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SERVINGS OF  
FRUITS

&



VEGETABLES

How to keep kids healthy every day 

**Health Promotion and  
Public Education**

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## Health Promotion and Public Education



Teen-oriented poster for CLOCC's 5-4-3-2-1 Go! message.

### Nationwide

Public education plays a key role in raising awareness of public health issues and putting the power into the hands of communities to make informed decisions. However, educational strategies alone will not suffice to address the magnitude and complexity of the obesity epidemic. When coupled with the policy, systems, and environmental interventions described in earlier sections of this blueprint, public education can motivate individuals to change behaviors and adopt healthy, active lifestyles.

The food and beverage industry uses the power of media messaging to encourage consumers to choose their products. Children and youth are exposed to significant amounts of marketing for high-fat and high-sugar foods and beverages, and these foods are abundant in children's actual diets.<sup>(1)</sup> Research has documented that children under the age of eight are often unable to distinguish marketing tactics from other forms of information.<sup>(2)</sup> Racial and ethnic minorities are exposed to a disproportionate amount of junk food advertising and are directly targeted with high-calorie and low-nutrient foods and beverages.<sup>(3)</sup>

To combat these health-compromising messages, coordinated and sustained social marketing programs are needed to make a meaningful impact on health behaviors.<sup>(4)</sup> "Social marketing" refers to the systematic use of marketing strategies to achieve specific behavioral goals for a

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5-4-3-2-1 Go! is a public education message that has been widely used in Chicago, across the state, around the country, and beyond.

social good. These marketing efforts should communicate clear behavior goals, be highly tailored to audience characteristics, and coordinate dissemination to maximize number of exposures.<sup>(5)</sup> Particular attention should be paid to achieving health equity and protecting vulnerable populations. Social marketing should be employed in order to tell the story of the economic and social costs of obesity, to provide clear recommendations about positive health behaviors, and to mobilize communities to act.<sup>(4)</sup> Many communities have long-standing systems for disseminating information such as neighborhood newsletters, bulletins from faith communities, and local media. These assets should be leveraged in social marketing campaigns.

While social marketing can motivate people to change behavior, public education campaigns can help them gain specific knowledge to support behavior change. Public education should not simply implore people to change behaviors, but rather support positive health behaviors “by fostering healthy, engaged communities, and effective health care delivery systems, supported by enlightened health policy.”<sup>(6)</sup> Obesity prevention messages should be focused on the behaviors over which individuals have autonomy (e.g. portion control, daily physical activity) rather than the outcomes (e.g. health status, weight).<sup>(7)</sup> In addition, messaging should educate the public about the importance of environments that support healthy eating and physical activity, prompting them to advocate on behalf of environmental change strategies that make healthy lifestyles easier to achieve. In this way, public education can offer prevention-oriented solutions that help individuals to be responsible for their own health while also pointing out the broader institutional, community, and societal factors beyond their direct control, providing solutions for change at all levels of social ecology. (See **Introduction/Social Ecology** section)

Public education efforts focused on obesity prevention can draw on lessons learned from other public health campaigns, especially those aimed at reducing tobacco use. Characteristics of campaign messages that are particularly effective include those that evoke strong emotions, employ pro-health messages, and highlight industry’s misleading marketing and promotional tactics.<sup>(8)</sup>

Health promotion programs can also play a key role in engaging families in initiating and maintaining healthy lifestyles. Different than health education, health promotion programs include education but also develop capacity and skills among participants to further support behavior change. The Cochrane Collaboration, an international network that conducts and disseminates systematic reviews of primary research in health care and health policy, has identified key elements of effective childhood obesity prevention programs based on a recent meta-analysis. Some common elements of effective interventions, which should be embedded in health promotion programs include:

- Integrating healthy eating, physical activity, and body image into a comprehensive curriculum.
- Building capacity of staff in youth-serving settings with health promotion strategies and activities.
- Encouraging parent support for physical activity, limiting screen time and healthy eating in the home environment.<sup>(9)</sup>

Programs conducted in safe community environments allow for familiarity, open communication, and trusting relationships, which have been shown

to be important elements for developing social support networks.<sup>(10)</sup> These networks build peer support for sustaining healthy lifestyle behaviors and work to shift community norms.

## Chicago

In the fall of 2011, the Illinois Health Survey for Youth was administered as part of the Healthy Places initiative to 866 Chicago parents of children ages 0-17. Only 21.8% of children consumed five or more servings of fruits or vegetables the previous day, only 38.7% drank 4 or more servings of water, and only 30.7% consumed three or more servings of low-fat dairy the previous day. Twenty-eight percent of children engaged in two hours or less of screen-based activity (e.g., television, video games), and only 9.3% were physically active for one or more hours each day over the seven days prior to the interview.<sup>(11)</sup> These data suggest that aggressive and comprehensive approaches are still needed to support Chicago children in meeting recommendations for healthy behaviors related to obesity prevention.

### Current Strategies/Progress to Date

One of CLOCC’s hallmark strategies is the dissemination of the healthy lifestyle message, *5-4-3-2-1 Go!*<sup>®</sup>. Focused on children, the message recommends the following daily goals for food and physical activity behaviors: 5 servings of fruits and vegetables, 4 servings of water, 3 servings of low-fat dairy, 2 or less hours of screen time, and 1 or more hours of physical activity.

Developed by CLOCC in 2004 and launched as a mass-media campaign in 2009, *5-4-3-2-1 Go!* has reached millions of individuals in communities throughout Chicago and beyond. The message has been downloaded for use by thousands of organizations in Chicago, across 49 states, and in several countries. It has been adopted by the City of Omaha, the State of Michigan, and several Chicago-area coalitions (including DuPage County’s FORWARD initiative and the City of Chicago’s Inter-Departmental Task Force on Childhood Obesity).

CLOCC staff lead training sessions on the message, enabling both private and public sector organizations to integrate it into their programs and services, create organizational environments that support the message (such as offering healthy snacks and encouraging physical activity), and communities to adopt these recommendations. To date, staff from over 1,200 community-based organizations have been trained to disseminate the *5-4-3-2-1 Go!* message at their sites.

In 2009, an evaluation of the CLOCC-led mass-media campaign indicated that message exposure led to small degrees of change in a few of the recommended behaviors.<sup>(12)</sup> In a study of the message’s use in a clinical setting, patients of medical residents trained to deliver it reported positive changes in fruit, vegetable, and water consumption; physical activity; and decreased television time than patients of residents who were not trained to deliver the message.<sup>(13)</sup> The combination of these two studies and the research cited above reinforces the notion that public education campaigns may be effective in reaching many people, raising awareness, and influencing some degree of change. However, the degrees of change required to stem the tide of the childhood obesity epidemic will require



This print ad was part of the Healthy Places public education campaign, *Help Make It Happen.*



more personally-directed health education interventions coupled with institutional, community, and societal change that make recommended behaviors easier for individuals to follow.

In 2012, the Chicago Department of Public Health and CLOCC mounted a public education campaign as part of the Healthy Places initiative ([www.healthyplaceschicago.org](http://www.healthyplaceschicago.org)) that emphasized the role of environments in obesity prevention. The “Help Make It Happen” campaign pointed out key ways in which Chicago environments prohibit breastfeeding, healthy eating, and physical activity and suggested community and city-wide improvements that could lead to healthier behavior. The campaign delivered over 25 million impressions through radio, print, online placements, and on CTA vehicles and bus kiosks. Eighteen hundred campaign posters were also distributed across Chicago, and large banners were hung in City Hall.



An image from Healthy Places’ *Help Make It Happen* campaign.

## Recommendations for the Next Decade

### Goal 1: Employ public education efforts to improve individual nutrition and physical activity behaviors.

**Objective 1-1:** Improve message environments by promoting healthy foods and beverages in high visibility locations where children and their caregivers are most likely to encounter them.

- **Strategy a:** Disseminate *5-4-3-2-1 Go!* and complementary messages using methods that are focused to reach audiences that experience disparities in obesity and health, communicate clear behavior change goals, and are linked to environmental change.
- **Strategy b:** Include nutrition education messages at points-of-purchase (i.e., where consumers make actual purchasing decisions) to promote healthy food and beverage consumption.
- **Strategy c:** Integrate social marketing as an element of environmental change to raise awareness and create consumer demand for healthy food and physical activity resources while also improving the aesthetics of community environments (e.g., include murals that promote healthy behaviors in neighborhood beautification projects).

**Objective 1-2:** Create a regional message environment to promote clarity and consistency of health promotion and public education for nutrition, physical activity, and screen time for children.

- **Strategy a:** Disseminate evidence-based health messages in key sectors across the region (e.g., beyond Chicago to Cook and other counties) to increase exposure among children and caregivers who travel frequently across city boundaries into suburbs and outlying areas.
- **Strategy b:** Develop media partnerships in regional media markets (which extend beyond city and county boundaries) to shape public discourse about healthy eating and active lifestyles.

**Objective 1-3:** Provide training and technical assistance to build capacity for health education in key settings where children spend their time.

- **Strategy a:** Train and support health care providers to offer pediatric patients and their caregivers counseling and supporting materials on healthy lifestyles and healthy weight.
- **Strategy b:** Train and support early childhood, elementary, and secondary education professionals to engage in health promotion using evidence-based nutrition and physical activity curricula.
- **Strategy c:** Train and support community health workers who provide culturally and linguistically appropriate community and in-home education to integrate obesity prevention education into their services.

**Goal 2: Implement public education campaigns that build public support for environmental change.**

**Objective 2-1:** Use mass media campaigns and other messaging approaches to mobilize communities around health priorities for obesity prevention with clear environmental change goals.

- **Strategy a:** Implement campaigns that include a clear call to action with opportunities to engage in community and city-level advocacy for environmental change.
- **Strategy b:** Build capacity of local leadership to communicate about the importance of healthy food and the physical activity environment.
- **Strategy c:** Build capacity of youth’s role as advocates in their communities.

**Goal 3: Implement health education programs specifically designed to reach individuals in communities experiencing high levels of obesity.**

**Objective 3-1:** Provide programming to build health literacy, knowledge, and skills around healthy eating and physical activity in communities experiencing high levels of obesity.

- **Strategy a:** Implement programs that are theory-driven and evidence-based, including those that are family-centered, involve experiential learning, and build self-efficacy around targeted behaviors (e.g., cooking/nutrition programs, gardening education, grocery store tours).
- **Strategy b:** Expand opportunities for healthy lifestyle education in the Women, Infants, and Children program (WIC); the Supplemental Nutrition Assistance Program (SNAP); and other aspects of the emergency food systems to reach the most vulnerable populations.
- **Strategy c:** Provide education about preparing nutritious meals on a limited budget for families experiencing food insecurity.



Health promotion programs for obesity prevention include skill building as well as education about nutrition and physical activity.

**Objective 3-2:** Expand supportive environments and networks of social support for healthy eating and physical activity in the community setting.

- **Strategy a:** Align organizational policies and practices to support health promotion messaging and enable staff to model healthy behaviors for program participants.
- **Strategy b:** Implement health education programs in important community settings (e.g., faith-based institutions, workplaces, schools) so members of existing social networks can support each other's effort to adopt healthy behaviors.

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