

Minnesota Department of Health: Chronic Disease Reduction Unit

Health Communications Capacity Project: Assessment Report



Prepared by DeYoung Consulting Services, LLC

Karen DeYoung
Mary Karlsson
6800 France Avenue South, Suite 120
Edina, MN 55435
Phone: (952) 920-1499 Fax: (952) 922-8776
Email: karen@deyoungconsultingservices.com
Web: www.deyoungconsultingservices.com

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ABOUT MINNESOTA DEPARTMENT OF HEALTH

The mission of the Minnesota Department of Health is to protect, maintain and improve the health of all Minnesotans. Its core functions include assessing the public's health (What challenges do we face?), promoting sound policies (How do we address those challenges?), and assuring effectiveness (Did we succeed in improving health?).



ABOUT DEYOUNG CONSULTING SERVICES

DeYoung Consulting Services is a consulting company that works to provide performance improvement and organizational development for a variety of organizations, including government agencies, corporations, for profit and non-profit entities, and schools. Since 1996 we have worked to analyze organizational performance needs and to design and develop solutions (enhanced systems, training manuals, workshops, job performance aides, etc.) that effectively address those needs. We help organizations identify and document their systems and processes. We then work to determine if these existing systems and the way in which they are implemented are in alignment with achieving their organizational goals and mission.

TABLE OF CONTENTS

Acknowledgements.....	2
Executive Summary	6
Research Description	7
Project Background.....	7
Assessment Design	7
Implementation	8
Limitations	8
Analysis.....	10
Findings.....	10
Recommendations.....	26
Appendix A – Communications Best Practices Research and Recommendations.....	29
Appendix B – Interview Protocols.....	23
Appendix C – Survey Protocol	28
Appendix D – Survey Results Summary	Attached

EXECUTIVE SUMMARY

PROJECT BACKGROUND & ASSESSMENT DESIGN

The Minnesota Department of Health (MDH) Chronic Disease Reduction Unit sought to partner with a vendor to improve the effectiveness of Minnesota's Statewide Health Improvement Program (SHIP) grantees by enhancing their communication skills, practices, tools, and assets. SHIP's mission is to help Minnesotans live longer, healthier lives by reducing the burden of chronic disease. DeYoung Consulting Services (DCS) was engaged to help develop communications best practices in order to help SHIP grantees communicate program goals both to the general public and to professionals.

DCS' initial role was to get a clear picture of the public's understanding of health issues such as nutrition and physical activity and their perception of the role of the state in addressing health-related issues. We also sought out their ideas for how messages regarding nutrition and physical activity can best be presented. In order to do this our team designed and conducted a message testing project that included both qualitative and a quantitative data gathering efforts. A series of nine focus groups was first conducted throughout various rural, urban and ethnic Minnesota communities. A survey, designed to supplement and inform the data gleaned during the focus groups, followed. There were 252 respondents to the survey. Following are the recommendations that resulted from the data gathering process, as well as the key findings.

RECOMMENDATIONS

Based upon these findings detailed below, we offer the following recommendations:

- Emphasize the costs of obesity to society, both in monetary and sociological and personal terms. Most participants were “on board” with this argument or were easily swayed if they were not.
- Develop messages that grab people on an emotional level; use a story that illustrates the human costs of obesity and the diseases related to it.
- There was universal support for providing educational opportunities, particularly for parents and children. More specifically, there was significantly more support for government policies that enhance the health of children. Participants seemed to be “OK” with government stepping in to ensure the health of children.
- Combine nutrition and physical activity messaging, but don't overwhelm the target audience with a mandate for sweeping lifestyle changes. Provide incremental steps people can easily fit into a busy daily routine.

- Build programs that engage groups, and whole communities, so that people are supported by cohorts and social groups and feel that they are acting in accordance with the behavior of those around them.
- A mass marketing campaign promoting a healthy lifestyle may be required to counter the pervasive mass marketing that supports unhealthy choices.
- When developing relationships and trying to influence behavior change, acknowledge the demands of daily life that play into eating choices and people's level of physical activity.
- Convenience is a primary factor in the choices people make regarding eating and physical activity. It is a major persuader in much of the marketing that is effective in influencing these choices. Combine the need for healthy behaviors with people's lifestyle needs when creating messages.
- Heighten awareness of the false economy in choosing convenience foods. All groups generally accept as true that healthy foods are more expensive and require more time to prepare, but also acknowledge the false economy of poor quality food. This factor influences people's choices somewhat if they lack time and strongly if they lack resources.

FINDINGS

Recommendations were based on the common themes below that surfaced during the analysis. Quotes and survey data supported these themes.

- **Society pays for obesity.** Generally speaking, most participants believed that obesity costs them both financially and in non-monetary ways, such as in emotional and psychological costs and in a poorer quality of life.
- **A myriad of factors contribute to increased obesity.** These societal influences include cultural, economic and lifestyle factors, which combine to set the stage for obesity; it is difficult not to get swept up by them and difficult to overcome a lifestyle they were taught growing up.
- **There was disagreement on the degree to which government should be involved.** While most in the focus groups believed that the government, at all levels, should be involved in creating policies to address issues of obesity, nutrition and health, there was not general agreement on the degree to which policy makers should be involved. The area that received the most positive response was opportunities for physical activity and healthy food offerings in schools. Most survey respondents concurred that the government should be involved in creating public policy regarding issues that affect obesity; policies addressing poverty, the food industry's influence and transportation received support in that order.

- **It was not clear that respondents saw a link between transportation and health.** Some groups felt that transportation is an important policy component in healthy lifestyles, but for lower income groups, as well as for some in rural communities, their perception that it is not safe to let children bike and play outdoors.
- **Development of nutrition and fitness education policies received support.** Policies that focus on providing education about nutrition and fitness to parents and adults were generally accepted. Suggested topics included how to spend money wisely on fresh foods, how to make sense of nutritional labels, recipes for using fresh food, and learning what healthy portion sizes are.
- **Providing access and availability to healthy foods was perceived favorably.** Focus group participants supported programs that increased the ease of finding and buying fresh foods, such as farmer's markets, community gardens, locally grown fruits and vegetables, and increasing the availability of fresh foods in all neighborhoods.
- **Not all agreed that policies alone can make a difference.** Some felt that the many societal and lifestyle issues mentioned in the section above make it difficult for policies to influence healthier individual choices, which were also seen as essential to addressing the issues of obesity.
- **Behavior change requires support.** In thinking about ways to combat the social pressure and cultural norms that drive unhealthy choices, the respondents in the focus groups generally proposed ideas that provided community and peer support – groups like 12-step programs that provide accountability and emotional support, as well as educational, recreational and other programs that develop a support group by attracting people who share common interests, ethnicity or other social bonds.
- **Public communication should combine the messages of nutrition and physical activity, include the use of stories (which is considered an effective way to communicate with the public) and, within communities of color, be given in the context of relationships.** When asked about a preference for nutrition and physical activity related topics, survey respondents chose those titles that involved knowledge and skills that would be applicable in their day-to-day lives, such as 'Healthy Meals on Your Table', and 'Food for a Healthy Life'.

Additional detail on the recommendations and findings, as well as the instruments used to conduct the assessment can be found in the full report, which follows.

ASSESSMENT PROCESS DESCRIPTION

PROJECT BACKGROUND

The Minnesota Department of Health (MDH) Chronic Disease Reduction Unit sought to partner with a vendor to improve the effectiveness of Minnesota's Statewide Health Improvement Program (SHIP) grantees by enhancing their communication skills, practices, tools, and assets. It had been determined that their programs were lacking specific training and capacity building in communications strategies to get the word out about their efforts. To that end, DeYoung Consulting Services (DCS) was engaged to help develop communications best practices, create and deliver trainings for SHIP grantees, and provide one-on-one assistance to each grantee who desires it.

As a part of developing communications best practices our firm was charged with the creation of key messages, which SHIP grantees could then incorporate into communication efforts to their target audiences. These messages were to be based on findings from an assessment process conducted by DCS, as well as research previously completed by Blue Cross and Blue Shield. DCS' research included conducting focus groups, disseminating a survey and analyzing the results of these data gathering efforts. Our team then met with a Blue Cross and Blue Shield consultant to determine how to incorporate their research findings with our own. This resulted in development of a series of draft key messages, which, along with assessment findings, will be shared with SHIP grantees via a webinar.

The DCS data gathering process, findings and recommendations are detailed in his report.

ASSESSMENT DESIGN

The assessment design of the communications message testing project involved both quantitative and qualitative data collection tools. The following instruments were developed and implemented:

- Stakeholder Focus Group Protocol
- Stakeholder Survey Protocol

The focus groups were conducted first, followed by the survey. The survey protocol was designed to supplement and inform the data gleaned during the focus groups. Specifically, the protocols were designed to encourage responders to reflect on their understanding of health-related terms (such as healthy eating, physical activity, etc.), their perception of the role of the state in addressing health-related issues and how messages regarding nutrition and physical activity can best be presented.

IMPLEMENTATION

Our team conducted nine focus groups. (The focus group protocol is included in the appendices.) Table 1 below shows the number of persons participating in each location/within each target audience.

Table 1: Target audience and attendance

Focus Group	Number of participants
African American	6
Asian	12
Dodge County	11
Edina	6
Latino	12
Minneapolis	9
Native American	12
St. Cloud	7
St. Paul	10

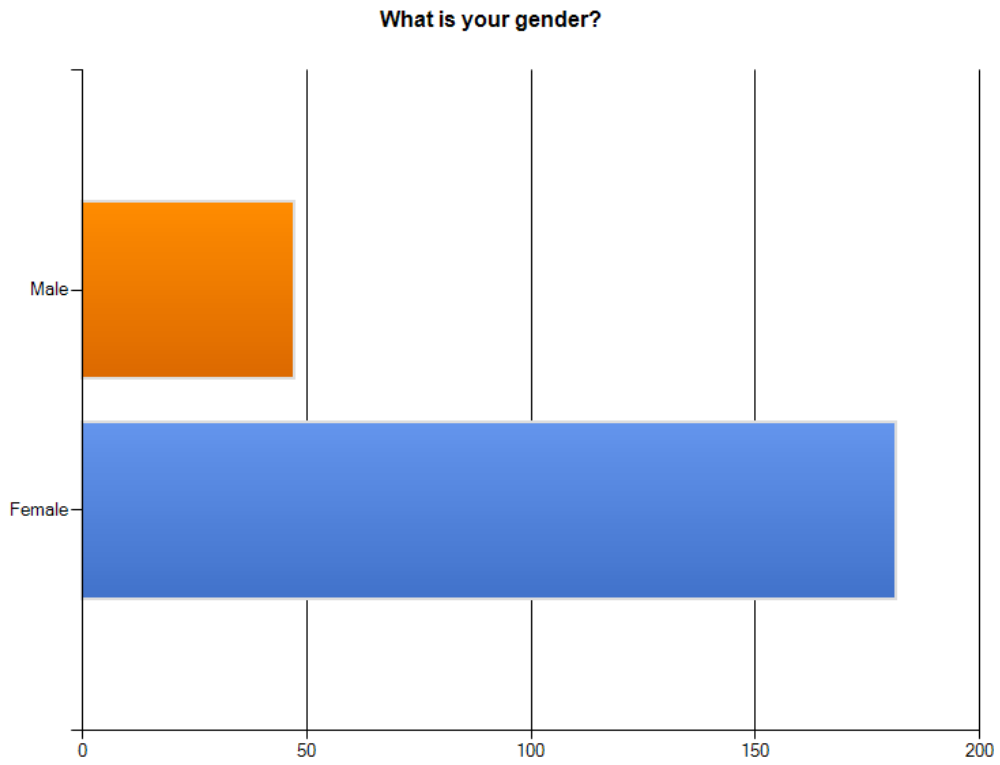
An electronic survey was disseminated via Survey Monkey. (The survey protocol is included in the appendix.) An email was sent to individuals who had participated in the focus groups, those who had facilitated recruitment of participants to the focus groups and our own personal networks. Persons receiving the survey were encouraged to share the survey with others whom they thought would like to participate. A total of 252 people responded to the survey.

LIMITATIONS

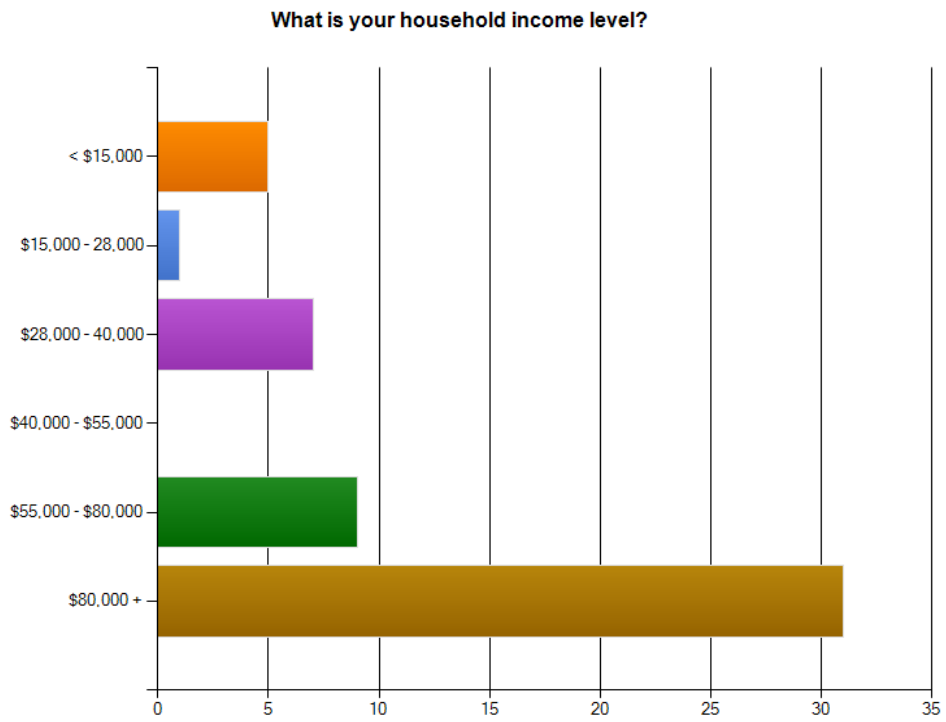
Focus Groups: Our team intended to conduct 12 focus groups but we had difficulty recruiting participants at the scheduled times. This resulted in a smaller sample than we would have preferred.

Survey: We are unable to provide a response rate for the survey because it was not sent to a targeted audience. And, based on the demographic information gathered through the survey, there were a disproportionate number of respondents who are:

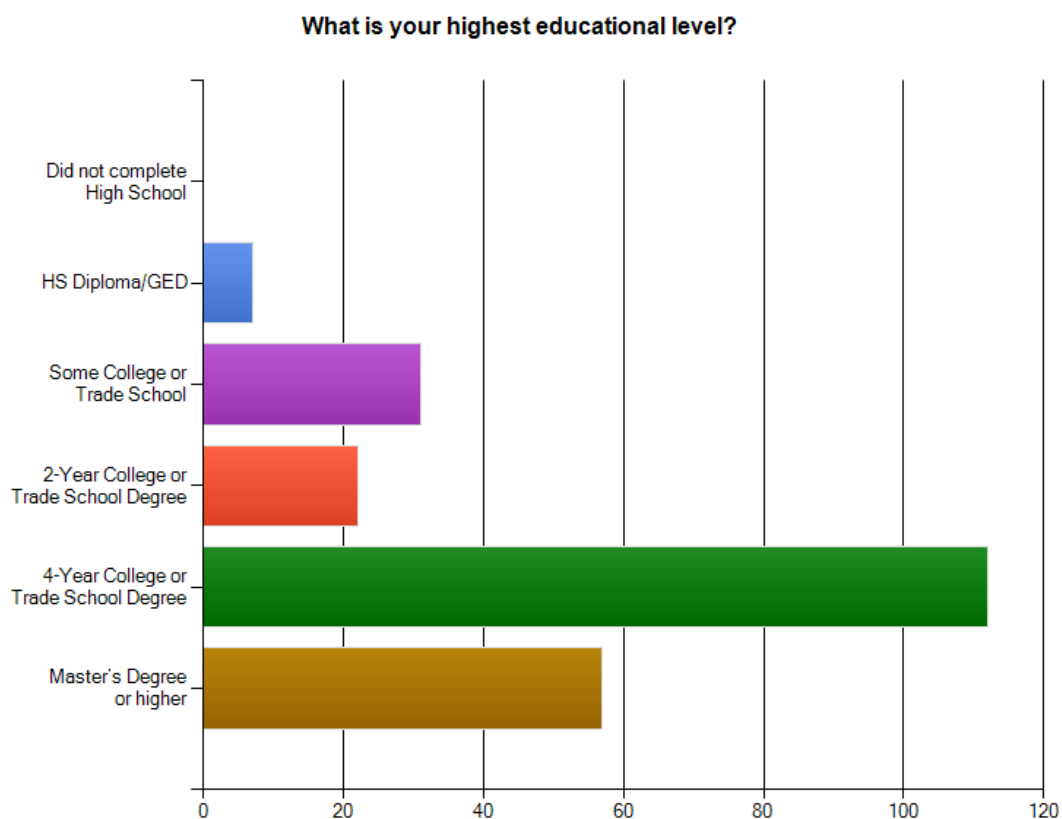
- Female



- High income



- And Well Educated



ANALYSIS

Focus group comments were recorded in a matrix according to the focus group script and a thematic analysis was performed across focus groups within each question. The two consultants independently reviewed focus group comments to identify patterns in the comments that could represent themes to be reported to MDH.

Responses from the survey were compared to information gathered in the focus groups.

FINDINGS

Below are common themes that surfaced during the analysis. Quotes and survey data are used to support those themes.

SOCIETY PAYS FOR OBESITY

Generally speaking, most participants believed that obesity costs them financially. And on most occasions when someone was not sure if obesity took a financial toll, the facilitator's review of recent statistics was enough for him or her to rethink the issue.

“Personally I’m not obese, but I think it costs me indirectly because I’m a taxpayer. People who are obese have so many health issues like diabetes, heart disease, and that costs taxpayers money by making health insurance premiums higher.”

“It costs society. We lose years of productive work lives.”

[Upon hearing statistics about the cost of obesity] “The hard numbers help me see how it will affect me down the road.”

This perspective was corroborated by the survey responses:

1. How strongly do you agree or disagree with the following statements? Create Chart Download							
	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Rating Average	Response Count
The costs of obesity affect everyone in society.	1.6% (4)	3.3% (8)	3.3% (8)	36.2% (88)	55.6% (135)	4.41	243

A few participants felt that statistics overwhelmed, rather than swayed, them.

“No. It is such an inconceivable amount of money and impact. I don’t think it does register. Like smoking, it’s easy for people to rationalize that it’s not about me. When you eat like that you have to justify it somehow, so you don’t think those statistics relate to me.”

“No, I don’t think statistics do. Especially for obesity or smoking – I don’t think it affects people. There’s a lot of information about how to lose weight and the side effects of obesity, and I don’t think it changes people.”

And a number of participants spoke of the non-monetary costs, such as emotional and psychological costs and a poorer quality of life.

“There is a cost in terms of quality of life for the people who are obese. How has it cost me? And it does in things like a sibling or friend who can’t do things – I called a friend to do the Alzheimer’s’ Walk with me, but she couldn’t do that because (she is obese and) her knee is bad.”

“If your kid is overweight, they will be made fun of and it will hurt you to see them come home crying. I’m strict with my kids. I don’t want my child to have a bunch of health problems.”

“It has many levels. Moral, economic costs. Economic costs—healthcare that tax payers pay for; money for electric carts to tote people around, programs to get people to lose weight.”

A MYRIAD OF FACTORS CONTRIBUTE TO INCREASED OBESITY

Participants indicated a number of factors that they believe have precipitated an increase in the rate of obesity, including love for and dependence on technology, cultural factors, such as changing social values and norms, lack of nutrition education and concern for physical safety.

Societal Factors

Participants remarked that the cultural, economic and lifestyle factors that combine to set the stage for obesity are pervasive; it is difficult not to get swept up by them and difficult to overcome a lifestyle they were taught growing up. Individuals in all the focus groups voiced how overwhelming it can be for people stressed for time and wanting convenience to make the choices that promote their long term well-being. Work is sedentary, and people use technology, rather than physical activity to relax and play. Many groups noted that children prefer video and computer games to physical play, and that adults find it an easier choice as well.

“Social networking; we spend time on My Space, Facebook; we can talk to 10 people at once on the computer instead of going out to see someone.”

“The world we live in today; everything wants to be instantaneous; people don’t want to work to exercise. The same thing with eating right; you can go down the street and get a meal quick; you don’t want to take the time to cook. American’s a little lazy in some respects.”

“The other element is the environment in which you’re raised. If you come from a family where you are cooking with your family, that’s what kids will do. Kids learn what their parents do. But if you come from an environment where they’re buying the cheap sugar drinks instead of the real juice, that’s what the kids learn. The question is how do you break them out of that cycle? There are a lot of people who are trending more and more toward convenience. That’s what the family is doing, that’s what they’ll continue to do.”

“As a parent, we’re inundated with everything we’re supposed to do – because there’s a Catch 22. My children don’t get enough exercise, they don’t get recess in Jr High, then there’s 2 hours of homework, make sure they do their homework, and sign my kids up for things, which I’m happy to do, but now because I’m so busy making sure my kids are doing all these things to get enough exercise, I don’t have enough time to cook decent meals. I look back at my mom who was very busy and she worked, but she didn’t have to manage my physical activity. Not that it’s 100% the school’s fault. Part of it is safety. Kids need a safe place to go and run around. My kids don’t bike as much as I did because they have much smaller boundaries than I had – for safety.”

“Everything is go-go-go. It’s easier when you’re on the go to stop at McDonalds, plus it’s cheap. You don’t have time to shop, cook, etc.”

Survey respondents indicated that they felt obesity is a result of both societal factors *and* individual choice.

1. How strongly do you agree or disagree with the following statements? Create Chart Download							
	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Rating Average	Response Count
I think most people who are obese are obese because they make poor choices.	4.8% (12)	18.9% (47)	18.1% (45)	48.2% (120)	10.0% (25)	3.40	249

What about the Children?

Focus group participants agreed that the same societal pressures that adults face also affect children; they believe that raising children to be knowledgeable about the impact of nutrition and physical activity on their health is difficult for all the reasons outlined here. However they also recognize an opportunity to have a long-term impact on the problem of obesity in our state if the groundwork can be laid for children to develop healthy habits of nutrition and active play. They acknowledged that parents find it difficult to get their children to eat fresh fruits and vegetables.

The groups all spoke of the need for children to be taught better habits; this should involve parents doing a better job of parenting and making positive role models at all levels of society more available, from Michelle Obama (mentioned in several groups) to physicians (by being of healthy weight themselves) to parents who are the most important role models.

“My daughter cooks very nutritious for her kids but then they won’t eat it. She gives in and they eat something else (pizza, snacks, pizza rolls). She packs them little carrots or fruit in their lunch then it comes back. So what do you do?”

“I think we need better role models, too. You see a lot of obese law enforcement, obese doctors. And he’s telling you that you should do these things, and you think “Why don’t you?”

“I think our president/first lady are cracking it! They’re doing good job as far as being good role models.”

“Two young mothers I know that had babies in the last year, their pediatricians told them to start with feeding their kids only vegetables, not even introducing cereal. That is new. Now these mothers tell me that these toddlers prefer the vegetables. Because that was introduced first they acquired a taste for it, and now they love it.”

“I think it’s a problem that starts very young, not just in family but in schools. Being thin or keeping your weight down is not a subject we teach. It’s just like we don’t teach how to use money. We don’t teach what good foods to eat. We don’t talk about the costs of overeating, or eating bad food. So a lot of people don’t learn this until it’s too late. So fat kids become obese adults.”

There was general agreement that changes in schools “from when they were growing up” have increased the rate of childhood obesity. Many felt that a renewed interest in walking to school, as

well as increasing time for play and physical education are high priorities. They were often aware of efforts to offer healthier food at school lunches, but felt that more needs to be done, such as providing nutritious food at breakfast and snacks,. They also suggested that more interesting nutrition education programs be offered from the earliest grades through high school.

“I think schools are key. What happens in the school affects the kids. And it won’t undo the bad things that happen at home, but it will at least offer an alternative to what they get at home. They can see that this is what healthy food is about, and perhaps someday they will choose that.”

“In schools – gym classes, or a specific time for gym has been cut because they have to get in enough time for math and reading. So they don’t get any time for gym.”

“Schools dropping PE to save money.”

“There was a movement to remove soda machines from schools. I have seen one school that just had juices, water, and milk in its vending machines. I wish they would do more of that. It’s very difficult to make those changes.”

“I like what [name] said about nutrition education. There’s health classes, but it’s not focused on or pushed.”

“When my kids were young, they each walked 8 blocks to school, walked home for lunch, walked back and then home at the end of the day. I never had to worry about their activity.”

In more general terms, survey respondents believed that external forces contributed to the increase in childhood obesity.

1. How strongly do you agree or disagree with the following statements? Create Chart Download							
	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Rating Average	Response Count
Our community’s social and physical environmental plays a part in the increase of childhood obesity.	0.8% (2)	5.4% (13)	12.0% (29)	49.6% (120)	32.2% (78)	4.07	242

Transportation

Participants believed that transportation factors, whether structural or societal, can influence one’s level of physical activity, and therefore increase levels of obesity.

“If you have a car, it hinders you from a lot of physical activity. You won’t walk to the corner store or take the bus if you have a car. Once you start to drive, you refuse to walk anywhere.”

“...when communities have highways or other infrastructure that make it difficult to go

through neighborhoods. It's not easy even for people who are avid bicyclists, not safe to cross the highway, let alone with groceries."

"Street design is a factor. Streets are designed for cars, not bikes or people. In most areas, the pedestrians are not accepted."

"There's no room for bikes on the street, and the cops yell at you if you ride on the sidewalk. It's so much cheaper to bike."

"In St. Cloud, our transportation is different than in an urban area. If I want to go to work, I would probably drive somewhere in order to catch a bus, probably a couple of buses. You don't get exercise because you drive to work."

Genetic Predisposition

Some participants, particularly those from communities of color, believed that some individuals are genetically predisposed to obesity and/or that one can be overweight and healthy.

"I suppose it does cost, but there's something to be said that there's a healthy body shape for each person; it varies. Not everyone should be skinny. There's also a cost to trying to be too thin."

"It shouldn't matter how you look; you should be comfortable with who you are. Also, you can still be obese and be somewhat healthy too—if you get out and walk. People think too much about how they look."

"I disagree that obesity causes health care costs to go up. People can be obese and still be fit. My doctor says I carry my weight well."

Food Subsidies/Commodities Given to the Poor

Those who used public services indicated that the food provided was not particularly healthy, which can lead to weight and health concerns.

"Not only that, but look at the food the government gives to people who have economic problems. That is high-calorie macaroni, cheese, not healthy stuff, it's what they have in surplus that they wanted to take from the farmers, and put into food shelves, so to speak. I don't think there was a great deal of thought into how healthy the food was."

"With food stamps, can't afford it. The free food shelves only give canned foods, starchy foods like macaroni, and cheese."

"It is a problem. It can cost. A lot of places give out free food but it's not healthy food (shelters get foods that stores don't want). As a taxpayer, we pay for health insurance through our tax dollars."

Others questioned why the government subsidizes food that they perceive to be unhealthy.

“But it does bother me that the government subsidizes things that are unhealthy because it’s good for economic interests, or somebody is going to benefit from it economically.”

“So policies like that, when you look at food policies – obviously they subsidize a lot of things. They subsidize corn for high-fructose corn syrup.”

Economics/Power of Food Producers and Restaurants

Several focus groups talked about the economics of food choices and the resources that food companies and restaurants spend on marketing, which they believe is a factor that drives obesity. This marketing is persuasive to both children and adults; and it is incessant. Participants felt that the least healthy food options are the cheapest to purchase to fill hungry mouths; they are also the most profitable for food manufacturers and restaurants to sell. Participants also believed that highly processed “fake food” fills most of the shelves in grocery stores.

I think a lot is related to what’s in the grocery store, what’s affordable and what’s not affordable. I see a lot that I don’t consider food! I see things marketed to kids like Fruit Snacks – that’s not fruit, it’s candy. If you could get rid of all those fake foods then things would shift a lot. There are a lot of budget things that have to be worked through at the grocery store. There’s probably 10 feet of shelf with 30 kinds of fake fruit because that’s profit-driven and everybody, everybody thinks short-term versus long-term choices. People think short-term vs. long-term. Do you want the apple or the brownie? People will have the brownie.”

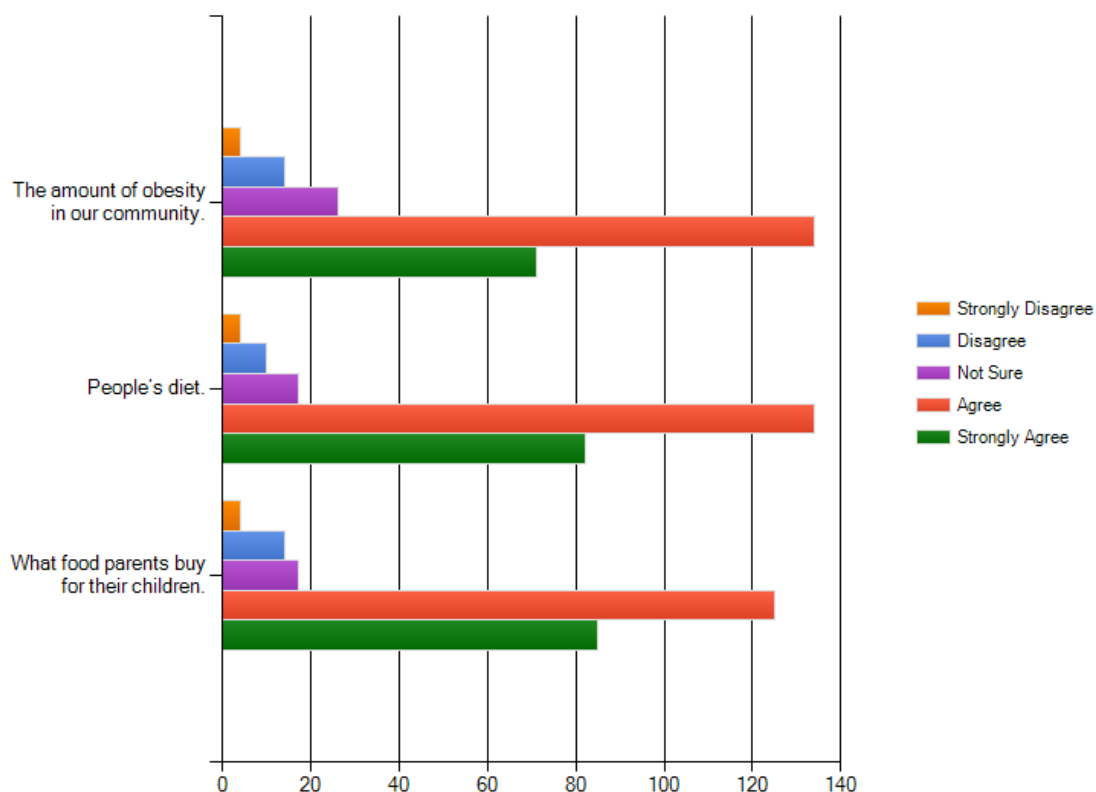
“Ads appeal to kids, they use animation, and things to attract the kids and encourage them to get unhealthy things.”

“They are not targeting people who can afford it; they’re targeting people who need to satisfy themselves and their kids.”

“I’m thinking about the slogans from Taco Bell that put me over the edge. ‘It’s late, eat more!’ ‘The fourth meal of the day!’ And this isn’t helping any of us. There are far more ads that way, than helpful messages. And the things marketed to children are devastating!”

Survey respondents also indicated that they believed food marketing and advertising to be a significant factor in influencing buying and food consumption habits.

Food marketing and advertising significantly influences:



GOVERNMENT POLICY DEVELOPMENT

While most in the focus groups believed that the government, at all levels, should be involved in creating policies to address issues of obesity, nutrition and health, there was not general agreement on the degree to which policy makers should be involved. The area that received the most positive response was opportunities for physical activity and healthy food offerings in schools.

“Absolutely [government should be involved in education], because people don’t know, deception that has been going on. E.g., 1-calorie pop may actually cause people to gain weight too; we don’t have all the information. Some of the same chemicals in cigarettes in diet pop.”

“Government should be involved in school lunches.”

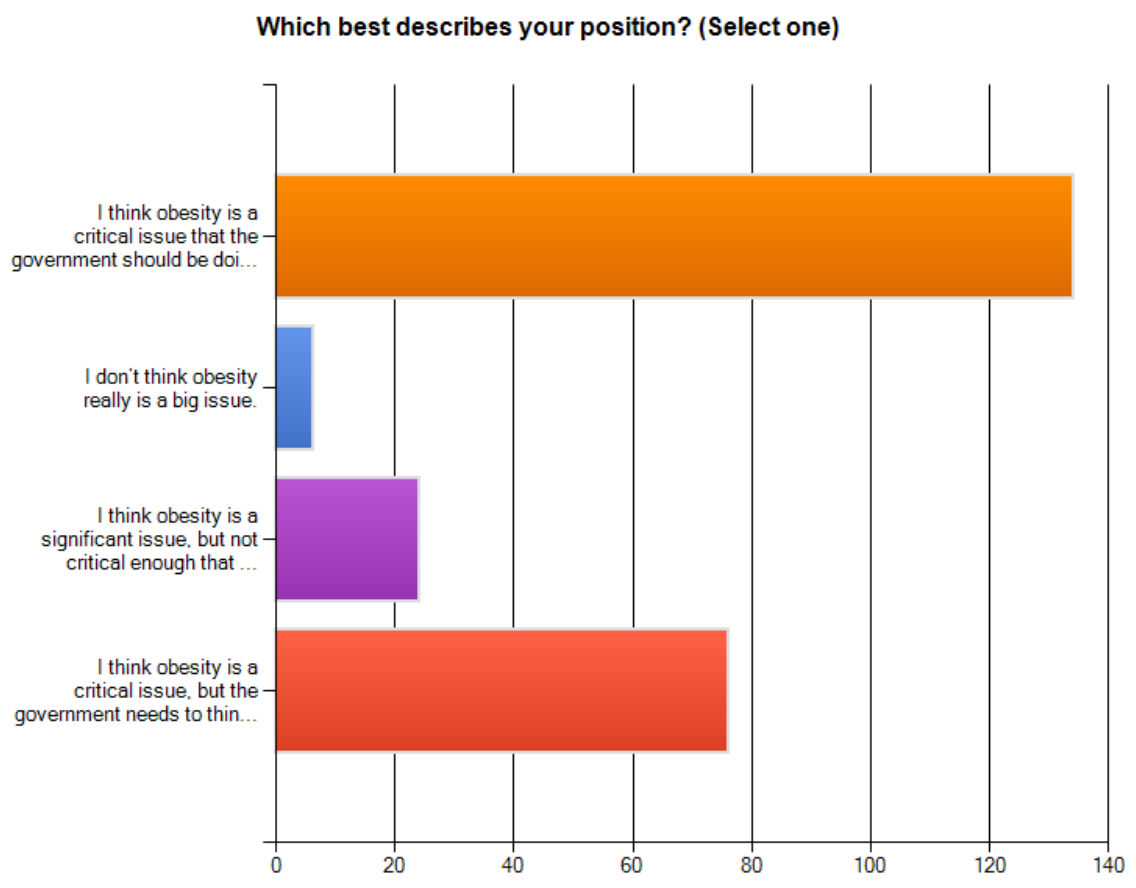
“Food distributed at school should be considered an investment in the next generation. Basically what they’re eating at school is educating them that it’s OK to eat like that – the sandwiches that have a lot of bread in it. Or healthier food for their systems, when you eat healthier, your whole system works better. If it starts at that young age, it will continue.”

“In high school and junior high, our gym activities were well-rounded – flag football, swing dance, etc. There just needs to be more time spent.”

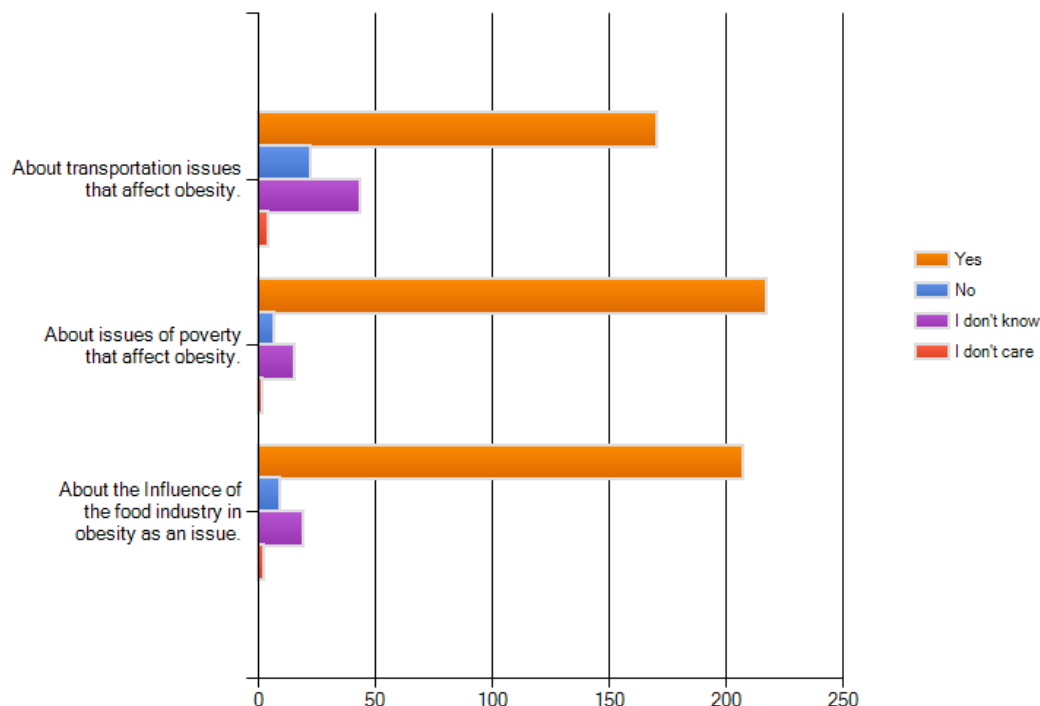
“They don’t have much physical education. Government should mandate it.”

“I think the fact that we have a government, it’s partially their responsibility to take action to take away obesity through school lunches and other things you’ve mentioned.”

Most survey respondents concurred that the government should be involved in creating public policy regarding issues that affect obesity. Policies that address issues of poverty as they relate to obesity received the most support, followed closely by policies that address of the food industry’s influence. Transportation policy received the support of the majority, but came in third in order of priority.



Thinking about public policy, please respond to the following statements with the most appropriate response. I think health experts should be at the table when policies are formed:



Transportation

Focus group participants offered a mixed response when asked about the relationship between transportation policy and health. Some groups felt that transportation is an important policy component in healthy lifestyles.

“We don’t have a lot of walking paths or sidewalks. Growing up, we had sidewalks everywhere.”

“We did a walk to see what there is in Hayfield, lots missing in Hayfield, and if you had a stroller, too bad for you. But we also saw a lot of wide streets that could have bike path on it.”

“If you could make it easier to bike in and out of the park, more would go to the park. I think it would make a difference.”

“We need better biking systems (like in China everyone bikes). I’ve seen one project by the U and downtown where they added bike lanes, and the Greenway, but it needs to be expanded a lot. If you’re in the street, you’re in danger.”

This issue was obscured for lower income groups, as well as for some in rural communities, by their perception that it is not safe to let children bike and play outdoors.

“My son rode his bike home from school one day, 6.5 miles out, someone grabbed at him as they were driving by. It’s not worth it to have him in danger riding bikes.”

“It’s a safety problem, both traffic and people.”

“Safety is an issue for hiking and biking, especially in Minneapolis – there’s already 30+ homicides.”

“Safety is an issue when walking. I am afraid of being attacked.”

Nutrition and Fitness Education

Policies that focus on providing education about nutrition and fitness to parents and adults were generally accepted. Suggested topics included how to spend money wisely on fresh foods, how to make sense of nutritional labels, recipes for using fresh food, and learning what healthy portion sizes are.

Education for children and parents of young children was given the most discussion time in the groups.

“There needs to be education to teach children what is nutritious; we need programs to educate. Pictures need to reflect my community and culture. We need to teach them how to cook”.

“My children are at an after-school program right now. They come home and talk about nutrition they’ve learned in their after school program. I like that they’re educating them about the right food choices. But I was never educated on that growing up. What I should be looking for on the label – carbs, starch. How do I read that? What does that mean? You need to know what’s actually happening to your body – what happens to your heart, a real visual graphic of what it’s really doing to your body when you consume certain foods that are bad for you.”

“Children would benefit from a community garden. Children could learn how to produce their own food, because it’s all biology, learning about plants and water and the earth. And they get exercise while working. It’s more than just getting better nutrition, it’s doing it yourself.”

“Yes, expanding those programs, since the income requirements are very low so that people with income above it still need help. I agree with that. I also think that education about what happens to your body with all this stuff. Like on Oprah, Dr. Oz says your body becomes insulin resistant from sugars and carbohydrates. And think about Diabetes is a horrible disease, but how many people don’t really know what the disease is like – that they can lose their sight, their limbs! Just want to take a pill. The

pills, or shooting insulin don't resolve diabetes long term. It doesn't mean that diabetes doesn't still march! Show them! You lose limbs! They need to know what it is like."

"I think the state needs to be highly involved, because this is a problem that was started with our [Native American] history, the government started this. And I think they should help us make some corrections. Get money, get programs, and get the food programs, exercise programs. Get them funded."

Access and Availability of Healthy Foods

Focus group participants supported programs that increased the ease of finding and buying fresh foods. They all had positive views of farmer's markets, community gardens, locally grown fruits and vegetables, and increasing the availability of fresh foods in all neighborhoods. The practice of using food stamps to buy healthy food only was raised in many groups, and groups were mixed in their view of this issue.

"I think both availability and cost should be improved. They could specify what to buy with food stamps."

"This is the only country I've seen where it's more expensive to buy healthy foods instead of processed food. Everywhere I have travelled, the ingredients that you buy in the markets are the cheap foods, and the things that are in packages that have been processed or imported are expensive. It's the opposite here."

"We have the farmer's market. I go to it. (Names the schedules for several in St. Paul.)"

"I think the state needs to be highly involved, because this is a problem that was started with our [Native American] history, the government started this. And I think they should help us make some corrections. Get money, get programs, and get the food programs, exercise programs. Get them funded."

Lack of Agreement on Policy Creation

Not all believed that policies alone can make a difference. Some felt that the many societal and lifestyle issues mentioned in the section above make it difficult for policies to influence healthier individual choices, which were also seen as essential to addressing the issues of obesity.

"There's certainly a balance here. You can create the framework and guidelines; you can create all the infrastructure you want, but if you don't get the people to react to those, you're doing it for naught. You can outlaw trans-fats, as in New York. Yeah, it's good to have the public policy to set the stage, and make it all available, but you still have to get kids away from the video games, get them to bike. Encourage them to get them to be more active. And school is not the entire answer. There has to be something beyond – family. They say the family culture in the US is declining. I don't know what the answers are, I'm just saying there's a package out there, and public policy is a part of it, but there has to be community responsibility, something else to make it work."

BEHAVIOR CHANGE REQUIRES SUPPORT

In thinking about ways to combat the social pressure and cultural norms that drive unhealthy choices, the respondents in the focus groups generally proposed ideas that provided community and peer support – groups like 12-step programs that provide accountability and emotional support, as well as educational, recreational and other programs that develop a support group by attracting people who share common interests, ethnicity or other social bonds.

The example of Albert Lea as a healthy community was raised by a few of the groups as a successful intervention that had community-wide benefits.

“Whatever is happening in Albert Lea must be working somehow. I’m sure that there’s something that came out of that that had changed their lifestyles and they’re much happier.”

“I agree though that to have meetings where people get together, where you can find partners and supporters to help would be motivating. Make it community-based.”

“There have had a lot of communities that have gone on community efforts. So many people signed on that we’re all going to do this together. And it’s been a great thing. They get together. It’s not where anyone has to pay any money to belong to. And they do it as a community, and that’s been very beneficial.”

“Support. Talk to each other, “Let’s go out and go for a walk.” My mom and sister are talking about losing weight. Want to join YWCA?”

Conversation in Dodge County: “Show me that this can be done. You did it, but I don’t think I can.” “How about if I come along with you, next to you, and I’ll show you how I was able to do it.” “BINGO!” “Yes. And we’ll do it together. (Others: Yes, there you go!) “There’s that whole community piece.”

MESSAGING

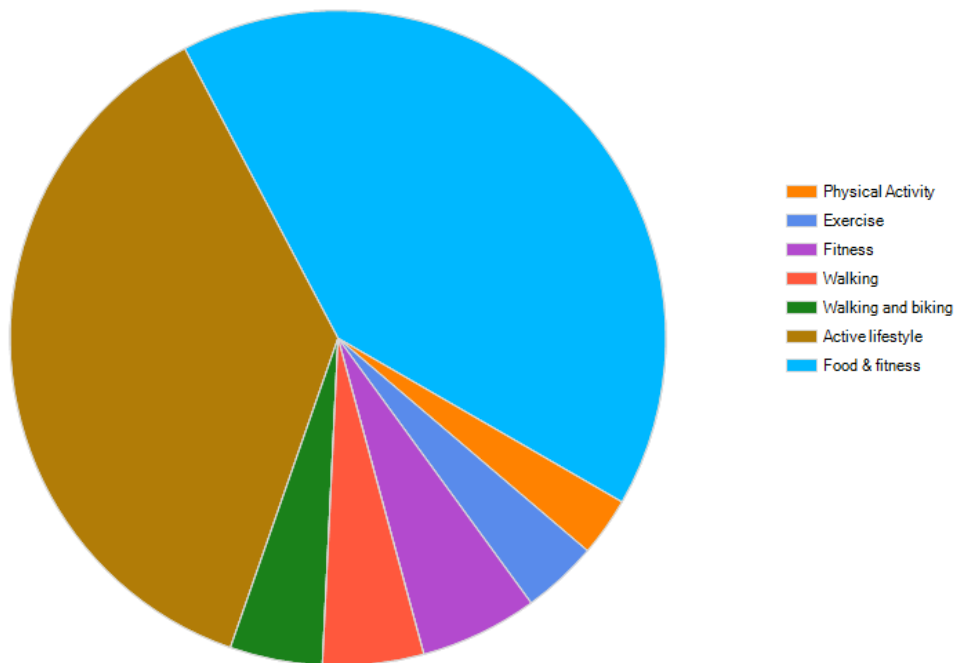
Most focus group participants believed that, to be most effective, public communication should combine the messages of nutrition and physical activity.

“Both are important – if you only have one you won’t be healthy. There should be both. Depending on the setting, discussing both might be a lot to throw at people, but it’s best to talk about both together.”

“On the front of a magazine, you see how to lose weight, open it up, and it’s always nutrition and exercise. I think they’re generally presented together.”

Survey responses seemed to support this view. Respondents seemed to be more drawn to messages that speak to an overall lifestyle.

Thinking about physical activity: Imagine that a well-known fitness expert was speaking at a special event in your neighborhood. Which of the following words or phrases should the speaker be sure to include in the title of this program to motivate you to attend? Choose one:



A few focus group respondents, however, noted that combining messages might be less effective than a planned, step-by-step program of delivering messages about staying a healthy weight.

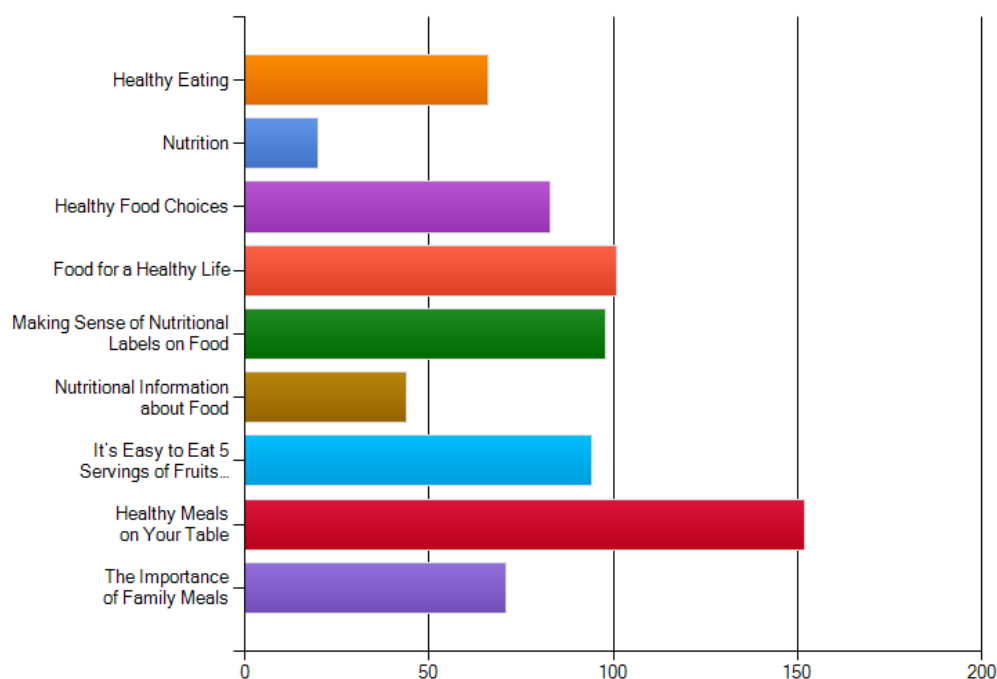
“But if you’re talking to someone who does neither, and they eat bad and they don’t exercise, to think about both --- “Overwhelming!”

“[In the program I was in, we discussed] Eating habits, first. The first couple weeks, it was nutrition. Then after that, we talked about how to exercise. The main focus for me has always been food. I think exercise was just a problem because I couldn’t do it. Now that I can do it, I run up and down the stairs when I have the chance.”

“I think you need to be cautious. But it can get too complicated; and if you tell them they need to eat right and exercise, now you’re putting a double burden on them. Maybe they can just focus on one at a time. You need to do it all, but you can’t do it all at once.”

When asked about a preference for nutrition related topics, survey respondents chose those titles that involved knowledge and skills that would be applicable in their day-to-day lives.

Thinking about nutrition: Imagine that you are at the doctor's office with half an hour to wait for your appointment. There are brochures to look at with the following titles. Choose three brochures to read.



Survey respondents also expressed their preference for health improvement program names.

3. To what degree would a program with the following names interest you? Create Chart Download						
	Very Interested	Interested	Not Very Interested	Not at all Interested	Rating Average	Response Count
Make the healthy choice the easy choice.	36.5% (88)	50.6% (122)	10.0% (24)	2.9% (7)	1.79	241
Exercise your right to feel better.	27.3% (65)	54.2% (129)	14.7% (35)	3.8% (9)	1.95	238
Small changes can have big effects on health	30.6% (74)	43.8% (106)	22.3% (54)	3.3% (8)	1.98	242
Statewide Health Improvement Program	15.0% (36)	32.5% (78)	35.8% (86)	16.7% (40)	2.54	240
Individual solutions for individual problems. Community solutions for community problems	14.7% (35)	36.6% (87)	35.3% (84)	13.4% (32)	2.47	238
Minnesota Physical Activity and Nutrition Program	13.4% (32)	38.1% (91)	36.8% (88)	11.7% (28)	2.47	239
Eat better. Move more.	42.1% (101)	41.7% (100)	11.7% (28)	4.6% (11)	1.79	240
answered question						244
skipped question						8

1. If a speaker gave a talk and used the following terms or phrases, would you know what they meant? Create Chart Download						
	Yes	I think so	I don't think so	No, not at all	Rating Average	Response Count
Healthy Living	76.1% (181)	21.4% (51)	1.7% (4)	0.8% (2)	1.27	238
Safe Routes to School	73.5% (175)	16.0% (38)	8.8% (21)	1.7% (4)	1.39	238
Farm to School	46.6% (111)	21.0% (50)	23.5% (56)	8.8% (21)	1.95	238
Minnesota Obesity Program	28.0% (66)	35.2% (83)	31.8% (75)	5.1% (12)	2.14	236
Active Schools	37.4% (89)	35.3% (84)	23.1% (55)	4.2% (10)	1.94	238
Active Communities	41.8% (99)	36.7% (87)	19.0% (45)	2.5% (6)	1.82	237
Active Transportation	28.7% (68)	31.6% (75)	32.9% (78)	6.8% (16)	2.18	237
Complete Streets	21.9% (52)	16.5% (39)	41.8% (99)	19.8% (47)	2.59	237
Policy, Systems and Environmental Change	27.8% (66)	29.1% (69)	33.8% (80)	9.3% (22)	2.24	237
Worksite Wellness	54.0% (128)	36.7% (87)	7.2% (17)	2.1% (5)	1.57	237
Community Gardens	79.3% (188)	16.9% (40)	3.0% (7)	0.8% (2)	1.25	237
Farmer's Markets	89.0% (211)	9.7% (23)	0.8% (2)	0.4% (1)	1.13	237
Eat Healthy	85.3% (203)	14.3% (34)	0.0% (0)	0.4% (1)	1.16	238
Increasing Access for Non-motorized Transportation	57.2% (135)	29.2% (69)	11.9% (28)	1.7% (4)	1.58	236
Whole Grains	87.3% (207)	11.0% (26)	0.8% (2)	0.8% (2)	1.15	237
Physical Activity	92.9% (221)	6.7% (16)	0.0% (0)	0.4% (1)	1.08	238
Fitness	89.4% (211)	10.2% (24)	0.0% (0)	0.4% (1)	1.11	236
Bike & Walk to School	86.9% (205)	11.4% (27)	1.3% (3)	0.4% (1)	1.15	236
answered question						238

They also reflected on their understanding of terminology often used in the public health community.

The Importance of Stories

Several groups noted that using stories is an effective way to communicate with the public. They agreed that stories get their attention more easily than statistics. Statistics communicate at a certain level, but most people want a message that they can relate to – a story. One group discussed at length that a poignant story of a single individual can be powerful in gaining an emotional response.

Some groups who discussed the use of humor and scare tactics such as showing the loss of a loved one or portraying the progression of diseases related to obesity, thought these messages would be effective though others thought they could backfire if not done well. There was no group consensus regarding the use of positive or negative messaging. Different approaches seemed to work for different people. And the Asian group noted that their sense of humor is very different from that of mainstream culture, so use of humor would not work for them.

“Some good stories! (Others: Yes, stories) about doing it right. Something that people can relate to.”

“I also think that education about what happens to your body with all this stuff. Like on Oprah, Dr. Oz says your body becomes insulin resistant from sugars and carbohydrates. People who didn’t watch Oprah don’t know about that. And think about Diabetes is a horrible disease, but how many people don’t really know what the disease is like – that they can lose their sight, their limbs! They just want to take a pill. The pills, or shooting insulin don’t resolve diabetes long term. It doesn’t mean that diabetes doesn’t still march! Show them! You lose limbs! They need to know what it is like.”

“I’m wondering if another thing we could do is in public interest ads to put a face on things, personalize it, it would go a long ways towards awareness and maybe you could impact other people better if you have some personal connection to health issues related to obesity.”

“Research shows that if you do a story about 20 million in Pakistan who are homeless – nobody cares. It goes down to if you tell the story of 2 people, your interest is a little bit more. But the thing that really matters is the story of 1 person. The effectiveness went down if your ad shows 2 people. I’m thinking of psychological impact as well as the Oprah effect, which is – put a face on it. Maybe you have to go that route. It’s not the statistics – 67% of people are overweight – that doesn’t seem to do it. Make it personal.”

“They should be like our ways so that we can understand. Some of the jokes are not funny. They should use our humor and language.”

Communicating within specific communities

In discussing how to best communicate within specific communities, we heard communities of color welcome health programs, educators, and professionals who come into their communities;

they feel the work these professionals do is helpful. They stressed the importance of health workers coming from the outside building trust within the community; some ethnic groups felt that it is important to get to know the culture and lifestyle of their communities before asking for members to participate in programs or to make changes in their daily habits.

These groups also discussed that they are no different from other Minnesotans in that they are influenced by mass marketing and advertising, and in some cases they feel that they are being targeted for messages for poor quality foods.

“Everyone relates to those things. Most people do relate to the commercials out there – but they’re not usually talking about what’s good for you. It’s the bad stuff that they spend money to advertise.”

“It’s hard to say. You would want them to come and have our best interest in mind, but sometimes I tend feel they’re looking down on us because we’re not doing what we’re supposed to be doing with our health, and like they’re doing us a big favor by coming to our community to do things for us. May be on some people’s mind, that I can take care of myself, that I don’t need you in here.”

“(A community member) could be kind of like an interpreter for the community. We don’t speak Spanish, but I think sometimes we need a community interpreter, someone who knows the language and the lifestyle of the community. They are in the community, they live in the community vs. the dieticians I’ve been seeing, they live in the suburbs.”

RECOMMENDATIONS

Based upon our findings we offer the following recommendations:

- Emphasize the costs of obesity to society, both in monetary and sociological and personal terms. Most participants were “on board” with this argument or were easily swayed if they were not.
- Develop messages that grab people on an emotional level; use a story that illustrates the human costs of obesity and the diseases related to it.
- If using humor in messaging, use it carefully; though it can be effective, it may not “play well” across cultures.
- Combine nutrition and physical activity messaging, but don’t overwhelm the target audience with a mandate for sweeping lifestyle changes. Provide incremental steps people can easily fit into a busy daily routine. Messages connecting health and food, such as “Healthy Eating,” “Food for a Healthy Life,” and “Healthy Food Choices” were found to be preferable to “Nutrition.”
- Be aware of insider language. In general, respondents did not understand terms such as, “Complete Streets,” and “Active Transportation.”
- People feel positively about farmer’s markets, community gardens, locally grown fruits and vegetables, and increasing the availability of fresh foods in all neighborhoods. Focus on this in messaging efforts.
- There was universal support for providing educational opportunities, particularly for parents and children. More specifically, there was significantly more support for government policies that enhance the health of children. Participants seemed to be “OK” with government stepping in to ensure the health of children. To that end, building relationships with influencers and decision makers in schools is key. And encouraging them to advocate for improved physical activity and nutrition offerings is critical.
- Build programs that engage groups, and whole communities, so that people are supported by cohorts and social groups and feel that they are acting in accordance with the behavior of those around them.
- Communities of color welcome health programs, educators, and professionals who come into their communities; but it is important for health workers coming from the outside to build trust and be culturally competent within the community. Build this knowledge into intervention efforts, such as the health resource intervention.
- A mass marketing campaign promoting a healthy lifestyle may be required to counter the pervasive mass marketing that supports unhealthy choices.

- When developing relationships and trying to influence behavior change, acknowledge the demands of daily life that play into eating choices and people's level of physical activity.
- Convenience is a primary factor in the choices people make regarding eating and physical activity. It is a major persuader in much of the marketing that is effective in influencing these choices. Combine the need for healthy behaviors with people's lifestyle needs when creating messages.
- Heighten awareness of the false economy in choosing convenience foods. All groups generally accept as true that healthy foods are more expensive and require more time to prepare, but also acknowledge the false economy of poor quality food. This factor influences people's choices somewhat if they lack time and strongly if they lack resources.
- The survey indicated that, while respondents were in agreement that government should be involved in policy as it relates to issues of obesity, they are *not* in agreement on the degree to which it should be involved. Policies as they relate to poverty and obesity, however, received strong support and should be highlighted. Education regarding advocacy for policies that hold the food industry accountable should also be offered, as well as information on transportation issues.

APPENDICES

Appendix A: Communications Best Practices Research and Recommendations

Appendix B: Stakeholder Group Interview Protocol

Appendix C: Stakeholder Survey Protocol

Appendix D: Survey Results Summary

Appendix A: Communications Best Practices Research and Recommendations

This review of communications best practices begins with an overview of strategies and recommendations that are founded in marketing communications theory and practices as informed by training provided by Dr. Avinash Malshe, Assistant Professor, St. Thomas University, as well communications theory exposed by Dan S. Cohen.

Other applicable resources that were reviewed and provide the basis for these recommendations include:

- *Creating a Foursquare Communications Platform*, Spitfire Strategies
- *A New Way to Talk about Social Determinants of Health*, The Robert Wood Johnson Foundation
- *Location, Location, Location: Framing Food and Fitness as a Community Health Issue*, FrameWorks Institute

This appendix also contains a set of key messages that was designed to be used by SHIP grantees. It was crafted by a Blue Cross and Blue Shield consultant and is based on research by Blue Cross and Blue Shield, as well as research detailed in this report:

- *Key Messages - Communicating SHIP's Mission to the Public and Policymakers*

Finally, an additional tool that offers insight into communication with target groups has been included:

- *TOOL D10 Communicating with target groups – key messages*, British National Department of Health

We begin with an overview of key recommendations.

KEY RECOMMENDATIONS

Creating a Communications Plan, Strategy and Key Messages, Implementation, Responsiveness and Measurement

- Ensure that communications messages are created through a strategic process of analysis, beginning with identifying program and communications goals and strategies. This is followed by identifying key audiences and communication goals for each audience. Only then will key messages and tactics for and delivering them be effective in achieving the desired communication goals.
- Craft key messages that resonate with intended audiences and that are jargon-free. Use storytelling when appropriate. All communicators should be familiar with the consistent key messages and use them consistently.
- Organize a plan for execution, effectively marshaling resources, defining roles, and responsibilities, making sure that messages are consistently delivered.
- Develop a process for responding to events and feedback, keeping everyone up to date with changes in the communications plan and measuring the effectiveness of the plan.

Spitfire Strategies (2010), Malshe (2010)

Framing the Conversation

- Work to change the framework for conversations about chronic disease. The dominant frames that many people use to explain the chronic problem of obesity in our community are:
 - Modern technology at work and play
 - Social and lifestyle factors
 - Individual choice
- Use widely held values when introducing a conversation about the role of policy, systems and environmental change to impact this issue. Most people believe the following values to be most important:
 - Fairness – some communities struggle because they are not given a fair chance to be healthy
 - Ingenuity – we can point to some programs and communities that have been effective in developing ideas that help get people in shape
 - Prevention – we should prevent further damage to our state’s health and quality of life, saving money and lives in the long run.

Delivering Key Messages

- Avoid ‘insider’ terms like “social factors” “social determinants of health” and “Policy, Systems and Environmental Change” when trying to engage an audience.
- Partner with key influencers close to key audience members to deliver SHIP messages.
- Connect the message to something that the key audience already believes to make it more credible.
- Use a single, strong, compelling fact or surprising point to arouse interest. Multiple facts tend to overwhelm and depress audiences.
- Combine messages about the problem with ideas for solutions.
- Combine messages about personal responsibility in describing how solutions can succeed.
- Begin the message with a value and include a mix of conservative values with progressive values to gain buy-in with the greatest potential audience perspectives.
- Focus messages on how policy change benefits all Minnesotans, rather than focusing on the benefits to certain segments of the population.

Cohen (2005), Malshe (2010), Frameworks (2008)

REPORTS

Creating a Foursquare Communications Platform: Easy Steps to Build the Communications Capacity of Grantees

Intro

This resource details the steps involved in the work of developing and executing an effective communications plan; it is intended to be used by grantees working for social change, regardless of the area. The communications plan is grouped into four broad areas of planning and implementation:

- Square One: Communications planning
- Square Two: Key messages
- Square Three: Resources, organization and plan for execution
- Square Four: Responding, changing, measuring success

Below is a description of each area along with questions that grantees can ask themselves at each phase of the process to assure the effectiveness of their work. This content has been taken directly from the source, with permission from the author.

Square One: What are they doing? Does the grantee have:

1. Clarity on the organizational objectives that the communications need to support?
2. A clear brand that is consistently reinforced throughout the organization?
3. Prioritized audience targets that are clearly defined and researched?
4. A written communications plan that guides all of the organization's outreach activities and offers strategies to guide future communications work?

Square Two: What are they saying? Can the grantee demonstrate that:

1. Staff from the CEO to the interns can give the organization's elevator speech?
2. It has a carefully crafted set of messages that resonates with priority audience targets, are jargon free and are told through stories when appropriate?
3. There are designated spokespeople trained to deliver messages in a variety of venues—from presentations to media interviews to policy briefings?
4. The designated spokespeople are skilled at using communications best practices like storytelling to ensure their messages get through to the intended audience(s)?

Square Three: Who's doing what? Is there:

1. A specific staff person assigned to oversee all communications activities (even if that person has another role at the organization)?
2. A standing agenda item on communications at staff and board meetings?

4. An internal system that dictates how big announcements are made, who responds to outside inquiries (including media calls), who approves public statements, who approves Web site content, and so forth?
5. A clear understanding among all staff what each person's role and responsibility is when it comes to communications?

Square Four:

How are they evolving? Does the group have:

1. A crisis plan in place, including a system for issuing rapid response communications if and when needed?
2. A map of important relationships the organization has with its priority audience targets and a system for regularly updating this information?
3. A process for regularly updating the organization's main messages and training all board and staff members on new talking points?
4. Clear metrics for measuring the impact of its communications efforts (and is it using those metrics to inform its activities and revise plans, when needed)?

Spitfire Strategies (2010)

Location, Location, Location: Framing Food and Fitness as a Community Health Issue

This resource is presented as a learning module and explores the automatic responses that create mental frameworks in the public perception of issues regarding:

- Health behavior
- Health disparities
- How nutrition and physical activity play into current chronic health problems.

The module also reviews:

- How mental frameworks are reinforced
- How these mental frameworks affect debate and policy creation
- How to re-frame these mental models to support appropriate policy choices

The FrameWorks Institute conducted extensive research using multiple tools including cognitive interviews, focus groups, and experimental surveys. The results were analyzed to create simplified models of the complex pictures that are in peoples' heads.

This learning module describes the many elements that fit into the dominant frames that people rely on when they are faced with the complex circumstances surrounding chronic health, health behaviors and choices and health disparities. They found that the three dominant models that are automatic responses regarding these issues are:

- Modern technology at work and play
- Social and lifestyle factors
- Health Individualism

This report also looks at how media reinforces these mental models by focusing on individual behavioral aspects of the problem and ignoring social or systemic factors.

The Institute tested various ways of framing the issue to communicate the concept of social and institutional factors that impact chronic disease. It found that the most effective methods of communicating this concept were based on widely held values. The three values that people responded to when looking at the importance of social and institutional factors on public health were:

- Fairness – Most Americans respond to the notion that there are communities that struggle because they do not start out with a fair chance to be healthy
- Ingenuity – People are inspired by seeing those programs and communities that have been effective in developing ideas that work to get people in shape
- Prevention – A shared perspective is that we should work to develop solutions now in order to prevent further damage to our state's health and quality of life, and that this will save money and lives in the long run.

The module looks at how to construct effective messages on issues of health, children and the environment based on this understanding.

FrameWorks Institute (2008)

A New Way to Talk about Social Determinants of Health

Intro

This report summarizes extensive research done by the **Robert Wood Johnson Foundation** in its study of numerous long-form messages and shorter statements that could offer a proxy for the phrase “social determinants of health.” This report details the methods they used to arrive at messages that frame the social determinants of health plainly without political overtones. Based on their work, they chose to use the simple frame “Health starts where we live, learn, work and play.” This message was then put through rigorous testing and evaluation to see if it could be tweaked to work better. The report describes the findings of this research, including responses from more than 3,000 Americans over four years; both traditional research methods and sophisticated market research techniques were used. The goal of the research was to answer the primary question: “How do we find a common language that will expand Americans’ views about what it means to be healthy—to include not just where health ends but also where it starts?”

They uncovered a series of lessons learned that can inform grantees working to communicate about their programs and trying to elicit change through those programs; these lessons include best practices, recommended language and things to be mindful of that can support better and more persuasive messages.

Key findings from the report, with the key sections of the report that are helpful to guide messaging are provided here. The report itemizes seven communications practices that their research determined were key when developing and delivering messages about working toward social change. These seven lessons, along with several report sections, are reprinted here with the author’s permission.

SEVEN LESSONS

1. **Traditional phrasing of social determinant language consistently tested poorly in every phase of research.**

Phrases like “social determinants of health” “social factors” failed to engage the audience, even when we added more context. However, the concept behind social determinants of health does resonate with our audiences, as evidenced by our pre- and post-testing of people’s attitudes after their exposure to our messages.

2. **Priming audiences about the connection with messages they already believe makes the concept more credible.**

Messages that incorporate the importance of available quality health care with the need to address the social factors that affect health were more convincing than those that did not discuss medical care at all. When messages are presented in colloquial, values driven, emotionally compelling language, they are more effective. Academic language, including “social determinants,” did not resonate with audiences the way language like “health starts in our homes, schools and communities” did.

3. **Use one strong and compelling fact—a surprising point that arouses interest, attention and emotion—for maximum impact.**

Loading messages down with more than one or two facts tends to depress responses to them.

4. **Identify the problem, but offer potential solutions.**

Respondents, particularly opinion leaders, prefer messages that include some kind of direction—either an example of the kind of action that would address the problem or a set of principles that can guide us to where we need to be.

5. **Incorporate the role of personal responsibility.**

The importance of all Americans having equal opportunity to make choices that lead to good health resonated with participants across the political spectrum. Incorporating this point made respondents more receptive to the idea that society also has a role to play in ensuring that healthy choices are universally available.

6. **Mix traditionally conservative values with traditionally progressive values.**

Every phase of research showed that while some phrasing appealed to one political perspective over another, progressives had a tendency to be more open to conservative frames. Generally, however, we need to be aware of these different worldviews and communicate using language that puts us on common ground. For example, combining the notion of personal responsibility, which is wholly embraced by conservatives, with a message about opportunities, language that also appeals to progressives, will appeal to a broader audience.

7. **Focus broadly on how social determinants affect all Americans (versus a specific ethnic group or socioeconomic class).**

This research showed that Americans believe in equal opportunity to health, but describing actual disparities consistently evokes negative reactions. Messages that described disparities based on race or ethnicity fared poorly with every audience except Black respondents. Furthermore, some focus group participants expressed concern that focusing on one ethnic group reinforced negative racial stereotypes.

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A long-form message was developed, revised and tested multiple times to determine how to create the most persuasive message among all groups regardless of political perspective. This persuasive message has been reprinted below, along with the rationale and methods for why this particular message works so well.

BREAKING IT DOWN

America leads the world in medical research and medical care, and for all we spend on health care, we should be the healthiest people on Earth. Yet on some of the most important indicators, like how long we live, we're not even in the top 25, behind countries like Bosnia and Jordan. It's time for America to lead again on health, and that means taking three steps. The first is to ensure that everyone can afford to see a doctor when they're sick. The second is to build preventive care like screening for cancer and heart disease into every health care plan and make it available to people who otherwise won't or can't go in for it, in malls and other public places, where it's easy to stop for a test. The third is to stop thinking of health as something we get at the doctor's office but instead as something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. The more you see the problem of health this way, the more opportunities you have to improve it. Scientists have found that the conditions in which we live and work have an enormous impact on our health, long before we ever see a doctor. It's time we expand the way we think about health to include how to keep it, not just how to get it back.

Why This Worked:

- **Audiences flat out didn't believe the statement, "America is not among the top 25 countries in life expectancy,"** and they responded negatively to any message that led with that statement. However, when we start off with something most Americans already believe, "Americans lead the world in medical research and medical care," they are more likely to believe everything that follows.
- **Words like "insured or "uninsured" are politically loaded.** But the phrase "ensure everyone can afford to see a doctor when they are sick" doesn't touch existing political hot buttons.
- **Framing our message in the context of accepted beliefs** like the importance of access to care or prevention helps our message fit into the broader thinking of what it takes to be healthy.
- **The inclusion of specific solutions increased acceptance of the core message.**
- **Illustrating with examples like "playgrounds and parks" and "in the air we breathe and water we drink,"** makes the concept of social factors more tangible.
- **In the statement, "Scientists have found,"** other options were tested with more specificity, such as "Scientists at the Centers for Disease Control and at universities around the country have shown that the conditions in which people live and work have more than five times the effect on our health than all the errors doctors and hospitals make combined." Presenting the fact in a more colloquial, relatable way, stripped of the academic support, is more effective than a longer statement.

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The research conducted by the RW Johnson Foundation clearly showed that taking about social determinants to describe the concept of social causes for chronic disease doesn't work. They recommend not using policy phrases that are insider short-cuts to understanding the concept, but are not clear and helpful to conveying the concept to most people. They recommend colloquial, straight-forward language that is clear and that helps people understand the concept. Their recommendations and why they work have been reprinted below.

[*TRYING TO FIND A PROXY to replace Social Determinants as a leading descriptor for this area of work*](#)

1. Health starts—long before illness—in our homes, schools and jobs.
2. All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.
3. Your neighborhood or job shouldn't be hazardous to your health.

4. Your opportunity for health starts long before you need medical care.
5. Health begins where we live, learn, work and play.
6. The opportunity for health begins in our families, neighborhoods, schools and jobs.

Why These Work:

- The proxy statements use colloquial, values-driven language and relatable lifestyle references that engage audiences.
- These statements all focus on the solution versus the problem.
- Some of the statements implicitly acknowledge the notion of personal responsibility.

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The report also offers insight about terminology that they gained from their research. The phrases that are reprinted below describe groups most affected by issues of chronic health. These phrases were not specifically tested, but are deemed to be useful through their ability to convey the reality of these groups accurately and also because they reflect how Americans relate to each other as human beings.

A GLOSSARY OF OTHER TERMS

Vulnerable Populations

- Too many Americans don't have the same opportunities to be as healthy as others
- Americans who face significant barriers to better health
- People whose circumstances have made them vulnerable to poor health
- All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background
- Our opportunities to better health begin where we live, learn, work and play
- People's health is significantly affected by their homes, jobs and schools

Health Disparities

- Raising the bar for everyone
- Setting a fair and adequate baseline of care for all
- Lifting everyone up
- Giving everyone a chance to live a healthy life
- Unfair
- Not right
- Disappointing (as in Americans should be able to do better, not let people fall through the cracks)
- It's time we made it possible for all Americans to afford to see a doctor, but it's also time we made it less likely that they need to

Poverty

- Families who can't afford the basics in life
- Americans who struggle financially

- Americans struggling to get by

Low-income workers and families

- People who work for a living and still can't pay their rent
- Hard-working Americans who have gotten squeezed out of the middle class in tough times
- Families whose dreams are being foreclosed

Violence in general, as well as gangs and intimate partner violence

- Unsafe streets
- The epidemic of violence
- Street violence
- Intergenerational cycle of violence and abuse
- Teen dating violence and abuse

The elderly population and their families, nursing homes and elder care

- Our aging parents and grandparents
- Our elders
- Elders
- Caring for people as they age

Refugees and immigrants including children

- People seeking a new home in America
- Children caught between two worlds
- From undocumented immigrants to productive, tax-paying American citizens

Youth and teens

- The years of opportunity

and danger

- Teenagers: They aren't just young adults

Mental health or illness, including young people

- It's just as dangerous and debilitating as any other chronic disease

Key Messages – Communicating SHIP’s Mission to the Public and Policymakers

A series of focus groups and a survey recently commissioned by MDH found that Minnesotans are keenly aware of the existence of obesity, including among children. Minnesotans also know that obesity is costly to their pocketbook. So too, they recognize the existence of a variety of factors, ranging from societal pressures to personal choice, that cause obesity.

Minnesotans also believe that a number of strategies can be employed with success to reduce obesity, and that there is a need for government involvement in that effort, especially when they are made aware of the extent of the epidemic in the state and its costs. They also believe that when discussing the issue of obesity, health interests are very credible. As has been the case in past surveys, the public puts a great deal of trust in physicians and other health interests, including public health, when it comes to issues like obesity and especially how to prevent or reduce its incidence.

In delivering messages to the public on obesity and the strategies for combating it, Minnesotans prefer those messages and statements that are simple and easy to understand. Simple terms like “healthy eating” and “physical activity” work best. More complex terms and insider language do not. For example, if you are going to use the term “Complete Streets” it is necessary to define what that means. (*Streets and sidewalks that are safe and accessible for all users...*)

The following set of message points related to obesity prevention was assembled based on the findings of the MDH commissioned focus groups and survey. The message points are supported by facts and statements gleaned from previous studies, reports and polling. These supporting facts will allow you to provide your audience(s) with more information and, if necessary, defend your statements. As with all good communications campaigns, it includes supporting messages related to the “why” as well as the “how.”

Lead message:

SHIP was created to make the healthy choice the easy choice.

Expanded lead message:

By implementing smart, common sense policies and programs that encourage healthier eating and increased physical activity, the obesity epidemic, which has widely impacted our state, can be reduced.

“The Why”

Supporting messages:

The obesity epidemic in Minnesota is rapidly expanding, affecting the health and quality of life of our state.

Supporting facts: A 2010 report by Blue Cross and Blue Shield of Minnesota and the Minnesota Department of Health found that more than 60 percent of Minnesota adults are overweight or obese. This puts the majority of adults in Minnesota—about 2.2 million people—at increased risk for high blood pressure, type 2 diabetes, heart disease, stroke, osteoarthritis and colon cancer.

The costs associated with obesity affect all Minnesotans.

Supporting facts: Obesity directly impacts health care, health insurance and tax costs. In Minnesota, today’s total annual obesity-related health care costs are estimated at more than \$1.3 billion according to a 2004 study. Blue Cross found this amount could increase to more than \$5 billion annually by 2020 if left unchecked. Minnesotans from all communities included in focus groups view obesity as costly to them not only financially, but personally and as a society – through losses in the quality of their relationships and in quality of life.

One of the most troubling facts associated with the obesity epidemic is its impact on children.

Supporting facts: Approximately one-third of Minnesota’s children and teens are considered overweight or obese.

“The How”

Supporting messages:

The key to reducing obesity in Minnesota among both adults and children is to expand the consumption of healthier foods—especially fresh fruits and vegetables—and increase physical activity.

Supporting facts: The U.S. Centers for Disease Control attributes increased obesity to the fact that society has become characterized by environments that promote physical inactivity and increased consumption of unhealthy food. To address this problem, they recommend approaches that affect large numbers of people in multiple settings, such as communities, schools, work sites and health care facilities. They found that policy and environmental approaches that make healthy choices available, affordable and easy could be most effective in fighting obesity.

A community’s design and infrastructure has a direct impact on the ability of Minnesotans to make good choices that lead to good health.

Supporting facts: Polls, focus groups and studies have repeatedly found that if the public has easy access to affordable, healthy foods and safe, easily accessible ways to stay physically active, they will increase both their consumption of healthy foods and their level of physical activity. Minnesotans have stated that they support government agencies leading efforts to help people in our state make these choices.

A community's social and physical environment can play a role in reducing childhood obesity.

Supporting facts: According to research compiled by the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity, children who live near safe, accessible parks or playgrounds are more active. Communities that support the creation, rehabilitation and maintenance of parks, playgrounds, and recreation facilities, especially in underserved residential areas, will help children and families lead healthier lives.

How a community designs its streets and sidewalks also has an impact on whether Minnesotans will increase their level of physical activity including walking and biking.

Supporting facts: Studies have shown that creating infrastructure that increases the number of people who live within walking distance to shopping, work and school can help increase overall physical activity levels as can improving the connectivity of streets and sidewalks and preserving or creating green space. Improving the safety of streets and sidewalks is also critically important. In the last decade, more than 500 people were killed and more than 20,000 injured walking or biking on Minnesota roads. Minnesotans will not walk and bike or bike more—nor allow their children to do so—if they believe it is not safe to do so.

It is critical to give families information and tools, including increased access to affordable healthy foods at home and in schools, to help reduce obesity in children.

Supporting facts: The public recognizes that healthy food isn't always available nor is it always affordable for all Minnesotans. In addition, they believe that marketing and advertising directly impacts the food the public eats and thereby the level of obesity. Focus groups in Minnesota independently stated they believe this to be an obstacle in fighting obesity. A 2005 report by the publisher of Consumer Reports supports that belief. The report found that food, beverage, candy and restaurant advertising hit \$11.26 billion in 2004 alone. By making healthy food more accessible and affordable, and educating the public as to the importance of eating such foods, Minnesotans will more readily make good decisions when it comes to buying and eating healthy foods. In addition, a recent national poll commissioned by the Herndon Alliance found that the widest public support for prevention policies are for those policies directed at children and schools.

Insights into Child Obesity: A Summary, Tool D10 Communicating with Target Groups – Key Messages

This Message Memo reported findings from qualitative and quantitative research studies that offered ideas for how community health advocates can do a better job of attracting public attention to primary prevention and root causes of obesity, poor nutrition and unhealthy conditions. A primary focus of the research was how to “frame” those health-related messages. Framing, as defined in the Memo, is how people think about and interpret ideas and issues, particularly how they think about solutions to problems, or how they process information.

The research found three default frames that must be taken into consideration when developing messages for a health-related campaign:

- Health individualism, or the idea that health is primarily, or for the most part, an individual choice
- The assumption that negative health-related outcomes are just a part of modern life
- Association of health promotion activities, such as nutrition and fitness, as lifestyle choices

The research activities then went on to try to develop better frames that would allow community health messages to be better received.

Some of the key findings that are applicable to our work include the following:

DO

- Begin all communications about food and fitness policies by explaining the broader societal end-goals or Values to which food and fitness policies are the means.
- Use Values that explain why some places are doing better than others because of problems in the distribution of resources.
- Where intergroup competition is prominent, use values that underscore mutual benefits, like Interdependence or Ingenuity.
- Get environmental thinking into the discussion as soon as possible, using the Food and Fitness Environment simplifying model.
- Put solutions high in the communiqué, and emphasize their replicability and their impact on community.
- Where corrections to existing systems are required, emphasize that mistakes can be corrected.
- Strongly assert a societal role by connecting interventions to outcomes in causal sequences.
- Emphasize the values that should inform government and that it should be used as a tool to advance – from advancing the common good and improving quality of life to protecting children.

- Use examples from issues like the Farm Bill and public schools where government is a given.
- Recognize the potential power of frames to engage men, highly educated men, Independents and Republicans on these issues, thereby building a bigger coalition for policies.
- Look for visual cues that situate people in environments and demonstrate material reasons for differential outcomes.
- Show community actors planning the future of their communities in thoughtful, deliberate ways.
- Bundle issues of safety into other public structures, such as assuring the maintenance and viability of roads, schools, police and fire departments.

DON'T

- Begin any statement with an assumption that domains like Health or Children will automatically cue up larger societal Values.
- Use Values that direct attention to individuals or groups, or to their efforts to overcome conditions.
- Don't pit groups against each other, or assume that appeals to Fairness will resonate in minority communities.
- Focus on habits, choices, or other mentalist explanations for behavior, such as healthy or unhealthy lifestyles.
- Emphasize problems without connecting them to solutions.
- Describe problems in such a way that they seem old, entrenched and intractable.
- Attempt to "balance" individual responsibility with a dose of societal responsibility.
- Argue for a role for government in public health, without explaining the larger goals to which government is being applied as a necessary and appropriate means to a public end.

(British National Department of Health 2008)

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Appendix B: Stakeholder Group Interview Protocol

MDH/SHIP Communications Capacity Building Message Testing Focus Group Protocol

Intro:

Thank you & welcome. We have been asked by a health agency to learn more about peoples' views of issues related to health, such as eating and physical activity. A key factor in the success of this project is to involve members of Minnesota's various communities to get a better understanding of how these issues are viewed generally throughout Minnesota, as well as the views of the state's ethnic, racial, urban, and rural communities.

Today, we would like to learn about how you view the public health issues related to obesity – both the causes of it – and, more importantly, about how we can best address the issue and prevent obesity in Minnesota. We appreciate your time to help us understand what can be done to help promote better health for all Minnesotans.

OK, let's move on to our discussion. I'm not sure what you know about group interviews but they are intended to give us a sense of how a group of people feels about a certain subject. As we talk, keep in mind that in a group interview there are no right or wrong answers. You are the experts here, not me. I really just want to hear your opinions. And that means everyone's opinions. I'd like to hear from everybody equally. I want you all to feel comfortable sharing, even if you disagree with what someone else has just said. You can say so. It's helpful for me to hear different viewpoints. Just make sure that you're respectful of the other person when you disagree. I also want you to feel free to ask questions when you have them.

It is also important that only one person speaks at a time so that each person's opinion is fully heard. I may re-direct the conversation at times. Please understand that it is just to make sure that everyone is included in the discussion.

We're audio taping our discussion today. Is that OK with you? We want to make sure that we keep track of all the comments that are made. No one but me listens to this recording. And names are never used in reporting focus group discussions. (Name) will also be taking notes because your opinions are important to us.

Intro Time: 3 min.

<p>Participant Introductions: Quick go-around.</p> <p>OK, let's get started by going around the table so we can get to know who's here. Could you please tell us your name and also share a personal hobby or activity you enjoy. (30 seconds per participant.)</p>	<p>Time: 5-6 min.</p>
<p><u>Overview Topic – Obesity</u></p> <p>Overview Intro. There has been a lot of talk about obesity in the news lately.</p> <p>1. Do you think obesity is a problem and that it costs you and other Minnesotans? If so, how big of a problem is it and how much do you think it costs you personally?</p> <p><i>Follow up:</i> Data from Blue Cross/Blue Shield shows that the costs to Minnesotans between 2008 and now has reached \$1 Billion. The costs of obesity to Minnesotans will be \$3.7 Billion by 2020. (See Data about obesity att.)</p> <p>For those who did not think obesity costs them, does data changes your mind?</p>	<p>Time: 10 min.</p>
<p>Intro Question.</p> <p>2. Why is obesity becoming more common? (See Data on trends in obesity).</p> <p><i>Prompts/follow ups could include:</i></p> <ul style="list-style-type: none"> To what extent does nutrition play a role? To what extent does physical activity/active lifestyles/fitness play a role? To what extent do transportation issues make a difference? Importance of Streets that are designed in a way to make it safer and easier to walk and bike to school? To what extent do school food programs play a role? 	<p>Time: 10 min.</p>
<p>Key Question.</p> <p>3. To what extent should state and local agencies try to influence social and economic policies in order to reduce obesity in the state?</p> <p><i>Prompt/Follow-up:</i> For example, what do you think of health agencies being involved in influencing policies such as:</p> <ul style="list-style-type: none"> a. better designed roads and crossings to make it easier for kids and 	<p>Time: 15 min.</p>

<p>seniors to walk and bike?</p> <ol style="list-style-type: none"> b. healthier offerings, including more locally grown fruits and vegetables, at school lunches? c. increased opportunities for school children to be physically active during the day? d. more educational information to help families make healthier decisions when it comes to the foods they purchase and eat? e. increased availability of fresh fruits and vegetables for Minnesota's families? f. Discuss issues identified by participants. 	
<p><u>Topic – Nutrition & Physical Activity</u> Topic Intro Question.</p> <ol style="list-style-type: none"> 4. What do you think of when people talk about nutrition being a factor that impacts health? <p><i>Re-direct:</i> How important a factor do you consider nutrition in your overall health?</p>	Time: 3 min.
<p>Topic Intro Question.</p> <ol style="list-style-type: none"> 5. What do you think of when people talk about lack of physical activity being a factor that impacts health? <p><i>Re-direct:</i> How important a factor do you consider physical activity in your overall health?</p>	Time: 3 min.
<p>Key Question.</p> <ol style="list-style-type: none"> 6. Is either: <ul style="list-style-type: none"> • Better Nutrition or • More Physical Activity (Exercising more, Better Fitness) more important than the other in your overall health? <p><i>Follow-up:</i> Does it help you if we talk about both of these issues together, or is it better to talk about them separately?</p>	Time: 10 min.
<p><u>Topic –Public Communication</u> Key Question.</p> <ol style="list-style-type: none"> 7. What would it take to get you and your neighbors to eat healthier and exercise more? <p><i>Prompts, follow-up:</i></p> <ul style="list-style-type: none"> ▪ Better access to fresh fruits and veggies in all stores ▪ Improved school nutrition ▪ Better designed streets and sidewalks so people can walk and bike more ▪ Locally grown fruits and veggies made available in communities and 	Time: 20 min.

<p>served in school</p> <ul style="list-style-type: none"> ▪ Increased information on the importance of good nutrition and increased physical activity ▪ Being counseled by your doctor, or other health provider about your personal nutrition & exercise needs? ▪ Hearing neighbors or other community members discuss what they are doing to try to eat better and exercise more. 	
<p>Key Question.</p> <p>8. When you hear messages in the media about nutrition and exercise in what ways do you feel like they're speaking to you, that you and your community are understood?</p> <p>8a. In what ways do you feel like you or your community is not understood?</p>	Time: 15 min.
<p><u>Topic – Children</u></p> <p>Topic Intro Question. Data tells us that obesity among children, due to lack of physical exercise and poor diet, is on the increase.</p> <p><i>For instance, nationally, approximately 19% of school-aged children and about 17% of teens are overweight (National center for health Stats.) and in Minnesota, in 2004, 13.8% of children 2-5 years of age enrolled in Women, Infants and Children (WIC) were overweight (MDH).</i></p> <p>9. Why are children and youth less active today than in the past?</p>	Time: 5 min.
<p>Key Question.</p> <p>10. What needs to be done to encourage children and youth to be more active?</p> <p><i>Follow-up:</i> What would it take to combat obesity in children?</p>	Time: 10 min.
<p>Concluding Key Question.</p> <p>11. How do you think we should talk to the public about if we want people to be more involved in helping reduce obesity in their households and in their communities?</p> <p>11a. How about talking to the public about obesity in the community?</p> <p><i>Follow-up:</i> What advice would you give health professionals to create productive relationships to promote healthy eating and active living?</p>	Time: 10 - 15 min.
<p>Thank you!</p>	<p>Total Time:</p> <p>120 min.</p>

Appendix C: Stakeholder Survey Protocol
MDH/SHIP Communications Capacity Building
Message Testing
Survey Items

Screen 1

How strongly do you agree or disagree with the following statements?

1 –Strongly Disagree 2 –Disagree 3 –Not Sure 4 –Agree 5 –Strongly Agree

1. The costs of obesity affect everyone in society.
2. I think most people who are obese, are obese because they make poor choices.
3. Prevention of obesity is a key to prevent damage to our state's quality of life.
4. It is an employer's responsibility to do more to be involved in their employees' issues of health.
5. Food marketing and advertising significantly influences:
 - a. The amount of obesity in our community.
 - b. People's diet.
 - c. What food parents buy for their children.
6. Healthy food choices are accessible to everyone.
7. Healthy food choices are affordable for everyone.
8. It is a school's responsibility to do more to encourage kids to walk and bike to school.
9. Nutrition is an issue that public health services should be more concerned with.
10. A person's fitness level is primarily a matter of individual choices.
11. Our communities' design and infrastructure affects whether healthy food and fitness opportunities are easily available.
12. Our community's social and physical environmental plays a part in the increase of childhood obesity.

(End of screen 1)

Screen 2

Thinking about public policy, please respond to the following statements with:

1 - Yes 2 - No 3 – I don't know 4 – I don't care

13. I think health experts should be at the table when policies are formed:

- a. About transportation issues that affect obesity.
- b. About issues of poverty that affect obesity.
- c. About the Influence of the food industry in obesity as an issue.

14. Which best describes your position? (Check one)

- a. I think obesity is a critical issue that the government should be doing something about.
- b. I don't think obesity really is a big issue.
- c. I think obesity is a significant issue, but not critical enough that the government should be involved.
- d. I think obesity is a critical issue, but the government needs to think more about other priorities.

(End of screen 2)

Screen 3

Thinking about nutrition: Imagine that you are at the doctor's office with half an hour to wait for your appointment. There are brochures to look at with the following titles.

15. Choose 3 brochures to read:

- a. Healthy Eating
- b. Nutrition
- c. Healthy Food Choices
- d. Food for a Healthy Life
- e. Making Sense of Nutritional Labels on Food
- f. Nutritional Information about Food
- g. It's Easy to Eat 5 Servings of Fruits and Vegetables a Day
- h. Healthy Meals on Your Table
- i. The Importance of Family Meals

Thinking about physical activity: Imagine that a well-known fitness expert was speaking at a special event in your neighborhood. Which of the following words or phrases should the speaker be sure to include in the title of this program to motivate you to attend?

16. Choose one:

- a. Physical Activity
- b. Exercise
- c. Fitness
- d. Walking

- e. Walking and biking
 - f. Active lifestyle
 - g. Food & fitness
17. Which of the following is most important for parents to do for their children's health? Choose one:
- a. Make sure their children get high quality nutrition
 - b. Get their children to exercise

(End of Screen 3)

Screen 4

If a speaker gave a talk and used the following terms or phrases, would you know what they meant?"

1 – Yes 2 – I think so 3 – I don't think so 4 – No, not at all

- 18. Healthy Living
- 19. Make the healthy choice the easy choice.
- 20. Safe Routes to School
- 21. Farm to School
- 22. Minnesota Obesity Program
- 23. Active Schools
- 24. Active Communities
- 25. Active Transportation
- 26. Exercise your right to feel better.
- 27. Complete Streets
- 28. Policy, Systems and Environmental Change
- 29. Worksite Wellness
- 30. CommunityGardens
- 31. Farmer's Markets
- 32. Small changes can have big effects on health
- 33. Eat Healthy
- 34. Statewide Health Improvement Program
- 35. Increasing Access for Non-motorized Transportation
- 36. Individual solutions for individual problems. Community solutions for community problems
- 37. Whole Grains
- 38. Physical Activity
- 39. Fitness
- 40. Minnesota Physical Activity and Nutrition Program
- 41. Bike & Walk to School
- 42. Eat better. Move more.

(End of Screen 4)

Screen 5

Please tell us a few things about yourself.

Age: 21 – 32
 33 – 44
 45 – 64
 65 – 80
 81+

Gender: Male
 Female

Are you a parent? Yes
 No

Your household income level:
 < \$15,000
 \$15,000 – 28,000
 \$28,000 – 40,000
 \$40,000 - \$55,000
 \$55,000 - \$80,000
 \$80,000 +

Do you receive public assistance(WIC, Food Stamps, GAMC, MFIP)?
 Yes
 No

Highest educational level:
 Did not complete High School
 HS Diploma/GED
 Some College or Trade School
 2-Year College or Trade School Degree
 4-Year College or Trade School Degree
 Master's Degree or higher

(End of Screen 5)
End of Survey