealthmatters.com.au)

Shape Up will be target Medicare Locals:

- Medicare Locals information pack – fact sheets for distribution
- Tailor resources and research output for application by Medicare Locals

Shape Up Initiative

- National obesity prevention brand – no mass media.

- Aims:

Facilitate consistent messaging –
reduce consumer confusion

Link and raise the profile of the
current obesity prevention activities

- Who can co-brand?

- Shape – Up resources



Thank you

Contact us at
info@shapeup.gov.au

Visit the website
[***www.shapeup.gov.au***](http://www.shapeup.gov.au)

