Public Health England

Public Health England Marketing Strategy

2014 to 2017

Contents

Foreword

Our new national public health system represents a once in a lifetime opportunity to improve people's lives. In this document Public Health England's national health marketing team outlines how it will support this new system to deliver.

The successful promotion and protection of health makes a profound and positive difference to our lives in many ways – active children do better at school, healthier adults are more productive and take less sick leave and healthier older people keep their independence for longer. Marketing health to the public is not a magic bullet, but when so many of our health challenges necessitate large-scale public behaviour change it is common sense to embrace an approach that is predicated upon public engagement. As representatives of national and local organisations working in health we believe the evidence shows that 21st century marketing is an impactful and cost-effective way to support people and deliver positive change.

The team have consulted with over 150 people across local government, the commercial sector and non-governmental organisations to develop this new strategy. It is clear that there is an incredible opportunity to support more people's health more effectively by integrating local insight and delivery expertise with national marketing channels, by setting joint long-term goals, by sharing evidence, by innovating, by industrialising good practice and by always working in partnership with the huge number of organisations and individuals who share our goals.

To address this opportunity the strategy encompasses a significantly broader range of topics and proposes innovation on more fronts than a central health marketing team has ever addressed before. To our knowledge no other country is approaching health marketing with this level of ambition and we hope this strategy will become a blueprint for national and local teams to achieve great results together.

Alex Aiken,
Executive Director of Government Communications, Cabinet Office

Janet Atherton,
President, Association of Directors of Public Health

David Holdstock,
Director of Communications, Local Government Association

Duncan Selbie,
Chief Executive, Public Health England

Introduction

I am yet to meet a mum or dad who wants their infant son or daughter to smoke, binge drink or be obese. I am yet to meet a son who did not wish his father's cancer had been diagnosed and treated earlier. I am yet to meet a grandmother who wishes measles upon her grandchild. I am yet to meet anyone who wanted to increase their risk of getting dementia. When it comes to improving our chances of living longer, happier lives we all share the same goals.

Our challenge is to make it easier for more mums, dads, daughters and sons than ever before to make positive changes. Change not to achieve an abstract goal of being 'more healthy' but to achieve things that matter – more energy, to dance at a daughter's wedding, to afford a family holiday.

I do not underestimate how hard change can be for all of us, but I do see evidence and incredible human stories of success that lead me to believe we can support many more people to achieve their goals by engaging them and by making change easier and more popular.

The evidence shows that effective marketing is one key lever for catalysing change, and PHE will invest in it. This strategy sets out an ambitious agenda for promoting healthy changes by:

- Delivering creative and innovative nationwide programmes that help a wider range of people than ever before
- Focusing on the national ambitions that make the biggest difference to our health, fastest
- Wholeheartedly supporting and integrating with local government
- Organising around people's lives and popular culture
- Using technology innovatively and investing in 'mobile-first' digital public health

By delivering this strategy, Public Health England will support millions more of us to do the things that matter to them for longer. I cannot wait to see the results, and hear the stories behind them, that this exciting strategy will deliver.

Professor Kevin Fenton, Director of Health and Wellbeing, Public Health England

Executive Summary

Marketing is an effective, evidence-based methodology for addressing public health issues[1], and this document outlines how PHE will apply this methodology to support national and local health priorities.

PHE runs a range of well-known marketing programmes such as Change4Life, Smokefree, Be Clear on Cancer and, most recently, Dementia Friends. These deliver positive health outcomes, such as reducing adult smoking prevalence and increasing early diagnosis of cancer. These are modern marketing programmes that utilise behavioural science, commercial best practice and digital tools to engage hundreds of thousands of people.

The profound changes to the public health system necessitate a new approach to national health marketing that builds on previous successes. This strategy aims to deliver a major change in the quality and efficacy of our contribution to the new public health system. It describes how PHE will, over the next three years, use marketing to support local and national government objectives to tackle avoidable mortality and enable people to live longer and to enjoy longer healthy lives. The marketing team will work with the wider health and care sector to deliver integrated evidence-based programmes whilst increasing quality and cost-effectiveness.

Our overall ambition is to: **'Motivate and support millions more people to make and sustain changes that improve their health'.**

The strategy is organised around five principles that describe how we will work and three broad life-stages that describe what we will deliver.

Our principles

We are locally driven

Local government is the engine of public health. The PHE Marketing team's key client is local government and our role is to support them to deliver their local public health objectives. We will introduce a range of new mechanisms that support local government to plan and deliver their marketing programmes.

We prototype, learn and refine

As a scientific organisation, we will be guided by the best available evidence, evaluate all our activities with rigour and transparency, and always prototype our work before committing to national delivery.

We will create more innovative content

Over the course of this strategy we will deliver more agile, more interactive, more frequent, lower-cost content using a broader range of methodologies and partners that drive change for more specific target audiences.

We will provide 'on-demand' digital public health

In addition to capitalising on the communications revolution to create richer and more agile marketing programmes PHE Marketing is investing in 'on-demand' digital public health. Over the course of the strategy PHE will become a world leader in digital public health.

We only ever work in partnership

PHE Marketing will never deliver a campaign unless it is part of and actively supported by a broader range of partners. There are thousands of people and organisations with experience, local knowledge, expertise, channels, and capacity that we do not have. By working together with more and more of those individual and organisational partners who have an interest in improving health we will ensure broader engagement, higher cut-through, better value for money and better results.

What we will deliver

Based on an evidence review we have increased the number of areas that we work in, and the investment in key PHE priorities. We have organised and integrated our activity around three broad life-stages because people see health in the round – not issue by issue. To reflect national and local priorities we are introducing six new programmes. We use the language of 'making it easier to' because all of our programmes are about inspiring and supporting voluntary behaviour change.

Starting Well

There is a wealth of evidence that investing in establishing healthy habits in children has a positive long-term payback. National marketing will focus on making it easier for:

- Parents to give their children the best start from pregnancy to 5 years old
- Families with children 5 to 11 years old to eat well and move more
- 11 to 18-year-olds to be more resilient (new programme)

Living Well

Maintaining or creating healthy habits in adulthood is a complex area, involving factors such as dependency. National marketing will focus on making it easier for adults to:

- Stop smoking for good
- Eat well and move more (new programme)
- Improve their mental health (new programme)
- Drink alcohol moderately (new programme)
- Have good sexual health

Ageing Well

Our work here is focused on the identification of risk factors that accumulate with age and are a crucial trigger for engagement with the health service and broader change. We will focus on making it easier to:

- Get diagnosed when a visible symptom (such as blood in pee) occurs
- Check your health regularly (new programme including NHS Healthcheck and Screening)
- Look after friends and family with dementia (new programme)

In addition to these health improvement programmes we support PHE's vital health protection role by making it easier to avoid illness and get the right treatment. This work will focus on promoting vaccination uptake and supporting emergency response.

A full activity calendar is provided in section 11.

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[1] See, for example:

- Mass media interventions: effects on health services utilisation. Grilli R, Ramsay C, Minozzi S. Cochrane Database Syst Rev. 2002;(1):CD000389
- A Review of the Effectiveness of Mass Media Interventions which both Encourage Quit Attempts and Reinforce Current and Recent Attempts to Quit Smoking – NICE – http://www.nice.org.uk/nicemedia/live/11676/34642/34642.pdf
- How effective and cost-effective was the national mass media smoking cessation campaign 'Stoptober'? Brown J, Kotz D, Michie S, Stapleton J, Walmsley M, West R. Drug Alcohol Depend. 2014 Feb 1;135:52-8. doi: 10.1016/j.drugalcdep.2013.11.003. Epub 2013 Nov 20

1.0
Health Marketing: Approach and 2013-14 highlights

Purpose of this document

This document is the successor to the 2011-14 marketing strategy, 'Changing Behaviour, Improving Outcomes: A new social marketing strategy for public health'. It describes how PHE will apply marketing to support the objectives of England's public health system and PHE's Business Plan.

The strategy sets out our three-year strategic framework and planned calendar of activity for the next 18 months. Our activity calendar will be updated regularly and shared with partners. Because our budget planning cycle is on an annual basis we will produce a concise update of our key achievements and budget allocation each year. In addition we will publish a more comprehensive update to this strategy in 18 months, including a review of our progress against the goals described in this plan.

The intended audience is public health and marketing professionals. It was developed in consultation with key partners including local government, the NHS, NGOs and the commercial sector. It has been peer reviewed by a range of experts who we thank for their valuable input.

The role of health marketing

Social marketing is 'The systematic application of interactive marketing principles and techniques that harness audience participation to deliver value and achieve specific behavioural goals for social good' (Bernhardt, adapted from Kotler, Lee-Rothschild and Lee[2]).

This definition is different to the one we have used previously in its emphasis on interactivity and public participation. This change highlights that our goal is not to broadcast one-way, one-off messages at people: our goal is to inspire and support behaviour change using the optimal range of cost-effective channels and approaches. Our primary role is to support (we can help you do what you want to do) not exhort (please do what we want you to do).

Marketing is sometimes equated with advertising. This is not accurate. Our approach is increasingly to create nationwide, multi-dimensional campaigning platforms that work within the wider delivery context and complement other levers such as local service delivery. In each case, we don't simply broadcast messages: there is a full customer journey with a programme of support, including evidence-based interventions like SMS support programmes, drinks tracker apps and financial incentives (funded by the commercial sector) to make change easier, cheaper and more rewarding.

Marketing does not sit in isolation. There is a wealth of evidence that health is largely socially determined[3], and social marketing needs to integrate with other levers such as access to health improvement services, making every contact count, and the role of local and national government and businesses in ensuring that the environment supports healthy choices. It is one lever amongst many. To support this broader approach to health we take a life course and place-based approach – reaching people both directly and

[2] Bernhardt, J. 'Social Marketing 2.0': http://prezi.com/zs5nl9eykage/social-marketing-20

[3] Marmot, M. 'Fair Society, Healthy Lives': http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf

indirectly in schools, via commercial brands, employers, through health and social services, and in their local communities.

The purpose of the PHE marketing programme is to:

'Motivate and support millions more people to make and sustain changes that improve their health'

PHE will do this by using social marketing resources to:
- Deliver cost-effective marketing programmes that make a measurable difference to health outcomes across life stages (primarily by increasing uptake of services or directly delivered interventions)
- Create coalitions of public, private and third sector organisations to drive change and engage the public wherever they are
- Provide evidence-based 'on-demand' health interventions and high calibre support through digital platforms, helplines and social media response

2013-14 Highlights

Some highlight outcomes delivered by the marketing team in PHE's first year include:
- Our newly integrated database now contains 3.1 million people who have signed up for behavioural support
- More than 400,000 families signed up for the Change4life Smart Swaps campaign

Smart Swaps generated unprecedented support from a wide range of commercial partners, with thousands of discount offers in Asda, Co-Op, Aldi and Lidl stores. It was supported by the vast majority of local authorities and primary schools. Purchase data showed an 8.6% reduction in purchasing of carbonated sugary drinks during the campaign compared to the same period in the previous year.*

- 250,000 smokers signed up for Stoptober 2013

Stoptober 2013 generated 2.1 million unique visitors to the website and 250,000 registrations. It was supported by all 152 local authorities, 4,500 pharmacies, 43 major employers reaching 1.3 million employees, national retailers including Asda and Morrisons and sports clubs including QPR and Sunderland FC. Of those who received Stoptober support 88% made a quit attempt, with 65% making a successful quit attempt – the highest ever for a Smokefree campaign. Initial estimates show Stoptober directly generated over 130,000 successful quits.

*Kantar Worldpanel, sample of 27,000 households in England, January 2013/January 2014.

- We have definitive evidence of lives saved as a result of our ‘Be Clear on Cancer’ campaign

Since 2010 we have run 15 local, regional and national campaigns with a further 5 due from April 2014. These campaigns highlight specific cancer symptoms, such as persistent coughing, and are designed to encourage people with the relevant symptom to see their GP. Overall these campaigns demonstrate the efficacy of traditional advertising when there is a clear call to action and coherent customer journey. We have taken a rigorous approach to evaluation, working with Cancer Research UK to use clinical data to assess the impact of the work. For example, the lung cancer results show:

- Attendances for the symptom highlighted in the campaign increased by 62% for patients aged 50+ during the live campaign period vs. the same period in the previous year
- There has been a statistically significant increase in the number of lung cancers diagnosed. A 9.1% increase in patients first seen for lung cancer during the campaign months in comparison to the same months in 2011. Over 400 extra patients diagnosed at an early stage and around 300 patients receiving potentially curative treatments

Other results are equally promising. For example, the bladder cancer pilot has seen a 32% increase in GP attendance, a 28% increase in two-week wait referrals for suspected urological cancer and a 4.5% increase in detection rates.

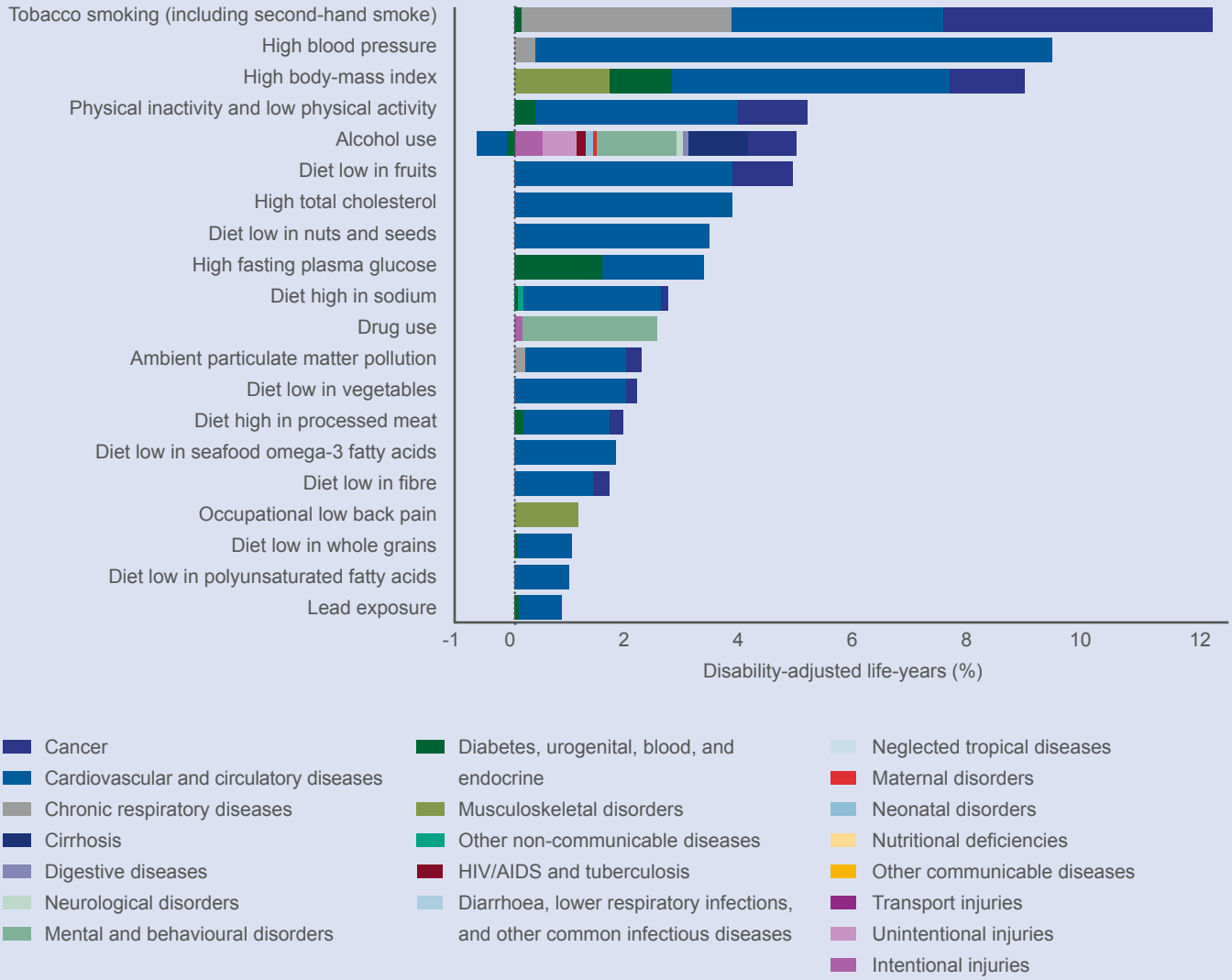
2.0
Background:
The Burden of Disease and External Trends

In July 2014 PHE will publish the Health and Wellbeing Framework, which will include a comprehensive update on key public health trends and data, as well as PHE's longer-term national health ambitions. This section provides a brief summary of the burden of disease.

The nature of public health has changed dramatically. In the mid-19th century, four out of every five deaths occurred before the age of 65. Today, more than four in five deaths are after 65.

The nature of health threats has also changed: infectious disease now accounts for only 2% of deaths. Most people now die in old age of non-communicable diseases such as circulatory (accounting for 34% of deaths), cancers (27%), and respiratory diseases (14%). Lifestyle changes, particularly reducing smoking rates and improving diets and physical activity levels, could prevent a substantial proportion of these diseases[4].

Burden of disease attributable to 20 leading risk factors, expressed as percentage of UK DALYS



[4] Our Health and Well-being Today, HM Government, 2010 – https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215911/dh_122238.pdf

Some key health facts:

- In 2008-10, the gap between areas with the highest and lowest life expectancy was around 12 years[5]
- England has one of the highest rates of obesity in the developed world[6]
- Two-thirds of adults are overweight or obese, a leading cause of type 2 diabetes, heart disease and cancer[7]
- Smoking claims over 80,000 lives a year
- 1.6 million people are dependent on alcohol
- Over half a million new STIs were diagnosed in 2010
- Major health threats persist, ranging from risk of new pandemics to the potential impact of terrorist incidents

And these factors cost us more and more money. Between 2003 and 2012 primary care spending increased by 70% overall[8].

- Mental health disorders **c.£6bn to c.£12bn**
- Circulation problems **c.£5bn to c.£7bn**
- Cancer **c.£3bn to c.£5.5bn**
- Dental problems **c.£1bn to c.£3.5bn**
- Drug related crime costs **£13.9bn/year**
- Smoking costs the NHS **£2.7bn/year**
- Obesity costs the NHS **£4.2bn/year**
- Sickness absence costs the UK economy **£15bn/year**
- Alcohol-related harm estimated to cost **£21 bn/year**

The data clearly shows that health is not just linked to the health service. Life expectancy and premature mortality rates vary across the country – higher rates are strongly linked to socioeconomic deprivation. Mortality rates (from causes considered preventable) are 2.5 times higher in the areas with the highest rates compared to the areas with the lowest rates.

The highest rates are found in local authorities in the North West: Manchester, Blackpool, Liverpool and Salford.

Implications for PHE marketing strategy: consider a broader range of health topics and determinants, and ensure proportionate targeting to address inequalities.

Key external trends

Changing demographics

On the most basic level, recent years have seen huge population shifts. In terms of size, our population is growing at its highest rate since the ‘baby boom’ years, with increased inward migration of women contributing to rising births. The Office for National Statistics reports that in 2012, one in eight of the UK population were born abroad, with London one of the most ethnically diverse cities on earth. And our population is getting older. Today, 10 million people in the UK are over 65 years old, with the number predicted to have nearly doubled to around 19 million by 2050. Within just 10 years, almost one in four of the population will be aged 65 and over[9].

With these changes comes a new public awareness of the social challenges of ageing. Research from TNS BMRB shows that almost three-quarters (72%) of the population think the consequences of an ageing society are a big problem.

Implications for PHE marketing strategy: ensure an active, integrated approach to Ageing Well and work with local government to ensure needs of ethnic minority groups are met. Addressing conditions that arise as a result of this trend, such as dementia, is particularly important.

The growth of mobile communications

The communications landscape has changed at an astonishing rate in recent years, opening up a new range of possibilities for public health marketing. For example, according to Kantar Worldpanel UK, smartphone penetration will rise from two-thirds of the population currently, to over 90% by 2020[10]. Mobiles and tablets already account for almost one-third of internet pages viewed, with a quarter of global YouTube views, and a third of Google search queries coming from mobile devices – the latter an increase of 164% year on year. So public health 'need' is now represented in 'search' in ways we haven't seen before (recognising that older audiences are not as well represented as younger ones).

Implications for PHE marketing strategy: adopt a mobile-first approach to digital assets such as apps and websites. Use mobile data as part of insight and evaluation programmes. Include functionality such as geo-targeting in marketing products.

The potential for social media to support health

58% of C2DE adults use Facebook, and 14% take part in discussions online. PHE Marketing conducted a retrospective audit of social media conversations between October 2012 and October 2013 about smoking, healthy eating, dementia and teen health. There were over six million social media conversations relating to these topics in the UK during this period. That is over 8,000 tweets and 5,000 comments on social media forums daily regarding public health issues. Only 10% of queries raised were answered. PHE Marketing helplines answered around a million calls in the same period.

Real-time analysis of these questions and conversations allows us to identify those where we can offer help and advice and proactively respond to individuals if appropriate.

Implications for PHE marketing strategy: consistently review and report on social media conversations about key health topics. Extend our helpline service into social media response.

The 'Democratisation of Diagnostics'

Nearly three-quarters of people use the internet to search for information about health or medical issues. More of us than ever are using the web to find out more about ailments before, or even instead of, visiting the doctor. More health-related websites, tools and social networks are available to support this demand. Alarmingly, only a quarter of people check the reliability of health information they find online by looking at the credibility of the source. An international study found that people from the UK were more likely than any other nation to try to self-diagnose (nearly six in 10 people who go online for health information). The consequences of relying on poor or inaccurate information can be serious – and with more health information online than ever before, it is arguably becoming harder for people to know what to trust.

In addition to information, more and people have access to technology that can, with varying levels of accuracy, monitor key diagnostics such as blood pressure, blood sugars or activity levels. The 'quantified-self 'phenomenon is seeing more and more people using relatively inexpensive devices to track and share activity levels, food intake and other key aspects of healthy living.

Implications for PHE marketing strategy: start to provide a trusted 'on-demand' evidence-based public health support service across key health priorities. People are constantly searching for information on public health 'needs'; providing 'on-demand' support will allow us to be on hand to help every day of the year, not only when major campaigns are live. To ensure trust we need to make sure that our activity is clearly branded with the NHS where practical and integrated with NHS Choices effectively.

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5 ONS data: Life expectancy at birth and at age 65 by local areas in the United Kingdom, 2004–06 to 2008–10
6 Healthy Lives, Healthy People: Our strategy for Public Health in England
7 Healthy Lives, Healthy People: A Call to Action on Obesity
8 Health and Social Care Information Centre: http://www.hscic.gov.uk/primary-care
9 Office of National Statistics: http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population#tab-overview
10 Kantar Worldpanel: http://www.kantarworldpanel.com/global

3.0 How we will innovate: Strategic principles

Our five strategic principles define our overall approach to innovation and delivery across the strategy.

We are locally-driven

Local authorities and their Health and Wellbeing Boards have a unique perspective that is crucial in public health. Every day, local authorities have direct contact with their residents through a range of touch points. They have a very strong track record in building trusted, insight-rich relationships through community and public engagement, which have helped them to form a clear picture of local experience, language and values. And they are also well placed to innovate, trying new ways to tackle knotty public health problems through partnership and joined-up commissioning, and applying learning to drive further improvement.

We have engaged with over 150 local and regional government communicators, the LGA, local government Chief Executives, public health professionals and senior managers. In a range of workshops and meetings we discussed how PHE, at national and centre level, could provide the most useful marketing services for local government. We received clear feedback, and have committed to act to address that feedback. This is summarised below.

What local government said	What PHE will do
Advance notice A recurring theme was a request for earlier notice regarding campaign plans. It is clear that advance notice of upcoming activity will enable local government colleagues to gain traction with senior colleagues and elected members, leading to more opportunities for true localisation, effective and targeted implementation amongst the most relevant local groups and good quality evaluation. Comments on this topic included: • “Local authority planning cycles and budget setting two years ahead. Our DPH wants campaign/marketing plan now for 2015-16. Having notice as early as possible, i.e. 1-2 years ahead would really help!” • “If you can give information on forthcoming campaigns as early as possible as we have to negotiate with local pharmaceutical committee on six health promotion campaigns in March.”	Commit to publishing a marketing activity calendar 15 months in advance, with regular updates. The first of these is contained in this strategy. We are employing four new regional marketing managers to start work in summer 2014 who will ensure regular input from local government is factored into national development. To support local government’s ability to engage their population face to face we will create more participative events (see page 19).

What local government said	What PHE will do
Insight and evidence Stakeholders felt that PHE Health Marketing & Public Engagement has a role to provide local government Public Health teams with insight and evidence, to help them make the business case to their senior colleagues and elected members of the efficacy of using PHE marketing campaigns to achieve local health outcomes. Feedback at all sessions included comments about elected members needing a better understanding of the national picture, the thinking behind the campaigns, and a strong emphasis on how each campaign can positively impact on local health and social care budgets. PHE Health Marketing & Public Engagement should continue to share as much of the research and insight that underpins the campaigns as necessary in order to help local government colleagues.	We will enable access for local government to all PHE market research and provide an index of this content by July 2014. We will involve interested relevant localities in the commissioning of new research on specific issues to ensure there is more locally actionable insight from June 2014. We will work with PHE Centre teams to develop a briefing template for DsPH on the behavioural evidence behind our campaigns.
Sharing best practice amongst local authorities Local government colleagues that attended the sessions remarked that they saw the PHE Health Marketing and Public Engagement partnerships team as facilitators for sharing best practice in social marketing across local authorities. The team is well placed to share and disseminate the best examples of how Change4Life and Smokefree campaigns have been used and localised by different areas across England. A key insight for local authorities would be access to examples of localisation for ethnic minority and hard to reach communities. PHE should aspire to share the best examples of this work so that areas with similar demographics or health priorities can achieve efficiencies on straitened marketing budgets. Comments on this topic from attendees included: • “Sharing best practice (case studies) amongst Local Authorities would be a big help.” • “City, Borough, County council examples of best practice on localisation of campaign. Even get council champions along to speak at the next workshop.”	We will maintain and increase opportunities for sharing best practice using existing channels such as the National-Local Advisory Board, PHE Centres, and quarterly regional workshops. We will establish new channels for sharing best practice such as integrated sessions at key conferences. We will re-design our digital Campaign Resource Centre to ensure it is easier to share best practice between teams. We will identify and provide template materials for successful local campaigns that are not suitable for national investment but have evidence of effectiveness. We will co-create new campaigns with local authorities or regions, following the Mental Wellbeing and Blood Pressure models described on pages 48 and 60, creating a clear process for local authorities to express their interest in partnering with us.

What local government said	What PHE will do
Data Data is a key resource for local government public health teams. They will use the number of sign-ups to Change4Life, Stoptober and other campaigns to target their interventions locally and use it in conjunction with other datasets, to see if the campaigns are being utilised by those in the most deprived areas. Public health teams are keen to benchmark themselves against other local authorities. Comments on this topic from attendees included: • "PHE should produce a national and regional league table of Change4Life engagement every 6-12 months. This could also be rolled out for other campaigns (Smokefree, Be Clear on Cancer, etc.)"	We will provide anonymised local authority level breakdowns of sign-ups on request where we have postcode data (requesting this can depress response rates so we will not always require it) on a regular basis from September 2014.
Cost effectiveness Local government is managing significant budget reductions, and any national support to reduce the costs of marketing implementation or the procurement of marketing expertise would be helpful.	There is an existing central media buying contract which can deliver significant discounts. Local government can access this contract – please contact the PHE team for further details. We will look to support efficient use of local marketing budgets by identifying ways to take advantage of economies of scale on print and production of PHE campaign resources for local use. In addition the Government Communications Service, GCS, are developing a common framework and range of resources that we will use and promote when working with Local Government.
Innovation Stakeholders identified two specific areas for PHE to innovate in: schools and organisational 'on-demand'. The national team currently has a schools programme that reaches around 50% of primary schools, focused on Change4Life. It was felt that this programme could be expanded to cover a greater range of topics and schools. Some organisations, such as Brighton Council, had positive experience of running successful workplace physical activity challenges. The PHE team could expand from individually focused on-demand products to offering team/workplace focused ones for local implementation.	We will test a new schools strategy, prior to national roll out, beginning in Sept 2014. We will pilot a workplace-focused version of Stoptober in 2014, and expand into other areas if this is successful.

We prototype, learn and refine

As a scientific organisation, we should be guided by the best available evidence, evaluate all our activities with rigour and prototype all initiatives before national launch, adopting a 'test-learn-refine' model.

To support our aim of being the most evidence-based health marketing programme in the world we have worked in partnership with health economists to develop a new quantitative budget allocation model. This reviewed potential areas of marketing focus, such as smoking cessation and early diagnosis of cancer, and assigned budgets based upon an analysis of key factors. A description of the model and outputs is described on pages 25-26.

One finding from the model development process that shocked us was the paucity of peer-reviewed papers that assessed the behavioural, not attitudinal, impact of marketing campaigns – around 1% of those reviewed. We have a strong track record of working with academic and commercial experts to evaluate our work, and of winning commercial effectiveness awards for our work. However we have been poor at translating this into formats suitable for journal publication. It is clearly vital that PHE Marketing invests more in contributing to this evidence base. We will:

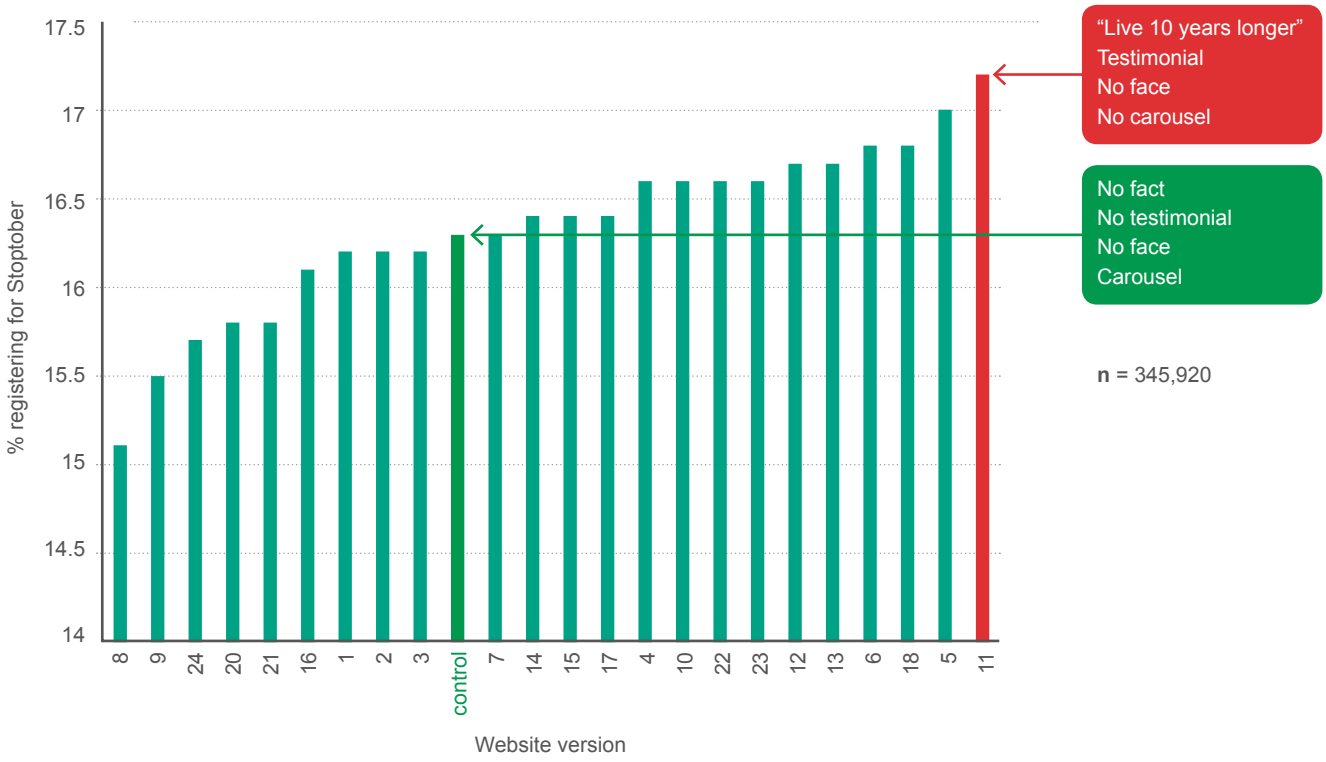
- Work more systematically with the academic and clinical communities in the design and evaluation of our interventions
- Co-author at least three peer-reviewed papers per annum in 2014, and at least 10 by 2016
- Open up our digital data for academic evaluation
- Work with NICE to develop published guidance on effective marketing practice in 2015

We will also apply evidence, including behavioural insight, in the design of new programmes – following best practice such as NICE guidance, and the COM-B and EAST models[11]. At a minimum, all of our programmes will apply evidence-based 'Behaviour Change Techniques' to intervention design[12]. We will continue to work with the Cabinet Office Behavioural Insight Unit on programme design and evaluation. We will also work with the Government Communications Service to share best practice on behaviour change and develop common frameworks for areas such as evaluation.

One successful example of applying behavioural insight in 2013 was conducting a large live randomised trial that varied messages, images and choice architecture to increase registrations for Stoptober. This found that website design and time of visit affected registrations by up to 5.9 percentage points and the optimal registration page included no picture, a testimonial and a health benefits message. Implementing these findings added an estimated 2,040 more registrations to the programme.

[11] See The behaviour change wheel: A new method for characterising and designing behaviour change interventions Susan Michie, Maartje M van Stralen, Robert West Implement Sci. 2011; 6: 42 and the EAST model - http://behaviouralinsights.co.uk/publications/east-four-simple-ways-apply-behavioural-insights

[12] Michie, S., Johnston, M., Francis, J., Hardeman, W., and Eccles, M., (2008) From Theory to Intervention: Mapping Theoretically Derived Behavioural Determinants to Behaviour Change Techniques. Applied Psychology: an international review, 57 (4), pp.660-680



Following the success of applying multi-variant testing (a common commercial practice) to Stoptober we will also optimise all existing programmes against control and continue to evaluate our programmes using a range of appropriate commercial and academic methodologies. We will continue to use commercial best-practice methodologies such as econometrics and agent-based modelling to inform our strategy.

Where the evidence base is weak we will pilot and generate data to inform further investment decisions – for example, our youth programme is testing an evidence-based hypothesis and will be evaluated robustly to inform the evidence base on youth uptake.

To facilitate the co-creation of pilots with Local Government we will create and publish clear criteria and opportunities for those who wish to be involved in pilot projects.

Evaluating the impact of social marketing upon physical activity and healthy eating is particularly challenging because self-reporting of this type of data is notoriously inaccurate, and proxy data such as food sales do not necessarily reflect food consumption. There is academic evidence that Change4Life is more motivating than other campaigns developed nationally and internationally in the field of obesity[13] and we are beginning to see compelling evidence of behaviour change, particularly of the impact of Change4Life on food purchasing (see page 72). While this is greatly encouraging we will continue to improve the way we collect and analyse data on the impact of Change4Life. By 2017 we aim to:

- Have in place a longitudinal study of Change4Life families that will, for the first time, track the impact of participation in Change4Life on weight status vs. a control group of non-Change4Life families
- Be able to capture sales data on healthy products and swaps featured within the Change4Life programme in real time
- Through Start4Life, be able to model the impact of marketing on uptake of crucial NHS services, such as immunisations and routine checks
- Publish new peer-reviewed articles on the impact of Change4Life upon behaviour

[13] See Fighting obesity or obese persons? Public perceptions of obesity-related health messages, R Puhl, JL Peterson and J Luedicke, International Journal of Obesity, 2012

We will create more innovative content

The traditional advertising model has focused on creating a small range of well executed and heavily promoted broadcast messages or events to trigger change. There are two limitations to this approach:

I. Expense. It is simply not affordable to run national levels of activity for very long. For example our successful 'Mutation' tobacco control advert ran for six weeks in early 2013 but we have not yet aired it again.

II. Lack of interactivity. Successful change is often social, interactive and multi-stage. A one-way broadcast model cannot include these crucial factors.

However, the communications revolution and high penetration of web and mobile access has changed this model. It is increasingly possible to create and deploy content that is engaged with at scale without using traditional media, or using traditional media in different ways. For example, the 'Tumour' ad has been viewed four million times on YouTube, giving it a lifespan and impact beyond early 2013. Similarly, our 2012-13 youth pilots have been delivered entirely on digital platforms and have successfully engaged our audience at scale and over time – including running a high quality weekly show on YouTube for half the cost of a month of traditional advertising.

Over the course of this strategy we will increasingly move to a 'Content Calendar' model. This will take advantage of a wider range of more agile, low-cost content in digital channels that drives change for more specific communities. There will be four elements to our development of this model:

a) Testing new types of content

Whilst there is still a place for, and an evidence base behind, conventional advertising there is an opportunity to produce more, cheaper content in order to address specific target audiences or to test more innovative ideas without significant promotional investment. We will increasingly use a wider range of production models such as documentaries, Massive Open Online Courses, or infographics. We should emphasise this is not content for content's sake. All activity will have a clear line of sight to behavioural outcomes and will use a test-learn-refine model to assess Return on Investment. We have achieved strong cut through at low cost using radio and TV 'fillers' – promoted via free airtime from commercial media organisations – and will work to better understand their impact on behaviour in 2014-15.

b) New approaches to promotion

We have traditionally used a promotional strategy of four to six-week promotional bursts on specific issues. We will experiment with promotional 'dosage' in 2014 to assess if the potential for lower media spend over longer periods of time is more effective.

We will also invest more in 'harvesting' demand as well as promoting it, using Search Engine Optimisation more consistently to promote behavioural change products that we offer.

c) Reacting to external events

With a wider range of content we will be able to use and respond to events more effectively. For example, if there is a media story about sugar levels in foods or a celebrity stopping smoking we could have a packaged and practiced response which promotes a product that helps people to swap to low sugar versions of their favourite foods or to stop smoking.

d) Creating more participative events

Based on the success of Stoptober we also believe that participative events, if they apply behavioural science, can be a valuable part of our activity. We will trial supporting existing events such as Dry January and Know Your Numbers week, and creating new ones such as the Blood Pressure Drop In (see page 61)

We will provide ‘on-demand’ digital public health

The 2013-14 marketing plan noted the potential for the application of technology to transform our approach, and our learning from this year’s activity has reinforced this.

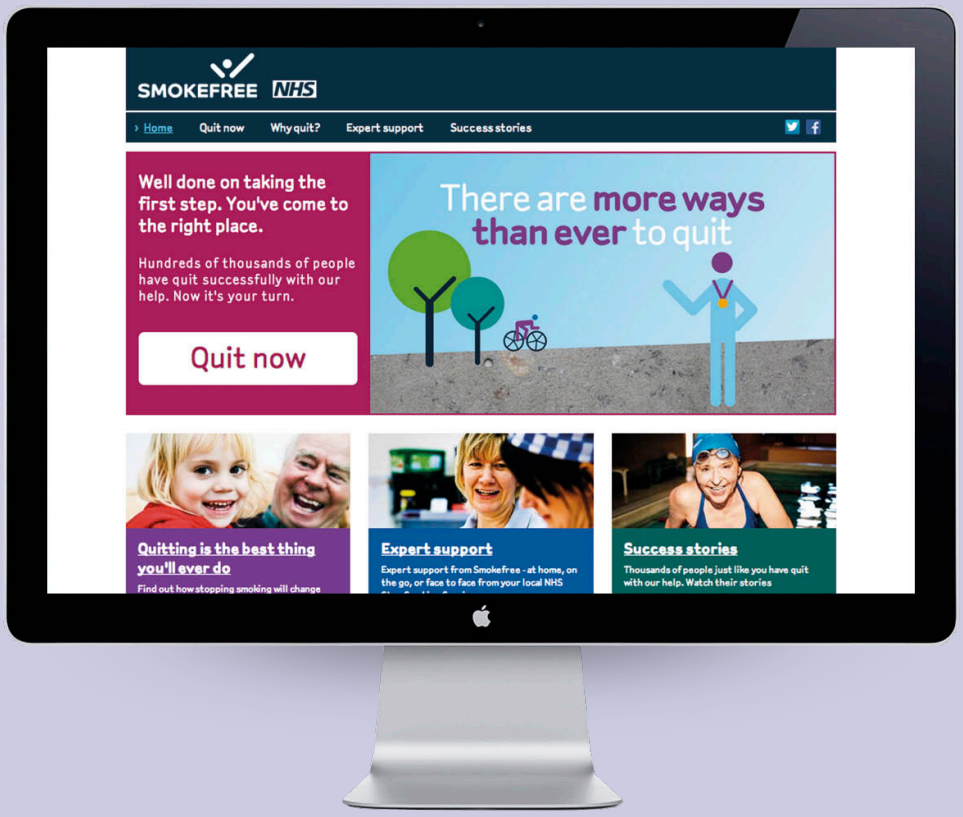
The scale of digital penetration, whilst not forgetting that it is by no means universal, is impressive–for example there is 92% UK ownership of mobile phones, and 60% UK ownership of smartphones. Digital interventions are an increasingly vital part of our programmes–apps that the PHE Marketing team has created, including Stoptober and Change4Life, have been downloaded by over one million people. A recent PHE mapping exercise found 6 million conversations in UK about key public health issues in social media in the last 12 months (PHE helplines answer a million calls a year).

The speed and scale of this communications revolution offers a challenge to established public health methodologies – for example, in less than the time it takes to complete a standard research grant we have gone from zero to over a million apps.

We believe there is a strategic opportunity beyond supporting our existing programmes which, broadly speaking, both generate and respond to demand. This opportunity is to respond to broader demand by providing timely support and evidence-based interventions that capitalise on new technology. We have created an on-demand team and programme which will provide evidence-based support across key health priorities. Their overall goal will be to ensure coherent user journeys into evidence-based products for all of our key health topics. There are four key areas of work over the course of this strategy:

a) Recommission the ‘Live Well’ section of NHS Choices from an informational model to a behavioural one

NHS Choices is a highly successful digital platform, attracting over 30 million unique visitors a month. PHE is now responsible for commissioning the public health content of NHS Choices. In 2013-14 we redesigned and moved the Smokefree website onto the Choices platform, to sit alongside Change4Life and Be Clear on Cancer. This move has highlighted a level of unnecessary duplication between the ‘Live Well’ section of NHS Choices and PHE brands. For example, both NHS Choices and Smokefree offer different stop-smoking apps with similar functionality.



There are a range of potential consumer benefits that a more integrated approach could deliver. NHS Choices has some excellent health improvement products such as Lifecheck. PHE has a customer database capacity, so can support a sustained dialogue with people who have signed-up for healthy living products.

In 2014 we will undertake a comprehensive review of the data behind relevant sections of NHS Choices and PHE Marketing programmes, including information provision. We will recommission the Live Well section and product portfolio of NHS Choices based upon this review.

b) Introduce holistic social media listening and advice

PHE currently runs 13 helplines that answer over 1 million calls a year. We do not currently use this trained health advisor resource consistently in social media–offering digital support for some issues in some platforms (such as our Smokefree Facebook page or Talk to FRANK webchat service). Our analysis suggests there is valuable insight in aggregated social media listening and unmet demand in terms of offering professional health advice. In the first 18 months of the strategy we will:

- Implement ongoing social media listening
- Publish an annual 'social media and health' insight report, starting in March 2015
- Trial offering social media advice services using our helpline advisors. If this is successful we will roll out the programme

c) Build an integrated and behavioural CRM system

Over three million people have opted in for PHE's behavioural support across a range of issues , and represent an active and engaged group of people. We have too often only interacted with these 'members' for very short periods – such as sending them a quit kit, but not followed up to see if there is more help we can offer. We will switch Smokefree and Change4Life to a 'membership' focus, and:

- Regularly update opted-in users about our programmes
- Offer behavioural support linked to their interests and progress
- Analyse the anonymised behavioural data from our interventions to inform product and campaign development
- Assess our impact on health inequalities by reviewing the demographic profile of our member base

d) Develop and promote a range of high-calibre digital interventions

We have successful existing evidence-based generic interventions such as SMS programmes. We will build on this portfolio to expand the range and calibre of free at the point of use, automated interventions. This will include the development of a personalised stopping 'coach' to provide more intensive evidence-based support for quitters.

We will establish a product pipeline ensuring the launch of one new evidence-based product per month. Given indicative data that few current digital products are grounded in evidence-based approaches[14] it is important for PHE to catalyse the development and uptake of products that are more likely to be effective. Our platforms and brands ensure a high volume of product penetration for intervention designers. We will use a range of delivery models to create these products, following Government Digital Service design principles, to ensure we are harnessing the skills and creativity of the technology sector and supporting the growth of SMEs. This will include the launch of a 'Health X' incubator fund competition in June. We will explore developing an open API allowing the live addition of externally authored behavioural programmes to our channels.

Where practical and ethical we will look to provide products free in the UK but incentivise involvement from the tech sector by allowing licencing in the rest of the world.

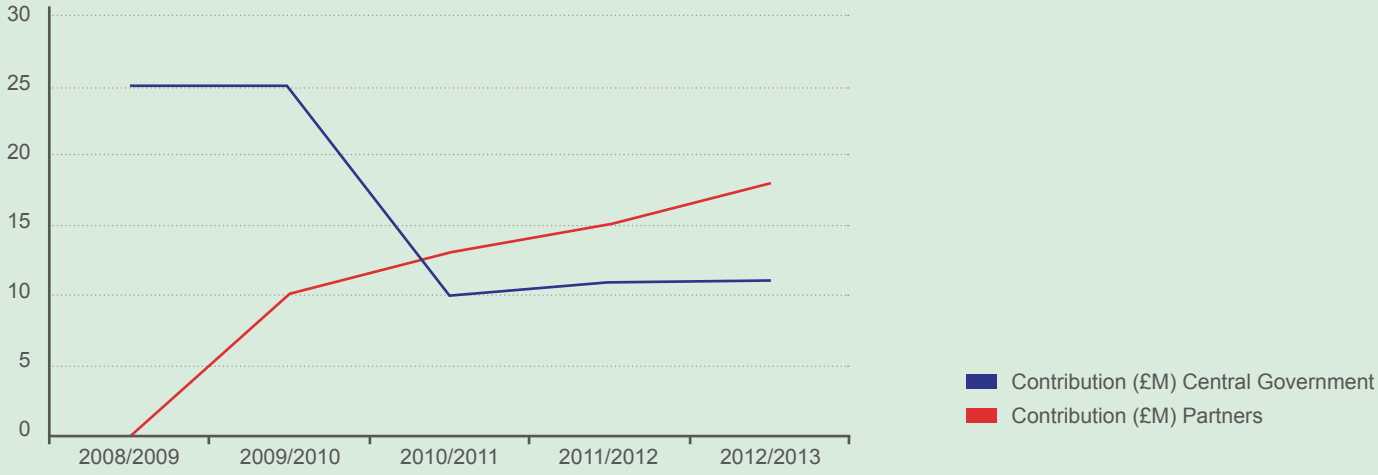
[14] Behavior Change Techniques in Top-Ranked Mobile Apps for Physical Activity. Conroy, David E. et al.American Journal of Preventive Medicine, Volume 46, Issue 6, 649 - 652

We will only ever work in partnership

Too often public health hasn't engaged effectively with the organisations who have the opportunity to be the biggest influence on our health, the national and local retailers from whom most of us buy our food, the national and local media owners who shape popular culture and inform millions every day, the voluntary sector with unparalleled frontline expertise. All of these organisations are interested in, and stand to benefit from, a healthier England, and the marketing team will work with them to increase the depth, quality and impact of our work.

We have been working in partnership with industry and NGOs since 2002, initially on single issue campaigns such as 5 A Day and more recently to support the four key strands of the Department of Health's Social Marketing Strategy. We are the largest partnerships team in government and work with 214 key national and 70,000 local partners. These partners are the foundation of an approach that supports at risk audiences in making changes to their behaviours day in day out.

Partnership working contributes high and increasing levels of in-kind investment that support our behaviour change objectives. This investment has increased year on year over five years, providing £52 million of support as published in the recent PHE marketing strategy. This chart illustrates in-kind investment in Change4Life over the last five years:



The partnership programme is highly regarded for what it has achieved and the standards it sets. We have consulted with partners to explore how we can improve results together, and the key themes are:

- An opportunity to co-create campaigns
- More systematic support for healthcare professionals and employers
- Longer lead times
- Sustained commitment to campaigning themes and more integrated, long-term engagement

We are going to change the way we work with our key partners to ensure that these concerns are addressed. We will:

- Co-create more campaigns, particularly by working with 'content' brands such as Disney that resonate with our target audience. The 2014 summer campaign will be the first example of this.
- Revitalise our employer and healthcare professional programmes, doubling sign-up rates amongst these audience each year
- Publish and regularly update an annual activity calendar (see page 68) and develop a more coherent brand architecture, organised around the lifecourse (see page 28 for further information).

4.0 What we will invest in: PHE's marketing investment model and budget

In 2013 PHE commissioned Matrix, an analytical agency with a strong record in public health and health economics, and the media planning agency MEC, to conduct an evidence review for the effectiveness of marketing and develop a new model to determine the issues the national marketing team should best invest in.

The project undertook:

1. A rapid scoping review of selected evidence on the effectiveness and cost effectiveness of social marketing activities
2. A quality scoring and mapping of the available evidence against a practical framework of health and health care topics, life-stage, and social marketing activity types
3. The development of prioritisation criteria, and associated data and metrics, and their incorporation into a multi-criteria decision analysis (MCDA) approach

Further details on this approach are provided in Appendix 1.

Results: Criteria, data and model structure

A model structure was developed based on MCDA methods and informed by Matrix's earlier work for Health England, where PHE's health topics were categorised and separated in terms of focusing either on primary prevention, or screening and early diagnosis.

A number of alternative criteria were considered, and those listed below agreed as valid and feasible for inclusion in the model within the resource and timescale limits of the project.

Each criterion was scored on a scale of 1 to 5, with a score of 5 being high and a score of 1 being low, based on the data specified in brackets below.

- Scale of health problem (scored by PHE)
- Severity of health problem (scored by Matrix's Chief Medical Officer)
- Treatability (scored by Matrix's Chief Medical Officer)
- Effectiveness (scores based on finding of evidence review)
- Strength of effectiveness evidence (scored based on scale and quality of evidence in review)

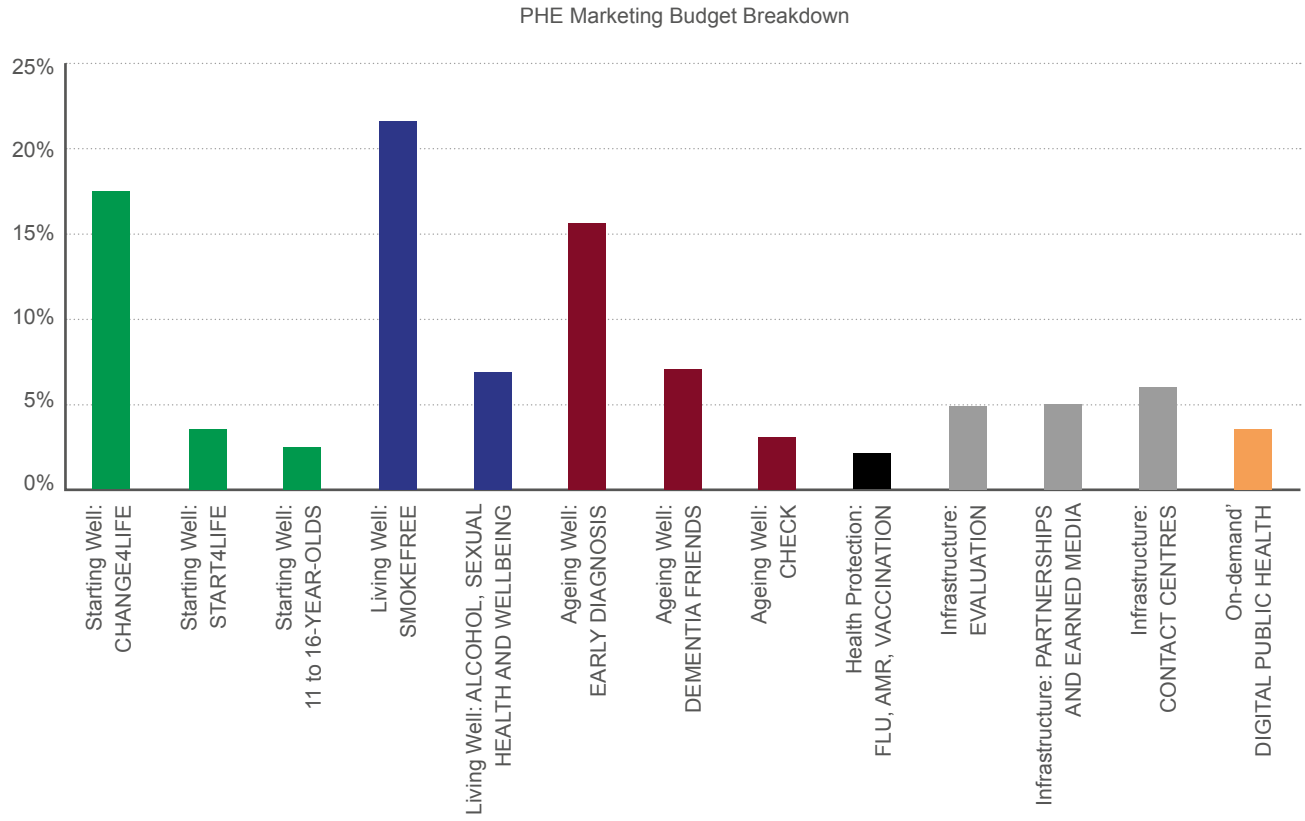
Model outputs and actions

The PHE team has now applied the model to the 2014-15 budget. The recommended overall approach is described below.

Model outputs	Suggested approach
Highest scores for existing activity were: smoking, early diagnosis (symptomatic), youth risk behaviours, eating well and physical activity.	• Broadly maintain investment and make efficiencies
Highest scores for areas where we currently invest little national marketing resource are Sexual Health and Alcohol.	• We will review this area in 2014 • Given inconclusive evidence of effectiveness for alcohol marketing, our 2013-14 strategic review (see page 53) suggests two regional pilots should be implemented in 2014-15 • Where the evidence is strong but the issue is highly localised and not of a scale or type that suits national promotion – e.g. syphilis prevention – we will ensure key creative and media buying resources are available to support evidence-based local action
Most promising areas for innovation (high priority and plausibility, but limited evidence that marketing works) are: • Mental wellbeing • Checking' – blood pressure, cholesterol, Health Check, diabetes • Dementia	• Where the evidence base is weak we will pilot and generate data to inform further investment decisions. - Mental Health: Pilot promotion of the '5 ways to Wellbeing' in the North West in 2014 - 'Check': Build on the results of the March 2014 'Blood Pressure Drop In' pilot results. Develop a 'check' marketing strategy including diabetes, cholesterol and NHS Health Check (see page 59) - Dementia: Launch a new dementia programme in May 2014 (see page 63)

2014-15 Budget

Based on the results of the model and wider consultation PHE will allocate our total core budget of £53 million as follows:



In addition, our partnerships team will aim to deliver over £25 million of in-kind support each year.

This represents a broadly even split between our three core life stages, and encompasses a significantly broader range of topics than a central health marketing team has ever addressed before. The figures above include funding given to sexual health charities for marketing activity.

The proposed approach is subject to final budget confirmation and the Cabinet Office Efficiency and Reform Group's communications team sign-off. We have worked with the Cabinet Office on the strategy and believe that this activity meets their efficiency and effectiveness criteria[15]. We will notify stakeholders if there are any substantial changes to allocations.

Next steps

Developing this model has been a useful process. There are certainly improvements that could be made. For example, we could include a broader range of public health issues such as safer driving, or we could sub divide the model by lifestage, or include more on the wider determinants of health. In 2014-15 we will invite stakeholder input to help us create a second, more accurate version of the model.

A copy of the allocation model report is available on request – see page 65 for contact details.

[15] Further information can be found: https://gcn.civilservice.gov.uk/guidance/advertising-marketing-and-communications-requests

Addressing inequalities

Our marketing programmes will all proactively address inequality, and are committed to ‘proportionate universalism’–ensuring our campaigns are available to all but focused on the most at need. We develop and test our work with our target audience to ensure it is understood and appealing. In addition, our work is carefully targeted at the most relevant audiences in terms of levels of incidence of the issue in question plus level of disadvantage. For example, this can be supported by targeted media buying focusing on areas of high smoking prevalence.

We also review our response data to ensure that the profile of those who engage with our work is representative of our target audience. For example, the Be Clear on Cancer campaign which featured Blood in Pee was particularly successful with men from C2DE backgrounds who are traditionally less likely to engage primary care.

As part of the model development the team did consider adding an inequalities filter to the weighting. Unfortunately we were unable to find a validated methodology which would apply across the wide range of primary and secondary issues included.

5.0
Activating The Strategy: Our Approach By Lifestage

Lifestage is a key driver of health behaviour, and we believe that organising our activity around our audience in a holistic way rather than issue-by-issue will drive better results. PHE's Health and Wellbeing Directorate is organised around three broad life stages – Starting Well, Living Well and Ageing Well, and Marketing uses these lifestages in developing our work.

This section of the strategy describes the overview, target audience, objectives and main deliverables for each programme of work.

Lifestage	Focus of marketing work	Programme
Starting Well	There is a wealth of evidence that investing in establishing healthy habits in children has a positive long-term payback. National marketing will focus on making it easier for: • Parents to give their children the best start from pregnancy to 5 years old • Families with children 5 to 11 years old • 11 to 18-year-olds to be more resilient	• Start4Life • Change4Life • Rise Above – new programme • FRANK – 2014 review
Living Well	Maintaining or creating healthy habits in adulthood is a complex area, involving factors such as dependency. National marketing will focus on making it easier for adults to: • Stop smoking for good • Eat well and move more (for adults not included within our family-focused activity) • Improve their mental wellbeing • Drink alcohol moderately • Have good sexual health	• Smokefree • TBC – new programme • TBC – new programme • TBC – new programme • TBC – new programme
Ageing Well	Our work here is focused on the identification of risk factors that accumulate with age and are a crucial trigger for engagement with the health service and broader change. We will focus on making it easier to: • Get diagnosed when a visible symptom (such as blood in pee) occurs • Check your health regularly • Look after friends and family with dementia	• NHS/Be Clear on Cancer • TBC – new programme including NHS health check and screening • Dementia Friends – new programme

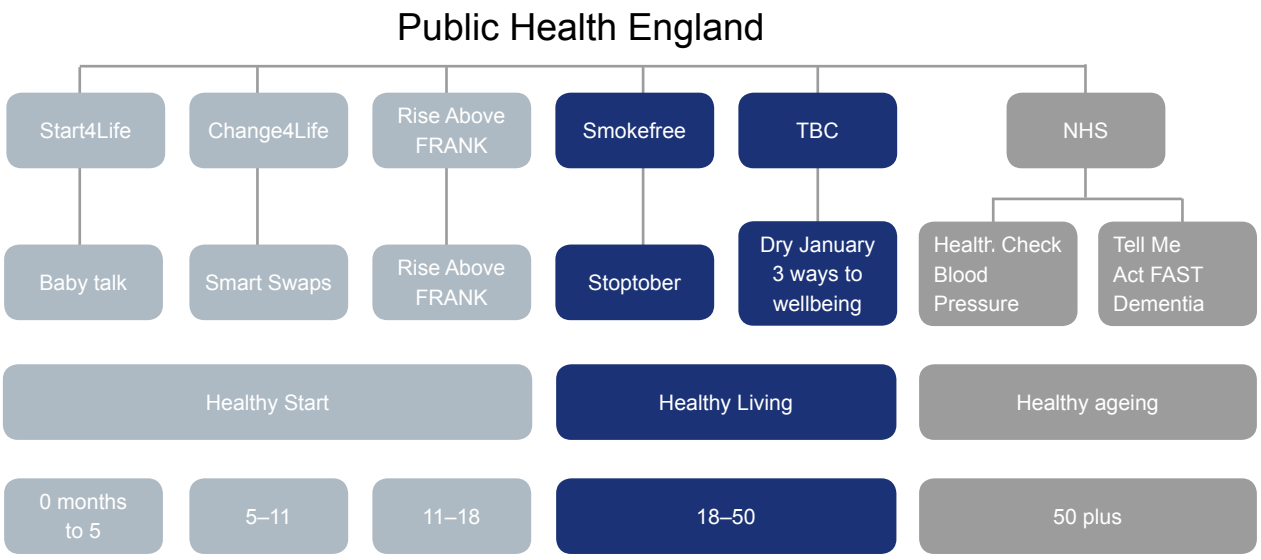
Of course, older adults can and do benefit from active living, smoking cessation and other areas of healthy living. There is a natural overlap with our living well activity. We nonetheless have an obligation, supported by sound evidence of efficacy, to engage people who are currently exhibiting symptoms and encourage those at high risk to check their health status.

Brand Architecture

Linking to our lifestage model it is good marketing practice to ensure a coherent branding approach or architecture. This ensures that we are using the right vehicles to communicate with the right audience without undue duplication.

Our current brand architecture is described below. We acknowledge that with respect to living well we do not have one clear lead voice for this lifestage. As we expand our work in this area to incorporate a broader range of issues such as mental wellbeing we will work to develop and test a more coherent branding approach.

Our current brand architecture



6.0 Starting Well

There is a wealth of evidence that investing in establishing healthy habits in children has a positive long-term payback. National marketing will focus on making it easier for:

- Parents to give their children the best start (from pregnancy to 5 years old)
- Families with children 5 to 11 years old to eat well and move more
- 11 to 18-year-olds to be more resilient

6.1. Start4life and the Information Service for Parents: Making it easier for parents to give their children the best start

Overview and Objectives

In January 2014 the two NHS branded services that were available to expectant parents and parents of 0-5s, the NHS Information Service for Parents (ISP) and Start4Life, merged to form one offering for this important target audience.

Start4Life has traditionally focused on promoting a small number of key behaviours, such as breastfeeding. The Information Service for Parents is a more universal offering of useful information and reminders to all parents-to-be and parents of children up to the age of 2 ½.
Both services have high levels of engagement:

- The ISP has 211,900 active subscribers (as at November 2013). This level of subscription has been achieved without any paid-for communications, relying on referrals from NHS Choices and through Healthcare Professionals
- 50% of ISP subscribers open the emails and 50% click on links in the email
- Nine in 10 respondents are likely to recommend the emails and agree the information in the emails is easy to understand, trustworthy and useful
- Eight in 10 agree the ISP emails are for ‘people like me’
- 66% of dads and 55% of mums claim to have changed at least one behaviour as a result of the ISP

Tracking research also shows a high level of engagement and indications of behaviour change for Start4Life:

- As a result of seeing the Start4Life advertising, pregnant women were most likely to have spoken to a midwife/GP about healthy lifestyle and nutrition (43%) and managing their weight (39%)
- Over half (55%) agreed the advertising made them want to make changes to have a healthy pregnancy
- Seven in 10 (68%) agreed the advertising made them realise how important being healthy in pregnancy was to the development of their baby

Our new strategy is to merge the most useful and popular content from both services, and evidence-based programmes such as the US Text4Baby programme to create a personalised source of trusted, timely, up-to-date information and behaviour change products. The data from the information service will be integrated into the PHE single customer view database which will enable us to continuously deliver more tailored content to our users and also to encourage their involvement with our other programmes, e.g. Smokefree.

We believe that the combined service will be able to build on these early successes while being more focused on behaviour change alongside providing information to parents. We will also be more able to measure the impact that the service is having by using an integrated evaluation framework.

We will develop a revised brand that maintains the best of both services.

Target Audience

We know that what happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing – from obesity, heart disease and mental wellbeing, to educational achievement and economic status.

We also know that parental behaviours impact heavily on their child's behaviours. Parents' health can act as an enabler or barrier to nurturing their children's development.

Research shows that becoming a parent presents an opportunity to provide information to support behaviour change and that when looking for information and advice people want validated sources of authority, such as the NHS. This puts Start4Life and its Information Service for Parents in a unique position within a very crowded market of pregnancy and parenting advice.

Start4Life and the Information Service for Parents is a universal offering, for all parents-to-be and parents of under-5s, with a focus on the C2DE audience, as we know that they are much less likely to be searching for and accessing information on pregnancy and parenting.

Healthcare professionals are also a target audience as they are a key channel for driving people to Start4life services.

Major Deliverables

- Build on both services to create an integrated product offering including customisable CRM programme, text programme and suite of behaviour change tools for pregnant women and parents of young children by September 2015
- Create a rolling programme of consumer engagement, seeking to influence popular culture and to embed the Start4Life Information Service for Parents as an essential part of pregnancy and parenting
- Test a range of approaches to drive sign-ups to the programme at lowest possible cost
- Develop campaign spikes with single-minded behaviour focus where evidence shows there is clear need (e.g. weaning, sugar in diet of 3 to 5-year-olds, etc)
- Develop and deliver a programme of partner engagement aimed at healthcare professionals to encourage uptake of point of care sign-up. This is likely to include media relations with trade titles and partnerships with organisations that have a direct route in to healthcare professionals, e.g. Bounty Health network

6.2. Change4Life: Making it easier for families to eat well and move more

Introduction

Change4Life is our flagship programme for preventing childhood obesity. Obesity is a major risk factor in many life-threatening and long-term conditions, including type 2 diabetes, heart disease, strokes and cancer. Change4Life aims to improve those health behaviours, such as poor diet and lack of physical activity, which can lead to obesity, particularly in children.

Change4Life was launched in 2009 and we have recently conducted a comprehensive review of lessons learned over the last five years to inform the future direction of Change4Life. This review is included in this report; from page 68. This section focuses on the vision and ambition for Change4Life over the next three years.

Obesity Trends

Health Survey England data shows levels of childhood obesity have remained relatively stable for the last six or seven years, and the 2012 data suggests prevalence of obesity has plateaued and may have started to fall. This contrasts with the steady increases in childhood obesity witnessed before concerted action began to be taken at a national level. Around 14% of children (2-15 years old) were obese in 2012 and 28% were either overweight or obese.

There are signs that eating behaviours are improving, albeit slowly, with slight declines in some unhealthier behaviours.

Data suggest that physical activity levels are relatively stagnant. Amongst children levels of physical activity appear to be reducing as they get older: there was a 7% reduction overall in the number of boys meeting recommended levels 2009 vs. 2012, and no change for girls

Crucially, despite an overall positive trend in obesity levels, the social gradient in childhood obesity levels appears to be widening, as more disadvantaged families find it harder to achieve and maintain healthy lifestyles.

Approach and Key Achievements to Date

Change4Life seeks to change behaviour by providing support for families and individuals to make small but significant changes to their diets, activity levels and alcohol consumption. It uses advertising, public relations, customer relationship management, digital and social media, partnership marketing, workplace communications, face-to-face events and other tools as appropriate to the programme's objectives and the needs of its target audiences. Increasingly it has expanded beyond the confines of traditional marketing, to be the public face of positive intervention around obesity, so there are Change4Life branded cooking courses, sports clubs and school meals.

Change4Life has enjoyed considerable success to date:

- As of January, 1,495,106 families had joined Change4Life, accounting for 2,514,643 people
- 220,000 primary school children participated in sport as part of the Change4Life Sports Clubs in schools; independent evaluation showed that 38,000 more children are getting their 60 Active Minutes every day, directly attributable to Change4Life Sports Clubs[16]
- Over 200 national organisations have collectively provided £52 million of in-kind support to the programme
- Over 70,000 local supporters, including schools, general practices, charities and leisure centres, have joined, reporting that they collectively deliver 380,000 hours of unpaid time[17] to the movement each year.
- 56% of community venues (such as schools, local authority services, the NHS, childminding, charities and small businesses) display Change4Life materials at no cost
- The campaign has garnered over £90 million of free media coverage
- The brand is well liked and trusted by the public, who report that the materials it provides are useful and "for people like me"

In five years, Change4Life has established itself as an engaging, trusted brand capable of inspiring positive change at scale, within families and beyond. Our analysis is that certain key factors, unique to this brand, have driven success to date:

- FAD-FREE KNOWLEDGE BASE.

Change4Life has always built on a bedrock of trusted, fad-free knowledge around the true nature of positive obesity interventions. It has never chased headlines or the latest obscure finding, instead relying on years of established research from respected sources. Its own actions use world-leading standards of evaluation including hard data from sales panels and pedometer tests alongside robust survey methodologies. As a result, it rings true with its audience.

- SUSTAINABLE BEHAVIOURS

Just as critical is the translation of this knowledge into meaningful behaviours that acknowledge the realities of modern family life – currently around diet and activity, with some stretch into adult health and alcohol consumption. These are behaviours that feel both inspiring and achievable. They are intentionally simple, everyday and accessible to all, aiming for sustainable moderation (with the exception of smoking), rather than challenging extremes.

- AN OPTIMISTIC VOICE

The obesity debate can predominantly be a negative one, with stories from the extremes. Cutting through this is the steady, intentionally optimistic voice of Change4Life, delivering the need for change with a sensitivity and warmth – always concluding with positive, practical solutions and an encouraging sense of how things 'could be'. It is this constructive approach that has helped endear the brand to families and build real trust in our messages. Despite occasional calls for a more hard-hitting approach, the academic evidence is that Change4Life is highly motivating and outperforms other campaigns developed nationally and internationally in the field of obesity[18].

- A POWERFUL NETWORK

Finally, Change4Life has always represented a movement for change, not a lone voice in the wilderness. Behind the scenes and on the ground, it has established impressive partnerships, across commercial and public sectors, that can deliver the practical, financial and inspirational support required to incentivise and sustain change in the busy and challenging world of a Change4Life family. We are extremely proud of what we have achieved with partners and believe we can build on this. Public Health England is committed to ensuring that the partnership strategy evolves to reflect our needs and priorities as well as those of our audiences and commercial partners

Ambition and Vision

The new vision for Change4Life is about retaining these critical strengths, whilst evolving the brand to rise above the noise and reflect what we have learned in five years of instigating real change.

Going forward, the campaign will remain a social movement, it will remain open-source, and the branding will remain Change4Life. We anticipate that, subject to approval, investment in the brands will remain at least at current levels for the next three years.

Change4Life has traditionally acted as a trusted advisor, with more emphasis to date on instigating a desire for change (e.g. via health harms) alongside simple tips and tools to initiate change (e.g. personal plans, recipe ideas), and less on providing sustainable solutions. However, we know that while many people want to change, they struggle to do so effectively – to keep up their efforts beyond the January diet or charity fun run.

Our next evolution is facilitated by a happy meeting of technological development and critical partnership mass, giving us the opportunity to act as much more of a true, positive, 'change buddy'. This is a shift from preaching change to practising it – from pointing the way, to actually walking it with families, via the phones in their pockets, more always-on resources in their schools, communities and workplaces; even new products in their supermarkets.

A practical implication of this is the need to parallel track complementary paths of 1) peak programmes that deliver 'population-wide' calls to action, alongside 2) a more constant presence around healthy living decisions at a community and individual family level, supporting them when and where they most need us.

The ambition

	From		To
Remit	Fad-free diet and activity behaviours for young families	→	Fad-free wellbeing behaviours across more life courses
Success	Great engagement	→	Proven, sustained impact
Profile	Peaks of national activity supported by occasional programmes	→	Sustained presence boosted by peaks of national activity
Commercial Partners	Campaign-centric change supporters	→	Year-round, flag flying change advocates
Channels	Maximising campaign reach	→	Year-round relevant innovation
Schools & LAs	When we need them	→	Whenever they need us
Community	Dormant, on 'receive'	→	Empowered, social
Movement	A powerful network behind the scenes	→	A powerful team with you every step of the way
Role	Inspire and initiate change	→	Walk your change with you
	Change feels hard	→	Change feels good

[16] Evaluation of the Change4Life School Sports Club Programme, SPEAR, University of Canterbury Christ Church, August 2011

[17] Analysis provided by M4C, using data from local supporter survey. Estimates calculated using following: 9% of local supporters are volunteers; 43% report that they are very or fairly engaged with Change4Life; average number of hours spent per month promoting Change4Life = 12.23 (all data from local supporter survey)

[18] Fighting obesity or obese persons? Public perceptions of obesity-related health messages, R Puhl, JL Peterson and J Luedicke, IJO 2012

The Change4Life Vision

Many people believe that changing to a healthier lifestyle will be hard, punitive or dull.
But we believe change can feel good, and our Change4Life vision can deliver this.

Change4Life will be the powerful movement that walks the change with you – in your pocket, your community and across your life.

Objectives and how we will meet them

By the end of 2017, we envisage that Change4Life will be a majority brand, i.e. more than 50% of our core target audience will be members. A majority brand among our key target audiences (i.e. over half of families in socio-economic groups C2DE will be members of Change4Life). Change4Life will also be:

- Conspicuous within local communities (i.e. chosen by at least 90% of local authorities and visible in the majority of community venues); infiltrating new environments, such as cinemas
- Used within the majority of schools in the delivery of PHSE and as an endorser of healthy school meals

To achieve these ambitious goals Change4Life will:

- Provide more integrated, innovative and ongoing support
  - Transition from a mirror of poor behaviour towards a 'change buddy', offering not just advice, but real and constant support
  - Improve our customer journey, embedding evidence-based behaviour change techniques (such as goal-setting, monitoring and feedback) to better support people as they seek to change. We need to help people notice how much better they are feeling as they change their lives
  - Do more to trigger change, for example by piloting a cross-selling initiative to PHE's database of people who have signed up to quit smoking
  - Use our growing digital capabilities to provide exciting new products, more interactive content and to conduct live tests of new ideas

- Strengthen individual and local involvement
  - Continue to develop Change4Life into a truly social brand. This will involve greater social listening (so that Change4Life is aware of, and comments on, conversations that our target audiences and users are having in social space); greater evidence of social proof (for example by encouraging our users to 'check in' to a Change4Life event; using the new Graph Search facility on Facebook to enable people to, for example, search for photos of healthy meals their friends have cooked; using targeted sharing (where our users are encouraged to invite their friends to join Change4Life and to share their Change4Life activities)
  - Enable families and individuals to have the means to make their voices felt as part of the Change4Life movement, for example by facilitating employees lobbying for healthier options in workplace canteens
  - Support other community initiatives, such as Walk to School Week

- Increase the visibility of Change4Life and influence the choice architecture
  - Work with exciting new partners from sectors including entertainment, retail, digital technology, such as the Disney Corporation and mysupermarket.com that bring fresh appeal to the Change4Life behaviours
  - Increase our presence in existing venues such as schools and enter new venues such as cinemas
  - Use the resources of Change4Life to influence the choice architecture: e.g. using the attraction of Change4Life endorsement to channel a greater proportion of industry spend towards healthier variants and helping local supporters campaign for healthier options in their communities and workplaces
  - Work with the National Child Measurement Programme to turn their 'teachable moment' created when a parent learns his or her child may be overweight into an access point for Change4Life change programme

Achieving those ambitions: supporting the Change4Life movement

As a social movement, Change4Life can only fulfil these goals by working in partnership with others. We will actively support the following key stakeholder groups:

Local government:

- As local government develop their new role in public health, we will increasingly shift our focus from asking them to distribute our campaign materials, to providing support for their own initiatives under the Change4Life brand.
- For example in 2012, we piloted our first regional marketing manager, working in the North East. Following this successful pilot, we now intend to hire further regional marketing managers, to ensure that local authorities have the support they need.

Healthcare professionals:

- Many healthcare professionals already use Change4Life materials to facilitate and support conversations with their patients about diet, activity and weight loss.
- To date, we have tended to limit ourselves to providing materials for general practice, whether for GPs themselves or for practice nurses and health visitors.
- However, we are conscious that we need to do more to understand the many useful points of contact between Change4Life families and the wider health service, and will be instigating a programme of research and engagement to understand the needs of healthcare professionals who come into contact with our target audiences, whether routinely (for example, opticians) or as a partial consequence of poor diet and sedentary behaviours (as in the case of nutritionists, pharmacists, dentists or physiotherapists). We will engage with Health and Wellbeing Boards and Clinical Commissioning Groups in this work.

Schools:
- The enthusiastic participation of schools (and individual educators) has been one of the great successes of the Change4Life movement.
- Over time, we have moved from thinking of schools as a distribution mechanism for Change4Life materials, to thinking of schools both as a target audience in their own right and as a venue for interventions. This has meant creating more tailored materials that meet the needs of schools as well as our own (for example, weaving Change4Life messages into materials that deliver aspects of the curriculum, rather than expecting schools to run a special Change4Life module).
- We have also used Change4Life branding in the delivery of core programmes such as sports clubs.
- During 2014-17, we will expand this to include the branding of school meals and the School Fruit and Veg Scheme.

Non-governmental organisations (NGOs):
- The major health charities, such as Diabetes UK, British Heart Foundation and Cancer Research UK, were early supporters of the Change4Life movement, and have provided media value, scientific support and access to databases.
- As we start to think about the wider determinants of health we are broadening the profile of the third sector partners with whom we engage. For example, we have recently begun conversations with a number of Housing Associations, to explore the potential for Change4Life to promote refurbished play spaces and urban gardens. Further, moving to a new home is a 'teachable moment', when families must of necessity reassess established habits, such as where to shop, where to play and how to get to work and school. There is the potential to tailor a small but cost-effective intervention in this moment.

Commercial partners:
- Five years ago, Change4Life had 10 commercial sector partners, all of whom continue to work with the programme. These have been joined by over 200 new partners.
- We will encourage cross-promotion and collaboration between our partners as a way of maximising the support provided by them. (For example, Danone, PepsiCo and Arla successfully joined together to promote healthy breakfasts under Change4Life in 2013 and we will be looking to implement similar co-created activities.)

Major Deliverables 2014-15

This financial year our intention is to deliver two major creative platforms of campaign activity:
- A summer 2014 physical activity campaign, aiming to increase the numbers of 5 to 11-year-olds being active for at least 60 minutes a day. We have developed an innovative partnership with Disney, delivering new levels of in-kind commercial support and aligning Disney brands with Change4Life. The campaign will focus on 'ten minute shake up' – surrounding kids with unique Digital and real world content from their favourite Disney characters, all geared towards encouraging fun, active, 10 minute bursts. This will include face-to-face events, supporting creative slots on Disney TV and Cinema channels, in-store and online support.
- PHE will build on the success of the January 2014 Change4Life Smart Swaps campaign and launch a major Change4Life sugar reduction campaign in January 2015. The campaign will use advertising, partnership marketing, digital engagement, community events, schools programmes and public relations to inspire a further reduction in sugar consumption. The programme will continue to use the most up-to-date behaviour change techniques and to encourage people to sustained healthy changes to their behaviour through engaging information, support tools and special offers from commercial partners. The marketing team is also exploring a strand of communications targeting sugar reduction amongst teenagers given that their consumption of sugars is so high.

Change4Life - seasonal campaigns for families

In addition, Change4Life will:

- Continue our investment in Change4Life sports clubs, reaching over 250,000 children in 2014-15
- Create a more active range of content, including:
  - Continue to run the ‘Smart Restart’ programme
  - Creating new TV creative for free distribution by advertisers and other content innovation such as a YouTube channel for Healthy Eating
- While the plan sequences our activity around now-familiar peaks (diet in January, physical activity in summer/autumn), a greater proportion of our activity is now dedicated to our “On Demand” programme, allowing our key target audiences to access support and begin their change journey whenever suits them

6.3. Rise Above and FRANK: Making it easier for young people to be resilient

Overview

Young people face a large number of challenges and pressures throughout their teenage years. Adolescence is a time when individuals undergo radical physical, neurological and psychological change, during which many people choose to smoke, drink, take drugs and have sex for the first time. Young people aged 10–19 have experienced the least improvement in health status of any age-group in the British population over the last 50 years[19]. UNICEF in its 2011 report identifies adolescence as a key time of opportunity for preserving life-long health[20].

During the transition from child to adulthood, adolescents establish patterns of behaviour and make lifestyle choices that affect both their current and future health. For example, five of the ten most common risk factors in adult disease are formed during adolescence. Someone who starts smoking aged 15 is three times more likely to die from a smoking–related cancer than someone who has smoked from their mid-20s. Research suggests that the early onset of smoking is predictive of alcohol-related problems in late adolescence and young adulthood, and later illicit drug use. Young people who start having sexual relations at a very young age are at an increased risk of being involved in a range of risk and problem behaviours and are less likely to use contraception. Early drug or alcohol use amongst young people is associated with significantly increased risk of drug or alcohol dependency in later life.

While rates of smoking, drinking, using illegal drugs and teenage pregnancy have been declining in recent years, the percentage of young people taking part in multiple exploratory behaviours has not. Worryingly, 8% of 15-year-olds smoke, drink and takes drugs regularly. A recent UNICEF report puts the UK in 16th position in a league table of child wellbeing in the world's richest countries – below Slovenia, Czech Republic and Portugal. The UK ranks significantly low especially among young people aged 15 to 19. Our teenage pregnancy rates continue to be high and the UK also has one of the highest alcohol abuse rates in 11 to 15-year-olds[21].

Recently there have also been some worrying trends in young people's mental wellbeing (e.g. UK young people are unhappiest at school[22], feel intense pressure and surveys suggest that between 8%[23] and 15%[24] of young people may self-harm[25]. Emotional problems have significant implications for every aspect of young people's lives including their ability to engage with education, make and keep friends, and have constructive family relationships[26]. The stress and pressure of the tween/teenage years are exacerbated in the current media landscape: constant connection increases the speed and intensity of relationships and creates anxiety, while social networks allow for greater exposure of young people, and a common fear of showing oneself up in front of peers. There is constant need to manage reputation, and this is seen as key to success as a young person. Our audience cite stress relief as a key reason to initiate exploratory behaviours.

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[19] Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/2901304_CMO_complete_low_res_accessible.pdf

[20] UNICEF: 'Report card 11: Child Wellbeing in Rich Countries'

[21] UNICEF: 'Report Card 11: Child Wellbeing in Rich Countries' (http://www.unicef.org.uk/Latest/Publications/Report-Card-11-Child-wellbeing-in-rich-countries/)

A wide range of factors have been shown to influence adolescent health outcomes. Many of these are 'deficit' factors, such as growing up in a single parent family or living in a deprived area. However, these factors are clearly beyond the control of adolescents, and many resilient young people who grow up in difficult circumstances do have positive outcomes. A more positive approach[27] is to identify the positive 'assets' that those resilient young people have, and to try and help at risk young people to develop them. In this way, we can significantly improve their resilience, i.e. their ability to 'enjoy life, survive challenges and maintain positive wellbeing and self-esteem'[28].

Previous campaign activity and evidence is clear: focusing on changing adolescent attitudes does not work. Communicating health messaging once behaviours are established or tried for the first time is also ineffective.

Communicating early to young people about health issues is critical as the attitudes and behaviours shaped at this early stage influence behaviour in later life. Between the ages of 11 and 16 we develop the beliefs and behaviours that play a big role in determining what we think and do in later life. Crucially, at this age the majority of young people have not yet started experimenting or taking risks[29]. The bulk of our activity is focused at this younger cohort of young people.

By focusing on younger teens, we will ensure that we are reaching young people before they have started to experiment with risky behaviours. This group receives lots of misinformation from their peers and the media, which can lead to misinterpretation of social norms, increasing the pressure they feel if they think all people in their age are smoking, drinking or having sex. They may also use what they believe to be normal behaviour within their peer groups as a guide for their own behaviour. Approximately 600,000 young people enter this age group each year, highlighting the need for activity to be 'always on'.

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[22] Recent findings from HBSC survey showed UK children were unhappiest at school compared to other countries taking part in study (http://www.hbsc.org)

[23] Moran P et al (2012) The natural history of self-harm from adolescence to young adulthood: a population-based cohort study. The Lancet, 379, 236-42

[24] Stallard P, Spears m, Montgomery A, Phillips R, Sayal K (2013) Self-harm in young adolescents (12-16 years): onset and short-term continuation in a community sample. BMC Psychiatry, 13, 328

[25] Mental Health Foundation (2006). Truth hurts: report of the National Inquiry into self-harm among young people. London: Mental Health Foundation. See also Cello Group/Young Minds: Talking Self-Harm.

[26] Chief Medical Officer Annual Report 2012: Our Children Deserve Better: Prevention Pays

[27] This methodology is known as salutogenesis, based on the work by Aaron Antonovsky, a professor of medical sociology, USA. The term describes an approach that focuses on factors supporting human health and wellbeing, rather than on factors that cause disease.

[28] Sustainable Development Commission, Improving Young People's Lives.

[29] Gibbons and Gerrard highlight that pre-exposure to risk is crucial time to encourage young people to actively consider this issue.

Objectives

PHE's overarching objective for 11 to 19-year-olds is to delay and prevent young people from engaging in exploratory behaviours (smoking, drinking alcohol, substance misuse and risky sexual practices) and to improve the mental health and wellbeing by building the emotional resilience of young people.

Our marketing objective is to help young people prepare and cope with the pressures of being a teenager by building their emotional resilience and equipping them with skills to make better decisions to look after both their physical and mental health and wellbeing (including smoking, drinking alcohol, substance misuse, and engaging in risky sexual practices). We will do this by catalysing positive conversations about health between peers and between parents and their children and building life skills in our young target audience.

Learning from 2013-14 pilots

In 2013-14 we tested a range of approaches and channels to triggering conversation across our topics and across a range of media platforms. We found that:

- Young people will consume 'health content' that is interesting and relevant to them: we have had over five million views of our content across our pilot activity in 2012-13.
- There is lots of desire from young people to learn about our issues in non-school environments – over 30,000 questions were submitted on Stardoll activity; qualitative research and feedback for 'The 4: 01 Show', Filmclub and 'The Awkward Conversation Project' is that young people are keen to talk about these issues with people who aren't parents or teachers
- To fully engage young people we need to also talk holistically about other health issues they are concerned about (e.g. eating disorders, body image, self-harm, mental wellbeing, stress, contraception, STDs)
- Conversations do change behavioural intention – research for the 4:01 Show showed that the show impacted on how young people talked about our issues, challenged misconceptions but most importantly how they intended to act when placed in risky situations

Case study of The 4:01 Show

The 4:01 Show is a public health first: a weekly YouTube show created by Public Health England but controlled by young people. After 12 episodes (which ran from 19th January 2013 to 7th April 2013) the show has helped thousands of teenagers to become more resilient: encouraging them to talk about the embarrassing and difficult issues that can be damaging to their health.

Following on from a successful pilot, The Awkward Conversations Project, we knew YouTube was an environment where we could demystify risky behaviours, and normalise positive conversations. Our hypothesis was that we could use the content of the 4:01 show on an ongoing basis to use celebrities and talent to open up the debate, give practical/relevant information and advice and to establish an audience and subscriber base in the process.

The pilot period showed promising results for digital engagement with the target audience (11 to 16-year-olds), generating over 1 million views since launch and created a staunch community of followers. We have benchmarked ourselves against other brands with youth appeal and have more subscribers than brands such as O2 and Samsung. Within the 12 week pilot period, the show generated:

- 1,013,073 views YTD
- 16,431 comments across social media channels.
- a fan base across YouTube, Facebook and Twitter of 16,418

Through leveraging popular hashtags, trends within social media and active community management our Twitter activity reached 5,899,527 people and 1,460,234 unique Facebook users saw our posts.

According to Social Bakers data, the show is the 9th most effective YouTube channel in the UK for converting views to subscriptions, indicating the appeal of the show to our audience.

To enable us to understand the impact of the show, we also ran an online survey with viewers and conducted some independent qualitative research to evaluate the attitudes, conversations and (claimed) future behaviours of both viewers and non-viewers. The research found that:

- 57% of young people who viewed the show said it taught them something new
- 50% of young people who viewed the show claimed to have had a conversation with friends or family after watching it; this would mean that the show prompted 195,180 conversations within our target audience
- The show increased consideration of the issues and willingness to have conversations with peers and parents about the health issues
- The show built confidence to vocalise negative attitudes towards risky behaviours (e.g. makes them less embarrassed to say they don't want to smoke or drink)
- Respondents claimed that they felt they were being equipped with strategies for saying no
- The 4:01 Show was seen as providing a genuine service to viewers: answering questions, offering advice and where appropriate, signposting viewers to additional health support

Approach

In 2014 we are implementing an ambitious evolution of our youth marketing work. By taking an integrated approach we are able to communicate about issues in a way which is most relevant to our audience and tackle a wider range of issues together. As requested by the Chief Medical Officer in her 2013 Annual Report, we are creating a social movement of and owned by young people, 'Rise Above', united against the common enemy of pressure, enabling them to make better health decisions as they grow up. Young people will participate by registering on a central digital hub, taking part in Rise Above activities which will help them build their resilience; conversation will be built into all activity rather than being the sole call to action.

The standalone web hub will bring together rich content from all Rise Above activity, relevant partner activity and previous pilot activity. The key focus of the web hub is to host a series of activities (quizzes, competitions, games, videos) which young people complete. These activities will build young people's resilience skills and drive on/off line conversations about the topics. Young people will be able to track their progress as they build their resilience and gain rewards from partners at key stages. Social media spaces fall in and out of fashion so while they form an essential part of our media plan, they cannot host the Rise Above activities and reward structure.

No other country is tackling youth health in this way. We are hopeful that an evidence-based holistic approach combined with new technology, digital innovation, gaming principles and social marketing will equip young people with resilience skills and deliver positive outcomes.

Major Deliverables

Rise Above will launch in summer 2014 after a phase of testing the web hub. Our key tasks are to build engagement quickly among target audience about what Rise Above is and how to get involved. Our campaign is still built around the principles of being 'digital first' and 'on-demand' as we know these are key for our audience.

In order to sustain engagement we have planned the media in the following ways:

- **Launch:** Broadcast but at a level that feels local and close to the audience (e.g. YouTube Takeover, media partnership with relevant youth broadcaster)
- **Encouraging participation:** Seeding and amplifying in relevant environments (media partner, online seeding, vloggers, mobile search)
- **Modelling conversations in safe spaces:** We will need new weekly content for the Rise Above digital hub and propose to use The 4:01 Show to help young people support the activities and talk about the issues. Over the course of the next six months The 4:01 Show will evolve to be become part of Rise Above

The main elements of this activity will be:

- **Digital manifesto:** We will launch with a digital manifesto which introduces 'Rise Above' as a social movement and sets up pressure as the enemy of youth. An example of this campaigning approach is Legacy Trust UK Somewhere To video: (http://www.youtube.com/watch?v=GhBJrq1mhxU). We will enable young people to customise their own videos with photos and their own challenges. By facilitating direct participation with the campaign, we can create deep engagement with our messages and also increase the likelihood of campaign activity being shared
- **Social media:** We will use a film to launch the campaign which can be seeded out via social media, we will work with a range of YouTube partners and channels to use video bloggers to support the missions and use existing PHE social media channels such as The 4:01 Show to help young people support the missions and talk about the issues
- **Partnerships:** We will work with a range of partners (local authorities, youth services, schools), NGO and voluntary sector partners will be invited to take part in Rise Above and create their own activities and for expert input into our content
- We will work with **Local Authorities** to develop and roll out their own activities, bespoke to their own area but linked to the hub where activity is based around the needs of their specific communities. We have nine local authority test areas to help us refine the digital hub and activity offerings.
- For **schools**, we will scope and develop teacher guidance notes by 2015 with schools, local authorities and organisations such as the PHSE association, which can help schools use Rise Above activities across the curriculum. In the longer term, we will run pilot activity to co-create bespoke activities with schools that link to the curriculum with schools.

Outcomes

A full evaluation plan is being worked up to support Rise Above but the health outcomes this activity will impact on are listed below:

- Fewer young people trying cigarettes and illegal substances
- Fewer young people regularly smoking, drinking alcohol and misusing substances
- Delaying the age that young people first drink alcohol and/or have sexual intercourse
- Reduction in teenage conception rates and STI transmission rates
- More resilient young people (e.g. increase in positive health behaviours within the age group which act as a protective factor – eating breakfast, sleep, stress and anxiety management)
- Cultural shift in how young people talk about health issues (e.g. young people have key conversations as a rite of passage in growing up)

FRANK

The Talk to FRANK service provides confidential information, advice and key campaign messages about the misuse of drugs. Advisors offer appropriate signposts to national services where the caller requires information or support on an issue outside the service remit.

The service has five channels:

- Website www.talktofrank.com
- Helpline open 24 hours a day, 7 days a week.
- Email open 24 hours a day, 7 days a week.
- SMS open 24 hours a day, 7 days a week.
- Live Chat open from 2-6pm, 7 days a week.

In 2012-13 the service received over 274,000 calls and five million unique visitors. Over the last 10 years FRANK has built a brand which young people recognise as an unbiased, trusted source of information. Research indicates that the brand is part of people's everyday vocabulary.

In previous years, responsibility for the promotion and maintenance of the Talk to FRANK service has been split between DH/PHE and the Home Office. From 2014-15 the Home Office plans to transfer budget and formal responsibility for the promotion of the FRANK service to PHE .

In Autumn 2014 we will submit a proposal to the Cabinet Office for approval outlining our recommendations for the FRANK service going forward.

7.0 Living Well

The living well lifestage is focused on adults over 18. Maintaining or creating healthy habits in adulthood is a complex area, involving factors such as dependency. National marketing will focus on preventing ill-health such as vascular dementia and stroke by making it easier for adults to:

- Stop smoking for good
- Eat well and move more (for adults not included within our family-focused activity)
- Improve their mental wellbeing
- Drink alcohol at lower risk levels
- Have good sexual health

7.1. **Smokefree:** Making it easier for smokers to stop for good

Overview and Objectives

Over eight million people in England smoke. Smoking continues to be the major preventable cause of premature death and major disease, responsible for 80,000 deaths and costing the NHS an estimated £2.7 billion each year. The government is committed to tackling smoking in England. Healthy Lives, Healthy People: A Tobacco Control Plan for England sets an ambition to reduce smoking prevalence from 21% to 18.5% or less by 2015, approximately 210,000 fewer smokers a year.

There is a wealth of UK and international evidence for the impact of marketing on reducing smoking prevalence. Econometric modelling has demonstrated a clear relationship between tobacco control marketing activity and people quitting smoking.

Return on marketing investment (ROMI) illustrates:

- A gross one-year payback of tobacco marketing activity last year was £22.1m.
- A one-year return on marketing investment (ROMI) of £1.55 for every pound of public money spent, and a three-year return of £2.42 for every pound spent.

Additionally, we have created a new agent-based Tobacco Simulation Model (TSM), which uses leading technology to create the most accurate reflection possible of the market enabling us to forecast plans and evaluate them with greater accuracy than before. The model uses the most comprehensive data available to us from a range of sources including advertising tracking, campaign media spend, University College London's Smoker Toolkit Study – which is the largest monthly tobacco study in our market and Nielsen market data. By running the model incorporating our marketing campaigns and then without our marketing campaigns we are able to build up a picture of our impact and identify the incremental quit attempts generated by Smokefree.

In financial year 2013-14, the TSM modelling data indicates that Smokefree marketing activity generated c.800K quit attempts (note that January Health Harms is still being evaluated). On the projected budget for 2014-15 we can expect to generate a comparable level of quit attempts, based on the current plan of activity.

Two-thirds of smokers in England tell us that they want to quit. The role of the national marketing campaign is to remind smokers why they need and want to stop, triggering immediate quit attempts and signposting people to interventions and products to help them make more effective quit attempts.

Products will continue to be a core part of our solutions-based offer. The current product offering includes the Quit Kit, Quit Cards, Stoptober pack, SMS programme, email and app. We work with experts on all our products and we continually review and refresh to improve performance and look for new development opportunities. The new products in our range outperform the already impressive benchmark set by the Quit Kit.

Target Audience

Our primary target audience is all smokers in England, particularly those in routine and manual groups (who make up over 50% of all smokers and whose prevalence is double that of professional and managerial groups).

Secondary audiences/intermediaries include:
- Pregnant women who smoke and their partners
- Health and social care professionals, including GPs, practice nurses, midwives and mental wellbeing professionals
- National commercial partners
- Local partners, including local authorities, local stop smoking services, the NHS, fire services, etc.
- Employers

Major Deliverables

In 2014/15 our intention is to deliver two major creative platforms of campaign activity:
- **Stoptober 2014:** we will maximise participation in our mass quit event in October 2014
- **January 2015 Health Harms:** we will create and promote new visceral campaigns to prompt quit attempts

On Demand: we will increase the uptake of Smokefree products in channels where smokers are seeking support via optimisation of channels such as search marketing.

We will innovate in four areas:
- **Testing a new positive creative** focusing on the sense of achievement and pride when smokers stop. This will further explore the drivers of motivation and understand whether product-led advertising is more effective as a stand-alone communication piece and the effect this has on sign-ups
- **Stop Smoking Day:** exploring new ways of supporting an established national calendar event, No Smoking Day, to inspire quitting
- **A personalised intervention product:** We have existing evidence-based generic interventions such as SMS programmes. We will develop and test a personalised stopping ‘coach’ to provide more intensive evidence-based support for quitters
- **A media ‘dosage’ test.** This will test how best to phase our campaigns during the year, i.e. smaller, more frequent bursts and the level of frequency needed for each burst

We are also developing plans for a more content-based approach to extend our presence and keep the message top of mind outside of campaign season. Additional content will also allow us to test different channels at a low entry cost and build up a bank of material for tactical opportunities.

7.2. Exercise and Diet: making it easier for adults to eat well and move more

Overview and Objectives

Most people want to eat a healthy diet and lead an active lifestyle and the majority of adults who are overweight or obese would like to lose at least some of their excess weight.

The most recent evidence suggests that the rise in obesity prevalence has slowed for adults. However, we remain the fourth most obese nation in the world.

- Data suggests that physical activity levels are relatively stagnant. The latest data shows that nationally over 40% of adults do not do the recommended amount of physical activity, with significant variation across the country (e.g. almost 60% of people are not sufficiently active in some local areas).
- Similarly, healthy eating is not a social norm – 70% of adults do not achieve 5-a-day (NDNS, 2011) and 70% of adults consume salt above recommended levels.

There is a great deal of activity targeting this audience around healthy eating. The diet and fitness industry actively promote a range of evidence-based and non-evidence-based programmes. Although many people try to lose weight or become active each year, it is unusual to achieve and sustain weight loss or increased activity levels.

Target Audience

Adults whose current behaviours (diet and activity) put them at imminent risk of developing long-term conditions (more likely to be lower socio economic groups, aged 35-65, and more likely to already be overweight and obese).

Major Deliverables

We are developing our offer for this audience. We are currently:

- Developing evidence-based products to support adults to eat well and move more in a way that fits into their lives. In late 2013 we launched the Change4Life Couch to 5K app, which has already been uploaded 100,000 times, and we will develop more products for this audience as part of our on-demand programme
- Developing free airtime creative to promote understanding of ‘Front of Pack’ labelling from January 2015
- improving and promoting the ‘Resolution Booster’ programme in January 2015, promoting via digital channels

Our proposed alcohol activity described below will also plausibly impact on diet as alcohol is a high source of calories for many of our audience.

Our work with NHS Choices will also ensure that more high calibre free at the point of use programmes are provided via this route.

Finally, as part of our work on dementia, we have identified that very few adults realise that healthier lifestyles can play a significant role in reducing vascular dementia. We will digitally test if this is a motivating proposition and look to promote digital diagnostics and on-demand products based on the results of this test.

7.3. The Five Ways to Wellbeing pilot: Making it easier for adults to improve their mental wellbeing

Overview and Objectives

Mental wellbeing is "a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community"[30]. It has two core components that interact with one another: feeling good and functioning well.

Improved mental health and wellbeing is associated with a range of better outcomes including improved physical health and life expectancy, better educational achievement, increased skills, reduced health risk behaviours such as smoking and alcohol misuse, reduced risk of mental health problems and suicide, improved employment rates and productivity, reduced anti-social behaviour and criminality, and higher levels of social interaction and participation[31].

Unlike physical health, where most people broadly understand what they can do to avoid illness (there is high awareness, for example of the positive impact of eating well, taking exercise, stopping smoking) there is very little public understanding of what to do to keep mentally well.

In 2008, Foresight commissioned the New Economics Foundation (NEF) to create "the mental health equivalent of the popular and well-known message that people should eat five portions of fruit and vegetables a day to maintain good physical health"[32]. NEF created the Five Ways to Wellbeing, a suite of simple actions that each of us should do in order to boost our wellbeing.

The Five Ways are:
- **connect** – with the people around us, family, friends and neighbours;
- **be active** – go for a walk or a run, do the gardening, play a game;
- **take notice** – be curious and aware of the world around us;
- **keep learning** – learn a new recipe or a new language, set ourselves a challenge; and
- **give** – do something nice for someone else, volunteer, join a community group.

While the Five Ways have gained considerable traction with the public health community, they are not well known by the general public. We have accordingly developed a co-creation project between Public Health England and the nine local authorities that serve Cheshire & Merseyside, which will test and independently evaluate the potential for marketing to drive adoption of the Five Ways.

The objectives of the intervention will be to:
- Establish with the public that prevention is as important and possible in mental health as it is in physical health
- Encourage people to take more responsibility for their own wellbeing and for that of their loved ones and communities
- Popularise the 'Five Ways' as a wellbeing routine
- Drive significant numbers of people to resources that support them in adopting and maintaining the Five Ways
- Showcase locally available services, such as befriending programmes and volunteering groups, which support the Five Ways and have been developed by the public and third sector
- Evaluate the impact on users' self-reported wellbeing during and after the campaign period

[30] Mental Capital and Wellbeing, Foresight, 2008
[31] No Health Without Mental Health, HM Government 2011
[32] (nef/NHS Confed)

Target Audience

A social marketing-led intervention cannot work in isolation, nor can it help everyone. The Five Ways are an upstream intervention, not a treatment for those who are already ill. This intervention focuses on those groups who are at risk of poor mental health, specifically those who score below 25 on the short version of the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). This equates to approximately 30% of the population.

Implementation

We aim to implement the pilot in the autumn of 2014 (dependent upon the outcomes of initial research) and will disseminate results throughout the public health community. If results are positive and funding is available we will look to expand to a national level.

The programme will act as a template for other local areas that are considering social marketing on wellbeing, amortising cost and increasing efficacy through responding to lessons learned.

We estimate that the programme has the potential to improve wellbeing for over 4,000 people in Cheshire and Merseyside and for over 100,000 people if rolled out nationally.

7.4. Alcohol:
Making it easier for adults to drink at lower-risk levels

Overview and Objectives

Over the past few months, Public Health England has been reviewing its social marketing strategy for harmful drinking. This fulfils a commitment in the 2013-14 social marketing plan, and grows out of a concern that the marketing resources committed to alcohol may not be working as hard as they could to combat what is a major public health and societal problem.

English attitudes to alcohol are deep-seated, supported by an £800 million annual spend by the drinks industry and reinforced by popular culture. We estimate the entire resources available to public health and charitable organisations for alcohol harm reduction at under £10 million per annum. Given this, we must be realistic about what can be achieved and ensure that our resources are used prudently.

Our recommendations are driven by the following principles:

- As a scientific organisation, we should be guided by the best available evidence, evaluate all our activities with rigour and, where evidence is insufficient, test, learn and refine
- We are most likely to be effective when we work in partnership with others who share our objectives, particularly local and third sector organisations, so that knowledge and resources are pooled
- Since we are spending public money, we should be transparent and submit plans to scrutiny, via stakeholder engagement and publication
- We welcome involvement from the academic and clinical communities, both in the design of interventions and in their evaluation

Most people who consume alcohol do so at low risk levels and, presumably, enjoy doing so. The alcohol industry is a major employer and boosts our economy through exports. Alcohol only becomes a social problem in (broadly) three scenarios:

- Alcohol dependency, which is itself an illness, and causes other major health problems, such as liver disease and foetal alcohol syndrome, and can lead to other social problems such as debt, homelessness and worklessness
- Binge drinking, which can have immediate health consequences, such as ethanol poisoning, and can be a contributing factor in sexual violence, accidents and violent crime
- Increasing and higher risk drinking, whose health impacts may be slower to manifest but are more prevalent than either of the above. These include cancers, strokes, heart disease and liver disease

It is anticipated that the Chief Medical Officers for England, Wales, Scotland and Northern Ireland will review their guidance on alcohol consumption in 2014. This will involve appropriate consultation and so is unlikely to report before the end of the year. Any major new messaging around alcohol should take into account (and ideally be driven by) any changes to the guidance. For this reason, recommendations for next year are in something of a ‘holding pattern’, although opportunities will be taken to explore and pilot activities that may be taken forward in 2015.

Finally, as described on page 23, PHE has developed an evidence-based model – alcohol is reported as low priority in the model, due principally to the paucity of evidence (nationally and internationally) of success in marketing-based interventions around alcohol. Given the low prioritisation we could not support a recommendation to develop a significant national campaign in 2014. This is further argument for taking a test-learn-refine approach.

Target audience

We have long recognised that social marketing can have very little impact on the behaviour of dependent drinkers, who may require intensive face-to-face intervention and support to overcome their addiction.

There is however potential for activity in three areas:
- Delaying the age of first drink for young people (since age of first drink has a major impact on drinking in adulthood)
- Reducing binge drinking in young adults
- Reducing increasing and harmful drinking among adults

There are too few active organisations (and too little money) within the public health community for everyone to address all these audiences.

Since industry-derived funding (via Drinkaware) will continue around young people and resume shortly around young adults, we recommend focusing PHE's funds on increasing and higher risk drinking in middle-aged and/or older adults.

What do we know about increasing and higher risk drinkers?

Unlike other public health issues, where people generally recognise that their behaviour is risky and wish to change, most increasing and high-risk drinkers underestimate their level of risk and are happy with their consumption levels. This is in marked contrast to the other behaviours that require moderation or restraint, such as diet, where the target audiences readily accept that they need to change and are keen to eat more healthily and be more active.

We, and a small number of other organisations, have made attempts to change increasing and higher risk drinkers' beliefs and behaviours regarding alcohol. While evidence is patchy, the emerging picture is that attempts to change attitudes generally fail (although possibly because no one has ever spent enough to impact on the counterweight of industry spend); however, providing people with tools to assess and record their drinking has had some success in reducing consumption. While people repeatedly tell us that they have no intention to change how they drink, it seems they do change in response to price, availability and strength, but also to identification and brief advice.

What have we learned from previous efforts to address increasing and higher risk drinkers?

Over the past five years, the marketing team at Public Health England (previously housed within the Department of Health) has run two social marketing programmes targeting increasing and higher risk drinkers.

In 2009, we developed a bespoke campaign, working in partnership with health charities such as the Stroke Association and Cancer Research UK, to raise awareness of the health consequences of increasing and higher risk drinking.

Following cuts to our marketing budget in 2010, continuing this campaign became cost prohibitive and we moved alcohol marketing into the Change4Life platform.

Under Change4Life, we created a number of tools to help people self-identify as increasing and higher risk drinkers and to support them in cutting down.

The programme was well-received and generated over 130,000 visits to the online Drinks Checker plus over 50,000 downloads of the Drinks Checker app. The majority (79%) of Drinks Checker users were increasing and higher risk (IHR) drinkers. There is some evidence that the tool encouraged change (e.g. 75% of IHR drinkers who used the Drinks Checker agreed that "it will encourage me to drink less alcohol" and 81% agreed that "I plan to use the tips it suggested"). However, these are only claimed data and we should exercise caution in interpreting them as people are not always honest with surveys (or themselves) when reporting on alcohol.

However, the campaign did not gain the same momentum as other Change4Life campaigns with the public, with commercial sector partners or with our supporter base.

Major Deliverables

Having reviewed our activity, and taking into account these insights, we have concluded that we should implement two regional pilots to develop the evidence base for marketing further:

Pilot 1. A participative abstinence event

We will explore the impact of a temporary artificial removal of alcohol from people's lives to prompt reassessment of its role and benefits. We began in January 2014, by promoting Alcohol Concern's Dry January to NHS and PHE staff. Dry January and Cancer Research UK's 'Dryathlon' promote a temporary period of abstinence, with a charity fundraising mechanism. We believe that this may provide an excuse for people who might otherwise suffer social embarrassment by not drinking. We are evaluating the impact of Dry January 2014 on consumption, in both the short and long term. The initial data is promising, and we explore the potential to use Dry January or a similar initiative as a pilot for other employers and communities (and indeed to repeat or enlarge temporary abstinence outside of January).

Pilot 2. Promoting irregular drinking

We will explore new strategies to help people remain within the guidelines. This project will start with research into people who already drink within guidelines, to understand the strategies they currently deploy to drink at lower risk levels. From this phase, we will develop articulations of strategies for maintaining low consumption and, via an experimental methodology, assess the ability of increasing and higher risk drinkers to adopt and follow the strategies. For example, daily drinking is a key contributor to increased risk, so it is possible that promoting a simple approach such as never drinking two days in a row would have a positive impact.

Integration

Additionally, we will integrate alcohol into our broader programmes:

- We will maintain and improve existing products that help people cut down including those under the Change4Life brand, Drink Line and the Department of Health's Digital Challenge
- We will produce an enhanced suite of support materials to allow local authorities to develop and run social marketing campaigns on alcohol
- We have recently heard accounts of people giving up alcohol during October 2013. In some cases, these appear to be non-smokers who give up alcohol as a gesture of support for a loved one who is making a tobacco quit attempt as part of Stoptober; others are simply 'customising' Stoptober to meet their own purposes; it is possible that others are smokers who give up both smoking and drinking in Stoptober, to give their tobacco quit attempt the best chance of success. All these developments are encouraging, however nascent. We will therefore investigate further, working with the tobacco control team, to explore the potential to use Stoptober more formally to reduce alcohol health harm in 2014.
- We will audit all our other campaigns, particularly mental wellbeing and the diet strand of Change4Life, to see whether there is the potential to build in more alcohol messaging.
- Finally, we will work with the NHS Health Checks team to create and pilot a behaviour change tool which incorporates alcohol, as follow-up to people who were identified as increasing and higher risk drinkers in their NHS Health Check

Conclusion

There is no single answer in these recommendations. However, we are confident that the programme of pilots and initiatives described, developed with the active involvement of stakeholders and experts, and properly evaluated, will form the source material for a sound strategic recommendation in time for the CMOs' new guidance in 2015.

Finally, in addition to the social marketing approach described above there is evidence that changes in price[33], availability and strength are more likely to have immediate positive impacts and the broader PHE alcohol team will continue to look at those areas.

[33] Reviewed extensively in https://www.gov.uk/government/publications/alcohol-strategy

7.5. Sexual Health: Making it easier for adults to have good sexual health

Overview

The latest data show new STI diagnoses rose by 5% in 2012 (up to 448,422 from 428,255 in 2011), mostly due to improved data collection. However, the continuing high STI rates in England suggest too many people are still putting themselves at risk through unsafe sex, especially young adults and men who have sex with men (Sexually transmitted infections and chlamydia screening in England, 2013).

Chlamydia remained the most commonly diagnosed STI (206,912; 46%), but considerable numbers of genital warts (73,893; 16%) and genital herpes (32,021; 7%) cases were also reported last year. New gonorrhoea diagnoses rose 21% overall (from 21,024 in 2011 to 25,525 in 2012), and by 37% in the MSM population (from 7,851 in 2011 to 10,754 in 2012). High gonorrhoea transmission rates are concerning as the global threat of antibiotic resistance grows. Those aged under 25 experienced the highest STI rates, contributing 64% chlamydia and 54% of genital warts diagnoses in heterosexuals in 2012. Young adults are advised to test for chlamydia annually or on change of sexual partner, as part of the National Chlamydia Screening Programme to control the infection and its complications. In 2012, over 1.7 million chlamydia tests were undertaken and over 136,000 diagnoses made.

Our evidence review shows good evidence of effectiveness for social marketing in the area of improving sexual health. Internal data from the 'Sex Worth Talking About' also has good evidence of efficacy. We know that 32% of young people reached by the campaign had a conversation and 11% claimed to change their behaviour (either by switching their form of contraception or by starting to use long-lasting contraception). This result was correlated with the NHS prescribing data of long-lasting contraception products[34].

Current and recommended approach

PHE currently only makes campaign elements for 'Worth Talking About' available for local areas to use to promote their sexual health services. The majority of national health marketing investment in this area is outsourced to HIV Prevention England (coalition of 6 national partners led by Terence Higgins Trust) and the Family Planning Association. In addition, there are regional and local campaigns in development – for example in London.

In 2014 we will conduct a review of the optimal strategy for national sexual health marketing. This will incorporate epidemiological data, learnings from previous and international programmes and consultation with experts. We will then use this review to inform the recommissioning process and overall budgets allocated to sexual health marketing from 2015 on.

[34] Sex Worth Talking About Tracking research

8.0
Ageing Well

Marketing for this lifestage is focused on the identification of risk factors that accumulate with age and are a crucial trigger for engagement with the health service and broader change. We will focus on making it easier to:

- Visit your GP when a visible symptom (such as blood in pee) occurs
- Check your health regularly
- Look after friends and family with dementia

8.1. Early Symptom Diagnosis:
Making it easier to get diagnosed earlier when a symptom occurs

Overview and Objectives

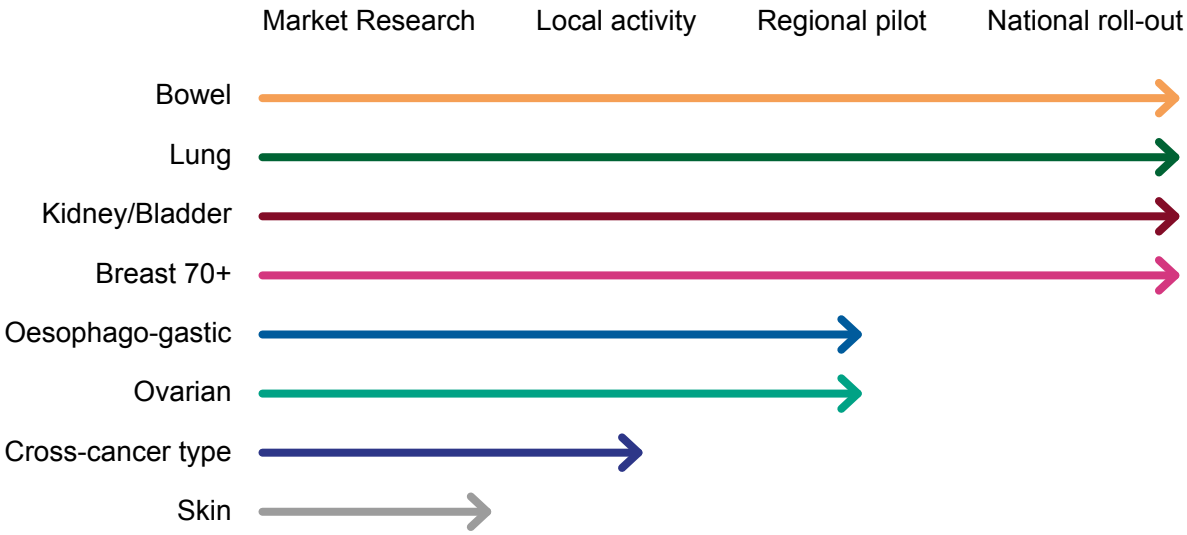
Earlier diagnosis is seen as an essential element in delivering against the Government's commitment to save an additional 5,000 lives from cancer per year by 2014/15. It is also seen as an important aspect of the new mortality call to action announced in March 2013 by the Secretary of State; reducing premature mortality by 2020 is one of his top four priorities. Earlier diagnosis is a focus of the mandate from the Department of Health to NHS England. All campaigns within this strand of activity are a key part of PHE's contribution to supporting NHS England.

With respect to cancer, every year over 250,000 people in England are diagnosed and around 130,000 die as a result of the disease. Annual NHS costs for cancer services are over £5 billion, but the cost to society as a whole – including costs for loss of productivity – is £18.3 billion.

DH/PHE campaigns such as Be Clear on Cancer (BCOC) have proven the positive impact marketing can have on driving earlier diagnosis amongst the over 50s with a focus on C2DE audiences. By taking a test-learn-refine approach we have been able to successfully engage primary care and evaluate the impact of the campaigns.

Our strategy for this area is to continue development of the established and successful BCOC model, applying it to both new cancers and other diseases where early diagnosis makes a difference using the same standard of evaluation metrics to help reduce early mortality.

Campaign activity to date



Be Clear on Cancer Posters

Skin Cancer

We are piloting a local BCOC campaign on skin cancer in the South West, Devon, Cornwall and North Somerset. It launched on 16 June 2014, running for six weeks using local press, radio, posters and leaflets in GP surgeries. The main theme of the creative work is 'A change to a mole isn't the only sign of skin cancer. If you notice any unusual or persistent changes to your skin, go to your doctor. Chances are it's nothing serious, but finding skin cancer early makes it more treatable'

Breathlessness

We have trialled a local pilot in March 2014 that looks at a key symptom of cardiovascular disease and breathlessness. In addition, we will undertake modelling to understand the optimal promotional weight to maintain elevated attendance levels for key symptoms.

Breathlessness is an early symptom of chronic-obstructive-pulmonary-disease (COPD), heart disease and lung cancer and we know people struggle on with this symptom without going to the doctor (it is estimated that about 2.2 million people have undiagnosed COPD and 70% of lung cancer patients in England are diagnosed at a late stage). There is scope through earlier diagnosis for more effective interventions across all the diseases and reductions in premature mortality.

If the local pilot is successful (we hope to have results in late summer) we propose to lift it to a regional level in 2014-15.

Act FAST

The Act FAST stroke campaign has a slightly different focus, in that it is about increasing speed of response in reaction to a stroke rather than early diagnosis. It has now run for six years and has won awards for its effectiveness. Our evaluation model shows that an annual spend of around £1m will continue to raise the percentage of stroke related 999 calls, get more people in hospital within three hours, see fewer people becoming disabled, and increase payback and ROI.

Major Deliverables

- Three national symptom campaigns–lung cancer, kidney cancer, bladder cancer and one other to be confirmed following analysis of pilot results
- Summer Act FAST campaign
- Develop model for maintenance investment on key symptoms

Expand range of symptoms featured.

We also propose to adapt the BCOC signs and symptoms messaging model to cover broader health conditions in the way we have developed breathlessness which covers COPD, heart disease, heart failure as well as lung cancer. With the help of clinical experts, we are currently exploring which other symptoms could be at the heart of a pilot campaign next year. As with BCOC, pilot activity would be carefully evaluated both in terms of campaign success and robust clinical evidence before any consideration of wider regional or national activity.

- Regional and possibly national roll out in 2014 and 2015
- Local pilot of new symptoms in 2015

8.2. ‘Check’: Making it easier to regularly check your health

Overview and objectives

An objective understanding of your own health risk – for example by knowing your BMI, blood pressure or alcohol consumption levels – is a powerful mechanism for driving behaviour change. It is easy to gradually gain weight, increase blood pressure or drink more often without consciously choosing to do this or feeling drastically different. PHE runs two major delivery programmes that seek to increase people’s engagement with their health and to reduce premature mortality – NHS Health Check and the national screening programmes.

Learning from 2013-14

In 2013-14 we have been exploring the potential role of marketing to support NHS Health Check in a direct and indirect way.

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. All persons aged 40-74 years will be invited (once every five years) to have a check to assess their risk, and be given support and advice to help them reduce or manage that risk.

NHS Health Check has the potential to prevent 1,600 heart attacks and strokes, 4,000 type 2 diabetes cases each year, detect 20,000 cases of diabetes or kidney disease each year and avoid 3,250 premature deaths over five years.

Because the Health Check programme is in touch with individual members of the public so infrequently a traditional promotional strategy would not support a better user experience – national promotion would stimulate demand that could not be met locally, potentially eroding trust in the overall programme. We advise that simply boosting awareness is unlikely to boost uptake given the interval of time between Health Checks and the range of mechanisms used locally to invite participation.

Given this we have in 2013-14 used marketing resource to:
- Work with the behavioural insight team to implement and share the results of local trials on improving uptake
- Conduct an evidence review of local marketing initiatives and the NHS Health Check brand
- Deliver a ‘single-issue’ pilot on blood pressure

March 2014 Blood Pressure Pilot

To indirectly support the Health Check programme in 2013-14 we have focused on one specific 'invisible' risk factor – high blood pressure. The logic for this approach is that diagnosis of high blood pressure could be a trigger for health reappraisal, and that a single-minded approach to increasing diagnosis levels could have immediate benefits in terms of treating hypertension and simultaneously engaging large numbers of people in the practice of checking. This is an unproven hypothesis so we have implemented a local pilot to test it.

Worldwide more than 10% of early deaths are linked to high blood pressure. It is estimated that over five million adults in England have undiagnosed high blood pressure. It is the second biggest risk factor of disease leading to premature mortality in this country. Yet it is avoidable and treatable (via lifestyle changes and/or medication). By avoiding and reversing blood pressure rises we can make a real impact on incidences of heart and kidney diseases, cognitive decline and ultimately mortality – each 2mmG rise in systolic blood pressure is associated with a 7% increased risk of mortality from ischaemic heart disease and a 10% increased risk of mortality from stroke.

Preventing, identifying and addressing hypertension supports the Government's aim to tackle premature mortality.

Blood Pressure pilot: Target Audience

- Those groups at highest risk of hypertension and least engaged with their health:
- Broad audience 40 to 75-year-olds, core audience 50 to 65-year-olds
- C2DE socioeconomic groups, deprived areas and those disengaged with primary care (bias towards male)
- Those with risk factors for hypertension (smokers, drinkers, overweight/obese, physically inactive, high salt intake/poor diet, African or Caribbean descent)
- (We are not targeting people who already have been diagnosed with hypertension or have recently had a blood pressure test)

Blood Pressure pilot: Insight

Our audience do not realise that high blood pressure is a cause of heart disease and stroke, so underestimate the serious consequences. They also assume that high blood pressure has symptoms and is transitory. This means high blood pressure is not top of mind as a health concern and they would not proactively get it checked. We need to disrupt this complacency and prime them to be pre-disposed to be spontaneous and go and have a test. Once primed they are likely to respond to the offer of a test as long as it is genuinely easy and convenient.

Blood Pressure pilot: Major Deliverables

In March 2014 we co-created a pilot participative event with Wakefield Council to encourage the target audience to have a reliable blood pressure test and take action if there is a high probability of hypertension. The pilot took place in Wakefield and aimed to:

- Increase early detection of hypertension
- Inspire action to improve lifestyle

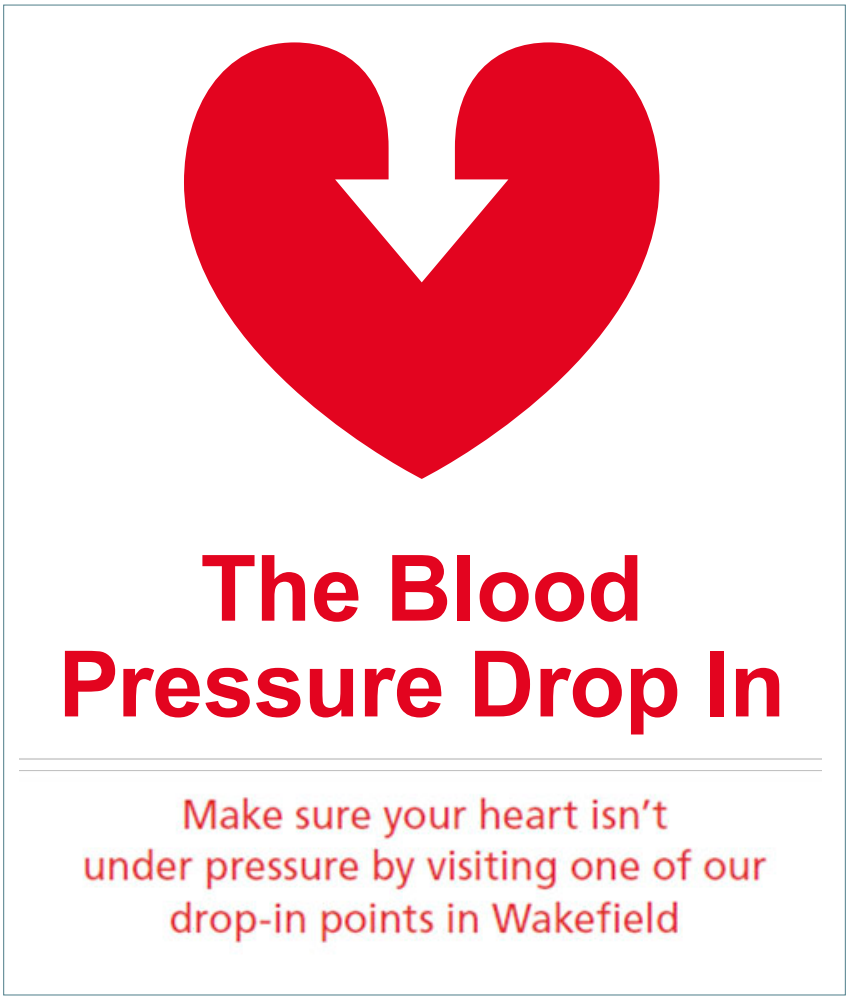
The pilot involved:

- Mobile pressure testing stations in local shopping centres, sports events and other suitable locations, where testing was conducted by local health trainers
- Local pharmacists actively promoting blood pressure checks
- A large local employer (ASDA) offering their staff the opportunity to have their blood pressure checked during working hours

We are seeking to establish if a testing initiative raises detection and understanding of high blood pressure, and adds value to existing initiatives, by:

- Designing around the high risk and disengaged groups
- Avoiding burden on primary care with credible blood pressure testing outside the GP surgery
- Leveraging partnerships (workplace, pharmacies, local authority)
- Offering lifestyle advice, information about NHS Health Check and primary care referral for further checks
- Testing the marketing channel mix

The campaign identity we have developed is ‘The Blood Pressure Drop In’.



We are planning to evaluate the campaign through:

- Pre- and post-campaign awareness surveys with general public
- Exit and recall interviews with participants to check on any subsequent action taken
- Interviews with GPs and participating pharmacy staff
- Analysis of records from the pressure stations and pharmacies
- Analysis of GP data to establish the rate of subsequent referred patient attendance and subsequent diagnosis of hypertension

Our approach to ‘check’ from 2014-15 onwards

We will develop our marketing plan further in response to the evaluation data from the Wakefield test. However, our broad approach will be to:

- Directly increase uptake of NHS Health Check
- Further test additional ‘trigger risk factor’ interventions such as high cholesterol, diabetes or atrial fibrillation (based on a clinical prioritisation) and roll out the ‘Blood Pressure Drop In’ if results are positive and funding is available
- Develop and promote a digital ‘risk diagnostic’ tool that assesses and makes personalised recommendations for reducing vascular dementia and other health risks, and encourages annual self-monitoring of health status (linked to our on-demand programme)
- Work with the national screening programme to trial mechanisms for improving uptake – particularly amongst disadvantaged groups

8.3. Dementia: Making it easier to look after friends and family with dementia

Overview and objectives

An estimated 675,000 people in England already have dementia. Dementia is caused by diseases of the brain and is not a normal part of ageing. If we live beyond 65, one in three of us will develop the condition, for which there is currently no cure. Dementia can develop slowly, over a period of up to 10 years. The majority of people with dementia live in the community, not in residential care.

Public Health England is partnering with Alzheimer's Society to deliver over a million Dementia Friends. The Dementia Friends Campaign aims to increase people's understanding of dementia and the things they can do to help those with the condition. Being a Dementia Friend involves taking practical action to help people living with the condition in the community.

Approach

We will use our resources to inspire and support a movement of friendship for people with dementia. Its purpose will be to help friends maintain (and sometimes repair) friendships through the course of dementia. In a sense, we are not asking people to become a Dementia Friend. We are reaching out to people who are already Dementia Friends (because they have, whether they know it yet or not, a friend with dementia) and giving them the insight, emotional support and practical help to keep their friendship for longer. We don't need to create an army of volunteers; friendship is already a potent motivator of human action and an untapped human resource; we need to keep friendships alive, even when these friendships are severely challenged by dementia.

Our purpose

To help you help your friends who have dementia, and their family.

The marketing activity will comprise:

- Content (advertising, viral content, social media, partnership marketing, public relations, etc.) to help people recognise that they have a friend with dementia and encourage them to become Dementia Friends
- Recruitment: A website and dedicated partnership activity to sign people up
- Supporting Dementia Friends: in addition to Alzheimer's Society's pre-existing face-to-face awareness sessions, we are providing digital products to help people become Dementia Friends by delivering understanding, empathy and action to support people with dementia. This content brings to life the challenges faced by people with the condition and offers guidance on the practical help that can make things easier for them
- Sharing: digital tools to encourage people to tell their own social networks that they are a Dementia Friend, and invite others to take part
- Building momentum: empowering friends to share their experiences of providing practical help to their friend with dementia
- Proving success: showing the whole of society how "with a little help from their friends" people with dementia can continue to live well

The programme launched in May 2014. Our aim is that this programme will develop into a self-sustaining movement.

9.0
Health Protection: making it easier to avoid illness and get the right treatment

Health protection is a vital part of PHE's role and remit. Marketing support for health protection falls into two broad areas: boosting vaccination uptake and emergency response.

9.1. Boosting vaccination uptake

PHE Marketing runs marketing programmes encouraging vaccination uptake. While UK vaccination rates are generally very high when benchmarked globally, there is still room for improvement. On the whole we do not use national campaigns to support vaccination programmes as local delivery is usually sufficient.

In 14-15 we will develop and control test a new approach to promoting the uptake of flu vaccination – particularly for at-risk groups and young children as the programme rolls out for new age groups. We also have the capacity to quickly react if there are specific issues around vaccination uptake.

9.2. Emergency response

PHE is a lead emergency response body and the marketing team supports this. For example, in reponse to the 2014 floods we produced radio and press advertising about the health risks associated with flooding within a very tight timeframe. We would also lead any pandemic marketing response.

9.3. Antimicrobial resistance

We will work with the Department of Health to create material for distribution in GP surgeries that encourage the effective use of antibiotics in 2014-15.

10.0
Contact Details and Contributors

Contact details and provision of services to other organisations

The PHE Marketing team is receiving a growing number of requests from other UK Government Departments and global governments to advise and support them in the design and delivery of effective marketing programmes. We will work with a small range of organisations on a fee-paying basis in 2014 and develop a formal commercial offer in 2015 if demand remains high.

We would be delighted to discuss the strategy or the prospect of supporting your social marketing requirements. Please contact: Sheila Mitchell, Marketing Director–**Sheila.Mitchell@phe.gov.uk**

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The entire PHE Marketing team also provided input into this document. Particular thanks are due to: Anand Amlani, Tania Barr, Pete Buckley, James Brandon, Jimmy Carnie, Lara Clements, Blaise Connelly, Alexia Clifford, Gieta Ellul, Karen Eldridge, Malcolm Fawcett, Caroline Fox, Joanna Green, Helen Hampton, Alison Hardy, Alison Langridge, Emma Logan, Kaysar Miah, Karen Murrell, Karen Pinder, Zoe Richardson, Christine Roberts, Yvonne Ridley, Karen Saunders, Alan Smith, David Shaw, David Townsend, Matthew Walmsley and Ian Williams.

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- Professor Susan Jebb, University of Oxford
- Anna Hill, VP and Chief Marketing Officer, the Disney Corporation
- Gina Radford, Centre Director, Anglia and Essex Public Health England

We would also like to thank the PHE National-Local Marketing Board and our partner delivery agencies for their invaluable input.

11.0
Activity calendar 2014-2015

A full version of this calendar will be published alongside this document and updated at regular intervals

		Apr 14	May 14	Jun 14	Jul 14	Aug 14
Starting Well	start 4 life					
	RISE ABOVE					
	change 4 life			10 minute shake up — Physical Activity		
Living Well						
Ageing Well			Dementia launch	Skin Cancer pilot		ACT F.A.S.T. Stroke
Always On	School engagement					
	Digital on-demand			Walk Smart app release		
	Local Authority activities	Local Authority support, engagement and activity				
	Partnerships	Partnership programmes – cascading messages to customers and employees on healthy eating, physical activity, dementia, signs and symptoms of cancer and smoking				

Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
		Start new intergrated CRM programme				
Launch						
				Healthy Eating		
Flu immunisation Mental Health pilot	Stoptober			SMOKEFREE Dry January pilot		No Smoking Day
	Blood in pee/bladder	Dementia			tbc	tbc
School programme launch	Schools engagement programme					
Launch of Ecrm activity on eg, alcohol				Resolution booster		
Local Authority support, engagement and activity						
Partnership programmes–cascading messages to customers and employees on healthy eating, physical activity, dementia, signs and symptoms of cancer and smoking						

Change4Life: what we have learned

Five years on from the 2009 launch of Change4Life, PHE commissioned a review of key lessons learned to inform future direction. This section of the strategy summarises that review.

Why Change4Life was created

Change4Life was developed as one part of society's response to the rise in obesity levels in England since the 1980s, particularly in children. Obesity is a complex issue and requires a multi-faceted response. Thus while Change4Life is an important lever, it is only one lever. It was designed as a preventative intervention, at a population level, whereas clinician-led interventions, such as pharmacological treatments or surgery, are tailored to individuals who need to lose considerable amounts of weight.

The need for a social marketing programme was recognised as early as 2007, when market research revealed that many parents both failed to identify that their children's diets and activity levels placed them at risk of obesity and underestimated the risks of weight gain in childhood for subsequent health outcomes[35]. The Department of Health, Public Health England and the wider public health community have a shared responsibility to ensure that citizens are aware of the impact their lifestyle choices have on their (and their children's) future health outcomes. Experience of the recent freeze on marketing expenditure indicates that, if health risks are not constantly reinforced, people have a tendency to forget or even disbelieve them, and lose their motivation to change, so there is always a need to keep positive messages about behaviour change issues on the media and public's agenda[36].

However, social marketing can and should do much more than inform: it can change individual behaviour; it can help people engage with networks of others facing similar challenges; it can bring together trusted partners, who can reach people in ways that Government and the public health community cannot, and who can themselves provide support and incentives, financial or otherwise, to make change easier and more affordable; it can work with employers and schools to make healthier lifestyles more achievable and it can provide services and improve access to them. Through insight and creativity, it can inspire change. Through evidence-based marketing interventions, it can support that change.

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[35] Healthy Weight Healthy Lives Consumer Insight Summary, HM Government 2008, available at http://www.nhs.uk/change4life/supporter-resources/downloads/consumer_insight.pdf

[36] Changing Behaviour, Improving Outcomes, HM Government 2011, available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215610/dh_126449.pdf, pp 28-29

How the Change4Life programme was designed to work

Change4Life:

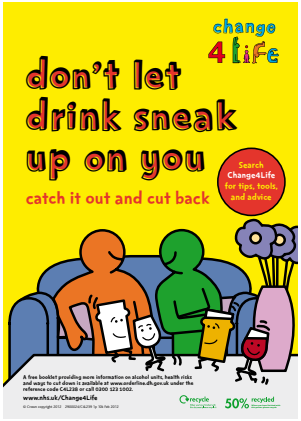
- Seeks to change behaviour by providing motivation and support for families and individuals to make small but significant improvements to their diets, activity levels and alcohol consumption
- Uses advertising, public relations, customer relationship management, digital and social media, partnership marketing, workplace communications, face-to-face events and other tools as appropriate to the programme's objectives and the needs of its target audiences.
- Has expanded beyond the confines of traditional marketing, to be the public face of positive intervention around obesity, so there are Change4Life branded cooking courses, sports clubs and school meals.
- Provides more and better resources for those families who have lower incomes, fewer skills and lower education levels. Paid media and commercial partnerships are targeted to reflect this.
- Is accessible to a wide audience: all web content is AA accessible; recipes are designed to be low-cost (typically under £5 for a family of four) and to require only basic cooking equipment.
- Is primarily a prevention campaign, that is, it aims to change behaviours that can cause weight gain, rather than being a weight loss programme.

When Change4Life launched in 2009, there had been very few social marketing programmes in this area and the evidence base for obesity prevention in general was poor. We therefore consulted with the public health and wider academic community to develop hypotheses for what might be expected to work and put in place a measurement programme to track impact. It was always anticipated that Change4Life would evolve over time as the evidence base grew and this has indeed been the case. As we enter 2014, the programme looks very different from 2009. For example, there are far fewer paper resources and many more electronic tools; less is supplied from the centre, more is created locally or is user-generated; and more of the resourcing comes from partners of different kinds. More broadly our approach is much more sophisticated in terms of both behaviour change and evaluation.

Change4Life's mission, however, remains unchanged. From the beginning, it has sought to inspire a movement for change, through which everyone who has an interest in combatting obesity, be they local authorities, healthcare professionals, schools, charities, businesses, families or individuals, could work together to improve our diets and activity levels.

We recognise that changing ingrained habits is never easy, even for those people who are highly motivated and have the skills and resources to change. In reality many families lack cooking skills, equipment, safe places to play or access to affordable healthy food. Among some of the most disadvantaged families, the most useful function for a marketing intervention may be to provide tools and products for those who deliver services, such as basic cooking lessons, help with budgeting or parenting classes, and Change4Life does indeed provide these.

Over time, the Change4Life remit has broadened to include advice in other areas, such as reducing alcohol consumption in adults and improving wellbeing in children, and our target audiences and partners have welcomed this evolution.



Change4Life has always been cognisant of the 'causes of the causes' of poor health and taken some small steps towards addressing these, by, for example:

- Working with the Association of Convenience Stores to improve the availability of fruit and vegetables within disadvantaged communities
- Working with major retailers, notably the Co-operative, to target 'smart vouchers' to households that cannot otherwise afford fruit and vegetables
- Through the Change4Life sports clubs, working with young people who have very sedentary lifestyles to build self-esteem and self-efficacy, so that children grow up with the capability to be healthy
- Working with Sure Start centres to provide basic cooking skills to more disadvantaged parents
- Working with major employers, such as Asda, to support their efforts to create healthier workplaces

What has been achieved?

Engaging the nation:

- As of April, 1,937,406 families had joined Change4Life, accounting for more than 2.5 million people[37]
- Change4Life has delivered 300,000 million personal activity plans, 500,000 Meal Mixers and over a million people have downloaded Change4Life apps[38].
  - 220,000 primary school children participated in sport as part of the Change4Life Sports Clubs in schools; independent evaluation showed that 38,000 more children are getting their 60 Active Minutes every day, directly attributable to Change4Life Sports Clubs[39]
  - Over 200 national organisations have collectively provided £51.5 million of in-kind support to the programme[40]
  - Over 70,000 local supporters, including schools, general practices, charities and leisure centres, have joined, reporting that they collectively deliver 380,000 hours of unpaid time[41] to the movement each year; while most local supporters work (i.e. their time is funded by their employers), the value of the 'self-funded' time provided by volunteers is £2.7 million per annum
  - 56% of community venues (such as schools, general practices, hospitals, leisure centres and town halls) display Change4Life materials at no cost[42]
  - The campaign has garnered over £90 million of free media coverage[43]
  - We estimate that, by working together under a common banner, Change4Life and its partners have saved £13 million since 2009[44]

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[37] Source: Lateral Group

[38] ibid

[39] SPEAR, Canterbury Christ Church University

[40] Externally audited by M4C

[41] Analysis provided by M4C, using data from local supporter survey. Estimates calculated using following: 9% of local supporters are volunteers; 43% report that they are very or fairly engaged with Change4Life; average number of hours spent per month promoting Change4Life = 12.23 (all data from local supporter survey).

[42] Source: TNS

[43] Source: freuds/Media Proof

[44] Econometric analysis of FMCG brand portfolios by OHAL suggests that brands advertised as part of a range (either with a 'hero' product or advertised as a range) enjoy improvements in ROI that are typically of the order of 15-20%. This manifests itself either through range advertising that shows sales uplifts across multiple products in the portfolio or as an uplift on 'product b' as a result of its portfolio brand sibling 'product a' being advertised. This would result in an efficiency saving of £13 million on a five year spend of £100 million

Evidence of improving behaviours:

Dunnhumby analysis of the Be Food Smart Meal Mixer, 2013:

- Dunnhumby (the company that holds all data from the Tesco clubcard) has analysed the purchase behaviour of households who joined Change4Life in response to the Be Food Smart campaign in 2013 and received a Meal Mixer booklet. Dunnhumby created a test cell of 50,000 clubcard holders who had received Change4Life Meal Mixers and a matched control who had not. Dunnhumby then compared purchasing behaviour for the 13 weeks and 26 weeks post-campaign.
- The analysis showed encouraging differences in eight product categories, all of which were featured in the Meal Mixer. Over the first 13 weeks, Change4Life households bought fewer high sugar drinks and pizzas and bought more reduced fat cheese, 1% milk, low sugar drinks and fresh fruit.
- At 26 weeks, some of these trends had decayed, with purchase behaviour in the test group identical to (or worse than) the control for full fat cheese, high sugar drinks and pizza. However, the variance against the control had increased for reduced fat cheese, low sugar drinks and fresh fruit and was still visible (albeit at a lower level) for semi-skimmed milk and 1% milk.

Kantar analysis of Change4Life's Smart Swaps campaign, 2014:

- We learned from the Be Food Smart initiative that our target audiences are most likely to change their behaviour if they are given very clear 'swaps'. Additional qualitative research highlighted that people are most willing to change when the designated swap respects their existing food culture, for example people are more likely to try a change from full fat cheese to low fat cheese than from full fat cheese to tofu. In our focus group testing, the most attractive swap was from added sugar drinks to diet varieties. The people we spoke to tended to be heavy users of carbonated beverages and were genuinely shocked when the true sugar content was revealed to them.
- Following this research, Change4Life developed five specific 'smart swaps' for January 2014: from added sugar carbonated drinks to diet variants, diet squashes or water; from full fat cheese to low fat cheese; from butter to low fat spread; from full fat milk or semi-skimmed to 1% milk; and from sugary breakfast cereals to plain variants. These swaps were promoted by television advertising, partner promotions, digital communications and editorial; digital support was provided to enable people to choose a swap and record their progress.
- Purchasing data collected by Kantar shows that, for the five swaps, there are significant changes vs. the same period one year ago, with a clear trend visible (e.g. sales of added sugar carbonates are down, sales of diet carbonates and diet squashes are up).
- The 'hero swap', featured in the television commercial (from added sugar fizzy drinks to diet versions, milk or water) had the greatest impact. Purchasing data from a representative panel of shoppers showed an 8.6%[45] reduction of sugary carbonated beverage purchases during the campaign period of January (compared to the same period in the previous year and taking into account annual declines).
- While this is greatly encouraging, we are commissioning further independent academic research to understand what Change4Life's role was in driving this change.

[45] Source: Kantar Worldpanel, sample of 27,000 households in England

*Kantar Worldpanel, sample of 27,000 households in England, January 2013/January 2014.

Evidence of improvements in physical activity:

- In 2012 we distributed over 300,000 personalised activity plans (PAPs) as part of our 2012 Games4Life initiative. In order to generate the PAP, we asked participants a number of questions about their health and fitness levels and their current activity levels.
- In 2013, we recontacted 462 adults and the parents of 253 children who received PAPs and asked them the same questions. We were thus able to see whether people's reported behaviours (and health) had improved, relative to their own responses a year previously.
- The results are very encouraging, with about a third of individuals and families reporting improvements a year after the intervention, specifically:
  - 33% of adults reported increased activity
  - The proportion of children taking part in active hobbies increased from 20% to 74% in 2013, with a corresponding reduction in those who 'sometimes' did this.
  - The proportion of 2 to 5-year-olds who do 180 minutes or more of physical activity per day increased from 32% to 47% in 2013[46].
  - 29% of adults had increased energy levels
  - 15% of adults had reduced breathlessness

C8. Whether children take part in any active hobbies, such as riding a bike, swimming or martial arts (%)	2012	2013
Yes	20	74
Sometimes	57	15
No	23	11

[46] All data provided by TNS

What is happening to obesity levels?

- There is now evidence that the once relentless rise in childhood obesity has plateaued and may be starting to decline.
- If this trend continues, it is a testament to the efforts of the NHS, schools, local authorities, commercial brands, charities, communities, families and individuals, working together and separately, to address a societal issue.
- Moreover, recent analysis by UK Health Forum also indicate that trends in adult obesity are now abating.
- In a published statement UK Health Forum commented:
  "Since the Foresight report was published, awareness of obesity has increased significantly, some of the report's recommendations for action have been implemented in local and national policy action and we are probably beginning to see the impact of these changes."

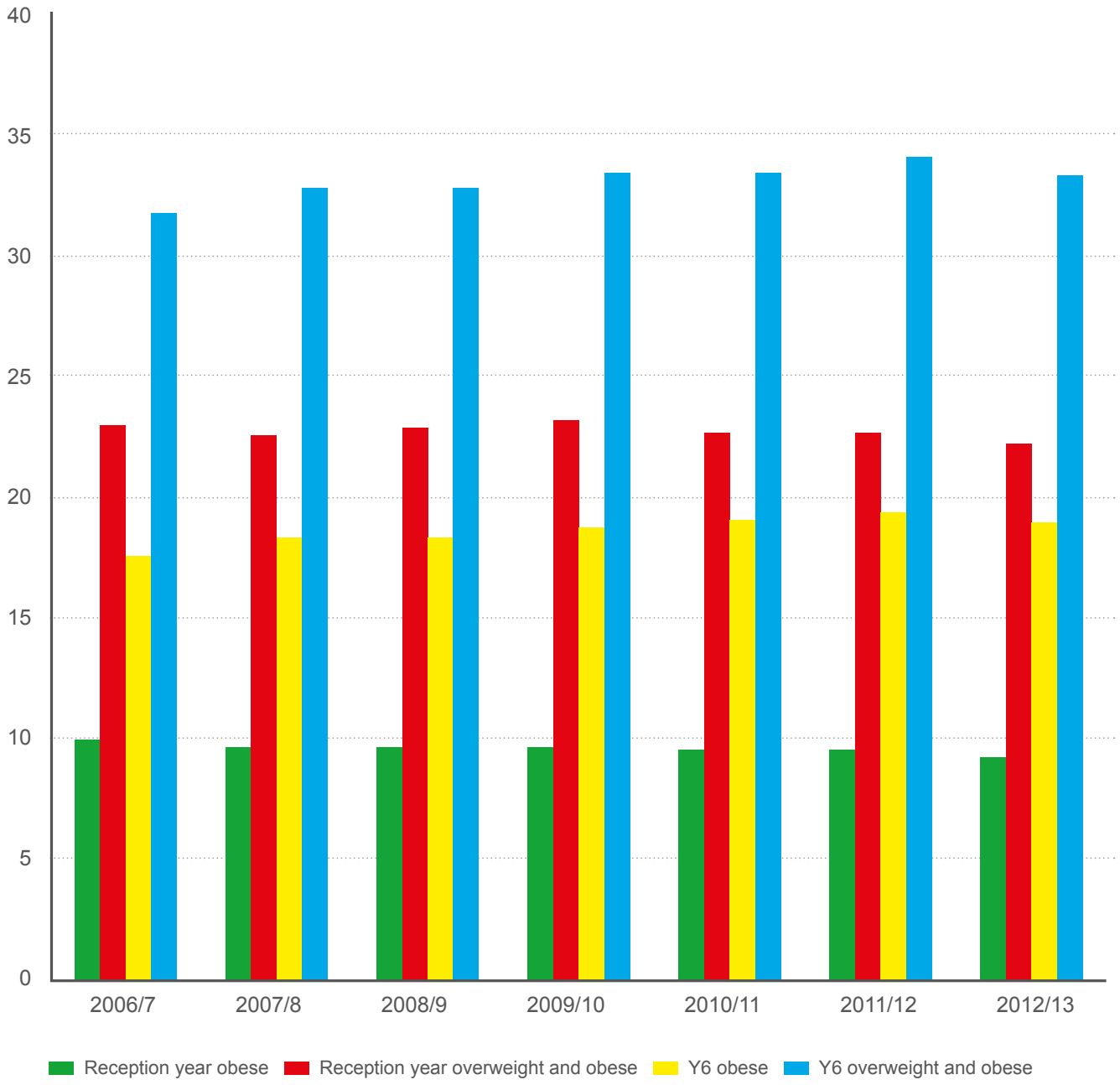

Table showing predicted percentage of overweight and obesity in 21 to 60-year-old males and females in UK population by 2050

	1993-2004 (Foresight)		1993-2011 (UKHF)	
	Overweight (BMI 25-29.99)	Obesity (BMI > 30)	Overweight (BMI 25-29.99)	Obesity (BMI>30)
Males	35	62	32	58
Females	31	59	30	51

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"Since the Foresight report was published, awareness of obesity has increased significantly, some of the report's recommendations for action have been implemented in local and national policy action and we are probably beginning to see the impact of these changes."

What Change4Life got right:

There are a number of factors the evidence indicates were critical to Change4Life's early success:

The brand and creative approach

- The decision to create a non-Government brand appears to have been vindicated. Change4Life is well-known, popular and respected. While it was conceived to meet the needs of families largely from the C2DE socioeconomic groups, it is trusted by a wider franchise and has already expanded into early years (through its sister brand Start4Life) and across borders, having been adopted by the Welsh Government.
- The creative approach is highly motivational. Recent research by Yale University, published in the International Journal of Obesity[47] tested 29 different television commercials from the USA, Australia and the UK with a nationally representative sample of over 1,000 adults, to assess which were most motivating. Of these, the Change4Life commercial was the most successful, with over 85% of respondents reporting intent to comply with the campaign messaging. Interestingly, the most hard hitting approaches (such as the Australian "You wouldn't inject your children with junk, so why are you feeding it to them?" campaign), scored poorly, with an intent to comply of 54%.
- The study authors further noted that "messages that were perceived to be most positive and motivating made no mention of the word 'obesity' at all, and instead focused on making healthy behavioural changes without reference to body weight".

[47] Fighting obesity or obese persons? Public perceptions of obesity-related health messages, R Puhl, JL Peterson and J Luedicke, IJO 2012

Campaign	Country	Message	Intent to comply
Change4Life	UK	Eat well, move more, live longer	85.30
5 A Day	USA, national	Eat a variety of colourful fruit and vegetables	83.91
Let's move	USA, national	Move everyday!	81.35
Eat smart, move more	USA, California	Fill half your plate with fruits and vegetables	79.51
Measure up	Australia	Unhealthy eating and not enough physical activity can seriously affect your health	78.29
Empower ME	USA, national	You have the strength to take control of your health	77.97
Let's move	USA, national	Learn the facts, eat healthy, get active, take action!	77.63
Small Steps	USA, national	Take a small step to get healthy	75.79
5-2-1-0	USA, New York	Even drinks that look healthy can still be packed with sugar and calories	74.67
5-2-1-0	USA, New York	What will you do with your kids today?	72.84
Small Steps	USA, national	Snack on fruits and vegetables, lose your love handles	72.13
USDA	USA, national	Enjoy your food, but eat less	71.33
Let's move	USA, national	Cut down on sugary drinks	71.28
Small Steps	USA, national	Park farther from your destination and walk	69.55
YMCA	USA, Kentucky	The temptation to eat unhealthy food is hard to fight, but it's a fight you and your community can win	69.47
Small Steps	USA, national	Take stairs instead of escalators	65.97
Choice	USA, national	No one chooses to be obese, but you have the choice to make a difference	64.96
CDC	USA, national	It's not a diet, it's a lifestyle	63.60
California Campaign for Healthy Beverages	USA, California	Adults who drink soda regularly are 27% more likely to be overweight	61.54
Active Life Movement	USA, Texax	Keep obesity away from your child	60.10
Measure up	Australia	The more you gain,the more you have to lose	60.07
Kaiser Permanente	USA, regional	Keep your kids naturally sweet and healthy	58.41
Small Steps	USA, national	Skip seconds, lose your gut	54.65
Break the habit	Australia	You wouldn't inject your kids with junk, so why are you feeding it to them?	54.04
Obesity Prevention Australia	Australia	Child obesity is child abuse	44.28
Children's Health care of Atlanta	USA, Georgia	Chubby kids may not outlive their parents	49.53
Children's Health care of Atlanta	USA, Georgia	Fat kids become fat adults	40.09
Small Steps	USA, national	Too much screen time, too much kid	38.24
Children's Health care of Atlanta	USA, Georgia	Being fat takes the fun out of being a kid	36.74

Working in partnership:

- Making the Change4Life brand available to a wide range of partners – public, private and third sector– has also enabled the movement to reach into areas a Government brand could not, and sustained the movement during the period when Government spend was absent. Change4Life is an open-source movement, that is, partners can not only download and use its assets, they can add to and improve upon its asset base.

Commercial Partner Case Study: Asda

Asda was a founding Change4Life partner and has supported every major Change4Life initiative over the past five years.

Examples of its commitment include:

- Distributing over 200,000 Games4Life questionnaires to Asda employees
- Putting Change4Life digital banner ads on emails sent to 800,000 Asda customers
- Putting Change4Life branding on fresh produce, supported with leaflets for health recipes and special offers on healthy foods
- Taking part in Change4Life's first co-funded advertising break

Paul Kelly, external affairs and corporate responsibility director, discusses his experience of the programme below:

"A number of us in business had been having discussions for a while, saying that, if we really wanted to help our customers make healthier choices, there needed to be some sort of umbrella or endorsement of healthier lifestyles, which was attractive and trustworthy for our customers. We all felt that, for that endorsement to be credible, it had to come from government.

"Then, back in 2008, we were all invited along to a briefing at Richmond House. Even at the launch, it was clear that this was truly a cross-Government initiative. The Department of Health was there, the Department for Culture Media and Sport was there, the Department for Education (or DCSF, as it then was) was there. There was a clear recognition that this required all the different actors to work together. It was refreshing for there to be recognition that obesity, particularly child obesity, is a burning platform and that we all – whether we are business or charity or government – have a mutual interest in seeing what we can do collectively to tackle it.

"As soon as I saw the Change4Life brand and the creative work, it was absolutely clear that this was intended to engage with the widest number of people and to do so in a non-preachy way. This was a well-conceived, well-executed campaign; a great opportunity to get industry rallied around a few simple positive messages, in a helpful way.

"I am most proud of the way we engaged with our colleagues. Even at the beginning, this was not just a customer initiative. And the response from Asda colleagues was really positive. They liked that it wasn't 'nanny state', it had humour, people felt safe with it.

"Now I hear people talking about Change4Life in Asda stores. It is the sort of thing that, even though it's non-threatening, provokes people to stop and think.

"Five years ago, my only anxiety was whether the initial commitment and investment in this programme would be maintained. Here we are, five years on, with very strong level of awareness and those businesses that engaged from the beginning have seen the benefits. I sincerely hope that the programme is maintained for the next five years."

We consulted NICE 2007 guidance on the development of Change4Life and have ensured that the programme is well aligned, for example:

- Base interventions on a proper assessment of the target group, where they are located and the behaviour which is to be changed: Change4Life is grounded in a robust segmentation of the target audience, supplemented by ethnographic research studying people's actual behaviours in situ.
- Work with other organisations and the community to decide on and develop initiatives: we have engaged with over 200 national and 70,000 community organisations in the development of the programme.
- Build on the skills and knowledge that exist within the community: at local level, community organisations develop their own interventions, tailored to the needs and exploiting the assets of their communities, using Change4Life resources.
- Take account of (and resolve) problems that prevent people changing their behaviour: for example by securing money-off vouchers (funded by the commercial sector) to allow people to try healthier variants of the foods they currently eat.

Working with people not dictating to them

- Putting people at the centre of their own change, for example by enabling them to create and share content, has undoubtedly contributed to the vibrancy of the movement.
- The 70,000 Change4Life local supporters have been instrumental in spreading the word about Change4Life, as they push for positive change within their local communities. Surveys of local supporter activity estimate their contribution to Change4Life at 380,000 hours per year of unpaid commitment.
- As technology has transformed the way people create, transact and interact, we have also built significant and vibrant communities on Facebook (over 248,000 followers) and Twitter (over 79,000 followers).

Targeting

- We also appear to have done well in reaching and engaging with those families who are most in need of help.
- Change4Life works with all local authorities to support their populations. Analysis by Lateral Group showed that, for the recent Smart Restart programme, the largest numbers of sign-ups to the programme, relative to population size, came from the following authorities:
  1. Sheffield District 2. Central Bedfordshire 3. Sunderland District 4. Shropshire
  5. South Gloucestershire 6. Sandwell 7. Sefton 8. Rotherham 9. Solihull 10. Poole
- These show a broad geographic spread and a mix of urban and rural environments. According to the 2013 health profiles, five of these areas experience varied or worse health outcomes than the national average and higher levels of deprivation, the remaining five experiencing better than average health outcomes and lower than average levels of deprivation.
- However, when Data Lateral analysed the postcodes of all families who had joined Smart Restart by Health Acorn group, it found that the highest indexing types were :

  - Poor single-parent families with lifestyle related illnesses (index of 177)
  - Multi-ethnic, high smoking, high fast food consumption (index of 143)
  - Urban estates with sedentary lifestyle and low fruit & veg consumption (index of 136)
  - Deprived multi-ethnic estates, smokers and overweight (index of 129)
- This indicates that, even within local authorities that experience less deprivation overall, it is the families in the most challenging wards who are most likely to join Change4Life.

Local Authority Case Study: Leeds City Council

The Public Health Directorate at Leeds City Council (previously within NHS Leeds) has actively supported the Change4Life campaign by developing branded resources and supporting a variety of campaigns over the last five years.

Examples of its commitments include:

- Using the Change4Life branding as part of the Leeds Let's Change programme which aims to assist and encourage people to adopt healthy lifestyles and the Leeds Let's Get Active project offering free gym and swim in Leeds City Council leisure centres, plus activities in parks and community venues.
- Developing a Child Led Fun Day toolkit to bring the eight Change4Life top tips to life for children and families.
- Using the Be Food Smart and the Smart Swaps campaigns to promote healthy eating including the development of the city totalizer to measure the number of swaps made.
- Using Get Going This Summer as a platform to promote physical activity for children and families.
- Used the branding and messages with links to the website in the National Child Measurement Programme feedback letter.
- Organising sign-up stalls at large events such as the Olympic Torch relay.
- Putting banners up at schools and other public buildings

Alison Cater, Emma Strachan and Jan Burkhardt from the Public Health Team share their experience of the initiative below:

When the campaign was first introduced to us, we were impressed by the level of research that had been undertaken to inform it. It was great to see that the branding was non-judgemental and that the messages were beneficial to all, rather than a focus on families who have a weight issue. It was also clear that the campaign has started to engage with a variety of different partners from retailers and manufacturers to leisure, education and health focused organisations which would help us to change the environment to facilitate healthy choices. At our local launch event back in 2009, partners told us that they liked the brand and there was a real local commitment to use it.

I think one of our greatest achievements locally has been developing resources to practically promote the Change4Life messages and to inspire the public to make behaviour changes. Being part of a Change4Life School Fun Day, in which children are trained to run mini games to show their parents the campaign's key messages has been extremely effective. The events are always buzzing with excitement and discussion, with schools consistently feeding back that the events are effective in engaging families who do not usually take part in school activities and getting them to pledge to make a behaviour change over a six-week period. We have created many more resources using the Change4Life brand which continue to be well used by partners, including game cards and swaps kits. We have found that offering partners resources to help support informed discussions about eating well and moving more has improved staff confidence and public engagement.

We continue to embed the Change4Life campaign by using the branding wherever possible including some of our major health improvement campaigns including Leeds Let's Change. After five years of raising awareness of the campaign, we continue to see it being used on local activities, i.e. cooking groups branded Cook4Life, walking groups branded Walk4Life.

This year we have worked really closely with the Public Health England team to promote the Smart Swaps campaign and have really seen how the campaign has now developed nationally. Our work to promote the messages with local schools and organisations, across council directorates including leisure and childrens services and in Primary Care is supported by the national adverts, radio and promotion in supermarkets. The Smart Swaps campaign has been really successful which shows that the incentives offered nationally continue to appeal to the target audience and that our work to promote the campaign including the "Smart Swaps Totalizer – a simple money box concept" has been effective.

The campaign continues to appeal to families in Leeds and offers us a platform to promote targeted healthy eating and physical activity messages and support gradual behaviour changes. With the national team continuing to develop partnerships with national organisations who can reach the public in many different ways, it's really exciting to look to the future.

Where we have learned and evolved

We have learned as the Change4Life movement has developed, our partner base has increased and our capabilities have grown.

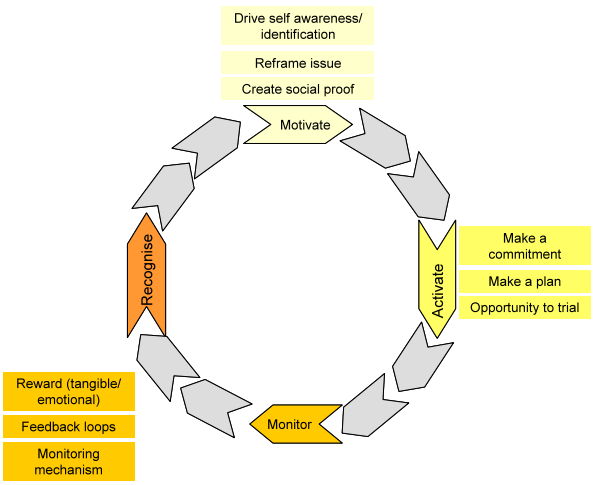
We were always keen to subject Change4Life to utilise proper trial-based evaluations. In 2009 we funded Dr Helen Croker at UCL to conduct a community based randomised control trial of the How Are the Kids? questionnaire, which was one of the items of printed materials produced at launch. Dr Croker's study, which was published in BMC Public Health in June 2012, found that the How Are the Kids? questionnaire increased awareness but had little impact on attitudes or behaviour. Naturally we were disappointed with this finding. However we would note that:

- Dr Croker's research covered only one element of Change4Life: the How Are the Kids? questionnaire, which was studied in isolation from the other elements of the campaign (such as advertising, partnership marketing, in-store activity, sports clubs and local activity)
- Our approach to behaviour change has become more sophisticated since 2009 (indeed we always said in the original published marketing strategy that there was a dearth of information on what worked, we would try a number of initiatives, discontinue those that proved ineffective and build on those that showed promise)
- In 2014, the Change4Life programme looks very different to the way it did in 2009, for example we use of techniques such as goal setting, monitoring and feedback, which were not included in How Are the Kids? but which are designed to prompt and support behaviour change.

In general marketing moves at pace, and RCTs take a significant amount of time to complete. One way Change4Life have mitigated this going forwards has been to engage academic advisors in the design of studies before commissioning research agencies to collect and analyse the data. An example of this would be the work Professor Ken Fox did for Change4Life, working with TNS Research, to analyse the impact on physical activity levels of Change4Life sending pedometers to families as part of a back to school campaign. Professor Fox constructed a study which used pedometer data from a randomised comparison between those participating in the programme and a control group. Although two of the groups showed little difference in physical activity, one group showed a 7 % increase in physical activity amongst those who chose one of the activity pledges, when pre and during campaign data was compared.

Our approach to behaviour change

We have learned as the Change4Life movement has developed, our partner base has increased and our capabilities have grown.



- The initial, hypothetical, change model was revealed to be too linear and was replaced in 2011 with a more iterative, fluid version that takes account of the feedback loop between behaviours and attitudes.
- We have begun to embed the principles of behaviour change, such as goal-setting, monitoring and feedback – into the programme. In consequence, our consumer offer has moved from a series of one-off incentives to try something unfamiliar towards a longer-term structured programme of assessment, monitoring, feedback and support.
- To illustrate this, we have included two case studies, diet in January and physical activity in the summer, both of which have been honed and improved over the five years of Change4Life's existence.

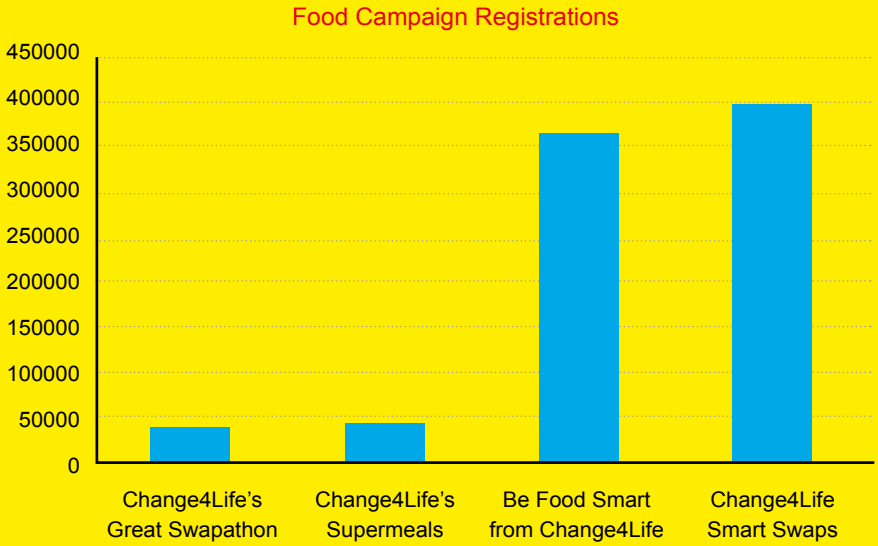
Case study one: Diet in January

2014 was the fourth year in which we supported dietary improvement during the month of January. There is a clear "rhythm of life" logic to this: many people overindulge in December, the new year is a recognised opportunity for a fresh start. Many other brands and advertisers, including the weight loss industry, are active at this time and the media are keen to run "New Year, New You" stories. However, much of the media attention is given to short term, drastic and "faddish" eating regimes, which are unsustainable and in some cases clinically inadvisable. Perhaps unsurprisingly, most people who make a New Year's resolution to eat more healthily or lose weight abandon their attempt before the end of January . Through research, we identified the potential for Change4Life to promote a different type of healthier eating: rather than focusing on complete change or extreme weight loss, it promotes small but significant daily swaps, which can be maintained for life and which accumulate to significant calorie reduction and, if sustained, weight loss.

Since the market requires a degree of novelty, we have refreshed the programme each year. The four years were:
- 2011: the Change4Life Great Swapathon
- 2012: Change4Life SuperMeals
- 2013: Be Food Smart with Change4Life
- 2014: Change4Life Smart Swaps

Highlights of the activity include:
- 2011: the first use of financial incentives (paid for by commercial sector) to encourage switching into healthier variants of loved brands
- 2012: first use of a celebrity chef (Ainsley Harriott) to provide a "learn by doing" approach for basic recipes
- 2013: more aggressive stance towards "food nasties" coupled with first co-funded Change4Life advertising break; first ever collaboration of four major supermarkets (Asda, Morrisons, Co-op and Aldi) behind a single campaign; over one million people have downloaded the Be Food Smart app
- 2014: roll out of four week change support programme

With each year, engagement with the campaign has grown, both in terms of sign ups and partner support.



In 2014, our ambition was to sign up 300,000 people to a programme for diet, activity or alcohol consumption. While we provided a range of options for people to make a positive dietary change, for the first time we focused much of our activity on one hero swap, from added sugar drinks to diet variants, water or milk. This swap has been chosen because added sugar drinks are the single greatest contributor to sugar in children's diets.

The results of the campaign were outstanding:
- More than 400k families registered to make a smart swap with Change4Life during the campaign
- 87% of mums saw the TV ad at least once and on average 10 times
- There were more than 550 pieces of media coverage, 95% of it positive
- 20K Smart Swaps school resource boxes were distributed to primary schools across England, 67% of surveyed teachers saying they found the materials useful
- 35 Housing associations were engaged with a total reach of 1.5m residents and 30,000 employees
- All 152 upper tier and unitary local authorities supported the campaign with local activity
- 12 regional Change4Life roadshows obtained over 6000 sign ups to the campaign.
- Thousands of offers in hundreds of Asda, The Co-operative Food, Aldi and Lidl stores
- £2.4 million money-off vouchers were offered by partners

Case study two: Physical activity in the summer

Just as our "rhythm of life" approach favours "eat well" in January, the summer is a natural time to campaign around "move more": longer days and more free time facilitate physical activity; parents are looking for activities for their children; a wide range of partners, commercial, public and third sector, have product and are keen to partner with us at this time.

Our activities in support of physical activity have been:
- 2010: the Change4Life Summer of Fun
- 2011: the Change4Life Really Big Summer Adventure
- 2012: Games4Life
- 2013: Get Going with Change4Life and Smart Restart

Highlights include:
- 2010: two million Change4Life "fun wheels" delivered to households; seven out of ten parents said the fun wheel led their family to be more active[48]
- 2011: included the first mechanism for logging activity by day (an adventure map)
- 2012: delivered 300,000 personal activity plans as part of our support for the London 2012 Games; first programme to engage directly with local authorities in their new role in public health
- 2013: in addition to the main summer activity, we also piloted a back to school initiative (to create a second "restart" moment). Over 153,000 people with over 308,000 children signed up to the Smart Restart back to school programme. Over 100,000 downloaded the Smart Restart app.

Smart Restart featured our first exclusively digital programme including offers, discounts and support through emails, texts and a free app. From creating the right choice architecture and providing feedback and rewards to enabling goal setting and self-monitoring, Smart Restart used key behavioural change techniques to help embed change across the six week programme. More than 100,000 people who signed up for the Smart Restart Challenge reported that they sustained their healthy pledge for an average of 4.5 weeks.

The impact of Smart Restart[49] on levels of physical activity was measured using pedometer data from a randomised comparison between those participating in the programme and a control group. Comparing pre and during campaign data there was a significant 7 % increase in physical activity amongst those who chose one of the activity pledges – to swap car or bus journeys for walking, cycling or scooting or to get more active every day by adding 10-minute bursts of activity.

In summer 2014, Change4Life will partner with Disney on an exciting new physical activity campaign, aiming to increase the numbers of 5-11 year olds being active for at least 60 minutes a day. We have developed an innovative partnership, delivering new levels of in-kind commercial support and aligning Disney brands with Change4Life. The campaign will focusing on 'ten minute magic' moves – surrounding kids with unique digital and real world content from their favourite Disney characters, all geared towards encouraging fun, active, 10 minute bursts. This will include face to face events, supporting creative slots on Disney TV and Cinema channels, in-store and online support.

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[48] TNS BMRB

[49] TNS BMRB November 2013. Total sample size week one - 625, week two - 495. Sample size of group showing an increase in physical activity week one – 224, week two – 211.

The Change4Life behaviours:

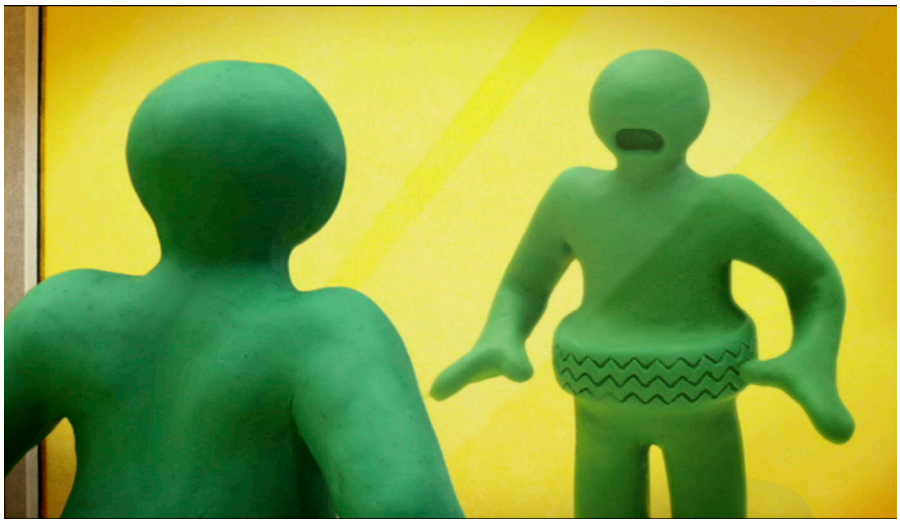
- Prior to 2009, with the exception of the 5 A Day programme, there was very little guidance on how to eat well or move more. We duly set out to create a suite of simple, daily “rules for living”. Our initial behaviours were a good starting point, although we were concerned that there were too many (eight for families, six for adults and a further six for children aged 0-2).
- In the 2011-14 strategy we announced that we would be refining the Change4Life and Start4Life behaviours. This process is now complete. The new behaviours are, as intended, simpler, more universal and more closely grounded in the day-to-day lives of our target audiences. They also cover more topics (incorporating salt and development checks, for example) with fewer guidelines.

2009 Behaviours	Behaviours today
For children: - 5 A Day - Cut Back Fat - Sugar Swaps - Me Size Meals - Meal Time - Snack Check - 60 Active Minutes - Up and About For adults: - Snack Swap - Fibre Swap - Plate Swap - Swap for 5 A Day - Swaps to get you out and about - Drink Swap For 0-5s: - Mum’s Milk - Every Day Counts - No Rush To Mush - Taste for Life - Sweet as they are - Baby moves	For children and adults: - Five A day - Cut Back Fat - Sugar Swaps - Watch the Salt - Get Going Everyday Plus, for adults only: - Choose less booze During pregnancy - This bump is made for walking - Your baby can tell when Mum eats well - Super supplements - Baby on the way quit today (smoking cessation) - What you drink your baby drinks too For 0-5s: - Mum’s Milk - No rush to mush - Taste for life - Get going every day - Don’t forget the development checks and immunisations - Look after you too

Where our jury is still out

Preventing obesity/facilitating weight loss among middle aged adults:

- We have developed messaging and products for middle-aged adults under the Change4Life brand, and these have been well-received.
- However, we have never had sufficient resource to really focus on adults (and we have worried that, despite positive research results among all adults, the campaign may be seen as more appropriate for adults who live in families than for childless households)



The role of calories in weight reduction:

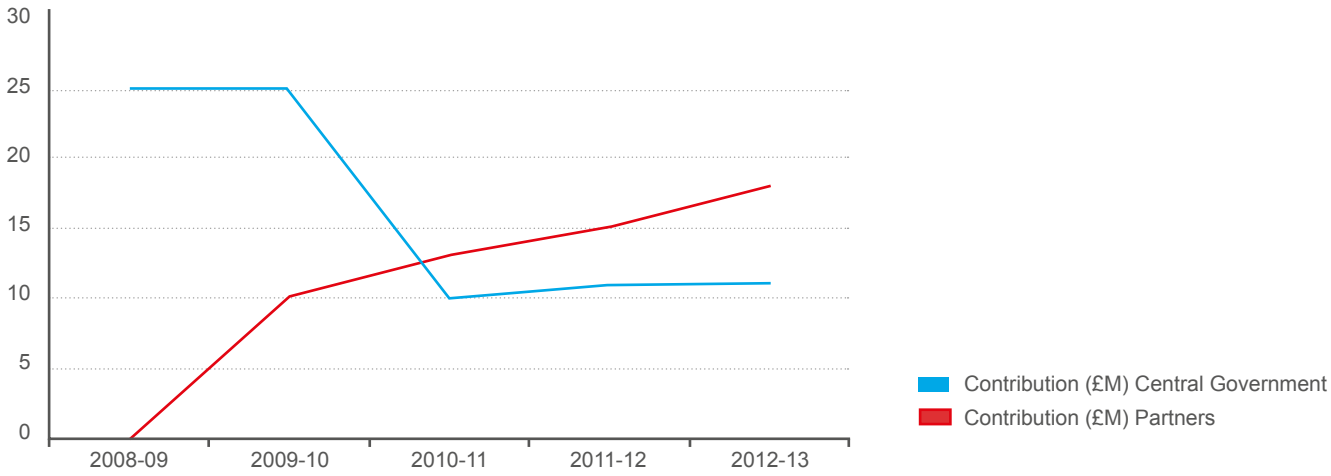
- It was an early decision that Change4Life should avoid traditional diet language, since:
  - Diets were widely believed by our target audiences to be ineffective, punitive and dull; many adults in the Change4Life target audience are failed former calorie-counters[50]
  - Calorie literacy is poor and many in our target audiences do not know how many calories they should eat, struggle to count those they do eat and make overly optimistic estimates both of how few they consume and how many they expend through exercise
  - There is a belief among many parents that encouraging children to count calories increases the likelihood of developing eating disorders; while there is no clinical evidence to support this, we have respected parents' wishes not to have their children targeted with calorie-specific information
  - Calories are somewhat abstract – a calorie cannot be seen, but a lump of fat or sugar can be
- Change4Life thus developed its own language (for example "Me Sized Meals") that sought to reduce the volume and caloric content of food without people having to "do the calorie sums".
- A number of new developments have prompted us to revisit this decision:
  - Out of home calorie labelling has made it easier to compare calories across common food options
  - Front of pack labelling has given greater prominence to the energy content of food, whether calories and kilojoules
- Having reviewed our policy and researched options with our target audiences, we now recommend the following:
  - Calories (and other, related, diet language) are not optimal for most Change4Life activity, as fat, sugar and salt are easier to visualise and more likely to cause a visceral feeling of disgust than calories
  - However, there are situations where calories can be used to good effect. These include out of home and product reformulation. To support this, we will promote rules of thumb (such as 400/600/600) to help people make sensible choices at speed
  - Beyond this, there is a greater need for increased calorie literacy. To help people understand what calories are, why they matter and how many we should each have, we will produce a bespoke piece of communication to fill this need.

[50] Insight research conducted with middle aged adults : 2CV Research, January 2010

What we invested in Change4Life

Change4Life is one of the most consistently-supported public sector marketing programmes of recent years, with an annual budget of about £10 million through Public Health England, supplemented by approximately thirty million pieces[51] of collateral provided by local authorities, local supporters and the NHS and £51.5 million of commercial sector funding.

However, it is worth noting the promotional context that Change4Life operates within. Last year £32 million was spent on the marketing of added sugar fizzy drinks to the public. £92 million was spent on marketing chocolate bars and biscuits, £22 million on take-away pizza and £3m on processed meat products. While all of these products can be incorporated into a healthy diet in moderation, many people's consumption is not moderate.



Evaluation

Our evaluation plan for Change4Life was published in 2012. The evaluation focused on a balanced scorecard of eight measures, designed to track how effective Change4Life was against its aims and objectives:

- Has Change4Life engaged the target audience?
- Has Change4Life leveraged resources from a wider coalition?
- Does using the Change4Life brand increase the impact of interventions?
- Does engagement with Change4Life improve behaviour?
- Have the specific behaviours Change4Life promoted improved?
- Have there been overall improvements in healthy behaviours?
- Are fewer children becoming obese?
- Has Change4Life paid for itself?

We can report back on these eight measures, as follows:

1. **Has Change4Life engaged the target audience? Yes**
   Change4Life is a well-known and well engaged brand. 89% of Mums and 73% of adults are aware of Change4Life and a massive 95% of Mums now associate Change4Life with healthy eating . Over 1,900,000 families have joined Change4Life since launch . In the last year alone 1,000,000 Change4Life apps were downloaded, resulting in the Change4Life Be Food Smart hitting number 1 on the ITunes health chart .

2. **Has Change4Life leveraged resources from a wider coalition? Yes**
   Over 200 commercial partners promote Change4Life to their customers. In-kind investment from partners (through free media partnerships and activity) has exceeded central Government funding for the last three years . In the last year over 1,100 local Change4Life events have been ran by local authorities which have attracted over 900,000 people. The media has bought into the Change4Life brand with publicity generated worth £90m delivering an incredible 2.5 billion impacts .

3. **Does using the Change4Life brand increase the impact of interventions? Yes**
   Change4Life has increased intervention popularity with an additional 225,000 children attending sports clubs since being branded Change4Life . In addition, Change4Life is helping local supporters (those working in local authorities, schools, the NHS and other sectors) deliver interventions more effectively with 70% agreeing that Change4Life helps them to do their job better .

4. **Does engagement with Change4Life support behaviour change? Yes**
   Over 60% of families who engaged with Change4Life through the Be Food Smart campaign claimed to have improved behaviour due to engaging with the brand

5. **Have the specific behaviours Change4Life promotes improved? Mixed**
   People who have engaged with Change4Life have seen positive changes within healthy eating behaviours. Reduction in physical activity levels has slowed but seen few signs of real improvement.
   Salt Watch –> -4% intake of salt since 2009 (however still 70% above recommended levels)
   Cut Back Fat -> -6% intake of saturated fatty acids since 2009 (now 3% above recommended levels)
   Sugar Swaps -> -9% intake of sugars since 2009 (now 2.5% above recommended levels)
   5-a-day –> Across the period 2008-12, 70% of adults did not achieve the 5-a-day recommendation
   Get Going Every Day -> Adult activity levels have stabilised since 2009. Child activity has seen further declines with only 21% of boys meeting the recommended

6. **Have there been improvements in broader health behaviours? Mixed**
   Whilst calorie intake has dropped (-4% vs. 2009, still 5% above recommended levels) fruit and veg consumption have also seen slight declines (-3% and -2% respectively) however this may have been driven by the economy with families spending 12% more on fruit and 8% more on vegetables than in 2009 (total household food expenditure has increased by +4%). The environment is slowly becoming more healthy with Nielsen Media Research data showing a 17% decline in less healthy food advertising over the last year, however less healthy food still outspends healthy by a ratio of 6:1.

   Whilst adult levels of physical activity have stabilised since 2009 we have seen some encouraging signs with an additional 1.5m adults now playing sport at least once a week vs. 2006 levels . There have also been some positive signs of improvement for children, with 42 sedentary behaviour for those aged 2-10 decreasing, the mean number of sedentary hours on a typical weekday decreased from 3.0 hours for both sexes in 2008 to 2.9 hours for boys and 2.8 hours for girls in 2012 .

7. **Are fewer children and adults becoming obese? Yes**
   It has been well documented that childhood obesity in the UK increased significantly since 1995. This increase has been reversed, with a significant decrease in the proportion of children aged 2-10 that are obese, from 17% of both boys and girls in 2005 to 11% of boys and 10% of girls in 2012 . Whilst there were marked increases in the numbers of obese adults between 1993 and 2012, the rate of increase in prevalence has been significantly slower in the second half of the period than the first. Levels have now stablised with the proportion of both men and women who are overweight or obese in 2012 reflecting the levels of the previous two years .

8. **Does Change4Life pay for itself? Potentially.**
   The cost of bringing people into Change4Life is now at its lowest level since the programme began. Cost per registration has reduced every year since launch and was 50% lower in 2013 vs. 2012. 1.2m children are now on the Change4Life database . Evidence suggests that 10.35% of these children experience a significant positive shift after one year (the equivalent of 124,200 children). If these changes were maintained through to later life, Change4Life would have delivered significant return to the public purse.

During 2014-17, we will continue to improve the way we collect and analyse data on the impact of Change4Life. By 2017 we aim to:

- Have in place a longitudinal study of Change4Life families that will, for the first time, track the impact of participation in Change4Life on weight status vs. a control group of non Change4Life families
- Be able to capture sales data on healthy products and swaps featured within the Change4Life programme in real time
- Through Start4Life, be able to model the impact of marketing on uptake of crucial NHS services, such as immunisations and routine checks.

Conclusion

As the results described above show, the public investment in Change4Life has secured demonstrably world-leading results. Change4Life has:

- engaged unprecedented numbers of citizens in eating well and moving more
- unlocked investment to support our aims from an unprecedented range of partners
- developed unprecedented early indications of behavioural impact

Our challenge now is to further increase the impact and effectiveness of Change4Life to drive more change, faster and to ensure that our impact data is peer-reviewed and published.

Appendix 1: Allocation Model

The scope of the project included:
• Social marketing interventions relating to: health promotion, risk reduction, behaviour/lifestyle change, health improvement, health protection, disease prevention (primary, secondary, tertiary), reducing health inequalities, and health service uptake/access in the health issues
• National social marketing activities, such as: Information/advertising/promotional campaigns, mass media, print media, multimedia, TV/radio, internet, social media.
• Social marketing delivered to: the public/general population, patients, carers, clients

Model development

The model was based on methods of Multi-Criteria Decision Analysis (MCDA), included the following key steps:
• Rapid review of the existing model structure, criteria, and data
• Provision of advice on improvements in model structure, criteria, and data
• Development of criteria, scoring, and data
• Scoring of agreed criteria
• Rapid review of the resulting model

Evidence review

A pragmatic rapid evidence review methodology was adopted focussing on the effectiveness and cost effectiveness of social marketing interventions. After exploration of alternative evidence sources, this focussed on relevant peer reviewed publications of primary studies and reviews from 2008 onwards.

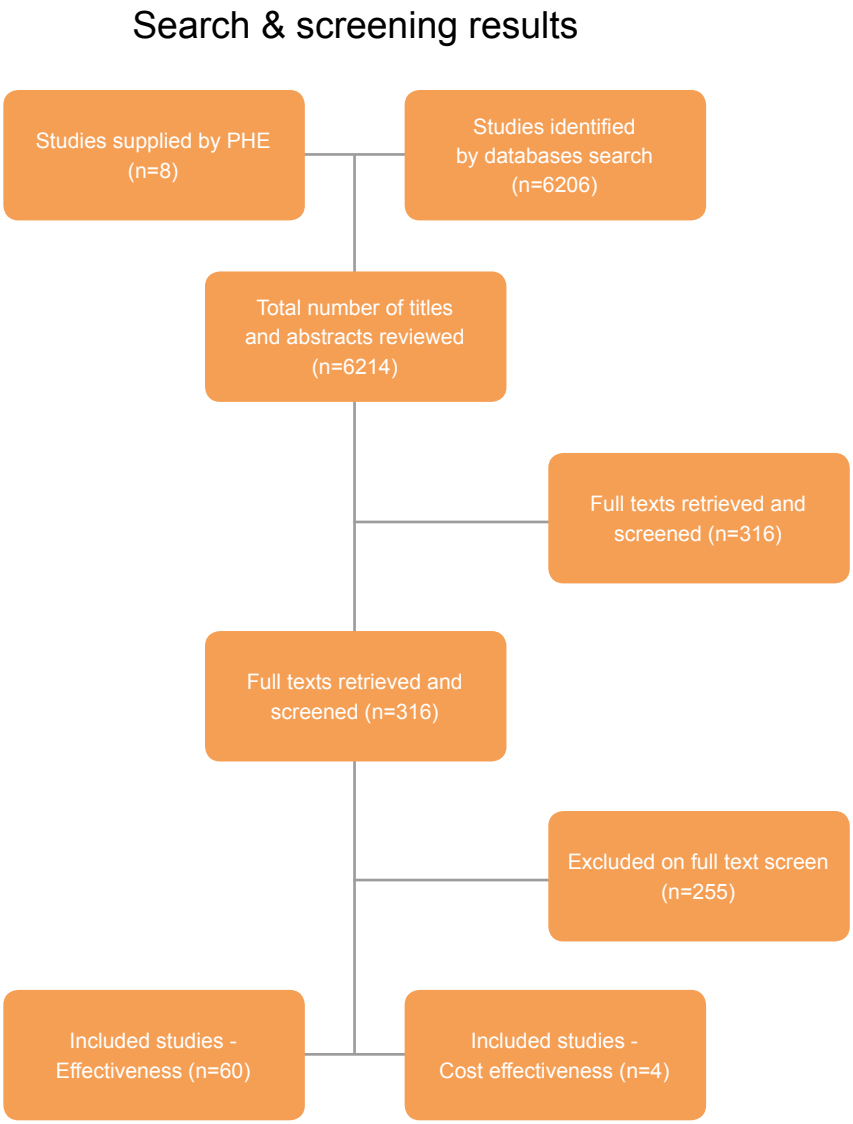
Searches were made of a comprehensive list of bibliographic databases. Relevant publications in English, reporting empirical studies of adequate quality, incorporating appropriate outcome measures, undertaken in high income countries were selected for data extraction into a comprehensive database.

Included studies were quality assessed using the Maryland Scale for Scientific Rigour, and outcome measures categorised in terms of likelihood to achieve behaviour change, with reference to a recognised typology from a former UK government agency.

The extracted evidence data was analysed in order to:
1. Provide a descriptive overview of the characteristics of evidence base of the effectiveness and cost effectiveness of social marketing interventions.
2. Assess the strength of evidence in terms of author conclusions in relation to the effectiveness and cost effectiveness of social marketing and study quality.

Published peer-reviewed evidence

The figure below shows the results from the searches fo and screening of published peer-reviewed evidence (including 8 studies supplied by PHE)



This source of evidence makes up the bulk of the evidence selected for inclusion and data extraction

Results: Evidence review

The initial searches of bibliographic databases found 6206 potentially relevant titles. The screening of associated abstracts resulted in 316 evidence sources being selected for full text screening, and 60 of these were selected for inclusion in data extraction and analysis. Key findings are summarised below.

- Availability of high quality evidence on the effectiveness of social marketing in changing behaviour is limited
- Much of the available evidence examines TV interventions or combination of media
- A high proportion of the available evidence examines behaviour change
- A high proportion of the available evidence concludes social marketing to be effective

Evidence of effectiveness in specific health topics

- There appears to be substantial evidence that social marketing interventions can be effective in changing smoking behaviour
- Evidence shows that social marketing could be effective in increasing the early detection of cancers
- Overall it appears that evidence of the effectiveness of social marketing interventions in improving physical activity is supportive
- Evidence shows social marketing interventions to be effective in increasing healthy eating
- Evidence shows social marketing interventions to be effective in reducing risky sexual behaviour
- Overall there appears to be some limited evidence that social marketing interventions could be effective in reducing illicit drug use
- Overall it appears that evidence of the effectiveness of social marketing interventions in alcohol is inconclusive
- One study found that social marketing was ineffective in tackling COPD
- One study of limited certainty suggests social marketing to be effective in HIV prevention
- One study suggests social marketing to be effective in Syphilis prevention

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