Maternal Obesity, Gestational Weight Gain, Targeted Intervention, Personalised Advertisement 1

Tackling Obesity at Preconception-

A Proposal for Targeted Interventions and Personalised Advertisements Targeting Expectant

Mothers

Lan Nhu Pham, Cancer Council Victoria, the Raising Children Network, Department of Health and Human Services Victoria and Insurance Council Australia

The University of Melbourne

Student ID: 784021

Word Count: 1647

AMA referencing style

Maternal overweight and obesity (MOO), along with immoderate gestational weight gain (GWG) are significant contributors to the obesity epidemic globally, and in Australia. In 2017, 25.6% of pregnant Australians were classified as overweight, and 20% as obese1. Excessive GWG, the greatest contributors to MOO, is associated with increases in risks of pregnancy and childbirth complications such as gestational diabetes, caesarean delivery₂₋₄, development of obesity and chronic diseases for both the mother and the child later in life5-7. Research shows that preventing GWG prevalence could significantly reduce adverse pregnancy and childbirth outcomes8. This paper will illustrate the most effective marketing investment for Cancer Council Victoria (CCV) to advertise their three-pronged GWG health campaign using governmentinfluence, community-support and personalised advertisements, which are designed based on the Principles of Persuasion9, and the framing effects on health-warning3 and financial incentive program₁₀. Utilising evidence-based targeted interventions and empirical-theory-inspired personalised advertisement messages, the proposed campaign and advertising medium will yield the most results in raising awareness of GWG and promoting healthy dietary behaviours among Victorian expectant mothers.

Until recently, mass media campaigns have been the norm in health promotion campaigns11. Considerable effort worldwide has been dedicated to developing GWW interventions12; most have used mass media as their medium. Using television, radio, print and billboard advertising, accompanied by other community-intervention programmes, traditional health campaigns, and particularly obesity prevention campaigns have taken advantages of their high exposure to large proportions of wide populations and resulted in positive behaviour change and reduce risk-taking behaviour in most health-related concernces13-18. Interventions that used traditional media have seen some moderate successful outcomes in GWG among those who were highly at risk or were aware of adverse pregnancy outcomes, such as gestational diabetes12. Despite its success, it also means that these campaigns have failed to capture a wider population of people who are not yet at risk of obesity and overweight but still need a healthier dietary change regardless.

Moreover, it was likely that due to the passive nature of these channels, encouraging results from exposure to mass media advertisements of obesity interventions fails to sustain once the campaigns finish16,19. Short-term and limited impact of obesity campaigns with traditional ways of promotion20 could stem from various barriers individuals, particularly pregnant women face in their attempt for healthy behaviour change and attainment. Examples are lack of detailed knowledge on planning nutrition meals21, lack of time for the realisation of unhealthy habit and positive habit formation22-24, financial demand, and lack of conversation with healthcare professionals25. Therefore, unlike episodic health behaviours such as vaccination or cancer screening, targeted ongoing and habitual behaviours such as dietary habit, and physical activity for GWG intervention require greater investment and continuous exposure to ensure behaviours commitment that the traditional media approach cannot afford.

Amid the difficulties that health campaigns with mass media approach are facing, targeted advertisement approaches such as telephone-delivered or digital marketing interventions present tremendous opportunities to communication GWG prevention campaigns to a large audience. Recent studies find that personalised communication such as telephone-delivered interventions have larger, albeit short-term, impact on increasing physical activity than mass media approach₂₀, while well-design and tailored digital media messages show to be the most promising delivering channel₂₆. Despite a lack of empirical research on its usage and effectiveness in GWG health promotion campaigns, research in commercial and business topics have shown optimistic results for digital marketing as the delivering channel₂₇₋₃₀. Digital marketing channels, such as social media (SM) and search engines, present a fusion between the wide-reach benefit of mass media, and the interpersonal-communication advantage of digital media. They provide marketing tools to segment audience₃₁ and create targeted, tailored, timely, yet cost-efficient intervention messages across all reproductive phrases. Not only can SM reach otherwise unattainable population (teenage mothers and ethnic minorities) using a lower budget than traditional approach₃₂, it also allows for interactive conversations between healthcare professionals and the audience about the topic.

Moreover, SM opens platforms for the audience to share their personal barriers and difficulties, which are crucial in the process of personalising individual-targeted response messages. Additionally, the quick paced nature of SM advertising allows for faster review of the messages design and timely adjustment to any unsuccessful messages. Nevertheless, digital marketing faces the same problem with mass media communication20 in difficulties to evaluate its success in isolation. As with traditional media campaigns, digital marketing promotion will need accompany from community-programmes and policy changes to achieve behaviour change and maintenance. Therefore, to capture the benefits and account for the drawback of targeted advertising, we propose a combination of community programmes and policy changes accompanying a digital media campaign promoting healthy GWG among expectant mothers in Victoria.

Media habit worldwide recently saw a substantial shift from traditional media to a more personalised avenue - digital media. With the unhealthy food and drink industry shifting their marketing investment from mass media marketing to digital marketing³³, it is strongly advised that healthy authority should also invest in targeted advertising approaches to compete for screen-time and develop policies and community programmes that protect vulnerable population to unhealthy dietary marketing. Furthermore, a triad of interventions combining community, government support and targeted advertising can tackle more environment cues and social barriers that expectant mothers face, and thus, make the healthy behaviours the default and easier options to choose.

We propose CCV to create a GWG digital campaign to broadcast the Raising Children Network (RCN) project by the Department of Health and Human Services Victoria and promote financial incentive programs by private health insurances (PHIs) through Insurance Council Australia (ICA). The campaign aims to raise awareness of healthy GWG, and to encourage healthy dietary and physical activity among expectant mothers in Victoria. To capture both active and inactive information seekers, the GWG campaign will use Google AdWords and Facebook Ads Messenger to advertise three types of messages what utilise each of the following theories: Cialdini's Principles of Persuasion9, negative-impact-frame health-warning34, and loss-frame financial incentives10 (Figure 1). Google AdWords and Facebook are chosen for their popularity among Australian internet users for search engines35, and among Australian women aged 18-49 for SM network36.37.

Government-funded Pregnancy Insurance Program

Learn about Financial Incentive Pregnancy Weight Management Insurance Program https://www.insurancecouncil.com.au Healthy Pregnancy Weight Gain Learn about Your Healthy Pregnancy Weight Gain During Pregnancy https://raisingchildren.net.au/pregnancy/health-wellbeing/healthy-lifestyle/healthypregnancy-overweight



Figure 1. Advertisement Message Designs for the Campaigns. (Left to Right, Top to Bottom). Insurance Google AdWords, GWG Google AdWords, Persuasive message Facebook ads, Negative-framing health-warning Facebook ads, Persuasive message with healthcare providers Facebook ads, Financial Incentive Promotion Facebook ads.

The campaign will occur in four two-month phases between January and December 2021. Two Google AdWords ads will be created and used throughout the campaigns. When an individual use the keywords that match ours to search on Google, Google AdWords will display ad icon and a website link, among a list of organic Google searches, redirecting the users to the RCN website and/or to ICA page where users can choose among participating PHIs to join a weight loss finance incentive program. The RCN provides supporting communities of expectant mothers and healthcare professionals, credible resources on recognising unhealthy habits, and managing GWG effectively through meal plans and detailed dietary guidelines. On the ICA website, the users will find options to join a government-funded 5-year weight loss program, in which they will be given \$120 incentive bonus per year on their extras cover. Weight change of participants will be individually managed through monthly meetings and doctor appointments with participating PHIs throughout the program. Each time the participants fail to meet their goals during monthly appointments, \$10 will be deducted from their account. This program design aims to take advantages of people's tendency to be loss averse and participating in new behaviours and fluid rewards to avoid feeling regret10.

On Facebook, CCV will pay for messages to be displayed on all devices to a predefined targeted audience, which, in this case, is female aged 18-49-year-old, with interests in pregnancy. While Google AdWords only allows for limited text-message, Facebook ads offer a venue for a more creative image design with longer text-message. Following Facebook restriction of the use of "weight gain", appropriate adjustments will be made to the wording of the ads. For each of the aforementioned theories, there will be two Facebook message designs published in each campaign phase. Reactions and comments on the ads will be reviewed, and adjustments will be

made as applicable to future designs in the next phases. During the campaign, staff will monitor Facebook users' reactions and comments on paid ads to responses promptly, redirect users to RCN and/or ICA website when applicable, and make adjustments to advertisement designs in the future phases. Staff will be trained to recognise and respond to privacy and profanity issues when problems arise.

Facebook ads on loss-framing financial incentive programs will run throughout the duration of the campaign to leverage the one-year waiting period of most pregnancy insurance plans in Victoria₃₈. Exposure to a GWG health campaign with credible sources of information and an evidence-based behaviour change plan at such an early stage will offer a wider window to healthy habit formation²⁴.

To strengthen the habit formation, Facebook ads on Persuasion Principles and negativeframing health-warning will run alternately through the four phases of the campaign. This schedule was chosen to isolate the effect of these two types of message.

The persuasive advertisement design will use variations of positive images of a group of diverse expectant mothers and healthcare professionals with the headline "Healthy pregnancy weight is not the same for everyone". They remind recipients of positive social norms in relation to a healthy pregnancy, set healthy GWG as a commitment, and associate it with positive self-efficacy. The provided website offers evidence-based resources, supporting and inclusive communities for expectant mothers, and opens conversations with healthcare providers on the topics.

The negative-framing advertisement design will consist of negative graphic and text health-warning, such as "Being overweight increase your risk of pregnancy and childbirth complications". The graphic image captures the users' attention, emphasises risks of GWG, and delivers a priming effect to reduce unhealthy GWG behaviours. Refreshment of these images during the campaign will be made to sustain its effect.

We support and recommend the use of digital media as channels for delivering resultsdriven health messages, directing internet users to credible resources, and promoting evidencebased and government-funded financial incentives programs of private health insurances for our GWG campaign.

References

- 1. Department of Health. Pregnancy, birth and baby. Australian Government. https://www.health.gov.au/health-topics/pregnancy-birth-and-baby. Published 2020. Accessed 16 March, 2020.
- 2. Ma RCW, Schmidt MI, Tam WH, McIntyre HD, Catalano PM. Clinical management of pregnancy in the obese mother: before conception, during pregnancy, and post partum. *The Lancet Diabetes & Endocrinology*. 2016;4(12):1037-1049.
- 3. Hedderson MM, Gunderson EP, Ferrara A. Gestational weight gain and risk of gestational diabetes mellitus. *Obstet Gynecol.* 2010;115(3):597-604.
- 4. Poston L, Caleyachetty R, Cnattingius S, et al. Preconceptional and maternal obesity: epidemiology and health consequences. *The Lancet Diabetes & Endocrinology*. 2016;4(12):1025-1036.
- 5. Haugen M, Brantsæter AL, Winkvist A, et al. Associations of pre-pregnancy body mass index and gestational weight gain with pregnancy outcome and postpartum weight retention: a prospective observational cohort study. *BMC Pregnancy Childbirth*. 2014;14:201.
- 6. Herring SJ, Albert JJ, Darden N, et al. Targeting pregnancy-related weight gain to reduce disparities in obesity: Baseline results from the Healthy Babies trial. *Contemporary Clinical Trials*. 2019;87:105822.
- 7. Godfrey KM, Reynolds RM, Prescott SL, et al. Influence of maternal obesity on the long-term health of offspring. *The Lancet Diabetes & Endocrinology*. 2017;5(1):53-64.
- 8. MacInnis N, Woolcott CG, McDonald S, Kuhle S. Population Attributable Risk Fractions of Maternal Overweight and Obesity for Adverse Perinatal Outcomes. *Sci Rep.* 2016;6:22895.
- 9. Cialdini R. The Principles of Persuasion. 2005; The Broadmor Place.
- 10. Framing Financial Incentives to Increase Physical Activity Among Overweight and Obese Adults. *Annals of Internal Medicine*. 2016;164(6):385-394.
- 11. Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. *The Lancet.* 2010;376(9748):1261-1271.
- 12. Hill B, McPhie S, Moran LJ, et al. Lifestyle intervention to prevent obesity during pregnancy: Implications and recommendations for research and implementation. *Midwifery*. 2017;49:13-18.
- 13. Morley B, Niven P, Dixon H, et al. Association of the LiveLighter mass media campaign with consumption of sugar-sweetened beverages: Cohort study. *Health Promotion Journal of Australia.* 2019;30:34-42.
- 14. Jeong M, Gilmore JS, Bleakley A, Jordan A. Local News Media Framing of Obesity in the Context of a Sugar-Sweetened Beverage Reduction Media Campaign. *Journal of Nutrition Education and Behavior*. 2014;46(6):583-588.
- 15. O'Hara BJ, Phongsavan P, Gebel K, Banovic D, Buffett KM, Bauman AE. Longer Term Impact of the Mass Media Campaign to Promote the Get Healthy Information and Coaching Service®: Increasing the Saliency of a New Public Health Program. *Health Promotion Practice.* 2014;15(6):828-838.

- 16. Finlay SJ, Faulkner G. Physical activity promotion through the mass media: inception, production, transmission and consumption. *Prev Med.* 2005;40(2):121-130.
- 17. Morley B, Niven P, Dixon H, et al. Population-based evaluation of the 'LiveLighter' healthy weight and lifestyle mass media campaign. *Health Education Research*. 2016;31(2):121-135.
- 18. Beaudoin CE, Fernandez C, Wall JL, Farley TA. Promoting Healthy Eating and Physical Activity: Short-Term Effects of a Mass Media Campaign. *American Journal of Preventive Medicine*. 2007;32(3):217-223.
- 19. Pomerleau J, Lock K, Knai C, McKee M. Interventions designed to increase adult fruit and vegetable intake can be effective: a systematic review of the literature. *Journal of Nutrition.* 2005;135(10):2486-2495.
- 20. Centre for Allied Health Evidence. *Mass Media Interventions*. Adelaide: University of South Australia;2009.
- Khlood B, Heather Y, Moira W. Australian Pregnant Women's Awareness of Gestational Weight Gain and Dietary Guidelines: Opportunity for Action. *Journal of Pregnancy*. 2016:185.
- 22. Simmank J, Murawski C, Bode S, Horstmann A. Incidental rewarding cues influence economic decisions in people with obesity. *Frontiers in Behavioral Neuroscience*. 2015.
- 23. How are habits formed: Modelling habit formation in the real world. In. Great Britain: John Wiley & Sons, Ltd; 2010:998.
- 24. Lally P, Gardner B. Promoting habit formation. In. Great Britain: TAYLOR AND FRANCIS; 2013:S137.
- 25. Olander EK, Atkinson L, Edmunds JK, French DP. The views of pre- and post-natal women and health professionals regarding gestational weight gain: An exploratory study. *Sexual & Reproductive Healthcare*. 2011;2(1):43-48.
- 26. Burke-Garcia A, Scally G. Trending now: future directions in digital media for the public health sector. In. Vol 362014:527-534.
- 27. Freeman B, Kelly B, Baur L, et al. Digital Junk: Food and Beverage Marketing on Facebook. *American Journal of Public Health*. 2014;104(12):e56-e64.
- 28. Buchanan L, Yeatman H, Kelly B, Kariippanon K. Digital Promotion of Energy Drinks to Young Adults Is More Strongly Linked to Consumption Than Other Media. *Journal of Nutrition Education and Behavior*. 2018;50(9):888-895.
- 29. Powell LM, Harris JL, Fox T. Food Marketing Expenditures Aimed at Youth: Putting the Numbers in Context. *American Journal of Preventive Medicine*. 2013;45(4):453-461.
- 30. Limin B, Heather Y, Bridget K, Kishan K. A thematic content analysis of how marketers promote energy drinks on digital platforms to young Australians. *Australian and New Zealand Journal of Public Health*. 2018;42(6):530-531.
- 31. Li Y-M, Lin L, Chiu S-W. Enhancing Targeted Advertising with Social Context Endorsement. *International Journal of Electronic Commerce*. 2014;19(1):99-128.
- 32. Chou W-yS, Prestin A, Lyons C, Wen K-y. Web 2.0 for health promotion: reviewing the current evidence. *American journal of public health*. 2013;103(1):e9-e18.
- 33. Federal Trade Commission. *A Review of Food Marketing to Children and Adolescents*. 2012.
- 34. Rosenblatt DH, Bode S, Dixon H, et al. Health warnings promote healthier dietary decision making: effects of positive versus negative message framing and graphic versus text-based warnings. *Appetite*. 2018;127:280-288.

- 35. Satista. Which search engines have you used in the past 4 weeks? ed. *Graph*. Statista: Statista; 2019.
- Exalted Digital. Social Media Statistics World + Australia. https://www.exalteddigital.com/social-media-statistics-world-australia/. Published 2020. Accessed 22 May, 2020.
- 37. Roy Morgan. Generational breakdown of social media users in Australia in 2020. ed. *Graph*. Statista: Statista; 2020.
- Pregnancy Birth Baby. Private health insurance and pregnancy. Pregnancy Birth Baby. https://www.pregnancybirthbaby.org.au/private-health-insurance-and-pregnancy. Published 2018. Updated March 2018. Accessed 12 May, 2020.