SYMPOSIUM ON SOCIAL MARKETING IN OBESITY

Toward an integrated approach to addressing overweight and obesity across Australia

The Great Hall, University House
Australian National University

Monday 28 November 2011

REPORT ON PROCEEDINGS

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This report is based on a discussion on obesity prevention convened by the Australian National Preventive Health Agency. The views expressed represent the experiences of individual participants and not the Agency.
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1. Introduction

The Australian National Preventive Health Agency (ANPHA) was established on 1 January 2011. ANPHA’s early consultations with stakeholders from state and territory governments and non-government organisations, as well as discussions with the Australian Chronic Disease Prevention Alliance (ACDPA), indicated a need and a desire for better coordination and alignment of efforts in public health social marketing. This was felt to be particularly the case in relation to overweight and obesity prevention, given the complexity of the issue.

Throughout this document ‘social marketing’ refers to the use of a strategic planning framework, and marketing concepts and techniques, to develop, implement and evaluate a comprehensive, integrated intervention to achieve health outcomes.

Consistent with its legislative requirement to ‘coordinate and implement a national approach to social marketing for preventive health programs’ ANPHA and the ACDPA hosted a one-day symposium on social marketing in obesity in Canberra on 28 November 2011.

The Symposium was designed to initiate an ongoing national dialogue on coordination of obesity prevention efforts among governments and non-government organisations in Australia. The objectives for the day were to:

- identify the key policy priority areas and challenges in overweight and obesity prevention that can be influenced through effective social marketing;
- explore the most effective methods for obesity-related social marketing; and
- explore mechanisms to achieve national strategic alignment of social marketing initiatives in overweight and obesity prevention across government and NGO sectors.

In response to invitations from ANPHA and the ACDPA, 60 social marketing and public health professionals from Commonwealth, state and territory health departments, non-government organisations, academia and industry participated in the Symposium on Social Marketing In Obesity: Toward an integrated approach to addressing overweight and obesity across Australia.

The outline of the symposium is provided at Attachment 1. A list of attendees is provided in Attachment 2.

2. Program context

ANPHA’s stated mission is to be the catalyst for strategic partnerships, including the provision of technical advice and assistance to all levels of government and in all sectors, to promote health and reduce health risk and inequalities, and to initiate actions to promote health across the entire Australian community. ANPHA’s strategic plan outlines a range of strategies to reduce obesity by supporting, extending and improving policies and programs through research, analysis and advice. This includes working with an Expert Committee on Obesity to provide leadership and technical advice to strengthen and extend social marketing and other programs, as well as facilitating alliances between communities and organisations to consolidate program development
within and across sectors and groups. ANPHA’s work will continue to build on the national efforts of the Measure Up campaign.

Phase One of the Measure Up social marketing campaign, under the Council of Australian Government’s (COAG) Australian Better Health Initiative (ABHI), was launched in 2008.

In November 2008, COAG approved the National Partnership Agreement on Preventive Health (NPAPH), through which the Commonwealth is providing:

- $41m to extend the Measure Up campaign over four years, 2009-10 to 2012-13; and
- $18m to states and territories to implement local level activities to support the national campaign.

A Campaign Reference Group (CRG) comprising representatives from each state and territory health department currently meets monthly to discuss the campaign’s progress and activities.

3. Structure of the symposium

The structure of the symposium involved four sessions. The initial session was designed to set the scene for the day’s discussions and comprised presentations on the current situation in relation to obesity and overweight in Australia, on social marketing and its role in obesity prevention within the context of the preventive health agenda, and on lessons from campaigns targeting physical activity, nutrition and obesity in Australia and internationally.

The second session incorporated a panel discussion to explore lessons from social marketing experience in other fields of public health.

During the third session, participants were invited to discuss in groups what they saw as the strategic priority areas for social marketing in overweight and obesity across Australia. Following this, participants ‘voted’ for the three identified priorities that they thought were most critical to pursue as the national approach.

In the final session, the eight most highly supported strategic priorities were each allocated to a group and participants were tasked to identify:

- the strategies and actions that are needed to address each strategic priority area; and
- what mechanisms should be used to align and coordinate efforts to achieve a national approach to social marketing in overweight and obesity prevention.

This was followed by a final panel discussion to explore perspectives on the way forward and next steps.
4. Symposium outputs

Session 1

4.1 Professor Adrian Bauman: Overweight and Obesity in Australia - evidence and key issues

In his opening presentation Professor Bauman challenged whether the dramatic increase in levels of obesity in Australia since the 1980’s represents a true epidemic curve, as suggested by the media portrayals of obesity. He presented recent data from child and adult health surveys in Australian states and territories which showed substantial (2-3 fold) increases in obesity and overweight rates since the early 1980’s. However, he identified some very recent evidence that shows a plateau in prevalence rates of child and adult obesity, and suggested this may pose challenges to developing a policy response to such a leveling in these rates. He pointed to the ongoing risk of an elevated level of obesity which may remain, contrary to the decline in prevalence that would be expected in the later stages of an epidemic. Further, he pointed to the potential complacency that may result from the plateauing of prevalence and to the need for vigilance and for policy levers to be applied to significantly reduce the levels of obesity towards those that prevailed in the 1980’s.

4.2 Dr Tom Carroll: The role of social marketing in addressing obesity - key issues and the Australian context

Dr Carroll emphasised that social marketing represents much more than simply sending a message to a target audience. Rather, social marketing provides a strategic framework for developing, implementing and evaluating a comprehensive, integrated range of interventions and operates as a cyclical, research-driven process, continuously reviewing effectiveness and refining interventions. He also emphasised the importance of adopting a consumer orientation, viewing the issue through the eyes of the target audience, and gaining an understanding of the effort required from the target audience’s perspective to adopt the promoted behaviour. Further, he pointed to the fact that communication and promotion represents only one component of the strategic mix in a comprehensive coordinated strategic approach incorporating policy and marketing interventions.

He outlined key aspects of social marketing including environmental analysis, target audience segmentation and analysis, channel analysis, use of formative research, objective setting and strategy formulation grounded in appropriate theory, applying the full marketing mix and implementation of process and outcome evaluation.

Drawing from social marketing experience in other areas of public health he referred to the World Health Organisation’s MPower Framework of proven strategies for tobacco control (Monitoring tobacco use and prevalence, Protecting people from exposure to tobacco smoke, Offering help to quit tobacco use, Warning about the harms of tobacco, Enforcing bans on tobacco advertising,
promotion and sponsorship and Raising taxes on tobacco) based on evidence over many years in tobacco control. This framework is being used globally to support the comprehensive implementation of the Framework Convention on Tobacco Control. He suggested obesity prevention can learn from this valuable experience although cautioned that the challenge is more complex than simply replicating strategies that were effective and appropriate for tobacco control.

While pointing to challenges of coordination of national, state/territory and local obesity prevention activities, including branding and positioning considerations, he posed some key questions for social marketing strategy development in obesity prevention:

- What are the valued benefits that will be offered to the target audience if they change to healthier eating choices and increase levels of physical activity, and how can perceptions and delivery of value/benefits be increased and reinforced through the social marketing strategy?

- What will be the ‘costs’ to the target audience (eg financial, physical, social and psychological ‘costs’) of changing eating habits toward healthier choices and increasing physical activity levels and how can these ‘costs’ be minimised through the social marketing strategy?

- How and where can the social marketing strategy achieve meaningful engagement with target audience segments and facilitate adoption of healthy eating and adequate physical activity? How can the social marketing strategy maximise the opportunities of settings-based interventions?

- What most effective combination of mass communication, social and other interactive media, face-face interventions, information and promotional resources in a range of settings, skills enhancement, and provision of support and assistance through telephone, internet based or community based strategies will be utilised to reach and engage the target audience to promote healthier eating and increased physical activity?

### 4.3 Professor Adrian Bauman: Social marketing in addressing physical activity, nutrition and obesity (PANO) – what have we learned?

Professor Bauman outlined the three major conceptual areas of public health action for physical activity, nutrition and obesity prevention:

- creating conducive environments;
- influencing individual choices and cognitions; and
- changing social norms.

Professor Bauman presented this as an ecologic approach to chronic disease prevention. He also noted contrary views in media reports, described as the medico-centric individualist perspective – leading to a solution of ‘gastric banding for all by 2020’.
He noted that the term ‘social marketing’ has often been used to describe what have been fundamentally mass media campaigns to change health risk perceptions. He reinforced the point that ‘mass media campaigns do not work alone’ and emphasised the importance of concurrent multi-component community interventions, inter-agency partnerships, supportive programs, facilities and resources, inputs from health professionals and environmental policy supports for behaviour change. In discussing evaluation he noted the importance of measuring proximal, intermediate and distal indicators.

He then presented the findings of a review he recently conducted of Australian physical activity, nutrition and obesity mass media campaigns, noting the range of different campaign themes and approaches adopted across national and state and territory campaigns. He also discussed campaigns from Canada, Finland, the USA, the Netherlands and the UK and noted that while mass media campaigns targeting obesity were shown to have increased awareness and achieved some positive intermediate variables, none had demonstrated changes in BMI. He next outlined ‘mass reach mediated’ campaigns from the USA and UK, as well as the NSW Health’s *Get Healthy Information and Coaching Service* and noted the clear relationship between advertising and call to the service (as has been observed in tobacco control campaigns and quitline calls). He also outlined campaigns from the UK and USA which he described as pre-cursors to the Australian *Measure Up and Swap It* campaigns.

In addition, Professor Bauman’s review covered physical activity and nutrition mass media campaigns from Australia and other countries, as well as public private partnerships.

His presentation included the following prioritised recommendations for mass media campaigns to promote physical activity:

*Campaign design and implementation recommendations*

1. Campaigns should be integrated into a long term physical activity strategy;
2. Physical activity mass media campaigns should focus on proximal outcomes;
3. A single theme as over-arching “brand” should be used for the physical activity mass media campaign;
4. Mediated interventions, web 2.0 and new media should be added.

*Research and evaluation recommendations*

1. Minimum standards of formative, process and impact evaluation should be incorporated;
2. New areas for mediator analyses should be explored to identify how campaigns exert their effects;
3. Sustained evaluation should be undertaken to tease out effective components.

Professor Bauman’s conclusion was that in global terms, Australian mass media campaigns are generally well planned, follow best practice campaign approaches and achieve good ‘reach’. He noted examples of some sustained 5-10 year initiatives and assessed long term, phased campaigns as optimal, particularly when well linked to diet and physical activity guidelines.
He concluded his presentation by identifying areas for attention and improvement:

- campaigns have been typically health sector led with few partnerships;
- campaigns have been mostly mass media led, with patchy broader social marketing efforts;
- evaluation has been less strong, not advancing the evidence base, and has rarely specified quantitative targets for population change and measurement;
- new media could be better integrated;
- counter marketing has been ignored;
- there has been separate mass media initiatives in different jurisdictions and different agencies;
- campaigns change rapidly and lack sustainability; and
- economies of scale, marketing and co-branding has not yet been adopted.

Session 2

4.4 Panel Session: Social marketing in overweight and obesity prevention: Exploring lessons from international and Australian social marketing experience in overweight and obesity prevention and other public health areas

Panel participants were:

- Professor Adrian Bauman - Sesquicentenary Professor of Public Health and Director of the NSW Centre for Physical Activity and Director of the Australian Centre for Health Promotion at the University of Sydney;
- Trish Cotter - Public health and social marketing consultant;
- Todd Harper - Chief Executive Officer, Cancer Council Victoria;
- Jenny Taylor - Director, Market Research Unit, Commonwealth Department of Health and Ageing; and
- Terry Slevin - Education and Research Director, Cancer Council Western Australia.

Panel members suggested there are valuable lessons from other public health areas such as HIV/AIDS, road safety and particularly, tobacco control.

These included:

- the critical role of sustained commitment and funding resulting from bi-partisan support for the initiative (and the key role of advocacy ‘pushing the boundaries’ in contributing to this);
- the need for social marketing to be embedded within a comprehensive evidence-based strategy incorporating targeted policy levers;
• the integral role of social marketing contributing to, and being reinforced by, policy change and regulatory measures;
• the value of formative research and really listening to target audience wants and needs to identify strategies that will stimulate behaviour change;
• the importance of making emotional connections with the target audience;
• grounding the strategy in clear behavioural theory and principles (with specific reference made to a National Tobacco Campaign publication[^1]));
• the iterative process of achieving change over time through consistency of approach, building on successive phases of activity informed by ongoing monitoring and evaluation;
• the value of applied research to improve understanding of the most effective communication approaches, and media weights of exposure for particular groups, to contribute to greater efficiencies in media buying;
• the role of building community understanding of public health issues and increasing community demand for action (culture changes achieved in some areas of road safety were suggested as useful examples);
• the value of working with sport and cultural groups to achieve cultural change; and
• the benefits and efficiencies of the Commonwealth, states and territories working together consistently under one brand.

While noting the complexity of the obesity issue, there were calls during the panel discussion for increasing the sense of urgency in obesity prevention and consistency of approaches across the country. There were suggestions of ‘putting information in the hands of people’ and demonstrating what happens when they ‘sit and eat fatty foods’. The effectiveness of negative framing in tobacco control (and type 2 diabetes prevention) was discussed and questions posed about whether similar approaches should be tried for obesity prevention. The role of formative research in guiding these decisions was also pointed to.

The relatively low levels of food and nutrition literacy in the community were emphasised. It was suggested that consumers would be angry that they are unaware of the links between obesity and disease and that they weren’t being told through current campaigns. It was further suggested that the key challenge is to communicate the science to the public in a way they will engage with. The use of waist measurement in a Cancer Council Victoria campaign and from phase one of Measure Up was recalled as a useful adjunct to promote self-assessment of personal risk for chronic disease and the need to make lifestyle changes.

Recognising that social marketing and regulation should seek to make healthier choices easier, the challenges of food labeling were also raised. It was noted that people simply don’t understand

complex labels and information. The value of simpler approaches to labeling, such as the traffic light system, was suggested. Similarly the lack of consumer awareness of health guidelines relating to physical activity and screen time limits was noted.

In considering approaches for working with industry, the complexity and diversity of players in the food industry was emphasised. This was contrasted with tobacco control and the ease of identifying tobacco companies as clear competitors for tobacco control efforts.

It was noted, however, that the application of targeted policy levers can create positive competition between companies toward healthier offerings. Further, it was suggested that regulatory changes signal to consumers that government takes the issue seriously.

The potential for a whole of government approach to promote physical activity through environmental changes and settings-based approaches was also emphasised.

The need for building a sound evidence base for action and consistently linking strategy development and implementation to this was recognised. It was suggested that there would be significant benefits in building a national research and evaluation infrastructure that ensures consistent measurement of proximal, intermediate and distal indicators of the effectiveness of interventions and that this could make a valuable contribution to a framework for building a more comprehensive evidence base. (The comprehensive VERB program in the USA which showed significant improvements in levels of physical activity was suggested as a good example of this.)

Session 3

4.5 Group session: What are the strategic priority areas for social marketing in overweight and obesity across Australia?

Following the lunch break, participants in each group were invited to nominate and discuss what they saw as the strategic priority areas for social marketing in overweight and obesity across Australia. Each group was asked to nominate their three highest priorities. Following this, the body of participants voted for what they considered to be the highest three priorities of all the priorities nominated by all the groups. Table 1 below lists the strategic priorities raised in the session. The ranking in the table reflects the number of votes each priority area received from participants.²

Some priority areas received equal votes and, accordingly, have equal rankings.

Table 1 What are the strategic priority areas for social marketing in overweight and obesity across Australia?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Strategic Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Connection between social marketing strategy and policy/advocacy/regulatory levers</td>
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</table>

² Each participant was given three ‘votes’ for selecting the highest strategic priorities to be addressed in obesity prevention.
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<table>
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<tbody>
<tr>
<td>2</td>
<td>Improve campaign coordination – timing, branding, messaging etc</td>
</tr>
<tr>
<td>3</td>
<td>Implement a social marketing campaign to reduce consumption of sugar sweetened drinks among children (targeting parents)</td>
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<tr>
<td>4</td>
<td>Chase early wins in a policy sense (e.g. junk food sponsorship of kids sport)</td>
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<tr>
<td>5</td>
<td>Develop an agreed national framework for social marketing (best practice etc)</td>
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<tr>
<td>6</td>
<td>Agenda setting – creating dialogue</td>
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<tr>
<td>7</td>
<td>Share research (market and academia) and applied learnings</td>
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<tr>
<td>7</td>
<td>Evaluation framework (incl. process evaluation)</td>
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<tr>
<td>8</td>
<td>Target audience segmentation</td>
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<tr>
<td>9</td>
<td>Sustainability of social marketing campaigns and funding</td>
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<tr>
<td>10</td>
<td>Addressing/communicating seriousness and consequences of o/weight and obesity</td>
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<tr>
<td>11</td>
<td>Branding</td>
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<tr>
<td>12</td>
<td>Focusing on choice architecture</td>
</tr>
<tr>
<td>12</td>
<td>Consistent terminology (kilojoules)</td>
</tr>
<tr>
<td>12</td>
<td>Mechanism of SM research strategy</td>
</tr>
<tr>
<td>13</td>
<td>Incorporating regulation into social marketing</td>
</tr>
<tr>
<td>13</td>
<td>Maintenance of ongoing discussion and exchange (jurisdictions)</td>
</tr>
<tr>
<td>13</td>
<td>An open discussion about sectoral strengths/weaknesses</td>
</tr>
<tr>
<td>13</td>
<td>Discussions around bi-partisan support</td>
</tr>
<tr>
<td>13</td>
<td>Align NPAPH and activities and SM obesity</td>
</tr>
</tbody>
</table>
Session 4

4.6 Strategies and actions for strategic priorities

In this session the eight most highly ranked strategic priorities (see above table) were allocated for group discussion.

The groups were tasked with answering the following questions:

*What strategies and actions do we need to take to address these priorities?*

*What mechanisms can we use to align and coordinate our efforts to achieve a national approach to social marketing in overweight and obesity prevention?*

Responses from the groups working on each priority issue are summarised below.

4.6.1 Social marketing strategy and policy/advocacy/regulatory levers (Ranked 1)

Key strategies and actions for achieving the connection between social marketing strategy and policy/advocacy/regulatory levers include:

- develop a longer-term comprehensive strategy;
- recognise that a national approach is required, with national working groups;
- recognise the strengths of the NGO sector and develop partnerships with NGOs and industry;
- adopt lessons from tobacco control;
- use social marketing and mass media to raise awareness as a precursor to introduction of regulatory measures;
- include policy issues within social marketing initiatives and community engagement strategies;
- reshape environments to support healthy options;
- establish support structures to facilitate behaviour change;
- create consumer demand for change (e.g. parents to demand healthy school canteens);
- improve basic health literacy and increase understanding of the link between obesity and health risk and the seriousness of this risk;
- link coordination and alignment of strategies to funding;
- build the benefits of consistency without stifling risk taking;
- encourage innovative pilots and trials within ANPHA funding streams; and
- aim for a fit between advocacy/political representation and the social marketing strategy.
4.6.2  *Improved coordination – timing, branding, messaging (Ranked 2)*

Key strategies and actions for improved coordination include:

- review the Preventative Health Taskforce recommendations and establish a regular report card on the status of these;
- achieve alignment between these recommendations and ANPHA operational plan and strategic plan;
- achieve a consensus about priorities at a senior level;
- identify strategic priorities and look at how they can be addressed and by whom;
- integrate social marketing with NPAPH and other relevant policies;
- achieve cross-sector engagement and develop a nationally coordinated approach across federal, state-territory governments and with community sector and NGO support, including regulatory measures;
- work toward achieving whole of government, multi-sector, multi-industry support and consultation;
- utilise whole of government mechanisms, working through COAG;
- achieve commitment and integration between all levels and sectors of government;
- achieve integration of overarching messages and a common brand and positioning for social marketing strategies;
- target messages for different segments of the population;
- avoid undermining existing, community-based efforts;
- foster a spirit of sharing research and information between organisations, stage events such as this symposium and develop well-defined activity reporting frameworks; and
- engage a broader group, including non-health sector groups.

4.6.3  *Implement a social marketing campaign to reduce consumption of sugar sweetened drinks among children (targeting parents) (Ranked 3)*

Key strategies and actions for implementing a social marketing campaign to reduce consumption of sugar sweetened drinks among children include:

- achieve national consensus for action and enlisting a peak body to coordinate national framing and a media advocacy strategy;
- coordinate through ANPHA a national action plan for a sustained campaign with comprehensive strategy over multiple years;
- develop the strategy within a wider policy context map of opportunities, sales and regulatory frameworks;
• draw on the experience of the New York Health Department campaign, and from Fiji and Scandinavia;
• develop a coordinated national campaign, adopting synergistic action within each jurisdiction, linked to wider news media coverage and NGO campaigns;
• segment target groups, with parents as the primary target audience, but also include younger children, late teens and young adults;
• consider health inequalities, including addressing the needs of lower SES, socially disadvantaged, CALD and Indigenous communities;
• develop a message strategy to convey the seriousness of health outcomes, including a broader message on energy intake, and promote clear action that individuals can take;
• make an explicit link with children’s health risk for parents, then develop to a wider policy agenda for change over time;
• adopt a multiple settings approach pointing to environmental choices in the household, at school, in the workplace and in sports settings;
• build consensus for action and momentum for cultural change, initiate media advocacy, identify national policy leadership and foster champions;
• make alternatives acceptable, including improving public access to water fountains and making new designs available, and educate parents to swap consumption for healthier products;
• consider possible links to environmental campaign partners regarding discarded containers;
• consider regulatory approaches such as a levy to generate income for public health messages;
• consider volumetric pricing rather than current value pricing;
• anticipate industry backlash with ‘nanny state’ arguments;
• consider shifting consumer buying patterns to other industry products or to bottled water (not necessarily taking business away);
• remain mindful of health risks for shifts to low or sugar free beverages (other health impacts of acidic drinks); and
• incorporate monitoring and evaluation, including national school survey data sets and other available data, but recognise that sales data is difficult to access and expensive to purchase.

4.6.4 Chase early wins in a policy sense (e.g. junk food sponsorship of kids sport) (Ranked 4)

Key strategies and actions for chasing early policy wins include:

• prioritise a small number of key policy priorities and work to them using social marketing initiatives to enforce/complement these priorities;
• consider regulatory and policy options for:
  o food and drink policy, such as introducing a ‘junk food tax’ to fund future prevention activities;
  o banning trans fats;
  o banning toddler formula (prescription only);
  o making unhealthy food more expensive and less available;
  o challenging links of ‘fast food’ sponsors with junior/school sport, branding, vouchers.
• focus on developing a healthy public sector;
• build a business case for employers for policy change;
• promote the national clinical guidelines to all health professionals;
• fund healthy ‘fast’ food alternatives;
• initiate positive procurement and funding to facilitate environmental change;
• generate a local focus: walk to school, encourage stair use, initiate community gardens; and
• capitalise on the ‘parents jury’ food awards.

4.6.5 Develop an agreed national framework for social marketing (best practice etc) (Ranked 5)

Key strategies and actions for developing an agreed national framework for social marketing include:
• task ANPHA to develop national standards of best practice (evidence and theory-based approach) including clear definitions and principles of:
  o target audience identification, segmentation and analysis;
  o multi-layered strategies to meet the varying needs of target audience segments;
  o guidelines for development and implementation of interventions; and
  o integration of research and evaluation components.
• incorporate transparent consultation and coordination mechanisms;
• develop an operational social marketing framework that jurisdictions can work within, including integration of social marketing with healthy policy collaborations at the jurisdictional and local levels;
• develop a research and evaluation framework;
• constitute an ANPHA expert panel as a source of advice;
• create opportunities for capacity building and skills training for staff;
• develop a social marketing knowledge portal.

4.6.6 Agenda setting – creating dialogue (Ranked 6)

Key strategies and actions for agenda setting and creating dialogue on obesity prevention include:

• clearly define the target audience;
• use evidence to ‘spark’ and then sustain debate, particularly where there is dissonance with public opinion;
• use serious, consistent public health messaging that is new, important, and relevant focusing on how change would benefit health;
• focus on highly prevalent behaviours which are relevant to the majority of people;
• focus on messages that can be easily communicated and graphically demonstrated, and where change can be easily implemented;
• focus on the impact on young people;
• include public response to an issue as an indication of effectiveness; and
• create a ‘movement’ for demanding change.

4.6.7 Share research (market and academic) and applied learnings (Ranked 7)

After some initial discussion on strategies and actions to achieve the strategic priorities of Sharing research and applying learnings and on Developing an evaluation framework, the groups worked together as there were obvious overlaps and linkages between the two areas. Key strategies and actions include:

• develop a mechanism to incorporate findings and insights from market research and academia, triangulating evaluation and surveillance data to ‘bring the intelligence together’ (‘intelligence fusion’) on evidence, theory and research, and to share applied learnings;
• start with the core indicator for a framework and build on this into more complex measures with additional agreed indicators (quantitative data beyond the individual, policies, health system);
• formulate an evaluation system grounded in the logic model that incorporates ongoing development and refinement, including data linking;
• develop an integrated data system and warehouse, including social marketing data from process and impact evaluations and commercially available data on purchasing patterns, and create a mechanism for sharing the data across jurisdictions;
• develop a prospective and retrospective ‘intelligence repository clearing house’ including campaign plans and materials;
• develop a ‘rolling’ health survey within which agencies can buy questions;
• utilise the Australian health survey by grouping data by target segments for use by any state/territory for social marketing purposes;

• undertake sound network analyses and utilise on-line cohort studies; and

• locate social marketing and surveillance units together.

4.7 Panel Session: Perspectives on the way forward for social marketing in overweight and obesity prevention

Panel members for this final session were:

• Louise Sylvan - Chief Executive Officer, Australian National Preventive Health Agency.

• Patria Gough - Social marketing manager, Health Promotion Branch, SA Health.

• Dr Lyn Roberts - Chief Executive Officer, National Heart Foundation of Australia.

• Lauretta Stace - Chief Executive Officer, Fitness Australia

Panel members offered a range of perspectives and suggestions for the way forward for social marketing in overweight and obesity prevention. These are summarized below.

It was noted that successful tobacco control and HIV/AIDS prevention campaigns in Australia have had strong and sustained bipartisan support over time. It was recognised that there is currently poor understanding in the community about the link between obesity and health risk and consequently low perceptions of personal relevance of the issue. An agenda and momentum for change needs to be developed through a policy conditioning process. Health evidence and public health advocacy is required to convince governments of the need for sustained and coordinated action and to build a community groundswell of support for action.

There was a desire expressed for a greater focus on outcomes at the population level and there was strong endorsement of the importance of a coordinated approach incorporating segmentation of different groups with different needs. It was envisaged that ANPHA will adopt a pragmatic approach to work with those organisations willing to work with it in achieving this coordinated approach. It was noted that the recommendations from the Preventative Health Taskforce represented a comprehensive package of measures and that these need to be progressed in concert. This needs to be undertaken with stakeholders on board and with clear operational direction and strong evidence based practice and partnerships with the NGO sector.

The National Tobacco Campaign was nominated as a ‘game changer’ in that it represented a very cohesive, coordinated approach involving the Commonwealth and state and territory governments and the NGO sector, and achieved significant change while demonstrating efficiencies in operation between these partners. It was suggested that the establishment of ANPHA now represents, and can enable, such a ‘game changer’ opportunity for obesity prevention.

In looking ahead, it was envisaged that in three years’ time, ANPHA would have contributed to the development of a sound and growing evidence base for action in obesity prevention. Further, in partnership with governments and the NGO sector, it will have enabled a coordinated approach to
trialing different strategies and interventions, guided by, and continuing to contribute to, this evidence base. The importance of enabling consumer laws at the state and Commonwealth level was also emphasised, as was the value of working in settings based approaches.

The panel also discussed working with industry. While it was emphasised that the 30,000 strong workforce in Australia’s fitness industry were ready and willing partners in the promotion of physical activity, the broader complexities of working with industry were also canvassed. It was suggested that in working with the food industry there will be some areas where clear mutually beneficial actions can be identified. The challenge is to make the objectives for action very clear and set targets and work toward them. It was noted however that there will be areas where there is no agreement and that this should be acknowledged. Industry can also be an important partner for workplace strategies. It was further noted that partnerships can play an important role in obesity prevention strategies at the local level.

5. Conclusions

The symposium represented a significant step toward building a comprehensive coordinated approach to obesity prevention in Australia by facilitating a national dialogue among government and non-government organisations in Australia. It brought together key academic and practitioner experts from the Commonwealth, state and territory governments and the NGO sector, representing key leadership in the field. By organising the symposium, ANPHA and the ACDPA enabled a valuable forum within which strategic priorities for obesity prevention could be identified and discussed and a range of strategies and actions to achieve these priorities could be explored.

The symposium structure and the commitment of participants resulted in achievement of the objectives for the event. The objective of identifying key policy priority areas and challenges for social marketing efforts in overweight and obesity prevention was effectively addressed in the third session and these key priorities have been outlined in this report. The second objective of exploring effective methods for obesity-related social marketing was addressed both through the second session and in the third and fourth sessions. The challenge of exploring mechanisms to achieve national strategic alignment of social marketing initiatives across government and the NGO sector, designated as the third objective of the symposium, was addressed within the identification of key strategic priorities for social marketing efforts. Further, a number of specific strategies and actions for developing an agreed national framework for social marketing efforts, for improving campaign coordination, and for developing a comprehensive research and evaluation framework were identified.

Overall, there was strong support among the symposium participants for the development of a collective vision for the role of social marketing in contributing to obesity prevention goals across Australia and for a clear coordinated approach which maximises the effectiveness and efficiencies of efforts across the government and NGO sectors. The strategic priorities identified in the forum provide clear direction for where actions can be undertaken with strong consensus and support amongst key stakeholders and partners.
5.1 Feedback from symposium participants

An evaluation form was provided to symposium participants. All participants who completed the form indicated that they found the content of the symposium relevant and most agreed that the day was productive and met their expectations. The majority of respondents also agreed that they understood more about the issue and context of overweight and obesity than they did beforehand and that information from the symposium will make a difference to the way social marketing in obesity is approached in Australia.

The mix of participants from government, non-government organisations, academia and industry was noted as a positive feature of the symposium, as was the context setting and information sharing about the challenges of social marketing in obesity. The morning presentations were nominated as the most beneficial component of the day, followed by the first table discussion session on identifying strategic priority areas for social marketing in obesity. The panel sessions were also mentioned. Suggestions for improvement included a greater focus on international experience and lessons, group discussions throughout the day and formulation of specific recommendations.

While recognising the symposium represented a positive contribution toward a collaborative approach to addressing the obesity issue, there was a consensus amongst respondents about the need for continuing the momentum generated on the day, with some suggesting conducting another symposium at a later date. It was suggested that ANPHA should continue leadership and momentum, providing a summary of issues raised through the day and ongoing communication and progress updates. Consistent with the strategies and actions outlined in the symposium outputs earlier in section 4.6 of this report, other suggestions included developing a national social marketing framework, ongoing partnerships with NGOs and industry and research and evaluation sharing. Investing in consumer research was also suggested to help continue the learning from the symposium.

Specific topics that weren’t covered specifically on the day but were suggested for future events included consideration of the social determinants of health and a risk assessment framework for social marketing planning, reviewing progress against the Preventative Health Taskforce report, discussing national and international policy developments in obesity prevention to date, and reviewing formative research, strategy development and implementation, and evaluation for the current national Swap It campaign.

6. Recommendations

Based on the symposium proceedings it is recommended that:

- ANPHA review the suggested strategies and actions for key strategic priorities identified through the symposium, and, informed by these, formulate a clear, practical plan of action for developing social marketing strategies to contribute to obesity prevention outcomes, linking federal, state and territory governments, NGOs and, where appropriate, industry.
• A comprehensive social marketing plan is developed to guide this plan of action, incorporating: a review of current obesity prevalence and trends; a comprehensive environmental analysis to identify enabling and competitive influences on obesity and potential strategic partnerships; target audience identification, segmentation and analysis through strategic formative research; channel analysis; strategic planning and objective setting grounded in appropriate communication and behavioural theory; strategy development against this plan, including branding, positioning and partnerships; and formulation of a comprehensive monitoring and evaluation program.

• Development and implementation of social marketing strategies should incorporate adequate consultation and engagement across the government and NGO sectors to achieve a nationally coordinated approach, embedded within, and complementing, a comprehensive range of policy measures.

• Expert working groups are constituted to contribute to the development, implementation and evaluation of the coordinated national social marketing approach.

• Effective communication mechanisms are developed and implemented by ANPHA to maintain ongoing momentum and engagement with stakeholders and partners regarding the outcomes of the symposium and the action being undertaken.

• A designated research focal point is established to coordinate the consolidation of current and future research evidence relating to social marketing and obesity reduction, to facilitate sharing of research across the government and NGO sector, and to generate momentum and an ongoing resource for improving the effectiveness and efficiency of social marketing practice in addressing obesity across Australia.

• The potential for a coordinated, national social marketing campaign targeting the reduction of sugar sweetened beverages consumed by children be investigated.
Appendix 1 Symposium Outline

SYMPOSIUM ON SOCIAL MARKETING IN OBESITY

*Toward an integrated approach to addressing overweight and obesity across Australia*

The Great Hall, University House
Australian National University
Cnr Balmain Cres and Liversidge St, Acton ACT

Monday 28 November 2011

The objectives for the day are to:

- identify the key policy priority areas and challenges in overweight and obesity prevention that can be influenced through effective social marketing
- explore the most effective methods for obesity-related social marketing, and
- explore mechanisms to achieve national strategic alignment of social marketing initiatives in overweight and obesity prevention across government and NGO sectors.

8.30 am  Registration

9.00 am  Opening and welcome

Ms Louise Sylvan (CEO, ANPHA) and Professor Greg Johnson (Chair, Australian Chronic Disease Prevention Alliance)
Outline of Symposium structure and timing  
Dr Tom Carroll*

Overweight and Obesity in Australia - evidence and key issues  
Professor Adrian Bauman**

The role of social marketing in addressing obesity - key issues and the Australian context  
Dr Tom Carroll

Social marketing in addressing physical activity - what have we learned?  
Professor Adrian Bauman

Morning tea

Panel Session:

Social marketing in overweight and obesity prevention: Exploring lessons from international and Australian social marketing experience in overweight and obesity prevention and other public health areas.  
(Panel members)

Lunch

Table discussions:

FOCUS QUESTION 1 - PRIORITIES

What are the strategic priority areas for social marketing in overweight and obesity across Australia?

Group presentations and open floor discussion of Focus Question 1  
Dr Tom Carroll

Afternoon Tea

Table discussions:

FOCUS QUESTION 2 - IMPLEMENTATION

a) What strategies and actions do we need to take to address these priorities?

b) What mechanisms can we use to align and coordinate our efforts to achieve a national approach to social marketing in overweight and obesity prevention?

Group presentations and open floor discussion of Focus Question 2  
Dr Tom Carroll

Panel Session:

Perspectives on the way forward for social marketing in overweight and obesity prevention  
(Panel members)

Next Steps  
Dr Tom Carroll

Close
Facilitator: Tom Carroll, PhD
Director, Carroll Communications, Social Marketing and Research Consultants
Adjunct Professor, Sydney School of Public Health, The University of Sydney

Dr Carroll is a psychologist and independent social marketing and research consultant, experienced facilitator, and an Adjunct Professor in the Sydney School of Public Health at the University of Sydney. Dr Carroll has been working in social marketing for almost three decades in Australia and the Asia-Pacific region across a broad range of population health areas, including in the role as a senior adviser on social marketing and market research to the Australian Department of Health and Ageing.

Dr Carroll now provides social marketing consultancy services to national and state-based government and non-government organisations, as well as to the World Lung Foundation in its social marketing work under the Bloomberg Global Initiative to Reduce Tobacco Use.

**Presenter: Adrian Bauman, Sesquicentenary Professor of Public Health
Director of the NSW Centre for Physical Activity and Director of the Australian Centre for Health Promotion, University of Sydney

Professor Bauman is a highly regarded expert who has extensive research experience in public health approaches to increasing physical activity and interventions to improve health risk factors. He has published more than 200 peer reviewed scientific papers and has extensive research experience in public health. In addition he has interests in quantitative health promotion research methods, evaluating community interventions and evaluating health related mass media campaigns and patient education programs.
### Appendix 2 Symposium Participants

<table>
<thead>
<tr>
<th>Attendee</th>
<th>Organisation</th>
<th>Position</th>
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<tbody>
<tr>
<td>Ms Louise Sylvan</td>
<td>ANPHA</td>
<td>CEO</td>
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<tr>
<td>Dr Lisa Studdert</td>
<td>ANPHA</td>
<td>Manager Policy &amp; Programs</td>
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<tr>
<td>Mr Chris Taylor</td>
<td>ANPHA</td>
<td>Director Social Marketing</td>
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<tr>
<td>Ms Joanne Scarfe</td>
<td>ANPHA</td>
<td>Assistant Director Social Marketing</td>
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<tr>
<td>Mr Kris Maslin</td>
<td>ANPHA</td>
<td>Social Marketing</td>
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<tr>
<td>Ms Emma Carters</td>
<td>ANPHA</td>
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<tr>
<td>Ms Cheryl Hutchins</td>
<td>ANPHA</td>
<td>Director Obesity Policy</td>
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<tr>
<td>Ms Louise Cook</td>
<td>ANPHA</td>
<td>Obesity Policy</td>
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<tr>
<td>Mr Jack Quinane</td>
<td>ANPHA</td>
<td>Director Obesity Policy</td>
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<tr>
<td>Dr Helen Cameron</td>
<td>ANPHA</td>
<td>Director Research</td>
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<tr>
<td>Ms Julia Tesidder</td>
<td>ANPHA</td>
<td>Research</td>
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<tr>
<td>Mr John Kalokerinos</td>
<td>ANPHA</td>
<td>Manager Operations and Knowledge</td>
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<tr>
<td>Mr Michael Mowat</td>
<td>ANPHA</td>
<td>Director</td>
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<tr>
<td>Dr Anthony Hobbs</td>
<td>ANPHA Advisory Council</td>
<td>Member</td>
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<tr>
<td>Hon Trish Worth</td>
<td>ANPHA Advisory Council</td>
<td>Member</td>
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<tr>
<td>Mr Roscoe Taylor</td>
<td>ANPHA Advisory Council</td>
<td>Member</td>
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<tr>
<td>Ms Jenny Taylor</td>
<td>Department of Health and Ageing</td>
<td>Director Market Research Unit</td>
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<tr>
<td>Ms Rachael Stedman</td>
<td>Department of Health and Ageing</td>
<td>Campaign Project Officer - <em>Measure Up</em></td>
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<tr>
<td>Ms Karen Coombes</td>
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<td>Ms Nicole Huber</td>
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<td>Ms Michelle Kennedy</td>
<td>Department of Health and Ageing</td>
<td>Healthy Living Branch</td>
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<tr>
<td>Dr Tom Carroll</td>
<td>Carroll Communications</td>
<td>Director</td>
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<tr>
<td>Ms Trish Cotter</td>
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<td>Public Health and Social Marketing Consultant</td>
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<tr>
<td>Dr Lyn Roberts</td>
<td>National Heart Foundation of Australia</td>
<td>CEO</td>
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<tr>
<td>Mr Rohan Greenland</td>
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<td>National Government Relations Manager</td>
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<tr>
<td>Ms Melanie Fineberg</td>
<td>Heart Foundation WA</td>
<td>Campaign Director - Healthy Lifestyle Program</td>
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<tr>
<td>Mr Lewis Kaplan</td>
<td>Diabetes Australia</td>
<td>CEO</td>
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<tr>
<td>Name</td>
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<td>Prof. Greg Johnson</td>
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<td>Dr Erin Lalor</td>
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<td>Ms Lauretta Stace</td>
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<td>Mr Craig Sinclair</td>
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<td>Professor David Crawford</td>
<td>Deakin University</td>
<td>Head of School and Deputy Dean, School of Exercise and Nutrition Sciences</td>
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