

Communications planning tools for addressing the obesity in Minnesota



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Introduction

Obesity is epidemic in Minnesota.

This simple, declarative statement is an example of a clear message that health professionals may choose to use in the fight against obesity. As one tool in this fight, we must consider our communications strategies. It is important that we consider what messages are effective and what messages may be confusing, inaccurate or counterproductive. It is important that we know how to best get our message to our target audiences.

What follows is general to specific ideas, tips, and guidance for crafting obesity reduction messages that work. This document in no way is the final answer, but instead is intended to help build skill, inspire creativity, and offer messages and tools that will allow you to be heard.

How to craft a communications plan

Here is a basic framework for a communications plan. It is not the only framework, and you may choose any of a number of possible algorithms available from books, online, and offered by consultants. However, the main elements—while perhaps having different names, a different order, or different emphases—are generally the same: be explicit about your goals, be measurable in your objectives and be specific in your target audience.

Communications planning outline

STEP ONE: PROGRAM DECISIONS

- Goals: What do you want to achieve over the long term?
- Objectives: What are the measurable steps you need to accomplish within the next 12 months to move toward your goal?

STEP TWO: CONTEXT

- Internal Scan: What are your organization's assets and challenges that may impact your outreach strategy?
- External Scan: What is already happening outside your organization that may impact your strategy – both assets and challenges?

STEP THREE: STRATEGIC CHOICES

- Audience: Who do you have to reach?
- Frames: What are the unspoken assumptions that inform the audience's world view?
- Values: What is important to your audience?
- Barriers: What may keep your audience from putting your message into action?
- Theme: the big picture you want to convey to the audience
- Message: What key points do you want to make with your target audience(s)?
- Messengers: Who will best connect with your audience(s)?

STEP FOUR: COMMUNICATIONS ACTIVITIES

- Tactics
- Products (for example: newsletter, fact sheets, letterhead, business cards, Web site, tool kits, articles, etc.)
- Timeline
- Assignments
- Budget

STEP FIVE: MEASUREMENTS OF SUCCESS

- What are the process measures you hope to achieve?
- What are the expected outcomes, and how will you measure them?

STEP ONE: PROGRAM DECISIONS

- Goals: What do you want to achieve over the long term?
- Objectives: What are the measurable steps you need to accomplish within the next 12 months to move toward your goal?

Objectives

HOW TO CREATE OBJECTIVES.

What are the measurable steps you need to accomplish to move toward your goal?

SMART objectives:

- Specific (concrete, detailed, well defined),
- Measureable (numbers, quantity, comparison),
- Achievable (feasible, actionable),
- Realistic (considering resources) and
- Time-bound (a defined time line).

DESIGNING SMART OBJECTIVES

From www.cdc.gov/phn/communities/resourcekit/docs/Evaluate_SMART_Objectives_Template.doc

EXAMPLE: Increase the number of people in public health informatics who are from minority groups or vulnerable populations

Not-so-SMART objective 1a: Recruit from historically Black colleges and other minority institutions.

Key Component	Objective
Specific - What is the specific task?	Inform minority students about the field of public health informatics and recruit them to join as professionals.
Measurable - What are the standards or parameters?	Number of minority institutions visited; Number of new minority individuals who attend the PHIN conference
Achievable - Is the task feasible?	Yes, when connected to the training initiatives of national partner organizations.
Realistic - Are sufficient resources available?	Not at the local or state level (no time or resources to commit to this activity). Involve national organizations.
Time-Bound - What are the start and end dates?	One year – between the 2008 and 2009 PHIN conferences

STEP TWO: CONTEXT

- Internal Scan: What are your organization's assets and challenges that may impact your outreach strategy?
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STEP THREE: STRATEGIC CHOICES

- Audience: Who do you have to reach?

Audience Segmentation for Health Promotion*

Audience or market segmentation is key to creating effective communications tools and strategies. That is because in the world of social marketing and communication, there is no such thing as the “general public.” All communications products—posters, brochures, ads, etc—have a specific audience, whether we like it and planned for it or not. Many times what we see people call “for a general audience” is most often aimed directly at people in their own demographic group. For example, college educated, middle aged white health professionals often create materials aimed directly at college educated middle-aged white health professionals.

Yet it is crucial to speak to your audience if you are to be heard. Our demographic characteristics, attitudes, behaviors, and personal experiences all affect how we see and respond to the world around us.

Therefore, after your program decisions are made and you have completed an environmental scan, the first step in making strategic choices is to consider who your audience(s) are.

* Segmenting Audiences to Promote Energy Balance: Resource Guide for Public Health Professionals

Marketers often group people by audience segments based on common characteristics. Audience segmentation can be based on demographics, psychographic factors (e.g., attitudes, values, interests, and opinions), behavior, life stage, and lifestyle. The sharper the targeting, the greater is the potential impact.

Targeting audiences boils down to understanding the audience. Which characteristics will be appropriate for their needs and preferences? Such characteristics influence their participation in and benefit from a program? Which approaches should drive the processes of setting objectives and selecting promotional strategies and methods for each audience.

STEP THREE: STRATEGIC CHOICES

- Frames: What are the unspoken assumptions that inform the audience's world view?
- Values: What is important to your audience?
- Barriers: What may keep your audience from putting your message into action?
- Theme: the big picture you want to convey to the audience
- Message: What key points do you want to make with your target audience(s)?

AUDIENCE ANALYSIS: *

What will compel the audience to move toward our objectives? What do they already believe about obesity and their role in reducing/preventing it? We must be respectful of their thoughts and opinions on the issue if we are to succeed.

Value: And you can connect with their existing beliefs to build a bridge to your ideas and help them see your issue as personally relevant. People care more about an issue when it's packaged in a way that aligns with their values.

Remember, this is about their value system, not ours. You cannot assume that if people know what you know, they will do what you do. Many people know that big cars have high emissions levels, but they choose to drive them anyway. Perhaps big cars make them feel safer. Perhaps smaller cars do not offer them enough cargo space. If we want to connect with your target audience and make them your ally, we need to understand how they think. It is always easier to tap into a value someone already holds than to create a new one.

* Adopted from Smart Chart 3.0, <http://www.smartchart.org/> Spitfire Strategies, Washington DC

Barrier: We must also identify the barriers that might prevent your audience from hearing what you have to say. People have a long and varied list of reasons for not taking action. To really be heard, we must anticipate and overcome those barriers. In some cases, we might be asking your audience to step outside their comfort zone – understanding the risks and rewards your audience associates with your issue can help you have a much more productive conversation.

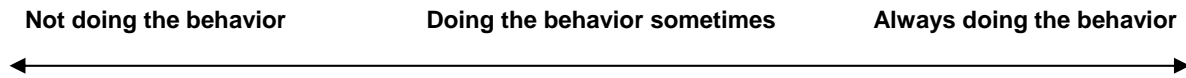
Themes: Theme is the big picture we want to convey to the audience on the issue—it defines how you’ll approach the conversation with your audiences.

The theme will guide your messaging and reinforce the core concern we want to tap into. For example, if our audience’s core concern is their pocketbook, our theme might be “we can’t afford not to invest in the solution.” The key is to select a theme that springs from the audience’s values, not ours.

Consider the tone as well. An optimistic tone can help empower and motivate the audience. Hope is also an incredibly powerful incentive for a person to engage with your organization – a sense of hope, of possibility, enhances a person’s desire to help.

WHERE IS YOUR AUDIENCE AT?

Another consideration is how ready is your audience to make the behavior change you want them to? Change exists along a continuum:



Each of these groups may need different messages, and may even hear messages differently.

Let's use HIV prevention as an example. **Fear** is a powerful motivator for the group that is "always doing the behavior" (protecting themselves against HIV). That may well be what the goal of the communications plan, to help those who are already protecting themselves maintain their behavior. Fear campaigns are sometimes seen as the best strategy in public health, because many people in public health are in this group, and they may see it as an obvious strategy that would work for everyone. Meanwhile, those in the "not doing the behavior" group likely know about the dangers of HIV, but don't see it happening to them. Show them pictures of sick people, this group generally doesn't see themselves there. Fear campaigns are often ineffective for this group.

Meanwhile, in public health **information** is often seen as the solution. And sometimes it is. If a person is unaware of HIV, becoming informed about it may be just what's needed. However, one must ask: is it really lack of information at the root of not adopting the behavior? It's important to remember that information isn't going to help the middle group who do the behavior sometimes. Why? Because they know about it enough to be doing the needed behavior, at least sometimes, so clearly they must know something about HIV. For some reason they are unable or unwilling to protect themselves all the time, so to reach this audience, one must find and address the barriers to adopting the desired behavior.

This is where market research comes in. Also, this all shows us why we need to be as specific as possible about who our target audiences are.

STEP THREE: STRATEGIC CHOICES

- Message: What key points do you want to make with your target audience(s)?

Creating key messages

We must start to think about the issue from our audience's perspective. Where is your audience when it comes to your issue? Are they ready for what you want to tell them? The most effective messages are designed to meet our audience where they are, and move them toward your point of view.

In a August 4, 2009, Star Tribune article, *Ramsey County goals: Move it, eat veggies and don't smoke*, it was reported about SHIP that "More fruits and veggies on convenience store shelves, tobacco-free college campuses and a new physical education curriculum for White Bear schools. Those are three goals the St. Paul-Ramsey County Department of Public Health hopes to accomplish with the help of a \$3.6 million state grant, which was accepted by the County Board on Tuesday." By Friday, August 7, 22 blog posted were recorded at the newspaper's Web site about the story. Of those there were a few in support, a few that were unintelligible, and 16 that were opposed to the program. Of those 16,

- Nine considered the program a waste of money.
- Five thought this was either social engineering, socialism, or fascism, and
- Two thought it symptomatic of a "nanny state."

Good example of a key message:
"Medical authorities say tobacco products will kill a billion people before this century ends. We're out to prove them wrong." —
Tobacco Law Center

"Key messages open the door to direct communication with your audience, because they bridge what your audience already knows and where you are trying to take them." — Dr. Judith M. Newman, from
www.lupinworks.com/roche/pages/keyMessages.php

Knowing this may allow us to design messages to defuse the arguments before they are made.

STEP ONE: DEVELOPING THE KEY MESSAGE

Key messages serve two main purposes. First is to plan some points that we want our listener to hear. In other words, a take home message. Plus, they give us a “go-to” should we find ourselves at a loss when discussing a topic.

What makes a good key message?

- Short: one brief, memorable sentence or phrase.
 - “A quarter of Minnesotans are obese,” not “According to BRSS data, of adult Minnesotans nearly 25% suffer from obesity.”
- Concise: avoid jargon and acronyms
- Active: make every sentence active
 - Avoid “to be” verbs: “He Rocks.” As opposed to “He is someone who rocks.”
- Positive: talk about what people can do, not what they can't.
- Specific: address a particular challenge and audience.
- Includes a “power word.” From the Tobacco Law Center example above, “Kill.”
- Value driven: Appeals to values of the people you want to reach.
 - Best bet is to appeal to dominant values
 - What are the values of the dominant culture? (from Lawrence Wallack):
 - Self-determination/self discipline
 - Rugged individualism
 - Benefits based solely on effort
 - Limited obligation to the common good.
 - Voluntary and moral nature of behavior

“Remember: This is about their value system, not yours. ... It is always easier to tap into a value someone already holds than to create a new one.”
(Smart Chart, Spitfire Strategies)

- Limited government intervention (smallest government is the best government)

Consider what people will take home

- If you're lucky, a person might remember one thing from what they heard you say on the radio, or what they saw on a poster at the state fair, or what they saw at your web site. If they're really in the choir, maybe two or three. It may not be anything we wrote, in fact, often times it isn't.
 - Example:
 - Said: "We need to look at local zoning for fast food restaurants near schools."
 - Possible take home: "The government is trying to ban fast food."
- So we must ask ourselves: what do you want them to remember?

How to craft key messages

- First ask who are we crafting the key message(s) for?
 - While key messages are by design much more global than most communications, it is always important to keep the audience in mind
 - For a legislator: "Obesity costs the state lots of money."
 - For the public via the media: "Obesity has major health consequences."
- Come up with the punchy line based on dominant values
 - Example (albeit bad) "We need to give people choices, so that if they want to eat healthier foods, they can find them." (Based on "self-determination.")
 - Keep it as positive as possible ("Eat this and you'll be happy," not "eat that and you'll die")
- Reinforce with facts
 - No more than three each
 - Example: "We need to give people choices, so that if they want to eat healthier foods, they can find them."
 - "Many convenience stores do not stock fruits and vegetables."

- “Vending machines in schools often do not sell healthy snacks.”
- “In many neighborhoods there are no grocery stores that sell fruits and vegetables.”
- Reinforce the facts with stories, when possible.
 - Example: “We need to give people choices, so that if they want to eat healthier foods they can find them.”
 - “In many neighborhoods there is little access to a real grocery store.”
 - “Change is possible. Bob helped bring a farmers market to a school parking lot once a week. Now neighborhood people are not only buying fruits and vegetables, but also walking to the market and meeting their neighbors.”

Step two: the “after all” message

- If key messages are the problem viewed from 30 thousand feet, the “after all” message is the message from orbit.
- The “after all” message should be the overarching message summing up everything you are advocating for. For example, “After all, it’s about being able to live a healthier, more satisfying life.”
- Use it as a go-to, for example, when you get thrown a curveball.
- If you have the right “after all,” it may end up being the take home.

Step three: the elevator speech

“An elevator pitch (or elevator speech) is an overview of an idea for a product, service, or project. The name reflects the fact that an elevator pitch can be delivered in the time span of an elevator ride (for example, thirty seconds and 100-150 words).”— Wikipedia

“ ‘Why prepare an “elevator speech’? In previous articles I have continually mentioned the importance of preparation, and it is no different for an “elevator speech.” Actually, it is imperative to work on this two to three minute presentation until it is perfectly crafted. This is the one kind of speech that I do suggest memorizing. Make it such a part of you that if someone woke you up from a sound sleep in the middle of the night, and asked you what you do, you would smoothly and without hesitation tell them your ‘elevator speech.’” -- Chris King, from <http://www.creativekeys.net/PowerfulPresentations/article1024.html>

- For best results, use key messages and your “after all” message in crafting your elevator speech.
- It anticipates and answers the number one question people have. Example, “Why is obesity a problem?”



Communication recommendations

The State nutrition, Physical Activity and Obesity program offers the following to help in creating your own plan for addressing the obesity epidemic in Minnesota.

Vision and goals

THE VISION FOR THE MINNESOTA PLAN TO REDUCE OBESITY AND OBESITY-RELATED CHRONIC DISEASES 2008-2013:

VISION:

People in Minnesota eat healthy, are physically active and maintain a healthy weight because they live in an environment designed to support healthy lifestyles across the lifespan.

GOALS:

- Provide clear and common messages about physical activity, nutrition, and obesity.
- Create a grassroots social movement to encourage healthy environments.

Key audiences

Below are the goals and the key audiences identified for each:

- Provide clear and common messages about physical activity, nutrition, and obesity.
 - Workplace
 - Schools
 - Local government leaders
 - Health care
 - Childcare

- Create a grassroots social movement to encourage healthy environments.
 - Local Public Health
 - School decision makers
 - Child care professionals
 - Worksites
 - Local government leaders
 - Professionals working in breastfeeding

Audience analysis

Workplace

- Value:
 - Productivity/profit
- Barrier:
 - Lack of knowledge about what to do
 - Costs
 - Anything that reduces productivity
- Themes:
 - An investment to reduce costs and increase productivity

Local government leaders

- Value:
 - Popularity, electability
 - Constituency
- Barrier:
 - Desire to avoid controversy
 - Budget constraints
 - The “other” party
- Themes:
 - Many of these projects make a community better places to live, work and play.

Health Care

- Value:
 - Healthy people
 - Profits
- Barrier:
 - Lack of time
 - Bariatric surgery is often a service they offer
 - Profit lost
- Themes:
 - Reducing obesity will improve the health of your patient

School decision makers

- Value:
 - Graduates
 - Test scores
 - Enrollment
- Barrier:
 - Over committed on other requirements
 - Seen as not their job
 - Desire for autonomy
- Themes:
 - Healthy students are better learners and are absent less often.

Child care professionals

Value: ● Happy, paying parents

● Safety

● Enrollment

Barrier: ● Attention to existing license requirements

● “I’m not the parent”

● Already there are a lot of regulations

Themes: ● Healthy growth and development includes physical activity and healthy eating.

Professionals working in breastfeeding

Value: ● Breastfeeding as an end in itself

● Outcomes

Barrier: ● Not well organized

● Lack of consensus on duration of breast feeding

Themes: ● Another benefit of breastfeeding is obesity prevention, for the baby and the mother.



Formative Research[†]

THE FOLLOWING ARE TIPS FROM GREAT BRITAIN'S OBESITY EFFORTS REGARDING YOUTH. ADOPTED FROM HEALTHY WEIGHT, HEALTHY LIVES: A TOOLKIT FOR DEVELOPING LOCAL STRATEGIES, THE FACULTY OF PUBLIC HEALTH, UK, OCTOBER 2008. WE HAVE NOT BEEN ABLE TO LOCATE SIMILAR FORMATIVE RESEARCH IN THE U.S. CAN THESE MESSAGES BE GENERALIZED TO MINNESOTA? YOU BE THE JUDGE.

Effective communications should focus on either diet or physical activity, but not both:

- When messages are combined, diet messages dominate and the activity component is ignored, regardless of the order in which messages are presented.
- Parents are likely to acknowledge the need for dietary change but are not likely to recognize the need for a change in activity levels. This is because for diet, parents' awareness of the problem is high so they are already actively engaged in risk behaviors. However, for physical activity, parents tend to believe their children are already active enough and they are less inclined to see their children's activity levels as their responsibility than they are with their children's diet.
- In addition, some parents find it difficult to make the link between diet and activity, and will reject communications that try to make that connection clear.
- Combining diet and physical activity in communications can also perpetuate unhealthy diets as parents believe that as long as children are active, it does not matter what they eat.

The research concluded that, to be sufficiently motivating, diet and activity messages need to occupy very different emotional territories:

[†] Adopted from Healthy weight, healthy lives: A toolkit for developing local strategies, the Faculty of Public Health, UK, October 2008 http://www.fphm.org.uk/resources/AtoZ/toolkit_obesity/2008/tools/HealthyWeight_SectD_Toolkit10.pdf The findings of the national qualitative research commissioned by the Department of Health (see page 59 and Tool D9)

- Messages on diet that outweigh the negative, short-term consequences of introducing healthy diets (eg resistance from fussy children) by “shocking” parents with the long-term negative consequences of failing to change behavior can be very motivating, but careful testing with representative focus groups is needed on the exact wording before such messages are used.
- Successful messages about activity focus on “disarming” parents by showing the positive benefits (non-health-related) of being active with children, such as creating treasured family memories.

In addition to communication which motivates families to address their children’s diet and activity levels, the research recommended that:

- Parents require specific, supportive messages that empower them to make changes.
- Messages will need to feel relevant and actionable and should be easily adaptable to normal family life, and presented in a down-to-earth way.
- The language used when communicating to families needs to be clear, simple and nonjudgmental, and the tone of voice needs to be empathetic and positive. This will help secure participation from the target audience.

What works for the priority clusters – Language

- Language should be empathetic. Use “we” and “us,” rather than “you.”
- Don’t tell parents what to do. This alienates and “de-skills” them.
- Use “could happen” rather than “will happen” when talking about negative consequences.
- Parents need to feel that there is hope.
- Use the kind of colloquial phrases that parents use themselves.
- Acknowledge their concerns and reflect them back, by using phrases like “It’s hard to say no to your kids” and “You don’t have to turn into a health fanatic to do something about it.”
- Don’t be judgmental. Avoid talking about the “right” foods or “good” and “bad” energy.

- Direct references to “obesity” and “weight” alienate parents and may mean they fail to recognize themselves as part of the audience for a campaign or intervention.
- If you must talk about weight, use clear, simple language. Explain jargon and define terms like “overweight” and “obese.”
- Focusing on future dangers, which most parents are willing to acknowledge, will reduce the risk of parents “opting out” of a communication because they don’t believe their children are currently overweight or inactive.

What works for the priority clusters – imagery

- Images of happy, healthy children draw parents in and encourage them to identify with a shared goal.
- Images of adults make parents more likely to think “They’re not like me, so this doesn’t apply.” Images of children are likely to appeal to adults, regardless of their background.
- However, images of very overweight or obese children also encourage de-selection since the majority of parents with overweight and obese children may be unaware of or sensitive about their children’s weight status.
- Settings should be familiar and everyday, for example local parks, gardens or the kitchen.
- Avoid anything too aspirational or “middle-class” – for example, toys, environments or clothes.
- Focus on images of children playing as opposed to taking part in specific sports or types of exercise, as sports and exercise may lead parents to turn off.
- For the same reason, avoid images of children eating specific foods.

- **Imagery should reflect the fact that families, particularly those in the “at-risk” clusters, often don’t fit the stereotype of two parents and 2.4 children.**

Key messages regarding MDH obesity activities

Obesity

KEY MESSAGES

Obesity is epidemic in the U.S.

- More than two-thirds of U.S. adults and almost one-third of children and adolescents are overweight or obese.
- Since 1980 obesity have doubled for adults and for children tripled.
- The rise in obesity is a result of the twin problems of less physical activity and more unhealthy eating.

Obesity is both preventable and reversible.

- (With the exception of some rare medical conditions) no one need be obese.
- The increase in obesity is a result of societal changes in how we eat, how we spend our time and the physical world in which we live.

A healthy body weight improves overall health and wellness.

- Being obese is unhealthy and can have major consequences in the quality—and length—of one's life.
- Obesity increases the risk for a number of diseases and health conditions, including heart disease, stroke, hypertension, type 2 diabetes, some cancers, sleep apnea and respiratory problems.
- At 365,000 deaths per year, obesity is the second leading cause of preventable death in the U.S.

Reducing obesity will reduce healthcare costs.

- Obesity is expensive; it costs our nation \$117 billion per year in medical bills and indirect costs.
- Obesity cost Minnesota \$1.3 billion in 2004.
- To really make a dent in health care costs, we must think in terms of preventing illness, not just treating it.

TOPICS SPECIFIC OBESITY MESSAGES

Children

The number of overweight children is increasing at an alarming rate.

- Because of obesity, children today may be the first generation of Americans to have a shorter life-span than their parents.
- Almost one-third of children and adolescents are overweight or obese.
- Children and adolescents are now developing obesity-related diseases, such as type 2 diabetes, that were once seen only in adults.

Health disparities:

Obesity disproportionately affects communities of color.

- African-American and Latinos have higher rates of obesity than whites.
- Deaths from heart disease and stroke are almost twice the rate for African Americans as compared to Whites.
- Obesity is a major risk factor for diabetes which is devastating many communities of color.

Poverty and obesity often go together, but they don't have to.

- People in low income neighborhoods can have access to healthy foods, for example, a farmers' market equipped to take EBT or corner stores that carry more fruits and vegetables.
- Better transportation, improved built environments and safer streets mean more children playing, more people walking and more people getting physical activity.
- Community and backyard gardens strengthen the community, provide exercise and yield the best food of all.

Nutrition

KEY MESSAGES

Why should we care about nutrition?

You have to eat to live.

- Good food fuels the mind and the body.
- Healthy eating is one key to a longer, healthier, more fulfilling life.

Your family depends on it.

- Good nutrition means stronger, healthier, happier children.
- Eating good food with your family is its own reward.

Everyone deserves good food.

- All communities need access to fresh fruits and vegetables.
- The healthy choice should be the easy choice.

TOPICS SPECIFIC MESSAGES

Communities of color:

- Good nutrition is usually as simple as eating good, home cooked meals with your family.

Fruits and vegetables:

- Eating more fruits and vegetables is the single most important dietary improvement one can make for better health.

Workplace:

- A healthy workforce is a more productive workforce.
- For every dollar spent on wellness programs employers gain \$3 to \$6 in health care, benefits and insurance savings.

Schools:

- Healthier kids not only have better attendance, they also do better on tests.

Physical Activity

KEY MESSAGES

Physical activity is the secret to good health

- If physical activity were a pill, it would be the most widely prescribed medication on the market.
- It helps to prevent many diseases like diabetes, heart disease, some cancers and obesity.
- It improves our moods (mental health) and helps to prevent depression and anxiety.

It's one of the most important things you can do for yourself (as well as your family and community)

- Physically active people say they feel better, look better, and feel younger, too.
- Being active is something the whole family can do together.
- The community benefits when people are outside, active and involved.

It's fun!

- Getting outside walking, playing, biking, etc. — whatever people enjoy doing — is its own reward.
- It need not be hard to be beneficial.
- It's as free and easy as taking a walk or taking the stairs.

TOPICS SPECIFIC KEY MESSAGES

Workplace:

- A healthy workforce is a more productive workforce.
- For every dollar spent on wellness programs employers gain \$3 to \$6 in health care, benefits and insurance savings.

Schools:

- Healthier kids not only have better attendance, they also do better on tests.

Active living:

- Active living isn't a program at a senior center; it's the freedom to enjoy physical activity throughout your day.
- Active living means providing safe and convenient opportunities for physical activity at schools, in the workplace, and in the community.



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