‘Let’s take on childhood obesity’

Evaluation of a 3 year public health campaign

'Let's take on childhood obesity'

Evaluation of a 3 year public health campaign

Publication date: September 2017

List of tables

List of figures

1 Key findings

The following key findings are the main outcomes of a 3 year campaign titled 'let's take on childhood obesity' as measured on an all-island basis by Millward Brown on behalf of *safe*food. The research was carried out between 2013 (pre-campaign) and 2016 (post campaign) using quantitative research.

Overall awareness and reach of the campaign

Recall and recognition

- 80%+ recognition of the campaign.
- 85% of parents suggested the ads 'make me realise what will happen to my children if I don't take steps to change' and 69% of parents rated the messages as relevant to their own situation.

Social and digital campaign reach

- Total Facebook reach for the campaign was over 9.6 million
- Total Twitter reach for the campaign was over 3 million
- The campaign hub on the website received over 760,000 views.

Direct marketing

- 360,000 booklets were distributed to over 3,600 crèches, playgroups and day care settings via Early Years and Early Childhood Ireland.

Awareness of obesity

Awareness of the health consequences of obesity

Aim: To Increase awareness of the future health challenges posed by excess weight in childhood.

An increase of 11% of parents (from 34% to 45%) are aware that children who are overweight are likely to experience health problems in later life as a result of the campaign.

Core target behaviours (reported change)

Drinks: ***Aim: To increase consumption of water at mealtimes and to reduce the amount of sugary fizzy/cordial/smoothie drinks consumed daily***

- Drinking water at mealtimes increased from 26% to 36%
- Daily drinking of fizzies, cordials and smoothie drinks decreased from 50% to 40%.

Treats: ***Aim: To reduce the amount of treat foods children are consuming once a day***

- 45% of parents report trying to reduce the amount of treats their kids eat
- There was no significant change in either direction in the numbers of parents giving a treat once a day (29% to 32%).

Portion size: ***Aim: To encourage parents to give child-size portions at mealtimes***

- The number of parents who have tried to reduce the portion size their child eats increased from 12% to 18%.

Physical activity: Aim: To increase the amount of physical activity a child does to at least 60 minutes a day

- No significant change in attempts to increase the amount of physical activity their child gets and remains as per benchmark at 1 in 3.

Sleep & screen Time: Aim: To increase the amount of sleep a child gets

- The attempts by parents to increase the hours of sleep their child gets saw a decrease from 41% to 27%.

2 Introduction

In 2013, ***safe*food** were tasked by the Special Advisory Group on Obesity (SAGO) in the Republic of Ireland (ROI) and by the Regional Obesity Prevention Implementation Group (ROPIG) in Northern Ireland (NI) to implement a multi-layered public health communications and awareness campaign to tackle the high rates of overweight and obesity in children on the island of Ireland.

The campaign was developed in partnership with key stakeholders including Healthy Ireland, the Health Service Executive, the Department of Health and Department of Children & Youth Affairs (Republic of Ireland) and the Public Health Agency and Department of Health (Northern Ireland).
One in four children on the island of Ireland is carrying excess weight. Children who are overweight or obese are likely to remain obese through to adulthood. The development of chronic diseases in obese children begins in the early years with metabolic changes leading to increase their risk of hypertension, insulin resistance and gene expression changes and certain cancers in adulthood. Obesity prevention is an international public health priority. There is growing evidence of the impact of overweight and obesity on short and long-term health and well-being.

The **overall objectives** of the campaign were twofold:

- To increase awareness among parents of the health challenges posed by excess weight in childhood, the negative impact this can have on the quality of life, and the importance of tackling this for the long term.

- To communicate practical solutions that parents can adopt to tackle the everyday habits that are associated with excess weight in childhood.

The **core target audience** for the campaign was parents of children aged between 2 and 12 years, while also recognising the significant role played in childcare by grandparents and extended family. The secondary target audience was adults who have influence or contact with children or their parents; this includes health professionals, community development workers and educators.

Formative pre-campaign research indicated there were a strong demand among parents for practical solutions that they could put in place. The campaign therefore focused on 6 core lifestyle actions that parents could incorporate into everyday family life to tackle those behaviours associated with excess weight. These 6 themes formed the basis of the campaign over 3 years and were as follows:

1. **Understanding more age-appropriate portion sizes for children**
2. **Managing treat foods**
3. **Being more physically active**
4. **Reducing screen-time**
5. **Encouraging more sleep and**
6. **Replacing sugary drinks.**

3 Campaign development

Key stakeholders

The campaign was developed in partnership with key stakeholders including Healthy Ireland, the Health Service Executive, the Department of Health and Department of Children & Youth Affairs (Republic of Ireland) and the Public Health Agency and Department of Health (Northern Ireland).

Campaign development was also guided by the Regional Obesity Prevention Implementation Group (ROPIG) in NI and the Department of Health's Special Action Group on Obesity (SAGO) in ROI.

The campaign was further supported by a wide range of all-island stakeholders working in public health, health services and advocacy. These included General Practice, Dietetics & Nutrition, Community and Practice Nursing, Pharmacy, Dentistry, Sport & Physical Activity, Voluntary Health agencies, Local Authorities, Education and Parent representative bodies, NGO's and Universities.

Partnership and collaboration with stakeholder organisations took place at various phases of the campaign and was fundamental in helping with campaign development and disseminating campaign materials. A full list of ROI and NI stakeholders is available in appendix 1.

Expert advisory group

During the early stages of campaign development *safe*food convened an expert group to help inform the appropriate tone of language to be used in the campaign. This group comprised external stakeholders working in child psychology, nutrition surveillance, social marketing, clinical paediatrics and health promotion as well as the *safe*food campaign team. The group discussed a wide range of issues including campaign language, social stigma, self-worth, family structures, health consequences, sleep for children, healthy outcomes and role modelling.

Social marketing approach

This campaign took a social marketing approach that focused on behaviour change. The campaign followed Andreasen (2002) benchmark criteria as well as using techniques from Michie et al.'s (2011) taxonomy of behavioural change (see details in appendix 2).

Consumer focus group research - structure

To inform development of the campaign's approach and messages, a programme of focus groups was held with parents across the island in 2013. In total, nine groups were held and these primarily consisted of mothers of 'at risk' children from a C2DE socio-demographic background but also included 'non-risk' parents, fathers and those from an ABC1 background. The groups were recruited using a series of risk criteria (see appendix 3 for criteria). Table 1 provides details of the focus groups including age, social class and location. The groups were moderated by IPSOS MRBI.

Table 1: Focus group structure 2013

Group	Gender	Age	Children weight	Social class	Location
1	Female	31-45	Not at risk	C2DEF	Aughnacloy
2	Female	31-45	At risk	C2DEF	Newry
3	Female	20-30	At risk	C2DE	Belfast
4	Mixed	31-45	At risk	C2DE	Belfast
5	Mixed	31-45	At risk	ABC1	Cork
6	Female	31-45	At risk	C2DE	Dublin
7	Mixed	20-30	At risk	C2DE	Dublin
8	Female	20-30	Not at risk	ABC1	Athlone
9	Male	20-30	At risk	C2DEF	Sligo

Consumer focus group research - findings

The focus groups identified that:

- Parents reported being aware of the issue of overweight and stated they didn't need to be to be told further about how to identify if their child was overweight, nor how to weigh or measure their children.
- Parents were concerned about their current food and lifestyle choices - practical solutions to tackle the issue were required.
- Parents expressed an openness to practical strategies, solutions and information on how to bring about changes to their family habits.
- Making changes was seen as challenging and that smaller changes could be made more easily.

A further round of 8 focus groups were carried out in the final year of the campaign. The aim of these groups was to gather new insights from parents on three specific message themes - reducing sugary drinks; cutting down on daily treat foods; and giving child-sized portions to children. Clear recommendations emerged from these groups which helped with refining the campaign messages. The groups also revealed that parents said they wanted harder hitting messages that were more empowering while also acknowledging the challenges of daily-parenting.

Campaign approach

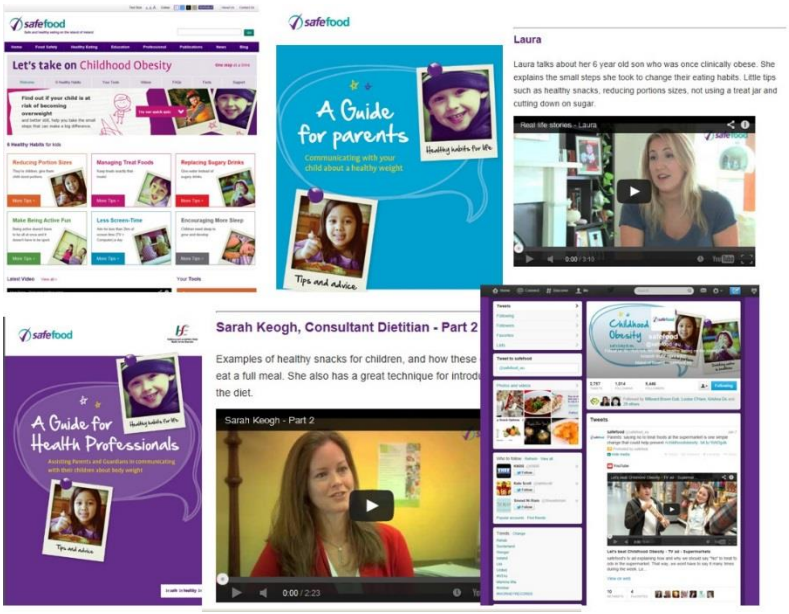
Television advertising was used to show ordinary, everyday family situations and habits that people could readily identify with. This combined recognisable scenarios for families with practical changes that parents could take on with their children, one step at a time. These changes were not portrayed as always being easy but were shown to be 'doable' and could fit into families' everyday lives.

The TV advertising also portrayed unhealthy lifestyle habits and children who became progressively heavier as they grew older. The final scene of each TV ad ended with a family demonstrating a healthier habit and the potential for a positive outcome as children grow up.

The aim of raising the issue of children's weight status in a high profile campaign was to strike a balance between the urgency of the issue itself with encouraging parents to face the issue in a positive, affirming way with practical support and advice.

Figure 1: Sample of TV advertisements

Figure 2: A sample of the campaign resource materials



To help support parents in making changes, a wide-ranging suite of information materials were developed for use in online and in social media channels. Printed materials were also distributed through stakeholder partners in healthcare settings including General Practice, Dentistry, Family Resource Centres and Community Healthcare. A practical handbook for health professionals was also produced and all campaign materials were informed by focus testing with parents and healthcare professionals.

Campaign elements

The campaign, co-branded with Healthy Ireland (ROI) and Choose to Live Better (NI).comprised of advertising across Television, Radio, Outdoor, Digital, Social and national newspapers with the tagline "*Childhood obesity – let's take it on, one small step at a time"*. Consisting of 10 distinct phases of activity, each phase addressed one or more of the 6 core campaign messages. Appendix 4 highlights the campaign timings, messages and communication channels used.

Television

The 30 second TV advertisements showed everyday scenarios taking place in familiar surroundings such as the home and supermarket. The theme of the TV ads showed unhealthy lifestyle habits and children who became progressively heavier as they grow up. The ads ended with a family demonstrating a healthier habit and the potential for a positive outcome for children grow up.

Radio

The 30 second radio advertisements were scripted to compliment the TV ads and offered practical advice for parents on how to change everyday lifestyle habits which posed a health risk through contributing to excess weight in childhood and later life.

Outdoor

Outdoor poster advertising was also integrated with TV and radio copy and featured an arresting image combined with a practical tip for parents related to that image. While initially featuring on a range of outdoor poster sizes, in general 6 sheet and trolley-handle formats were prioritised in years 2 and 3 of the campaign.

Direct marketing

A suite of printed materials were developed for the campaign and included:

- A booklet for parents with advice on how to promote healthy lifestyle habits as a family. This was distributed through GP practices on the island of Ireland.
- A practical printed and online guide for Healthcare professionals on how to discuss the issue of body weight with their patients. These were available on ***safe***food.eu and www.healthpromotion.ie.
- A reward chart and sticker set for parents to help with enabling behaviour change in young children. This was distributed through partnerships with national newspapers.
- A poster detailing the sugar content of more than 60 popular soft drink brands typically consumed by children. The poster was available online with printed copies distributed into dental practices through the British and Irish Dental Associations
- A 'Know your Treats' information leaflet distributed to parents at the annual Balmoral Show in Northern Ireland.

Digital and social media marketing

*safe*food website

A hub was designed within our main website, for the campaign. This included individual pages on each of the 6 core actions.

Figure 3: Image of the childhood obesity hub

During each specific phase of the campaign (e.g. Sugary Drinks), the relevant TV ad was embedded on the homepage of the hub. "Tools" to support behaviour change, such as reward charts, diaries and infographics, were made available for download. Videos from trusted health professionals as well as videos with parents and vox-pops were also available to view and provided social demonstration of positive attitudes and behaviours.

Social media channels

The primary social media channels used were ***safe*food**'s Facebook and Twitter pages as well as Pintrest, Linkedin, YouTube and most recently Instagram. These platforms along with paid digital advertising disseminated core campaign messages to our target audience. A wide variety of media formats were also used throughout the campaign and included static and animated images, video, infographics, blogs, Facebook canvas images, carousels and live Facebook chats.

Digital advertising and search marketing

The campaign messages were advertised online across a range of high-traffic websites through display advertising (MSN - the Microsoft Network, Irish Independent, and The Daily Mail). In addition these ads were placed on various 'partner sites' (Mummy Pages, Rollercoaster, EUMom, Mykidstime and Family Friendly HQ). Activity on these partner sites was coordinated with the specific theme of the campaign and included display advertisings, blog posts, competitions, featured articles, Q&A sessions and quizzes. This content was also shared, promoted and viewed on the partner sites' own social media channels. A search marketing campaign using key words relating to childhood obesity was delivered through Google AdWords.

Public relations

Public relations for the campaign consisted of two core strategies:

1. Develop media relations with key media contacts and commentators to publicise the overall campaign and its core messages and deliver long-term coverage
2. Build testimonials and personal stories to address the issue first hand with parents to bring the campaign to life.

Critical waypoints during the three year campaign (e.g. a new phase of advertising) were also used to contribute to ongoing publicity and to keep a media focus on the key campaign messages.

A range of PR methods were used including press releases, media photo calls, opinion editorials, syndicated and feature articles, FAQs, media partnerships, online and social influencers and making campaign materials freely available.

The PR campaign was awarded 'Best Public Information' campaign at the 2015 PRII/PRCA awards.

Campaign launch

The three year childhood obesity campaign was simultaneously launched on Monday, 21st October 2013 with media events in Dublin and Belfast. The Dublin launch was attended by the Minister for Health and the Minister for Children & Youth Affairs.

A press release *"New public health drive to help parents reduce risk of overweight among children"* was issued to all media and campaign spokespersons were made available for broadcast interview. To amplify the campaign launch, two opinion editorial pieces were secured during the first full week of the campaign to raise the issue and create a platform for longer-term debate about overweight and obesity in childhood. A series of audio pre-records were also produced for distribution to radio news bulletins

Figure 4: Press launches in Dublin and Belfast

4 Campaign analysis

Throughout the campaign, public relations, media, website, digital advertising, social media and direct marketing activities were monitored daily by the ***safe*food** team and its agencies. This section discusses the campaign exposure, engagement and marketing measures.

Campaign exposure and engagement

TV, radio and outdoor

Campaign engagement was measured by Millward Brown in face to face interviews at regular intervals during the 3 years of the campaign. The specific advertising and message treatments were reviewed to determine their relative success looking at recall, response and communication.

Overall there were very strong levels of recognition for the campaign across the above-the-line channels (TV, radio, outdoor) with levels of 80%+ recognition (saw/read/heard something) of the campaign registering with parents after year 1.

The advertisements/messages rated very strongly with the points made in the ads being highly rated as believable 85%, 'making me realise what will happen my children if I don't take steps to change' rated at 85% and 69% of parents rating the messages as relevant to their own situation.

68% rated the ads as motivating then to think differently about changes they could make and 80% suggesting that the advertisements contained new information on how to prevent childhood obesity.

Digital reach and engagement

*Glossary of social media terms is available in appendix 5.

Total Facebook reach for the campaign was over 9.6 Million

There were 2,848,403 organic views on Facebook (i.e.: the total number of unique people who were shown our posts through unpaid distribution). Of those who saw the posts there was an overall level of 3% Engagement (see appendix 6 for all Facebook results).

The most popular content users engaged with on Facebook included;

- Infographic on calorie content of children's favourite 'treats'
- Sugary drinks infographic
- Real life stories: Blog on 'sleep'

Exposure to the campaign was high on Twitter at 3,697,953 with an engagement rate of 3%. Similar to Facebook, the organic impressions on Twitter were high at 708,970 (see appendix 7 for all Twitter results).

The most popular content users engaged with on Twitter included;

- Guess the 'star' in the picture who used to walk to school
- Post highlighting the launch of the campaign with a link to the ad
- Post with image showing the amount of treats a child typically eats in a week versus the most they should be eating

For phases 1, 4, 5, 6 and 9 in-depth reporting of social media discourse outside of our own channels was carried out. Each of these phases dealt with a different target behavioural change. Over these 5 phases the campaign there were approximately 4,000 social media comments on the campaign or related topics. The main channels for these were online discussion fora such as Boards.ie, rollercoaster.ie and politics.ie, online media channels e.g. The Journal and key social media channels Twitter and Facebook.

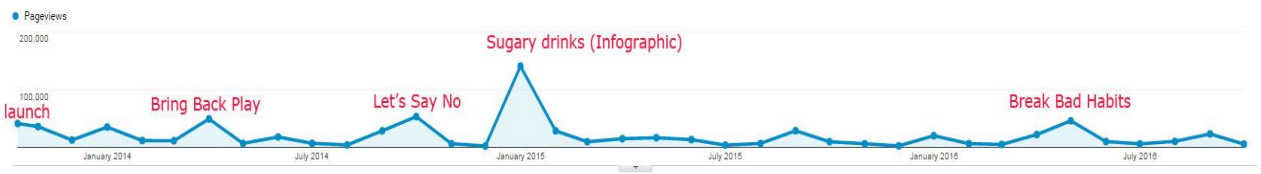
For each phase a great deal of discussion was generated on the key campaign messages. Opinions in relation to the campaign were both positive and negative. Commenters displayed passion about the issue, were sometimes judgemental, confused or cynical. The key findings from each phase are shown in appendix 6.

Website and digital advertising

The childhood obesity hub on the safefood website received over 762,563 views

From October 14th 2013 to October 14th 2016; this figure accounts for 11% of all pages viewed on the ***safe*food** website. The welcome page on the childhood obesity hub being the 4th most popular page overall on the site. Other childhood obesity related pages viewed throughout the site include press releases (14,150 views) and blog posts (10,081 views).

Figure 5: website traffic from October 2013 to October 2016 highlighting the key peaks in visits to the hub



The YouTube videos relating to the campaign were viewed a total of 190,274 times with the most popular video by far being the Portion sizes TV ad VOD with 143,933 views.

The digital display advertisements drove 97,527 visits to the *safe*food site. Of the many sites used for the different phases, RTE, Yahoo, MSN, Rollercoaster and The Independent had the best click through rates.

Table 2: Digital display advertising results

Booked impressions	Delivered Impressions	Delivery rate	Clicks	Click through rate*
71,173,846	81,902,309	115%	97,527	0.12%

*Click through rate refers to the percentage of people who click on an online advertisement after seeing it.

PR campaign exposure

There was a significant amount of coverage throughout the campaign with the vast majority having a favourable sentiment. Given the length of the campaign and the variance in campaign coverage it is impossible to accurately calculate the PR coverage. An estimated guide of coverage of each campaign phase is illustrated in Table 2 below and samples of coverage are shown in appendix 7.

Table 3: Breakdown of the ROI and NI coverage per-campaign phase

Campaign phase	ROI pieces of coverage	NI pieces of coverage
Launch	69	6
2013 Phase 1& 2	36	5
2014 Phase 3,4,5	123	22
2015 Phase 6,7	65	12
2016 Phase 8,9	80	6

Direct Marketing

360,000 booklets distributed through Early Years and Early Childhood Ireland in over 3,600 crèches, playgroups and day care settings.

In total there were 360,000 booklets distributed through Early Years and Early Childhood Ireland in over 3,600 crèches, playgroups and day-care settings.

A further **150,000** booklets were distributed in more than **1300** GP practices in the Republic of Ireland, with **66,000** booklets being distributed in over **100** GP practices in Northern Ireland.

A media partnership with the Irish Sun newspaper distributed **430,000** reward charts to readers. Over **3,000** sugary drinks posters were distributed into dental practices through the British and Irish Dental Associations and over **12,000** health professional guides were accessed through healthpromotion.ie.

Over **3,000** 'Know your treats' flyers were distributed to parents at the annual Balmoral show in 2016.

5 Behavioural results

To evaluate the effectiveness of the campaign in terms of changing individual's knowledge, attitudes and behaviours, ***safefood*** undertook quantitative research at baseline (pre-campaign; September, 2013) and post-campaign (November, 2016) following the final phase of the three year campaign.

Conducted by Millward Brown, the research examined parents' knowledge of the issues facing children, their intention to change behaviour and the knowledge, attitudes and behaviours surrounding the six core messages of the campaign. It should be noted that the results described below are self-reported measures of knowledge, attitudes and behaviour change; these were the best available measures of evaluation.

Research methodology

The research methodology utilised for this study was a stratified random sample approach. With this approach the interviewer is given a starting address and then must call to every 5th house in urban areas or every ¼ mile in rural areas to find a respondent filling the profile of the quotas that they have been provided with (e.g. a female aged 35-44 in household which would be categorised as AB).

Benchmark (September, 2013) & Post-Campaign (September, 2016)

- Face-to-face in-home interviews of approximately 20 minutes
- Nationally representative sample of adults with children aged 2-12(n=935 IOI)
  - In addition a 'booster' sample was achieved among the core target in order to boost the actual number of respondents in this group over and above what would be captured in national representative sample. A C2DE boost of 50 was achieved in both ROI and NI.
  - Respondents had varying levels of education, representing a mixture of socioeconomic classes and marital statuses and included both mothers and fathers over 18 years old
- 40 sampling points in ROI
- 35 sampling points in NI
- Fieldwork dates were September 23rd to October 16th 2013
- Fieldwork dates were September 29th to October 18th 2016

All stats noted in the discussion below are Island of Ireland (IOI) stats. ROI or NI stats are only added where there is a significant difference in either jurisdiction.

For this sample size the accuracy level is estimated to be +/-3.3% (calculated at the 50% proportion at the 95% confidence level) meaning that any results with a change +/-3.3% are considered significant.

Childhood obesity contextualised

Responsibility for obesity

The majority of parents 77% feel that the responsibility for the childhood obesity levels lies with the parents.

There was an increase among parents who suggested that the main responsibility for the levels of childhood obesity lies with the food industry and/or the soft drinks industry. The results indicated an increase from 28% to 36% (29% to 38% ROI) for the food industry and from 21% to 35% (22% to 38% ROI and 20% to 29% NI) for the soft drinks industry.

Obesity as an issue of concern

Consistent with the benchmark, when parents were given a range of issues pertaining to their kids that might concern them, bullying remained the key issue of concern among parents post campaign. Overweight and obesity was seen as the second issue of most concern among parents, all be it at a low level. This remained fairly constant over the course of the campaign 9% at benchmark to 12% post campaign.

Awareness of consequences of obesity

There was an 11% increase (from 34% to 45%) among parents who knew that children who are overweight are likely to experience health problems in later life.

There was an 11% increase (from 34% to 45%) among parents who knew that children who are overweight are likely to experience health problems in later life.

This increased from 34% to 41% ROI and from 37% to 55% in NI.

Spotting the signs of obesity*

When asked how parents would find out if their child was overweight 42% of parents on (39% ROI and 49% NI) suggested they would look for signs such as age appropriate clothes not fitting; 34% would ask their doctor while 21% (22% ROI and 17% NI) would weigh their child and google information on healthy age to weight ratios.

*No comparative data as this question was not asked in the benchmark research.

Addressing obesity

One in five parents claim their child has brought up the subject of body weight. Of these parents, 64% percent post-campaign addressed it by talking about weight in relation to health; this increased from 56% benchmark.

Thirty-four percent of parents post-campaign have addressed it by talking about body image and shapes/sizes; this figure has decreased from 48% (decreased from 52% to 32% ROI). The number of parents who suggest they change the subject if the subject of weight is brought up has seen no significant change and remains around the 11% mark.

Seeking information and advice on obesity

Parents suggesting that they would talk to a health professional if they thought their child was overweight or obese is still seen as the number one choice for those seeking advice at 70%. There was however a decrease from 82% benchmark to 70% post-campaign. Talking to a family member or close friend (37% benchmark to 41% post campaign), talking to other parents online in a parent's forum (7% benchmark to 8% post campaign) and talking to a trusted health professional online (5% benchmark to 8% post campaign) all stayed static.

Sources of information and advice on talking to children about body weight

When asked what, if anything, would make parents feel more comfortable talking to their children about weight; advice from a GP or health professional still remains number one choice. However, this has declined from 61% benchmark to 51% post-campaign (67% ROI to 50% ROI and 48% to 56% NI). Furthermore, seeking advice from a family member or close friend has seen even more reluctance and has decreased from 31% to 25%; this decrease has been led by NI which saw a 22% decrease from 39% benchmark NI to 17% post-campaign NI.

Core campaign messages

Drinks – core message communicated in Phase 1, 2 & 3

Following the campaign 36% of children drank water as their main drink at mealtimes, compared to 26% at benchmark. This was mainly driven by behavioural changes in NI, which has significantly increased from 15% benchmark to 33% post-campaign.

There has been a decrease from 28% of parents in the benchmark to 17% post-campaign who claim that their child has a juice or a fizzy drink at least once a day. Cordials, as the preferred drink at mealtimes, have significantly decreased in NI from 47% benchmark to 31% post-campaign.

The most common challenge or barrier parents perceived when trying to reduce the amount of fizzy drinks, cordials and/or juices their child drinks was that their child won't drink water on its own at 28%. Additional barriers/challenges included grandparents/friends always give the child fizzy drinks/cordials/juices at 26% and 25% say that fizzy drinks/cordials/juices are available everywhere (22% ROI, 33% NI).

C2DE Results

The results of those drinking water among the C2DE audience is less than the ABC1 change but notwithstanding has risen from 27% to 33% ROI and from 14% to 32% NI.

Treats – core message communicated in Phase 3, 5, 6, 8 & 9

Overall, when asked if they gave their child a treat once a day there was no significant change in either direction in the numbers of parents giving a treat once a day (29% benchmark to 32% post campaign).

However, almost half (45%) of parents reported an intention to better manage their children's treats. The most common barriers/challenges faced by parents when trying to reduce food treats included 36% say grandparents/friends always give their children treat foods and the fact that treat foods are available everywhere 27% (23% ROI, 39% NI).

There was a small change in the reasons for parents giving their child a food treat: as a general reward decreased from 53% to 49% and because the child had eaten all their food also decreased from 38% in the benchmark to 33% post-campaign. This decrease is led by NI which decreased from 44% benchmark to 29% post-campaign.

C2DE Results

The incidence of giving children treat foods once a day or more than once a day is higher among the C2DE audiences. The frequency of treating once a day or more than once a day has increased among the C2DE group which is led by ROI; increasing from 32% to 47%.

Portion size – core message communicated in Phase 1, 2, 4, 7 & 10

Actual attempts to reduce portion size have increased from 12% to 18%.

The most successful methods tried included encouraging him/her to stop eating when feeling full 25%, stopping pressurising him/her to eat everything on their plate 21% and serving food on a smaller plate 20%.

The most common barriers/challenges faced by parents when trying to reduce portion size included when eating out, 23% of parents find it hard to get child sized portion sizes (25% ROI, 16% NI) and also their child is always saying they are still hungry 21%.

A revised portion size message, which addressed an issue identified among the target audience, was communicated in year 2 (phase 7) and as a result we see an increase from 65% benchmark to 75% year 2 in parents suggesting their child eats a portion size which is a half or a third of what they eat.

Interestingly post campaign 30% (25% ROI, 46% NI) suggested that they didn't mind how much their child eats as long as it is healthy food.

Physical activity – core message communicated in Phase 4

There has been no significant change in attempts to increase the physical activity their child gets and this remains at 1 in 3 have tried to increase the amount.

The key barriers/challenges perceived by parents included that it is hard to find activities for them to do inside when the weather is bad 44% and they want to spend time on their screens 26%.

Playing outside with friends/neighbours was deemed to be the most successful method tried to increase the amount of physical activity their child gets with local parks and playgrounds key for NI parents (25% benchmark, 35% post-campaign) and ROI parents (14% benchmark, 24% post-campaign).

C2DE Results

Pre-campaign 82% of NI C2DE respondents felt their child definitely or probably got 60 minutes of physical activity a day, this is higher than ABC1 respondents in NI at 70%. This trend was also evident post-campaign with 81% of NI C2DE felt their child definitely or probably gets 60 minutes of physical activity compared with 76% in ABC1. There was no social class difference in ROI in the benchmark or post campaign.

Sleep & screen time – core message communicated in phase 6, 7 & 8

Screen time and sleep messages were communicated together with the core message being that screen time can impact on a child's sleep and thus needs to be reduced. In light of this, the results from the sleep and screen time messages have been combined.

Post campaign parents are now less likely to claim their child is getting at least 12 hours of sleep a night. Unsurprisingly the younger the child the more hours sleep they get.

Furthermore, post campaign just under 6 in 10 parents claim their child spends 2 or less hours on their screens a day. This figure is consistent across both ROI and NI and has remained relatively unchanged

When asked if parents have ever tried to increase the amount of sleep their child gets parents suggested that their actual attempts at this have decreased from 41% (benchmark) to 27% (post-campaign).

Having a bedroom as quiet as possible is the most successful method tried to increase sleep, particularly amongst NI parents at 52%.

There has been no significant change in parents trying to reduce their child's screen time, it moved from 42% in the benchmark to 39% post-campaign. NI parents continue to be less likely to try and reduce screen time (33% benchmark; 32% post-campaign).

C2DE results

A social class difference was evident in NI in terms of the amount of time a child spends on their screens. Among C2DE, 55% of parents suggested their child spends less than two hours a day on their screens whereas 61% of parents among the ABC1 social class suggest the same. There was no significant difference evident among social classes in ROI.

Overall intention to change

When asked which one change parents were most likely to make to their child's habits, cutting down on treats remained the top choice as per the benchmark. This was at 29% in the benchmark and 25% post campaign.

85% of parents suggested that it was very/quite realistic that they will be able to make these changes.

Interestingly there were differences among ROI and NI participants who mentioned that they had made changes in one or more of the six areas mentioned above. Fifty-three percent of NI parents suggested they had made the changes to the children only whereas 55% ROI parents suggested they had made changes to the whole family.

When asked why they had decided to make these changes, 42% quoted they wanted to make changes to be more active with 31% quoting they wanted to make changes to eat healthier.

Table 4: Summary of research results detailing what the parent reported on their child's lifestyles behaviours for pre and post-campaign

Key Issue	Pre-campaign	Post-campaign	% difference
Consumption of water at mealtimes	26%	36%	+10%
Consumption of fizzy drinks once a day	28%	24%	-4%
Food treat once a day	29%	32%	(+3%)
Reduce portion size	12%	18%	+4%
Increase in exercise (60 mins)	34%	35%	~
Increase sleep	41%	27%	(-14%)

6 Discussion

This childhood obesity campaign was developed using a partnership approach and built on the preceding 'Little Steps' campaign (2008-2010). The campaign followed best- practice social marketing techniques to focus, through formative research, on the needs of the target audience. The research found that parents wanted and needed practical support and the lives of families were therefore portrayed in the campaign in a realistic way that that parents could identify with.

Media messages were designed to make parents aware and promote behaviour change using a variety of behaviour change techniques, from demonstrating consequences, to social demonstration of healthy behaviours by parents and children, information provision, habit formation and many more. Its twin aims were to raise awareness of the consequences of obesity with parents, and to address six obesity-related health behaviours.

Results of the media and digital analysis indicate that almost all parents on the island of Ireland are likely to have seen or heard the campaign material. Our PR and social media monitoring indicate that the campaign increased the volume of media and personal discourse on the issue and may have influenced its content. The legacy of the campaign includes an extensive collection of support material for parents and health professionals in leaflet and online formats.

The results however cannot be attributed solely to the campaign. There were a number of measures taking place simultaneously, including a proposal to tax sugary drinks, advocacy by organisations such as Royal College of Physicians in Ireland (RCPI), the Irish Heart Foundation, Sport Ireland and the continued marketing by food and drinks companies

Results indicate that there was some increase in parent's awareness of the consequences of childhood obesity post campaign. While the proportion of parents who knew that children who are overweight are more likely to experience health consequences in later life increased from 34% to 45% this still remains very low. There is also evidence that parents may have broadened their views on the multiple causative factors in today's obesogenic environment with the vast majority still believing that parents themselves are responsible (77%).

Of the six targeted behaviours the sugary drinks results show a promising change in consumption of water at mealtimes moving from 26% to 36% and sugary drinks daily, dropping from 28% of families to 24%.

These positive results are not quite mirrored in treats where we see the amount of treat foods that children are consuming once a day has remained static, however on a positive note 45% of parents indicate that they are making efforts to reduce the amount of treats their kids were eating.

Campaign survey results show that parents post campaign were more likely to have tried to reduce their child's portion size (12% pre vs 18% post campaign). An important finding from this research and one which may be addressed in further campaigns refers to the knowledge and attitudes among parents regarding portion size of perceived 'healthy' food. Post campaign over 30% IOI (25% ROI and 46% NI) suggested that they don't mind how much food their child eats as long as it is healthy food.

There was no significant change to reported behaviour in relation to physical activity, with 1 in 3 continuing to indicate that they were making efforts to increase the amount of physical activity their child was getting. The physical activity message was only communicated once over the course of the campaign, which may indicate a need for further campaigning on that issue.

The findings on sleep duration and screen time were difficult to interpret with significant decreases in attempts to increase sleep time being found. This difficulty is compounded by a wide age range (2-12 years) with differing sleep needs and also by seasonal variations in darkness at night which would both be associated with children's sleep behaviours

The actual behavioural changes achieved are highly variable for the target behaviours. It is not possible to truly assess why some messages achieved greater behaviour change than others but some

possible mechanisms are the simplicity of the behaviour change, e.g. changing sugary drinks for water. In the case of this drinks message the practical action to be taken is simple and straightforward such as; swap sugary drinks for water, however for the treats message it was not as easy to distil a singular message. The definition of treats is very varied with some parents for example including biscuits and crisps as treats and other considering these as basic daily foods. This treats message for example was further complicated by the level of control parents felt they had over this behaviour with treats being given by many others including grandparents and other childcare scenarios. The messages also got varying degrees of inclusion during the three years and this is likely to have also affected engagement and uptake, with the food and drink messages getting more emphasis than the others.

The campaign findings echo the child overweight and obesity statistics with less privileged children/families having poorer lifestyle behaviours. Lower income parents tended to have lower awareness of the consequences of obesity, their children had higher sugary drinks consumption, they were more likely to eat 'treat foods' daily and were less likely to be given portions that were ½ or a 1/3 the size of their parents. The parents reported more often that they did enough exercise already and were more likely to say their children watched more than two hours of screen time per day. While the media buying for this campaign has a certain weighting towards lower include groups the results of the campaign has not demonstrated increased effectiveness in those groups. While this is a well-recognised phenomenon we will seek to address this cohort differently in future campaigns.

The survey results provide important insight in relation to sources of information and support for parents in relation to their children's weight status. While health professionals were the top choice for parents as someone to talk to about their child's weight, the reported decrease in parents' willingness to discuss the issue with health professionals, friends or family points to and increased overall reluctance to discuss the issue. While parents had used a variety of techniques to talk to their children there was a clear need for further guidance.

The intention- behaviour gap is well recognised and at the beginning of this campaign the proportion of parents who believed these changes to key behaviours were realistic was high at 85%. However, their confidence declined over the course of the campaign.

Globally, the health challenge posed by childhood overweight and obesity is recognised as a long-term mission, requiring a sustained and multifaceted approach. This evaluation report's findings clearly demonstrate that we need continued and enhanced efforts to support and empower parents in future campaigns.

.

7 Conclusion

This evaluation contributes to an evidence base for actors in this area to continue to address childhood obesity on the island of Ireland, however, it is important to highlight that evaluations of campaigns such as this are challenging and limited as there is a reliance on self-reported data from parents.

The campaign took place in conjunction with substantial work at strategic, preventative and clinical levels to tackle the overweight and obesity epidemic undertaken by statutory and voluntary agencies on the island of Ireland. The findings must be considered in this context.

Overall, the campaign has driven awareness of obesity and resulted in minor changes to key food related health behaviours. Data from the island of Ireland has shown that the rates of childhood obesity began to level off during that time, but we acknowledge that many factors will have influenced this and that Childhood overweight remains a major health challenge on the Island of Ireland.

This evaluation suggests that specific messages tend to get more traction, but that many of the key health behaviours relating to childhood obesity are challenging to change for families. Parents need further support, both from health professionals and others, to be empowered to address this issue. The results contribute to the evidence of a social class gradient and highlight the need to make lower SES groups a priority for further childhood obesity campaigns.

The results will help shape future efforts to address childhood obesity on the island of Ireland.

Appendices:
Appendix 1: ROI and NI stakeholders

Table 5: The ROI and NI stakeholder involved in the campaign

ROI stakeholders	NI stakeholders
St John of God Hospital	Sustrans
National Parents Council	Diabetes UK Northern Ireland
The Trinity Centre for Health Sciences AMNCH	Public Health Agency Northern Ireland (PHA)
Dublin City University (DCU)	Western Health and Social Care Trust
Pharmaceutical Society of Ireland (PSI)	Action Cancer
Childhood Obesity Campaign language group	Department of Health Social Services and Public Safety (DHSSPSNI)
St Colmcille's Hospital	Public Health Agency Northern Ireland (PHA)
Office of the Ombudsman for Children	Early Years
Physical Education Association of Ireland (PEAI)	Chartered Society of Physiotherapy Northern Ireland
Healthy Food for All	Action Cancer
Trinity College Dublin (TCD)	Cancer Focus Northern Ireland
Royal College of Physicians of Ireland (RCPI)	Department of Health Social Services and Public Safety (DHSSPSNI)
Early Childhood Ireland	Playboard NI
Bodywhys	Sport Northern Ireland
Institute of Public Health in Ireland (IPH)	Gingerbread Northern Ireland
Irish Cancer Society	Food Standards Agency Northern Ireland (FSANI)
University of Limerick (UL) Irish Heart Foundation	Children in Northern Ireland (CiNI)
Coombe Hospital	Parenting NI
Royal College of Surgeons in Ireland (RSCI)	Northern Health and Social Care Trust (NHSCT)
Irish Pharmaceutical Union	Early Years
Irish Sports Council	British Heart Foundation
Irish Nutrition and Dietetic Institute (INDI)	Public Health Agency Northern Ireland (PHA)
Irish Society of Chartered Physiotherapists	Chartered Society of Physiotherapy Northern Ireland
Irish Sports Council	Public Health Agency Northern Ireland (PHA)
Diabetes Federation of Ireland	
W82GO	
Irish Primary Physical Education Association of Ireland	
Cork Institute of Technology (CIT)	
Early Childhood Ireland	
Temple Street Children's University Hospital	

Appendix 2: Social marketing approach

Social marketing is defined as "critically examines commercial marketing so as to learn from its successes and curb its excesses" (Hastings and Domegan, p. 14). Andreasen (2002) developed a comprehensive criteria for defining social marketing programmes by their "essential competencies and components" (McDermott et al., 2005, p. 12). Andreasen (2002) criteria identifies six benchmarks for an effective social marketing intervention or programme. The following points outline Andreasen (2002) criteria and how these are applied to ***safe***food campaigns.

1. Behaviour change

This criteria proposes that interventions/campaigns have to have a behavioural objective which can be to avoid, modify or adopt behaviours based on where each individual of the target audience is in relation to the stages of change theory. Prior to the childhood obesity campaign, ***safe***food set out campaign objectives that looked to change individual's knowledge, attitudes and behaviour. Michie et al.'s (2011) taxonomy of behavioural change was also used to identify a number of techniques deemed appropriate for this campaign. These included; information about social and environmental consequences, information about health consequences, feedback on the behaviour and feedback on outcome(s) of the behaviour.

2. Target audience research

During the planning phase of the campaign ***safe***food carried out research to identify the problem. Formative qualitative research, in the form of focus groups, was also carried out among the target audience to understand the barriers to behavioural change in parents and to evaluate the campaign creative to ascertain whether it can break down said barriers. Throughout the campaign, qualitative and qualitative research was used to assist in maximising the impact of the campaign, to gather new insights that can help to create the most impactful stimulus and to monitor its implementation.

3. Segmentation and targeting

With approximately 1 in 4 primary school children overweight or obese ***safe***food segmented and targeted all parents of children aged 1 to 12 as these are the years when healthy patterns are set.

4. Exchange

Exchange theory is central to social marketing and a requirement for exchange is for interventions or campaigns to provide something that might be of value to the other party which triggers their involvement in the campaign or intervention. As part of the childhood obesity campaign ***safe***food provided the some of the below triggers to the target audience to gain their involvement in the campaign;

- Offered practical solutions
- Offered information on health consequences and benefits
- Offered prizes for participation in competitions
- Offered tips and advice.

5. The 4P's

This criteria proposes that interventions or campaigns have to move beyond advertising or communication and should instead consist of communication plus one or more of the marketing Ps.

1. *Product*: Social marketing products are typically complex, intangible behaviours. The product for this campaign includes a number of behaviours such as reducing treat foods which involves a change to shopping behaviour, food choice, family routines and wider social values.
2. *Price*: The ***safe***food campaign, like most social marketing products, had no monetary price however there were costs associated with the behaviour change which ***safe***food identified in the pre campaign research. Some of the costs included; effort, inertia and perceived social stigma.
3. *Promotion*: The promotion for this campaign is discussed further in the report.
4. *Place*: The communication channels for this campaign are discussed further in the report.

6. Competition

Competition involved ***safe***food identified and considered the appeal of competing behaviours and include strategies to minimise the competition (e.g. through partnerships)

Appendix 3: Risk factor questions for recruitment of focus group respondents

If the responder answers 4 of the answers in bold, they are considered 'at risk' and eligible for recruitment

1. Does your child eat the same size meal portions as you? [**Y**/N]

2. Does your child have a treat (e.g. biscuits/cakes/crisps/sweets etc.) more than once a day? [**Y**/N]

3. Does your child have a sweetened drink (e.g. soft drink, fruit juice, sports drink, smoothies etc.) more than once a day? [**Y**/N]

4. Does your child wear clothes labelled for sizes older than their own? [**Y**/N]

5. Do you think your child gets at least 60 minutes of physical activity a day? [Y/**N**]

6. Would you consider yourself to be:
   - Underweight
   - Normal weight
   - **A little overweight**
   - **Overweight**

7. Would you consider your child to be:
   - Underweight
   - Normal weight
   - **A little overweight**
   - **Overweight**

Appendix 4: Campaign timings, messages and communication channels

Table 6: Campaign timings, messages and communication channels used.

Campaign Phase	Core Message	Communication channels	Dates
Phase 1	More water & Portion Sizes	TV; VoD*; Radio; Outdoor; Digital; Social; Press	October 2013 – November 2013
Phase 2	More water & Portion Sizes	TV; VoD; Radio; Outdoor; Digital; Social; Press	December 2013
Phase 3	More water & Supermarket (say no to Treats)	TV; VoD; Radio; Outdoor; Digital; Social; Press	January 2014
Phase 4	Physical Activity (Bring Back Play) & Portion Sizes	TV; VoD; Radio; Outdoor; Digital; Social; Press	March 2014 –April 2014
Phase 5	Treats (home) and Supermarket (say no to treats)	TV; VoD; Radio; Outdoor; Digital; Social; Press	August 2014 – September 2014
Phase 6	More Sleep/Less Screens & Treats (home)	TV; VoD; Radio; Outdoor; Digital; Social; Press	April 2015 –May 2015
Phase 7	More Sleep/Less Screens & Portions	TV; VoD; Radio; Outdoor; Digital; Social; Press	June 2015
Phase 8	More Sleep/Less Screens & Treats (home)	TV; VoD; Radio; Outdoor; Digital; Social; Press	August 2015 – September 2015
Phase 9	Treats (home) and Supermarket (say no to treats)	TV; VoD; Radio; Outdoor; Digital; Social; Press	April 2016 – May 2016
Phase 10	Portion Sizes	TV; VoD; Radio; Outdoor; Digital; Social; Press	August 2016 – September 2016

*Video on Demand

Appendix 5: Social media analytics glossary

* Reach - The number of unique users who see a post over a certain period of time. Organic reach is the total number of unique people who were shown your post through unpaid distribution. Paid reach is the total number of unique people who were shown your post as a result of ads.

**Impressions – The number of times a post has been delivered to Facebook newsfeed of a particular account. Not everyone who receives a post will read it, so you should consider this a measure of potential impressions. These metrics are used to get a sense of the size of the potential audience. Organic impressions are the total number of a post from your page is displayed through unpaid distribution. Paid impressions are the total number of times a post from your page is displayed through paid distribution (as an ad).

***Engagement – The sum total of three components during the given report period, e.g. the number of times a post is liked + comments + shares on Facebook.

**** Engagement rate – Engagement divided by reach or impressions expressed as a percentage.

Appendix 6: Summary of Facebook analytics for phase 1 to phase 10

Table 7: The most popular Facebook post per campaign phase

Phase	Post	Engaged users
1	a. Parents: replacing sugary drinks with water is one simple change that could help prevent #childhoodobesity. Here is our ad	1,948
	b. Parents: finding healthy eating for kids a challenge? We have tips & tools to help you www.safefood.eu	1,941
2	a. How many sugar cubes are in your child's drink? Find out here: http://bit.ly/1metMwR #childhoodobesity	8,096
	b. How many sugar cubes are in children's drinks? #childhoodobesity Find out here. http://bit.ly/1metMwR #Drinkographic	137
3	a. How many sugar cubes are in common drinks? Find out here: http://bit.ly/1metMwR #childhoodobesity	11,024
	b. Parents: finding healthy eating for kids a challenge? We have tips & tools to help you. www.safefood.eu/Childhood-obesity	952
4	a. Check out how the French Ministry for Health is tackling #childhoodobesity. What do you think? TheJournal.ie is running a poll. http://thedailyedge.thejournal.ie/france-anti-obesity-poster-1381863-Mar2014/	2,684
	b. We don't want to rain on your (Easter) parade but this might just help you decide which egg to pick...	1,908
5	a. Every wondered exactly what is in those little treats you give them? Get the low down here http://bit.ly/1tX7uDt #LetsSayNo	12,656
	b. Finding it hard to be as healthy as you'd like? Here are some helpful food swaps that should steer you in the right direction. #LetsSayNo http://bit.ly/1sRToU3	1,990

6	a. Did you know that children who don't get enough sleep, find it harder to concentrate throughout the day? Take our #ItsBedTime Challenge, and see how you can help them with their sleeping pattern: http://www.safefood.eu/Childhood-Obesity/It-s-Bedtime/Blogs/The-Stewarts.aspx b. Do you recognise this face? Children who don't get enough sleep get cranky... and they're at a higher risk of becoming overweight #ItsBedtime. See tipzz here and take your own 3 week sleep challenge http://www.safefood.eu/Childhood-Obesity/It-s-Bedtime/Tipzzz.aspx	10,704 8,316
7	a. Ever wonder why your kids find it hard to finish dinner? A 5 year old child only needs half of what an adult does. Find out more here: http://www.safefood.eu/Childhood-Obesity/6-Healthy-Habits/Portion-Sizes.aspx #kidsfoodportions b. The Kileens took our 3 week sleep challenge. They've 3 boys and had to deal with staggered bedtimes and a boy wh in his own bed. Sound familiar? Find out where they able to overcome this and things that helped: http://www.saf Obesity/It-s-Bedtime/Blogs/The-Killeens.aspx #ItsBedtime	3,980 2,095
8	a. Timeline Photos - How we played online b. On average, about a fifth of children's calorie intake comes from treat foods. It should be a lot less than that - just small amounts and not every day. What does a typical week of treats look like in your house?	26,644 3,412
9	a. Ready to reduce the amount of treats your child is eating but can't think what else to give them? Check out our #TreatCheats #BreakBadHabits #LifeHacks https://www.pinterest.com/safefoodeu/treat-cheats/ b. How many treats should children be eating?	8,214 7,690
10	a. Love is... letting your child say 'no'. If your little one says 'I've had enough' when they're eating; don't pressure them, allow them to stop. Check out our tips on portion size here: http://www.safefood.eu/Childhood-Obesity/6-Healthy-Habits/Portion-Sizes.aspx b. On the blog: Our Chief Specialist in Nutrition, Joana Caldeira Fernandes da Silva, explains why we are encouraging parents to help their children eat the right amounts, of the right kinds of foods #portionsize http://safefood.eu/Blog/Blog/August-2016/Child-size-portions-campaign.aspx	2,385 2,107

Table 8: Facebook engagement per phase

	Phase 1 Portion & drinks 21/10/13 – 10/11/13	Phase 2 Portion & Drinks 02/12/13 – 22/12/13	Phase 3 Drinks & treats 06/01/14 – 26/01/14	Phase 4 – bring back play 31/03/14 – 20/04/14	Phase 5 – 'let's say no to treats' 22/09/14 – 12/10/14	Phase 6 & 7– sleep/screen/ Portions/treats	Phase 8 Sleep & portions 17/08/15 - 27/09/15	Phase 9 Sleep & treats 24/04/16 – 6/06/16	Phase 10 Treats 22/08/16 – 18/09/16
Number of posts	39	16	15	49	63	36	45	47	51
Fans (start of campaign)	21,262	22,039	22,354	23,339	27,819	40,171	41,193	47,088	53,781
Fans (end of campaign)						40,760	42,302	52,911	55,653
Reach*	956,094	185,537	320,836	468,127	590,038	601,182	1,632,721	3,617,557	1,271,606
Organic reach	50,580	12,240	11,746	188,153	400,130	298,606	1,029,539	469,410	387,999
Paid reach	905,514	173,297	309,090	279,974	189,908	302,576	603,182	3,148,147	785,569
Impressions**	3,420,611	272,021	459,209	894,594	1,070,226	895,455	2,636,466	5,633,404	1,798,835
Organic impressions	111,058	26,896	24,655	383,097	765,303	526,553	1,808,991	889,594	577,683
Paid impressions	3,309,553	245,125	434,554	511,497	304,923	368,902	827,475	4,743,810	1,018,894
Engagement (No. of engaged users)	6,742	8,609	12,739	13,176	27,806	15,925	53,897	76,602	24,329
Engagement rate (impressions)	0.2%	3.2%	2.8%	1.5%	2.6%	1.78%	2.04%	1.36%	1.4%
Engagement rate (reach)	0.7%	4.6%	4.0%	2.8%	4.7%	2.65%	3.3%	2.12%	2%
Advertising spend (€)	700	600	500	890	1230	1725			

Appendix 7: Summary of Twitter analytics for phase 1 to phase 10

Table 9: The most popular Twitter posts per phase of campaign

Phase	Post	Engaged users
1	a. Tomorrow we are launching a campaign to take on childhood obesity. Here are the key facts http://t.co/PixMufSytU http://t.co/ir95GqaXsD	738
	b. 1/5 boys and 1/3 Irish girls under age of 8 are at risk of #obesity @ObesityHub @EarlyChildhdIRL #ChildhoodObesity http://t.co/gkFJpx2hBt	258
2	a. How many sugar cubes are in children's drinks? Find out here: http://t.co/UHRbJMyn00 #childhoodobesity http://t.co/Mxa85kBVFd	569
	b. How many sugar cubes are in children's drinks? #childhoodobesity #drinkographic http://t.co/v9NrrfnWUt http://t.co/NLP5QzphEW	112
3	a. Running out of healthy meal and snack ideas for your child? View week 2 of our meal planner. http://t.co/ImOXxAWFB9 http://t.co/A4wRLTgp28	119
	b. Shopping with the kids? Say no to treat foods + offer healthy options instead. http://t.co/wQ4zCGLJMx http://t.co/N4nmohiEwh	117
4	a. This cutie was all set to walk to school, back in the day. Play detective & guess this actor from a crime show we love http://t.co/y63M3cyTOo	869
	b. 1 in 4 Irish children are overweight. Read the 6 healthy habits that could help change this http://t.co/8XFuBuScuT http://t.co/qRRbPDKUuT	302
5	a. On the blog: CEO Ray Dolan explains why we are encouraging parents to reduce the treats our kids eat #LetsSayNo http://t.co/UdP46Om9LM	304
	b. Hi @louisemcsharry we took great care when casting the young actors in our ad. This video explains how we did that http://t.co/hTY3GuF6ia	214
6	a. Use our sleep diary to check if your child is getting enough http://t.co/E994M59OsC #ItsBedtime http://t.co/46cnm7E23t	253
		135

	b. How much sleep does your child need to stay healthy? Find out more here: http://t.co/HAn0h25xWT #ItsBedtime http://t.co/ysAy183SeX	
7	a. Some juice drinks contain as much sugar per serving as â€˜fizzy drinksâ€™. Find out more here: http://t.co/9c2SeyuuU9 http://t.co/brnJIxGWSm b. A 5 year old needs half the food an adult does. Find out more here: http://t.co/d5sT1ckY2X #kidsfoodportions http://t.co/7Bn5PEsCxD	120 90
8	a. Parents: 20% of children's calories come from treats & that's too much. What does a typical week look like for you? http://t.co/BlGozX6cGP b. Need help re-establishing your kid's sleep routine before going back to school? http://t.co/B6JllsG2HW #ItsBedtime http://t.co/UEfzoivDpw	552 73
9	a. What's in your child's crisps? Click here to find out! https://t.co/las9vpfPK3 #BreakBadHabits https://t.co/MJ6B9jaOiw b. #Shock: On average, about a fifth of Irish children's calorie intake comes from treat foods. How's your family doing? https://t.co/pqzo0fFLIL	384 279
10	a. Blog: Why parents need to give child-size portions when feeding their kids! #portionsize https://t.co/jITG5fvZwy b. FACT: #portionsize has got bigger over the last 20-30 years. Use smaller plates for kids! https://t.co/sFL98hk0ce	147 121

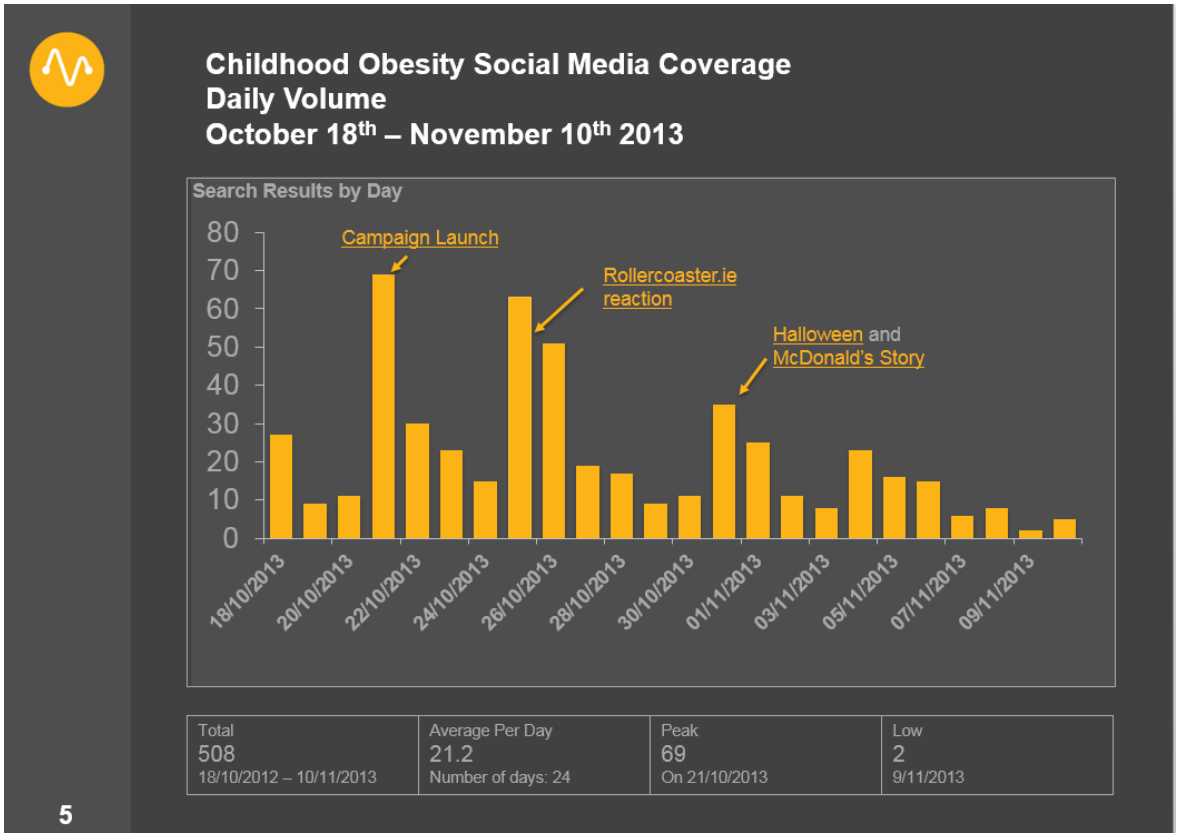
Table 10: Twitter engagement per phase of the campaign

	Phase 1 Portion & Drinks 21/10/13 - 10/11/13	Phase 2 Portion & drinks 02/12/13 – 22/12/13	Phase 3 Drinks & treats 06/01/14 – 26/01/14	Phase 4 – bring back play 31/03/14 – 20/04/14	Phase 5 – 'let's say no to treats' 22/09/14 – 12/10/14	Phase 6 & 7 Sleep/screen /Portions/ treats	Phase 8 Sleep & Portions 17/08/15 - 27/09/15	Phase 9 Sleep & treats 24/04/16 – 6/06/16	Phase 10 Treats 22/08/16 – 18/09/16
Number of posts	91	41	23	102	128	48	57	77	58
Number of followers (start of campaign)	3,522	4,755	5,376	6,050	8,866	11,629	11,772	12,511	
Number of followers (end of campaign)						11,716	11,945	12,833	13,072
Total Impressions*	621,674	405,890	29,126	409,799	385,149	252,148	354,141	923,211	316,814
Organic Impressions	132,776	45,442	28,638	118,935	105,526	59,172	49,734	109,229	89,518
Promoted impressions	488,898	360,448	488	290,864	279,623	192,976	304,407	813,982	227,296
Total Engagement**	14,714	27,487	1,027	11,040	18,802	7,176	13,144	32,888	8989
Organic Engagement	4,832	1,675	1,023	3,763	4,808	1,635	1,752	3,047	2070
Promoted engagement	9,882	25,812	4	7,277	13,994	5,541	11,392	29,841	6919
Organic engagement rate***	2.8%	3.9%	4.1%	2.8%	4.8%	2.73%	4.07%	2.78%	1.4%
Promoted engagement rate	1.9%	6.9%	0.8%	2.3%	4.7%	2.2%	1.96%	2.04%	0.6%
Spend (€)	2,400	2,763	0	1,664	1,363		1,491		

Appendix 8: Social media monitoring

Phase 1: Sugar and Portion sizes

There were 508 pieces of coverage. Conversation was driven by the launch of the campaign, reaction on Rollercoaster.ie and Hallowe'en as a season if increased treat consumption.



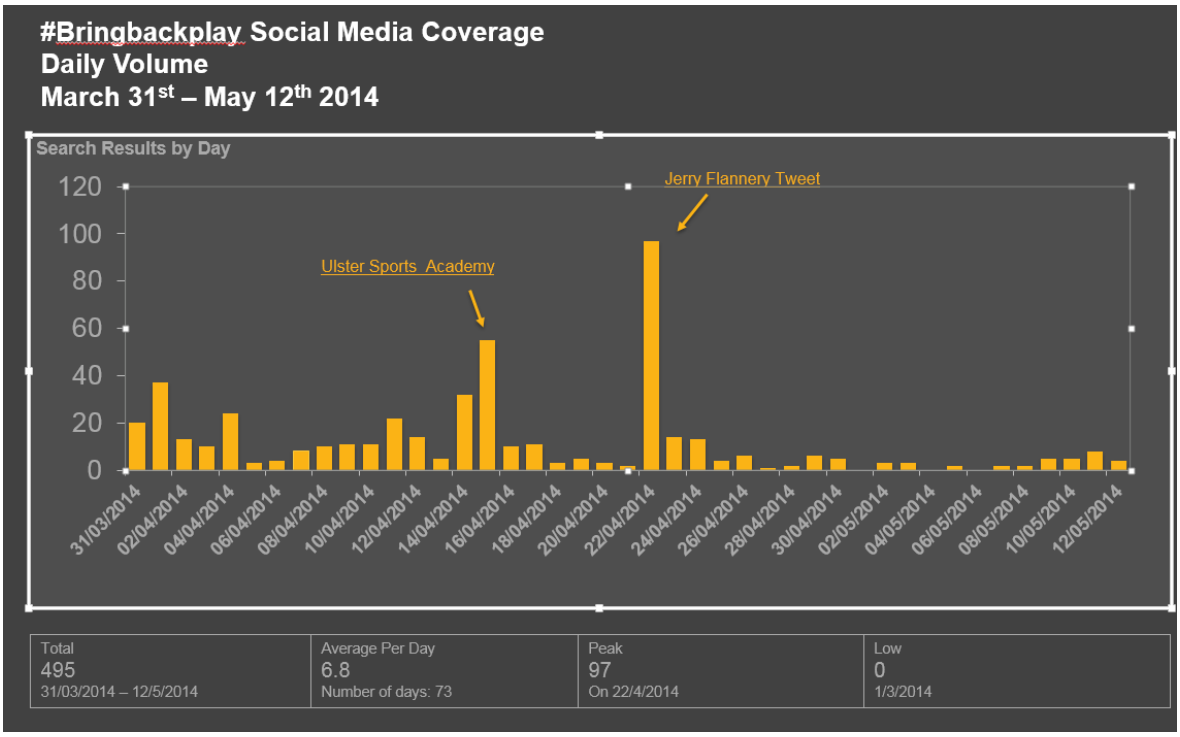
Key channels were twitter followed by message boards. 14 % of the total content including "drink", "juice" or "fizzy". A balance of positive and negative comments in relation to ***safe***food. The timing of the ***safe***food campaign around Halloween worked very well in increasing conversation around childhood obesity. In discussions around the campaign, a number of issues including confusion around both diet and what should be deemed overweight.

Phase 2 & 3

There was no social media monitoring for phases 2 and 3.

Phase 4: bring back play

The Bring Back Play concept worked extremely well particularly on Twitter, with photo content from stars like Sonia O'Sullivan and Jerry Flannery working really well. The mentions of the campaign didn't occur very much on message boards but the reaction to The Journal story managed to go beyond the games and raise general concerns around obesity and activity. Many of the issues identified in the previous report arose again, including the ability to identify weight issues and portion sizes. ***safe*food** got almost 100% positive content. The question of where to turn to for advice and expert opinion is still one that is a challenge for many posters. Many practical issues were mentioned as barriers to activity that may need further consideration.



During the date period two stories led to a spike in conversation around obesity and active lifestyles. The #bringbackplay campaign story on The Journal and the potential of a Government ban on fast food restaurants near schools. Both of these led to spikes in conversation that served as a barometer of the overall obesity conversation.

A second important point that arose is that there is a lack of clear online guidance or advice system for people to talk to an expert about their personal diet or family diet. People still struggle to identify weight issues and are concerned how to approach the issue. Again an expert in this field could be an excellent opportunity.

More blog content like 'Office_Mum' should be encouraged with practical steps to include activity. This may be of particular relevance for new mothers/ young families.

The 'Granny Factor' idea came up due to erroneous reporting of a ***safe*food** focus on grandparents ion forthcoming phases of the campaign but led to conversation that revealing interesting insights. This focus would be welcomed by parents. Some struggle to raise the issue with their parents/in laws so having content on this may be useful.

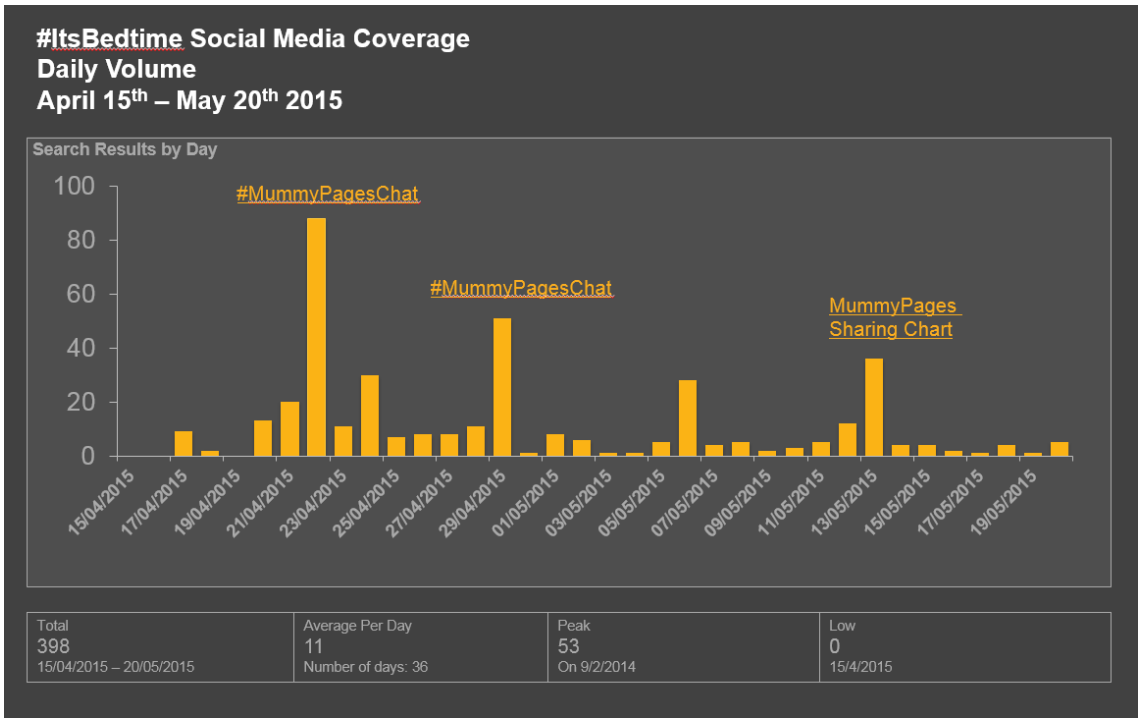
Phase 5: let's say no to treats

In total for this phase almost 2,000 pieces of content were analysed. Politics.ie became the top domain for the first time in these reports. One thread on Politics.ie generated 1220 comments over a 6 day period. The majority of these covered the childhood obesity issue. Boards.ie and Rollercoaster.ie both dropped in share of conversation in this report. They both did provide interesting insights though particularly around school lunches. The Journal lead to two very interesting pieces of discussion around the ad campaign, one on the level of treat consumption by children annually (generated by ***safe*food** PR) and the other a parent blogger's negative view of the campaign.

The reaction to the ad was mixed on different platforms. On Twitter content focused on fat shaming. People were concerned about the actors in the ad. On www.thejournal.ie discussions there was more support for the ad from people who feel the blunt message is just right. The issue of parents having the time and resources to be able to successfully take care of their children was raised. There was a common theme of school vs parents in the debate of who is responsibility for the education of children. Conversation indicated that practical solutions to help parents develop lunch ideas cost effectively might have potential.

Phase 6: Sleep and obesity

The conversation around the campaign was primarily driven by the accounts supporting it – *safe*food (Twitter and Facebook) and MummyPages (Primarily Twitter). The three main spikes in use of the hashtag came during the three #MaummyPagesChat events. For this phase there was very little emotional response – mostly sharing statements of fact – links to editorial / *safe*food website. Any emotional responses positive (good idea, etc).

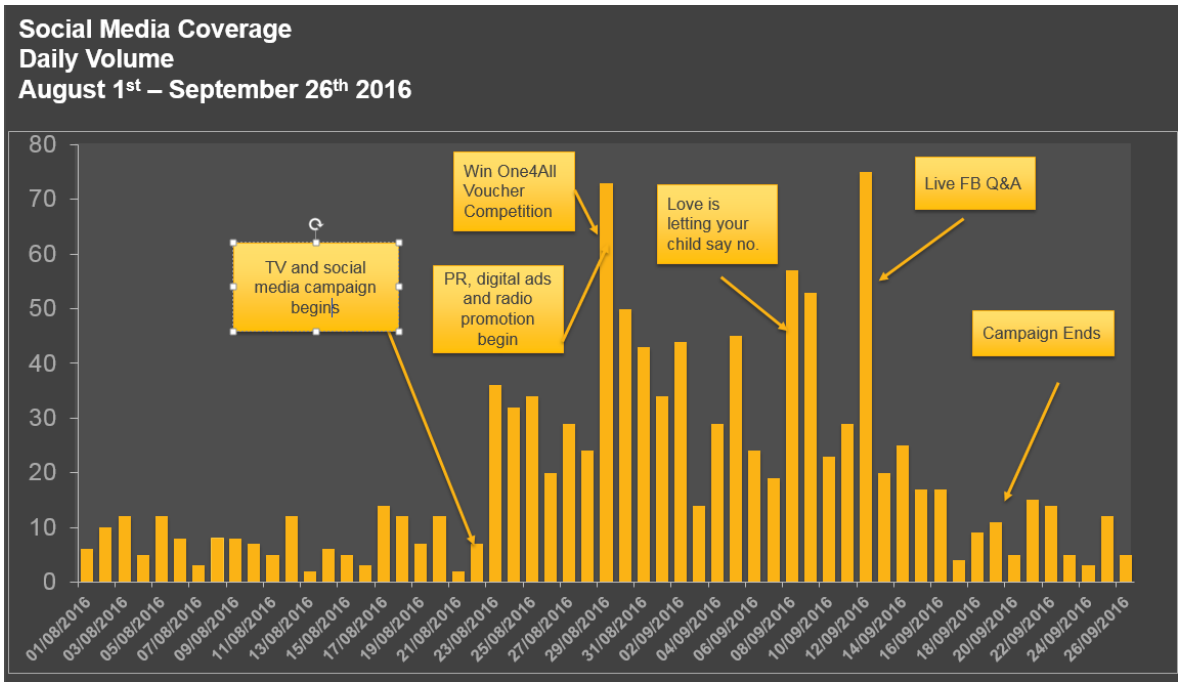


Twitter and Facebook were the main networks for discussion of the campaign, although the promoted editorial content also led to conversation (most prominently on The Journal). There is general disbelief that obesity and sleep are connected, with food and diet raised as more pressing concerns. Other campaigns – including the WHO report – also led to conversation and awareness during the time period. 'Ireland on course to become the fattest country in Europe by 2030'. The challenge of getting children to sleep (particularly in the summer), and the right time for children to go to bed were frequently asked questions on parenting forums. The connection between sleep and obesity in adults was raised – as well as more general sleep difficulties they have.

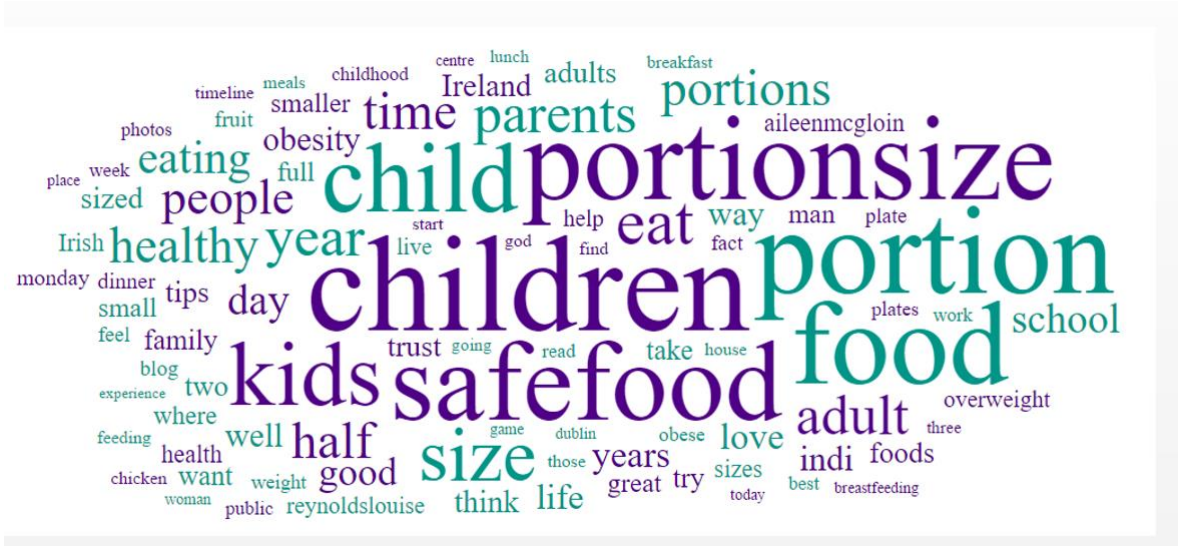
Phase 9: Portion sizes

Conversation around the campaign was primarily driven by the accounts supporting it – ***safe***food (Twitter and Facebook) – and retweets of this content by pharmacies, home economics teachers, partner agencies and experts. In some cases advice given lead to further questions: What is a correct adult portion? What are the specific food amounts to be given to children of different ages? Volume of engagement was up on last year and seems to be partly due to the time of year as children are going back to school and parents are thinking about lunch box fillings (vs June in 2015). Facebook was the star platform with Twitter coming in second. Safefood content, especially the live Q&A, drove engagement and conversation but didn't continue to answer questions the next day under the Q&A video/

Rollercoaster was the most prominent area for portion size conversations (for children) outside of campaign related content on Facebook and Twitter. Conversation on boards especially was centered around obesity in general and not only childhood obesity and portion sizes. On Rollercoaster breast-feeding came up as a topic that people associated with reducing the chance of obesity this was disputed by many commenters. In addition to portion size conversations, plate size also features repeatedly as a method for keeping portions smaller.



The Facebook Live Q&A session generated excellent engagement – the format is certainly worth continuing with. The social team need to keep a close eye on the days/weeks following the Facebook live Q&A sessions as some questions were asked post-broadcast that went unanswered. Another opportunity exists to provide and expert voice on Rollercoaster forums – possibly directing people to existing literature on the ***safe***food website. Partnership opportunities with health insurance companies may exist such as Irish Life sponsored content on TheJournal.ie



Appendix 9: Examples of ROI and NI press coverage

8 Parenting Healthy eating

Tricks for managing the torrent of treats

Sheila Wayman

Parents are losing regards cut down on empty calories, but it's not easy to break the habits of a lifetime

'A

There is a multilayered message of 'delay, distract, provide an alternative that isn't a sweet one and change the routine' when it comes to treats

Parenting9

Healthy lifestyle 'eye-opener' gave family food for thought

Sheila Wayman

Victor Carswell learned many things in a course, including how much sugar children's drinks contain

T

Do a supermarket tour they had to look at labels, find designated products, look at the sugar and fat content and rate how healthy each one was

RESEARCH

NI children exposed to 700 ads each year for unhealthy foods

UNHEALTHY Fried burger

Kids battered by 700 junk food adverts

BY JILLY BEATTIE

NORTHERN Ireland's pre-school children are subjected to 700 TV ads for unhealthy foods every year despite broadcasters following advertising rules.

A quarter of children are now overweight, with 2,096 of their daily calories coming from nutritionally-empty treat foods.

Safefood warns the habit could be putting kids at risk of obesity after research showed children aged three to five recognised twice as many unhealthy brands, such as crisps, chocolate and cereals, compared with healthier yoghurts, smoothies and juices.

Spokeswoman Dr Cliodhna Foley-Nolan said: "Our research reiterates growing recognition of the need for further restrictions on marketing and advertising of foods high in fat, salt and sugar."

Junk food TV ads hit chord with our kids

BY VICTORIA O'HARA

CHILDREN as young as three have recognised twice as many junk foods advertised on TV as healthy products, research has shown.

A new study reveals that pre-school children are subjected to around 700 TV ads for unhealthy foods every year, despite regulations to limit advertising.

Safefood says the research highlights that television remains a powerful influence on children and their diet, and shows the need for further restrictions on marketing and advertising of foods high in fat, salt and sugar.

The study involved more than 100 children north and south who were shown logos for nine food and drink brands, both healthy and unhealthy.

They were asked to name the product, explain what it was, and match the logo to a picture of the food or drink. Thousands of television ads were viewed by researchers and categorised into 'healthy' and 'unhealthy'. It showed children aged 3-5 recognise twice as many advertised unhealthy brands such as crisps and chocolate, as advertised healthier brands such as yoghurts and smoothies.

***safe*food:**

7 Eastgate Avenue, Eastgate, Little Island, Co. Cork
7 Ascaill an Gheata Thoir, An tOiléan Beag, Co. Chorcaí
7 Aistyett Avenue, Aistyett, Wee Isle, Co. Cork

Tel: +353 (0)21 230 4100 ***Fax:*** +353 (0)21 230 4111
Email: info@safefood.eu ***Web:*** www.safefood.eu