

Marketing Brief

Healthy Eating Campaign v.4 4 December 2015

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1. BACKGROUND & CONTEXT

Scotland's diet has to change. Two out of three adults are overweight or obese. Around half a million people in Scotland are at risk of developing diet-related type 2 diabetes. Unhealthy diets are linked to many types of cancer. Recent estimates suggest that overweight and obesity may be responsible for NHS costs in Scotland of anything between £363m and £600m.

Over the last 15 years of tracking, there has been little impact on progress towards the existing dietary goals, which have been established to underpin diet policy in Scotland. These are the population-wide goals to aim towards if we are to improve dietary health and reduce the problems that Scotland has with ill heath related to poor diet:

- Scots are eating an average of 3.4 portions of fruit and veg per day rather than the 5-a-day recommendation
- We should be eating 18g of fibre a day but the average consumed is only 11.8g
- A maximum of 11% of food energy should come from sugar, but it currently stands at 14.4%
- We are missing our saturated and total fat goals by around 4.5%

We are currently reviewing the dietary goals for fibre and sugar, following the report from the independent Scientific Advisory Committee on Nutrition (SACN) on carbohydrates and health, and its recommendations that sugar consumption should reduce to no more than 5% of food energy intake, and increase of fibre intake to 30g per day. Additionally, we are proposing a new goal for starchy carbohydrates, seeking to provide clarity of the importance of these foods within our diet.

On the back of the SACN recommendations, Public Health England and a recent Commons Health Select Committee report have posited a number of actions, including being supportive of a sugar tax, but are of the view that it is not a 'silver bullet', and not the most effective measure to drive change. PHE's standpoint is that actions most likely to make a real difference are promotions and marketing, with reformulation of food and fiscal measures also important. This aligns with the views of the FSS executive, and will be

central to FSS developing its nutrition strategy and policy recommendations for the future.

Change is needed but will only be brought about by a collective effort. It is clear that action will be needed by individuals, by industry and by government. FSS and marketing campaigning alone cannot achieve the level of change needed, but social marketing (ie behaviour change marketing) is one of the levers available to us to influence attitudes and motivate action around diet. FSS has a mandate to have a leadership and coordinating role in nutrition in Scotland, and as such one of our responsibilities is that we must work closely with other stakeholders and partners to give clear, consistent, actionable advice to consumers.

FSS recognises the scale of the challenge and we are publishing a 'situation report' – a snapshot of the Scottish diet in relation to the dietary goals, on 9 December at the same time as the recommendations are made to the Board, and onwards to Ministers, that Scotland adopts the revised and new dietary goals. This will be shared on 9 December.

This campaign forms part of the answer to the inevitable 'so what are you going to do about it?' question this report raises – the information in the report is not new, but collates and presents the evidence to paint a stark picture, designed as a wake-up call for industry, policymakers and the public. The report in itself is not designed to be a solution; rather it is the springboard from which FSS can raise awareness of our leadership role in the nutrition landscape and from there begin to communicate our advice and motivate action.

The media landscape around dietary advice is cluttered and confusing – the public are served up a daily dose of which foods are 'good' and which are 'bad', and this often changes. So it's little wonder that people start to switch off and are unclear as to what they're being asked to do. (This is particularly true regarding information around starchy carbohydrates, and this is an area FSS will seek to clarify and address in future awareness-raising activity.)

The focus for this campaign, however, is on 'discretionary' foods and drinks.

These are the calorie-dense 'treats' or 'rewards' we do not actually need in our diet. Too many of us are treating ourselves, and our children, too often, and often unconsciously, and this is a key factor in the scales being tipped in the wrong direction. The 'food environment' encourages this – these products are often sold on promotion, and consumers are encouraged to buy even more of them.

The term 'discretionary foods' covers confectionery, cakes, biscuits, chocolate, puddings, savoury snacks (eg crisps) and sugar sweetened soft drinks (including fizzy drinks), but this is not a term used or understood by the public, who will use terms such as 'snacks', 'treats', 'sweeties' etc.

Too many of these types of foods is harmful to our health. We've developed bad habits around these foods and are fostering and perpetuating a snacking culture. The recommendation in the 'situation report' is clear – we need as a nation to cut the amount of discretionary foods we're consuming by half.

It is important that any campaign work we do around diet and nutrition seeks to avoid widening health inequalities, and should aim to reduce the gaps. So consideration must be given to the situation of those in the lower SEGs in particular, and a campaign strategy developed which takes account of accessibility and affordability issues.

FSS dietary advice is based on the <u>Eatwell plate</u>, which is currently under review and will be updated in early 2016. We worked jointly with the Scottish Government to develop the <u>Supporting Healthy Choices</u> framework document which sets out the notion of collective

responsibility and the actions all stakeholders – including the public – can take. This work underpins the Eat Better Feel Better campaign from SG, and both campaigns should, where possible and relevant, complement, augment, feed into and not duplicate one another. However, FSS is an independent body at arm's length from government and as such we have the opportunity to be hard-hitting, should this prove to be the approach most likely to elicit change.

2. EXISTING INSIGHT

We have as a society a distorted view of what is a healthy weight – fat is becoming the social norm. The UK Chief Medical Officer pointed to this in 2014, and various studies confirm this, including one looking at obese teenagers' self-perceptions in the UK, 40% of whom did not realise they were overweight.

Most people in Scotland do know they need to eat better, so simply reaffirming our poor diets will lack traction. However, most Scots believe their diet is healthier than it actually is, with 77% of those surveyed in a recent <u>FSS study</u> saying they thought the food they ate was fairly healthy or even very healthy.

Poor diet exists across the population but the most deprived tend to have the poorest diets (containing more sugar and less fruit, vegetables and fibre). Higher sugar intakes in deprived groups are in part due to sugary drinks.

As a nation we have too much fat and saturated fat in our diet. Although total fat intakes generally don't differ by deprivation, saturated fat intakes tend to be higher in less deprived groups.

Overall across the population though, the scale of the issue in regard to discretionary foods is clear:

- 20% of all calories and fat we eat comes from discretionary foods
- 50% of the sugar we consume comes from discretionary foods
- 22.3% of sugar intake comes from sugary drinks

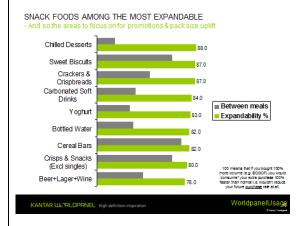
The issue with discretionary foods is exacerbated by the fact that they are, by proportion, more frequently sold on promotion in supermarkets and other shops than fruit, veg, oil-rich fish, starchy carbs and bread ie those things that should make up the bulk of our diets and calorific intake.

The latest Kantar Worldwide panel data (April 2015) on shopping and in-home eating patterns shows the following:

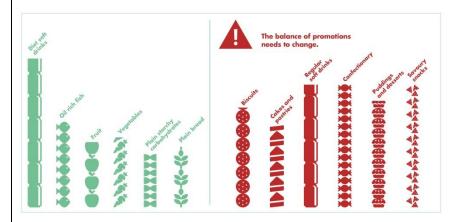
- More snacking in Scotland tends to be done towards the evening
- Free school meals in p1-p3 is having a positive impact on the discretionary foods market, and will have further impact should this be introduced in p4-p7, as packed lunches decrease.
- The obese are more likely to eat whilst watching TV (15%) or on the computer (30%), and are also more likely to eat between meals.
- Below average income groups are more likely to snack at home than above average income groups (28.4% of in-home eating occasions v 23.1%).
- Reasons given for food choice: health 28.5%, practicality 51.4%, enjoyment 74.4%.
- Water (tap and bottled) is the only growth area in drinks.

- 24% of Scots are worried about sugar.

Kantar data further, importantly, shows that snacking is the only truly 'volume expandable' eating occasion. Expandability means that if you buy a discretionary food on promotion – eg a BOGOF, meaning you've bought 100% more than you would, you'll consume all of your purchase 100% faster. In other words, if you buy more, you'll eat more – explained below:



Retailers and manufacturers are of course very well aware of this, and that's why discretionary foods are promoted far more frequently than those foods FSS would wish to see more heavily promoted:



Qualitative research into attitudes towards the FSS 'situation report' – carried out with the objective of uncovering which pieces of information were 'new news', which most disruptive, and likely to have an impact on behaviour – was carried out by TNS in Oct 2015 (attached). Key findings as follows:

All have low expectations – Scotland is known for its poor diet but there was some hope that things are improving due to continued education. This was subverted by the fact that dietary goals have been consistently missed and the situation hasn't changed radically for the past 15 years.

Higher SEGs believe they are eating healthy meals but acknowledge they consume a lot of discretionary foods. **Lower SEGs** acknowledge a poor diet but **cite outside influences** such as cost/convenience as drivers. **All** deflect the issue by pushing the focus onto kids for education / improvement.

- 3 key facts emerge that serve to disrupt perceptions:
- 1. the fact that many are eating an unhealthier diet than they believe

- 2. link between diet and cancer (although this was felt to be an abstract concept and unlikely to motivate change in itself)
- 3. whilst there are differences, this is a population-wide issue, regardless of SEG

Higher SEGs were most disrupted by these facts and felt **challenged in their complacency**

3. OBJECTIVES

FSS communications and marketing activity aligns with the 'Healthier' Scottish Government strategic objective:

Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.

The National Outcomes most relevant to this activity are:

- 1. We live longer, healthier lives
- 2. Our children have the best start in life and are ready to succeed.
- 3. We have improved the life chances for children, young people and families at risk.
- 4. Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- 5. We have tackled the significant inequalities in Scottish society.

FSS Strategic Outcomes are currently in draft form, but the most relevant are:

- 1. Consumers choose healthier diets
- 2. FSS is a trusted organisation

Campaign Objectives

Shine a light on the fact that people may eat three meals each day, that are perceived as healthy and balanced, but are forgetting about the volume of sugar and sat fat they and their children are consuming on top of that, via unnecessary discretionary foods.

Empower people with the recognition that the environment is encouraging them to buy and eat more of these products (via price promos, visibility, expandability), whilst not losing sight of individual responsibility.

Encourage the Scottish public to cut back on discretionary foods* and present the case for why we as a nation need to collectively take action and to stop 'treating' ourselves and our children so often.

Position FSS at the heart of the diet and nutrition landscape in Scotland.

* Ultimately, our goal is for consumers to cut back on discretionary foods by 50% but taking account of nudge theory, setting such a stretching target with this campaign may be seen as a step too far. Requesting incremental steps is likely to be more effective as part of a longer-term strategy.

4. CAMPAIGN PROPOSITION

PRIMARY

We're treating ourselves and our children too often with snacks we don't need, without even realising we're doing it, and it's making us fat and unwell.

SECONDARY

The environment makes the problem worse, but we all have responsibility for changing our snacking culture.

5. TARGET AUDIENCE

The tracking survey and segmentation will give us a more defined target audience for the campaign, but the bullseye target is C1C2DE parents, both male and female, of children aged 2-15.

However, the issue with over-consumption of needless foods is endemic across the population, so a 'ripple effect' mass awareness campaign is needed capturing the broad population.

6. SUGGESTED APPROACH AND ROLE FOR AGENCIES

Given the widespread nature of the issue in relation to discretionary foods and high calorie density in our diets, this will be an integrated campaign to give us as high a reach across the Scottish population as possible. Given the mass audience, the above-the-line component of the campaign should include as a minimum TV, radio and digital for 3+ coverage, with a recommendation on outdoor and other channels.

Given how difficult an area this is in which to activate genuine change in a positive direction, the insight gathering and creative testing phases of this campaign are critical. We must engage with the intended audience to co-create a campaign that is neither 'lite', nor can be accused of nanny-stateism. Tone-of-voice will be crucial in the approach – we can't be negative or finger-wagging

We would like The Union to run a mini-competition for both the insight gathering and creative testing phases to ensure we have access to the very best qualitative expertise on offer in this area.

We would also anticipate a literature review and desk research into campaigns on this topic from around the world to give us a better indication of what has and hasn't worked elsewhere.

Insight gathering should investigate the whys and whens of discretionary food consumption:

- The 'comfort' factor?
- Because of low mood?
- Boredom?

- Low energy levels / tiredness?
- Habitual behaviour eg with a cup of tea? At 11 / 3?
- To 'treat' themselves?
- As a reward for doing something well (themselves or their children)?
- Do people assume their kids will only eat sweets and wouldn't touch a carrot?
- Sitting in front of the TV/computer?

And should delve into the barriers to and triggers for change / how to break the habit. With that in mind, we would also like insight gathering to include exploration of:

- The hypothesis that people blank out and forget the snacks and treats they have throughout the day and believe they're eating healthily because they have three balanced meals. Insight gathering should explore this further is this a potential creative territory? It would also be helpful to gain an understanding of how frequently each day people consume discretionary foods (food diaries?).
- Language around discretionary foods / treats / rewards etc. Is there value in introducing a new term to the debate or will this further confuse?
- What the current level of understanding of the influence of the environment, particularly the retail environment, is on purchase decisions in relation to discretionary foods. People may not realise just how much the food and retail environment encourages them to buy and consume more of these discretionary foods. If they did realise this, would they behave differently?
- Whether type 2 diabetes (and the fact that half a million people are at risk of contracting it in Scotland because of poor diet, is a motivator for behavioural change
- People's reaction to being asked to cut the amount of discretionary foods they consume by half is this unattainable as a first step? What smaller steps are achievable?
- The notions of individual responsibility v collective action how do we avoid deflection onto retailers / government etc
- Do people want/need to be given practical alternatives (both food and non-food)?

Ultimately we're trying to drive down the snacking culture as whole, and Change4Life and EatBetterFeelBetter both give sugar swap ideas, so there's little benefit in duplicating, but worth exploring whether people do need/want to be given concrete advice on this. The approach though should treat this as a behaviour change campaign designed to motivate self-reflection and where it's needed, direct consumers towards EBFB for practical advice, given the action we want people to undertake is pretty straightforward – reduce the amount of needless snacks, drinks and treats you have throughout the day.

Importantly, we are looking for innovative thinking and a joined-up approach.

Lead Agency, Partnerships & Field

The Union is the lead planning and creative agency, as well as the partnerships and field marketing agency, and will manage all related production.

Digital

Importantly we would like to have a strong presence for this campaign on our website: not a single landing page but a well thought-through approach with engaging content and tools, and links to partner / existing content eg EBFB, diabetes risk tool http://riskscore.diabetes.org.uk/start.

Media

The tender process for the media buying agency for this and all ongoing FSS work is underway and the appointment will be made in January.

PR and Social Media

This is FSS's biggest campaign yet and we are looking for appropriately scaled PR and social media ideas that will extend our footprint significantly. We are looking for PR proposals once the creative approach has been decided.

Research

TNS will run pre- and post-campaign evaluation. We would like proposals by mid-March.

7. INITIAL THOUGHTS

Lightbulb moment:

For behaviour change campaigns to be truly effective, the intended audience needs to self-recognise and come to their own 'lightbulb moment'. There is no point in us doling out advice in this or indeed any social marketing campaign without first leading consumers to the point where they realise we are talking to them personally; this is their problem and not just for someone else to sort out; and that there is a really strong reason as to why-they-should-change. Only at that point can we deliver an effective and positive enabling thought or action. So before we get to the WHAT ie what are we asking people to do? we need to give them a sufficient WHY.

Explore Different Ways In:

FSS have been discussing this campaign internally and with stakeholders for many months, and some ideas have been posited. We thought we would share them – not to steal the agency's thunder or because we feel these are the right way into this problem, but to stimulate thinking and debate:

- Humour/straight talking eg cut the crap (although this would cause us issues with manufacturers!) – stop kidding yourself/blotting all the snacks from your memory, and cut out the food you don't need.
- Emotive/powerful eg using kids as the voice of the campaign/demonstrating positive outcomes of avoiding consequences/thanking parents for not always 'giving in' to their demands.
- Role models/pester power someone kids look up to eg Ronaldo (if we could afford him!) encouraging kids to eat fewer sweets, snacks, fizzy drinks. The theory being, if kids buy into it, they'll start asking their parents for something different.
- Reversing social norming/collective action we're all doing this, and we're all
 accepting that fat is the new norm, and we're all kidding ourselves by blanking our
 snacking from our memories, but we can all do something about it. Images from 40, 30,
 20, 10 years ago how body shape and size, and what we consider normal, has
 changed radically in a generation.
- Disruption eg spoof chocolate bar / fizzy drinks ads.
- Consequences what will happen if we don't take action? Will shock tactics (legs being amputated because of diabetes) work, or simply lead to deflection – 'that's terrible but it's not going to happen to me'?

8. STRATEGIC JOINS AND STAKEHOLDERS

Scottish Government is a key stakeholder in all public-facing activity FSS

- undertakes and the Comms & Marketing and Nutrition teams will keep SG Comms / Marketing and the Food and Health policy teams apprised.
- The SG 'Eat Better Feel Better' campaign, which is underpinned by 'Supporting Healthier Choices'.
- We will also keep our key industry and local authority stakeholders informed through a bulletin from the CEO/Chair and at FSS stakeholder forums
- Our staff are key stakeholders, and again we will keep them informed through regular updates
- Retailers and food producers are both stakeholders and potential partners to the campaign. This campaign may not land well with influential parts of the food industry. Approaches to these organisations must be discussed with FSS in advance given existing relationships.
- NHS Health Scotland, Diabetes Action UK, Obesity Action Scotland, Chief Medical Officer.

9. MANDATORIES

Any communication messaging and content, tone of voice and visual language should aim to convey our brand attributes:

- Agile: We can be responsive to the unique needs of Scotland. A bespoke service delivered by us, for us.
- Trusted: We can be trusted that everything we do has Scotland's wellbeing at heart.
- Quietly confident: We are experts and are comfortable delivering this knowledge in an authoritative and informed manner.
- Conversational: We don't shout, we listen and respond. We are approachable and straight-talking. We're happy to collaborate and advise. Plain English – not obscure policy speak.
- 'Modern Scotland': We're a progressive organisation. We are happy to constantly evolve to remain relevant.
- Dynamic: We're forward-thinking and ready to embrace challenge and change.

FSS Branding

Primary CTA: website Secondary: social media channels

All communications must come through the FSS Communications/Marketing team FSS Communications and Marketing team will present all creative work to relevant branches to check for any policy inaccuracies

Final campaign evaluation will be presented to Senior Management and FSS Branches

10. EVALUATION

TNS will conduct a full pre- and post-evaluation – consider using wave 2 of the tracker and the healthy eating module to evaluate the campaign and provide a debrief. Measures should include AdEval. TNS to further evaluate field activity.

Media agency to submit a full post-campaign analysis, together with ongoing monitoring of digital performance during campaign to reallocate spend mid-campaign if necessary.

The Union/Civic to supply full web analytics during and post campaign.

Consolidated to agree firm KPIs for campaign including media coverage and social media.

The Union to supply full partnerships value and ROI.

The Union to supply hard metrics for field marketing activity.

Agencies to co-ordinate full campaign wash-up after the campaign.

11. BUDGET (ex VAT)

12. TIMESCALES

The campaign should be produced this FY ie all production completed by 31 March 2016. The campaign media budget comes from next FY and please also bear in mind the 'purdah' period which runs for 6 weeks prior to the May 5 Scottish Elections. Thus the <u>anticipated</u> launch date for the campaign is 16 May 2016.

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14. ADDITIONAL INFORMATION / CONSIDERATIONS

Brand Positioning

Throughout, it should be remembered that FSS is a new brand with (it is assumed) relatively low awareness, so our branding must be prominent in all creative. We will still be thought of as the Food Standards Agency so differentiating ourselves and raising awareness and understanding of FSS as the 'go-to' food body in Scotland is crucial. Please therefore pre-empt out client calls to 'make the logo bigger'.

It is also important that agencies bear in mind the cluttered and confusing media landscape in relation to dietary advice. As this is our first Healthy Eating campaign, it is very important that everything we do positions us as the opinion leader and authoritative voice in this arena. We need to cut through and ensure we are seen as the body which is on consumers' side. We want to help the public take action, whilst recognising this isn't just

down to individuals, and we're working to influence change amongst all those with a role to play, including government, industry, manufacturers and retailers.