

Promoting Consumption of Low-Fat Milk: The 1% or Less Social Marketing Campaign

This paper is part of a series of nutrition policy profiles prepared by Prevention Institute for the Center for Health Improvement (CHI).

Background

Whole and two percent milk are the primary sources of saturated fat in the diets of children and a significant source of saturated fat in adult diets.¹ By switching to low- and non-fat dairy products, consumers can reduce their intake of fat and saturated fat without dramatically changing their eating habits. In the United States, children obtain 33 to 35 percent of their daily nutritional calories from fat; 12 to 13 percent of these calories are from saturated fat.² However, the U.S. Dietary Guidelines recommend that children over age two get no more than 30 percent of nutritional calories from fat and 10 percent from saturated fat.³ A diet high in saturated fat has been shown to significantly increase the risk of cardiovascular diseases.⁴

The “1% or Less” social marketing campaign encourages adults and children over age two to drink milk with a fat content of one percent or less, instead of whole or two percent milk. Designed by the Center for Science in the Public Interest (CSPI, a nonprofit organization dedicated to improving the nation’s health through better nutrition), this campaign has been carried out at many sites since 1995. Features of the campaign include news stories and advertisements on television, radio, billboards, and in newspapers; milk taste-tests at a variety of community sites; supermarket shelf labeling to draw attention to low-fat milk; and school activities.⁵

“Social marketing” uses commercial marketing methods to promote positive health and social behaviors. Using careful research to understand the “target audience” (the group of people the program attempts to reach), social marketing programs take into account the “product” (desired behavior change, i.e., drinking low-fat milk), the “price” (perceived costs and benefits of changing behavior), the “place” (making the desired behavior easy to do, such as improving access to low-fat milk) and “promotion” (strategies to support healthy behavior change).⁶ To reduce the perceived costs of behavior change and make the change easy to adopt, social marketers recommend removing social and environmental obstacles. Policy change can help to address these barriers.⁷

Policy

Use social marketing methods to reduce consumption of whole and two percent milk, and increase consumption of low-fat and non-fat milk products.

CSPI has sponsored numerous 1% or Less campaigns nationwide. In Wheeling, West Virginia, one campaign used mass media to encourage all adults and children over age two to switch from whole and two percent milk to one percent or skim. The campaign reached residents through extensive paid advertising, including 98 broadcast television ads, 168 cable television ads, 128

radio spots, a daily newspaper ad, and 5 weekly newspaper ads. The ads appeared over a period of six weeks. In addition, the campaign conducted public relations activities such as press releases, press conferences, and two milk-tasting events. A local advisory board helped to guide the program and contributed to its credibility with local residents. Total costs for implementing and evaluating the campaign were approximately \$43,000.⁸

In California, the California Adolescent Nutrition and Fitness (CANFit) program sponsored a 1% or Less campaign in East Los Angeles. *Adelante con Leche Semi-Descremada* took place from April through December 2000, targeting low-income Latino residents. CANFit held discussions about the campaign with groups of target audience members and recorded their findings. They used this information to adapt the CSPI campaign materials. Through this early research, they learned that many low-income Latino residents believed two percent milk is low-fat; CANFit adapted campaign messages to debunk this myth. CANFit also found that few target audience members drink plain milk. Thus, the campaign used banana *liquados* (a blended mixture of milk, banana, ice, and water) for taste tests.

The campaign took place in three “waves” (periods of intensive activity). The first wave took place over eight weeks, featuring radio and newspaper ads and a school presentation. The second wave lasted for two weeks, and included radio and newspaper ads. The final wave lasted for ten days, and included a newspaper article, newspaper ads, and a school campaign. CANFit conducted community taste-test events during all three waves. Paid advertising included Spanish language radio, television, and print advertising. Milk-tasting events were conducted at 30 independent grocers, 20 WIC stores, 2 large WIC agencies, and at community celebrations for *Cinco de Mayo* and Mexican American holidays. In addition, the campaign placed ads in *Telegia* (a free television guide) and articles in *Latina* magazine and *La Opinion* (a Spanish daily newspaper).

Effectiveness

In Wheeling, low-fat (one percent or less) milk sales increased from 29 percent of overall milk sales before the social marketing campaign to 46 percent of sales in the following month. Six months after the intervention, a follow-up evaluation found this increase had been sustained. Telephone survey results showed that 34 percent of high-fat milk drinkers in the target group had switched to low-fat milk.⁹ The campaign was equally effective in reaching all Wheeling residents, regardless of income or education level.

In East Los Angeles, CANFit collected milk sales data before and after each wave of the intervention. At the end of the first wave, they found that whole milk purchases had dropped from 66 percent to 24 percent of overall sales, and the percentage of all low-fat milk sold more than doubled.¹⁰ Although it was not a goal of the East Los Angeles campaign, overall milk purchases increased by 30 percent.

It is important to consider what has made the 1% or Less campaign successful. First, the campaign’s message was delivered often enough to reinforce the message. Second, the campaign used clearly worded, hard-hitting language. By focusing on a simple but important dietary change, the campaign reduces the likelihood of people returning to their former habits of

drinking high-fat milk. Third, low-fat milk can be purchased in the same supermarket display cases where high-fat milk is available, and requires no special preparation. Some experts also feel it is important to use a mix of media and neighborhood events to generate excitement in the community.

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Prevention Institute's nutrition policy profile series is funded in part by a grant from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education, and disease prevention programs.

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- ¹ Subar AF, Krebs-Smith SM, Cook A, Kahle LL. Dietary sources of nutrients among US children, 1989-1991. *Pediatrics*. 1998;102:913-923.
- ² Devaney BL, Gordon AR, Burghardt JA. Dietary intakes of students. *American Journal of Clinical Nutrition*. 1995;61:2055-2125.
- ³ US Department of Agriculture, US Department of Health and Human Services. *Nutrition and Your Health: Dietary Guidelines for Americans*. 5th ed. 2000. Available at: <http://www.health.gov/dietaryguidelines/dga2000/document/frontcover.htm>. Accessed May 16, 2002.
- ⁴ US Department of Health and Human Services. *The Surgeon General's Report on Nutrition and Health: Summary and Recommendations*. Washington, DC: US Dept of Health and Human Services; 1988. DHHS (PHS) Publication No. 88-50211.
- ⁵ Center for Science in the Public Interest. Health and nutrition campaigns: 1% or less campaigns. Available at: <http://www.cspinet.org/ga/1less.htm>. Accessed May 16, 2002.
- ⁶ Andreasen A. *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*. San Francisco, Calif: Jossey-Bass; 1995.
- ⁷ Alcalay R, Bell RA. *Promoting Nutrition and Physical Activity through Social Marketing: Current Practices and Recommendations*. Davis: Center for Advanced Studies in Nutrition and Social Marketing, University of California; 2000.
- ⁸ Reger B, Wootan MG, Booth-Butterfield S. Using mass media to promote healthy eating: a community-based demonstration project. *Preventive Medicine*. 1999;29:414-421.
- ⁹ Ibid.
- ¹⁰ CANFit's Latino 1% milk social marketing campaign. *CANFit Connection* [serial online]. Fall 2000. Available at: http://www.canfit.org/assets/images/Newsletter_-_Fall_2000.PDF. Accessed May 16, 2002.