



This is the author's version of a work that was accepted for publication:

Lupton, D. (2014). "How do you measure up?": Assumptins About "Obesity" and Health-Related Behaviors and Beliefs in two Australian "Obesity" Prevention Campaigns. *Fat Studies*, 3(1), 32-44. <https://doi.org/10.1080/21604851.2013.784050>

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This is an Accepted Manuscript of a work that was published by Taylor & Francis in *Fat Studies* on January 30th 2014 which has been published at <http://doi.org/10.1080/09581596.2014.885115>.

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“How do you measure up?” Assumptions about “obesity” and health-related behaviors
and beliefs in two Australian “obesity” prevention” campaigns

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Final author’s version of an article published in *Fat Studies*

Abstract

This article presents an analysis of two related Australian government-sponsored “obesity” prevention campaigns, including documents produced by commercial social research companies reporting the formative research and evaluation of these campaigns. This material is critically analyzed for its underlying assumptions about weight “obesity” and the public’s health-related behaviors and beliefs. These include the following: the concept of “good health” has meaning and value that is universally shared; to be “overweight” or “obese” is to be physically unfit and at risk of higher levels of disease and early death; individuals are responsible for their own health status; they lack appropriate information about health risks and providing this information leads to behavior change; and information should be provided in a way that arouses concern and a belief that individuals should make a change. These assumptions are challenged from a critical sociological perspective.

Key words: “obesity”, critical analysis, social marketing campaigns, health behaviors, health promotion

Introduction

“Obesity” is the latest health condition to receive priority as a supposedly preventable condition targeted in social marketing campaigns. In various countries governments have sponsored such campaigns in the attempt both to raise awareness of what medical authorities view as the risks of “overweight” and “obesity” and to persuade people to adopt behaviors deemed by expert advisors as preventing or minimizing weight gain or leading to weight loss. These include the British “Change4 Life” and “Food4Thought” campaigns, the U.S. “Small Steps,” “Let’s Move” and “Strong4Life,” and the Australian “Measure Up,” “Swap It, Don’t Stop It,” and “LiveLighter” campaigns.

Social marketing campaigns such as these are an integral aspect of contemporary health promotion attempts to persuade people to engage in behaviors that are believed to prevent illness, disease, or injury (Crawshaw 2012, Lupton 1995, Tulloch and Lupton 1997). They adopt the language and methods of commercial marketing, resting on the belief that behaviors associated with a “social good,” such as good health or emotional wellbeing, may be advertised to consumers as if they were products or services (Grier and Bryant 2005). Such campaigns involve many months of pre-research and planning in their development and frequently cost large sums of public monies in their generation and execution (Tulloch and Lupton 1997).

Several researchers have addressed the efficacy of anti-“obesity” campaigns and their reception by target audiences (for example, Faulkner *et al.* 2011, Lewis *et al.* 2010, Puhl *et al.* 2012, Walls *et al.* 2011). Thus far, however, little academic research has been directed at the ways in which commercial research companies contribute to the decisions of government departments or agencies about health-related social marketing campaign initiatives, including those directed at “obesity” prevention and control. The development of such campaigns takes place within a complex organizational and collaborative framework that brings together these agencies. Workers within these organizations draw on discourses and assumptions about health and human behavior that are circulating both within wider society and within the specific cultures in which they operate (Tulloch and Lupton 1997).

In an attempt to redress this lacuna in the literature, this article focuses on two high-profile national anti-“obesity” campaigns that were developed and funded by the Australian government: “Measure Up” and “Swap It, Don’t Stop It.” These campaigns were part of an initiative by the Australian Department of Health and Ageing (DHA) to mobilize against the health risks that the DHA identified as associated with excess abdominal fat, such as diabetes, cardiovascular disease, and some types of cancers. The discussion includes an analysis both of the campaign materials themselves and of supporting documentation reporting on the formative and evaluative research underpinning the campaigns. As such, it offers some insights into how and why such

campaigns are developed, their underlying principles, and their assumptions about “obesity” and the public’s health-related behaviors and beliefs.

I examined five lengthy reports as well as a short presentation prepared by the two commercial social research companies, GFK Bluemoon (GFKBM) and The Social Research Centre (TSRC), that were contracted by the DHA to provide formative and evaluative research of the campaigns (GFKBM 2007, 2009, 2010, Miller and Tuffin 2009, Myers 2012, TSRC 2010). They are readily available for downloading from the official campaign websites (*Measure Up* 2013, *Swap It, Don't Stop It* 2013), or in the case of the evaluation of “Swap It, Don’t Stop It,” the website of the Australian National Preventive Health Agency (*Australian National Preventive Health Agency* 2013), the organization that took over responsibility for this campaign in 2011 from the DHA.

The “Measure Up” and “Swap It, Don’t Stop It” campaigns

The formative research

The “Measure Up” and “Swap It, Don’t Stop It” social marketing campaigns were part of the Australian Better Health Initiative (ABHI), established in 2006 as a collaboration of the Council of Australian Governments. The ABHI’s primary objective was to reduce chronic illness and disease, including the introduction of “a rolling program of social marketing campaigns with the aim of raising awareness of healthy lifestyle choices” (GFKBM 2010: 4). They were developed in response to a decision made by officials involved with the ABHI to focus on weight control as a health-promoting measure, and comprise two phases of the same initiative.

As is common in the early stages of generating new social marketing campaigns, a qualitative developmental research study was conducted by one of the social research companies. Focus groups were conducted by GFKBM with members of the public discussing attitudes to behavior change related to health issues. People who participated in this formative phase of research were divided into six attitudinal segments based on their measured desirability and possibility of change as part of predicting how various parts of the target audience would respond to a social marketing campaign on “obesity” (GFKBM 2007, 2009). Such segmentation is typical of market research as a way of identifying different groups to target for marketing efforts (Grier and Bryant 2005). These attitudinal segments were given the names “Defiant Resisters,” “Quiet Fatalists,” “Apathetic Postponers,” and “Help Seekers.” They were all designated as “at risk” groups because they were identified as resistant to health promotional messages about weight control. The other two segments, named “Endeavourers” and “Balance Attainers,” were both designated as “low[er] risk” because they were already engaging in the types of behaviors deemed to prevent “overweight” (GFKBM 2007: 5).

The research found that most people (those designated as belonging to the “at risk” groups) did not see changing their lifestyle to conform to health promotional advice as a

high priority. They were not sure how to effect this change and thought it was not worth the effort involved. It was argued in the report that a subsequent campaign should therefore focus on “how” to effect behavior change as well as “why” it is important. The campaign should seek to “migrate” as many people as possible to the “Endeavourer” and “Balance Attainer” groups by such strategies as “leveraging the threat of chronic disease” (GFKBM 2007: 71).

It was further noted in this report that people from “lower socioeconomic groups” fell disproportionately into the “Defiant Resister” and “Quiet Fatalists” segments, and that they “may not be influenced in the short term because their belief that change is neither desirable nor possible is firmly entrenched and they face structural barriers to making ‘the right choices’” (GFKBM 2007: 29). People from Aboriginal and Torres Strait Islander backgrounds, many of whom experience among the lowest levels of socioeconomic advantage in Australia, were included in these segments. GFKBM contended that such individuals recognized that lifestyle-related health conditions was a significant problem in their communities, and that this was part of a wider problem of cultural displacement and social problems stemming from this. The report remarked upon “the enormous structural barriers to change and distrust of government advice” among this group and that therefore “there appears to be less opportunity to leverage the threat of chronic disease for this audience” (GFKBM 2007: 7).

So too, people with low incomes were identified as both “Defiant Resisters” and “Quiet Fatalists.” The authors of the report commented that lack of money was a major barrier for such individuals in eating a healthier diet and engaging in physical activity. These two segments were later combined into one as part of the formative strategy, now entitled “Avoiders.” It was concluded that this group would be “resistant to change,” and that therefore “communications may not have a great impact” (GFKBM 2010: 4). Neither of the low risk groups, the “Endeavourers” and the “Balance Attainers,” was considered to be an important target for social marketing initiatives because members of these groups had already changed their behaviors and were viewed as being at low risk of “obesity”-related problems. This left the “Apathetic Postponers” and the “Help Seekers” as the primary target groups. The report contended that in developing their campaigns the DHA should “explore the opportunity to use graphic, unpleasant imagery that people find difficult to avoid” but also should “consider using positive supporting messages” (GFKBM 2007: 7).

The “Measure Up” campaign

The campaign developed in response to this formative research -- “Measure Up” -- was launched in October 2008 and continued until March 2010. Campaign materials were disseminated nationally using a wide range of media: television, radio, shopping center, shopping cart, and bus stop advertisements. A dedicated website for the campaign was also established featuring various information and resources for both the general public and health professionals (*Measure Up* 2013). The primary target audience was 25- to

50-year-old people with young children, as they were considered to be potentially responsive to messages about improving their health and prolonging their lifespans. The secondary audience was 45- to 60-year-old people in general (Miller and Tuffin 2009).

The images and words used in “Measure Up” demonstrate that the DHA decided to take the advice articulated in the developmental research report to focus on “graphic, unpleasant imagery” rather than “positive, supportive messages.” Its primary focus was on the health risks of internal abdominal fat and the need to be aware of one’s waist girth as an indicator of the level of such fat one might carry. The campaign’s website states that: “Having excess fat that coats your organs is a health risk ... even a small deposit of this fat increases the risk that you will have serious health problems” (*Measure Up* 2013). In the campaign materials, including website information and graphics, brochures, and posters, people were encouraged to measure their own waist circumferences (a guide to do so accurately was provided).

The images used in the print media and website show stark photographs of a middle-age man and woman, each standing on a giant tape-measure and holding a regular-sized tape measure around their waists. They look down to assess their measurements and frown, suggesting that the tape measure demonstrates that their waist girths exceed the “low risk” limit. Both people are dressed in brief white clothing similar to underwear: the man only in shorts and the woman in shorts and a cropped top. These clothes are able to show not only the correct technique of measuring one’s waist but also that both these people are rather plump around their abdomens, and thus may be at increased risk of chronic disease.

The television advertisement made for “Measure Up” features a young man, also dressed only in boxer shorts, striding along a giant tape measure. He talks about how his life has changed since getting married and having a child. As he walks, his body is shown gradually transforming as he ages and becomes fatter. At the end of the advertisement this man is shown as even fatter, trying to chase after his daughter but not able to keep up with her as he has to stop and double over to catch his breath. Only a few years have passed (judging by the age of the daughter), but the man looks much older, gray-faced and ill. The realization hits him that his weight gain is “affecting my health” as he stares with sadness and anxiety at his daughter. The final words come on the screen: “The more you gain, the more you have to lose.” The clear message is that weight gain causes significant losses in other parts of one’s life: one’s health, one’s appearance, one’s fitness, the length of one’s life, and one’s relationship with loved ones.

Once various waves of the campaign had aired, both GFKBM and TSRC were contracted to conduct evaluations of its effectiveness, using both qualitative and quantitative methods. In attempting to explain why “Measure Up” appeared to have little impact on audience members’ behaviors, one of these evaluations identified what it called

“rational barriers to change” (GFKBM 2010: 7), such as lack of time and lack of money. These “rational barriers” were contrasted with “emotional barriers”: feeling guilty in sacrificing time with one’s family to exercise regularly; “the desire for self-indulgence”; “fear of failure” or people’s feeling that they had tried to lose weight before and had not succeeded; and the belief that the changes required would be a major upheaval to everyday life, involving considerable willpower and self-discipline and engaging in “unpleasant” activities. The report subsequently concluded that the next phase of the campaign should focus on small, realistic and manageable changes which cumulatively could contribute to weight management.

The ‘Swap It, Don’t Stop It’ campaign

“Swap It, Don’t Stop It” was developed in response to the findings of the evaluation of “Measure Up” and evidenced a major change in approach. “Measure Up” was designed to foster an awareness of the health risks associated with abdominal fat, while “Swap It, Don’t Stop It” attempted to build on this awareness by demonstrating what to do about this problem (GFKBM 2010). In its focus on promoting “simple, everyday changes ... without losing all the things you love” (*Swap It, Don’t Stop It* 2013), the influence of the evaluation reports on “Measure Up” can be clearly seen.

“Swap It, Don’t Stop It” was launched in March 2011 and again used a range of media outlets as well as its own dedicated website (*Swap It, Don’t Stop It* 2013). Advertisements for the campaign were shown on television, cinema, radio, and the print media, posters were used on street furniture and in shopping centers, car parks, transit locations, and outdoor billboards, and digital advertising appeared on websites such as news, entertainment, webmail, and social networking sites (Myers 2012). While “Measure Up” used words and imagery that attempted to evoke fear, anxiety and shame in their target audiences, “Swap It, Don’t Stop It” took a much lighter, less obviously manipulative and coercive approach. Instead of the harsh lighting of “overweight” bodies shown deteriorating in their health and vitality, and dire warnings about how neglecting one’s weight would lead to developing severe chronic diseases and early death, “Swap It, Don’t Stop It” used happy animated characters making “easy changes” to their lifestyles.

The campaign included arresting visual imagery of animated over-inflated balloon people slowly deflating to more “normal” size as they exchanged their sedentary and junk-food habits for increased physical exercise and low calorie, nutritious foods. The official press release for the campaign noted that the blue balloon figurehead of the images used, a male called Eric, was “likeable but overweight.” In campaign materials the Eric figure is shown measuring his waist with a tape-measure, harking back to the dominant message of the “Measure Up” campaign. He looks at himself ruefully in the bathroom mirror as he does so, and says: “Hi, I’m Eric. If you’re like me, over the years you’ve started putting it on ... and on.” While constant reference is made to the health risks associated with abdominal fat, it is done in a light-hearted tone, supported by the

toy-like images of the jovial Eric and his balloon family and dog. Eric urges his fellow Australians to follow his example and “make some simple lifestyle changes to become healthier.”

The campaign relies on the assumption that many of the audience will identify with Eric (“likeable but overweight”) and see themselves in him (“If you’re like me, over the years you’ve started putting [weight] on”). Audiences are congratulated for seeking further information and attempting to take action about their “overweight” bodies. The tone of the materials is jolly and encouraging. Audiences are assured that making these small lifestyle changes is “easy,” and that once people have the appropriate information all they need to do is follow it. It is noted that rather than simply giving up their habits, people can “take a few small measures and make some swaps throughout your day” to “help decrease your risk of chronic disease.”

In this focus on “small,” “manageable” lifestyle changes there is a glossing over of the reality that many of the changes that are advocated are not actually minor but involve a major shift in everyday habits. As one of the advertisements contends in the voice of “Eric,” being a “swapper” is “simple really. It just means swapping some of the things I’m doing now for healthier choices. That way I can lose my belly, without losing all the things I love.” Yet there is a logical inconsistency in this rhetoric of “swapping” over “stopping.” This rhetoric seeks to gloss over the difficulty of changing everyday habits and routines: swapping watching sport on television for exercising, walking or cycling to work rather than driving, or eating less fried food and more fresh food, for example.

It is therefore not surprising that a quantitative evaluation of the campaign, conducted by TSRC (Myers 2012), found that while campaign recognition was strong, there were only modest changes in people’s attitudes and behavior related to lifestyle factors following various waves of advertising. The respondents were asked numerous questions about the main messages of the campaign and to what extent they had made changes to their behaviors, such as “swapping” a behavior labelled as “unhealthy” by the campaign to another positioned as “healthier” or measuring their waists and attempting to reduce their weight measurements. It was noted in the report that there was evidence of “decay” in awareness of why engaging in regular exercise and eating more vegetables was important for long-term health from “Measure Up” to “Swap It, Don’t Stop It” (Myers 2012: 61). There was, therefore, “still room to improve the cut-through and reach of the campaign” (2012: 62). However the report author volunteers no suggestions for how to achieve this objective.

Discussion

In the research reports produced for these campaigns and in the campaign materials themselves, a number of assumptions about “obesity,” lay health behaviors and decision-making and ways of influencing these are evident. These include the assumptions that the concept of “good health” has meaning and value that is universally

shared and that everyone wants to achieve and prioritize it. The campaigns were also predicated on the ideas that to be “overweight” or “obese” is to be physically unfit and at risk of chronic disease, premature ageing and an early death, and that fatness is therefore an undesirable physical state. The rationale of the campaigns also suggests that individuals are responsible for their own health status and ideally are rational, logical actors.

The material examined suggests that changing behavior is about making the “right choice.” Members of the public are positioned as lacking appropriate information about health risks. Providing this information, therefore, is represented as leading to behavior change. It is assumed that information should be provided in a way that arouses concern so that target audiences will position the problem as relevant to themselves. People find major lifestyle changes difficult to make but will be more receptive to small, cumulative changes, so that the idea of “swapping” one behavior for another will be viewed as a small, easily manageable lifestyle change. Target audiences’ reluctance to respond to campaign messages is explained by lack of knowledge, low self-efficacy, irrational emotional responses, failure to “personalize” the problem or being a member of a socioeconomically-disadvantaged group.

From a critical sociological perspective, what is lacking in these approaches is an awareness of the complexity of individuals’ health-related behaviors and their embeddedness in historical, economic, cultural and social contexts. Such campaigns take a “healthist” approach (Crawford 1980) in prioritizing good health over other concerns. There is little evidence in these documents of self-reflexivity about the individualistic and often coercive dimensions of the messages these campaigns seek to disseminate. There is no attempt to deal with the social determinants influencing body weight and health status. As was apparent in the documents cited above, while it is acknowledged that social structural factors such as socioeconomic disadvantage may cause “resistance” to health campaign messages, these factors then become viewed as intractable factors that cannot be addressed by such campaigns. Members of such groups are therefore discounted as important targets for the campaigns.

Such individualistic models of behavior adhere to the principles of neoliberalism, in which people are positioned as responsible for the management and promotion of their own health and expected to voluntarily take-up the suggestions of expert authorities in doing so (Crawshaw 2012, Evans *et al.* 2011, LeBesco 2011, Lupton 1995, 2012, Petersen and Lupton 1996). In societies where good citizens manage, regulate and protect their health, to fail to do so, to become ill or die prematurely, is viewed as a failure of personal responsibility rather than of socioeconomic disadvantage. When poor health is associated with fatness, a bodily form which is considered with repugnance and disgust because it is considered to be transgressive and excessive, a multiple set of moral meanings are brought into play (Kent 2001, LeBesco 2011, Lupton 2012, Murray 2008).

The constant association of fatness with disease and ill health in the mass media results in the fat body bearing the negative meanings of illness (Kent 2001: 132). These images were particularly evident in the “Measure Up” campaign, in its stark photographs of people with flaccid abdomens dolefully measuring their girth and the representation in the campaign’s television advertisement of the young man becoming progressively older, sadder, ill-looking and unable to breathe properly as he becomes fatter. These images suggest that body fat, in and of itself, is a direct cause of physical degeneration. The ethical issues of continuing to use images in social marketing campaigns that stigmatize fat people and show them as inevitably unattractive, ill and diseased have been raised by a number of critics, including those from within public health (for example, Carter *et al.* 2011, MacLean *et al.* 2009, Puhl *et al.* 2012). Yet they remain a common convention of representation in anti-“obesity” campaigns.

As the present analysis demonstrates, government agencies engaged in health promotion, and the commercial companies they consult to assist them in their efforts, continue to rely upon these simplistic, paternalistic and reductionist approaches to educating the public and attempting to instigate behavior change. If little long-term behavioral change is demonstrated via evaluative research, then the solutions proposed tend to focus on designing more sophisticated campaigns, using better audience segmentation techniques, changing the messages in campaigns and how they are conveyed, or spending more money in developing or disseminating campaign materials. Very rarely are the models of behavior which underpin the campaigns or the technique of social marketing itself exposed to sustained critique.

Nor do such campaigns and the documents that underpin them demonstrate an awareness of the possibility that the information they are conveying is subject to dispute. An increasing number of commentators have challenged what they position as “obesity alarmist” discourse. They have demonstrated that medical and epidemiological pronouncements on the health risks of fatness are often inaccurate, distorted and exaggerated, transforming speculative ideas about risk and “obesity” into scientific fact for the sake of persuasive effect (Campos *et al.* 2006, Gard 2011, Wright and Gard 2005). None of this debate about the accuracy of “obesity” science, some of which has entered even mainstream public health, allied health and public policy journals (Campos *et al.* 2006), is evident in anti-“obesity” campaigns such as those examined here. The “truths” of “obesity” science as they are accepted by mainstream public health are re-articulated without any suggestion that there may be a more complex and contentious background to these truths.

The understanding of health behaviors in social marketing campaigns also has difficulty in understanding resistance, or people’s refusal to take up the dominant messages and change their behaviors in response. Resistance is often conceptualized as irrational and emotional, as “defiance,” “apathy” or “helplessness,” as was evident in the titles to the

attitudinal segments that were identified in the members of the public who participated in the developmental focus groups. Sociological research overwhelmingly demonstrates that most people in western countries are well aware of the dominant messages conveyed by experts concerning the health risks of “obesity” and ways of losing weight. Whether or not people see themselves as fat, they articulate the notion that “obesity” is unattractive and unhealthy, evidence of laziness, equating body size with beauty, and that keeping to a normal body size is an individual responsibility (Kwan 2012, Lawton *et al.* 2007, Monaghan 2007, Monaghan and Hardey 2009, Rail *et al.* 2010). People who deem themselves “overweight” or “obese” (or who have been categorized as such by a medical expert) report feelings of shame and guilt and continuing struggle over attempting to lose weight (Monaghan and Hardey 2009, Murray 2008).

Despite their knowledge of “what to do,” sociological qualitative research has identified manifold reasons for why members of the public have not changed their behavior in response to anti-“obesity” campaigns and media coverage of “the obesity epidemic.” These include not only lack of money or time but also the idea that emotional wellbeing can be more important than prioritizing physical health or idealized body sizes. People are often resistant to being admonished by the voices of public health campaigns that appear to be so unaware to the realities of their lives. They are also aware of the divergence in medical opinion on health risks and that expert advice often seems to change when it comes to diet, health and body weight issues (Crawshaw 2012, Kwan 2012, Lupton and Chapman 1995, Monaghan 2007). The concept of the inseparability of body/mind/psyche that is commonly articulated in interviews with lay people receives little acknowledgement or attention in the linear and rationalist psychological models of health behaviors that underpin social marketing campaigns. Nor are such models able to acknowledge or incorporate the sheer perversity of resistance to the messages of health campaigns, and the ambivalences and paradoxes that pervade people’s attitudes to the health risks identified by experts (Bunton and Coveney 2011, Lupton 1995, 2012, Tulloch and Lupton 1997) .

Conclusion

It is evident from the two anti-“obesity” social marketing campaigns here examined that what Lupton and Tulloch (1997: 87) referred to as the “individualistic, pastoral and paternal dimensions” that underpinned HIV/AIDS education campaigns in the 1980s and 1990s remain as pertinent as ever in contemporary health promotion directed at “obesity” prevention and control. A slippage between education and indoctrination continues to be evident, as well as a tension between representing people as rational actors open to persuasion and positioning them as irrational “Defiant Resisters” or “Apathetic Postponers.” While the rhetoric of social marketing often calls for persuasion rather than coercion, materials such as the “Measure Up” television advertisement clearly attempt to manipulate people’s fears of ageing rapidly, appearing unattractive, disappointing their children and dying before they see their children reach adulthood.

A review of social marketing campaigns attempting to persuade people to lose weight found that they have proved unsuccessful in achieving lasting effects on behavior change (Walls *et al.* 2011), as was also evident from the evaluations of “Measure Up” and “Swap It, Don’t Stop It” discussed above. Yet such campaigns continue to be used as a dominant health promotion strategy by public health authorities. It is not difficult to surmise that continuing to fund and run such campaigns may be a matter of political expediency. They are a means not only of promoting health but of promoting health authorities, of demonstrating that governments are actively “doing something” about the apparent problem of “obesity” in a manner that effectively shifts responsibility to citizens and away from the social structural (and extremely complex and difficult) contexts of ill health and disease.

References

- Australian National Preventive Health Agency (2013) Accessed 1 March 2013. Available from <http://agencysearch.australia.gov.au/search/search.cgi?query=swap+it+don%27t+stop+it&collection=agencies&form=simple&profile=anpha>
- Bunton, R. and Coveney, J. (2011) Drugs' pleasures. *Critical Public Health*, 21 (1), 9-23.
- Campos, P., Saguy, A., Ernsberger, P., Oliver, E. and Gaesser, G. (2006) The epidemiology of overweight and obesity: public health crisis or moral panic? *International Journal of Epidemiology*, 35 (1), 55-60.
- Carter, S., Rychetnik, L., Lloyd, B., Kerridge, I., Baur, L., Bauman, A., Hooker, C. and Zask, A. (2011) Evidence, ethics, and values: a framework for health promotion. *American Journal of Public Health*, 101 (3), 465-472.
- Crawford, R. (1980) Healthism and the medicalization of everyday life. *International Journal of Health Care Services*, 10 (3), 365-388.
- Crawshaw, P. (2012) Governing at a distance: social marketing and the (bio)politics of responsibility. *Social Science & Medicine*, 74 (1), 200-207.
- Evans, B., Colls, R. and Horschelmann, K. (2011) "Change4Life for your kids": embodied collectives and public health pedagogy. *Sport, Education and Society*, 16 (3), 323-341.
- Faulkner, G.E.J., Kwan, M.Y.W., MacNeill, M. and Brownrigg, M. (2011) The Long Live Kids campaign: awareness of campaign messages. *Journal of Health Communication*, 16 (5), 519-532.
- Gard, M. (2011) *The End of the Obesity Epidemic*. London: Routledge.
- GFKBM (2007) *Australian Better Health Initiative Diet, Exercise and Weight. Developmental Communications Research Report*. Sydney: GFK Bluemoon.
- GFKBM (2009) *ABHI Segmentation*. Sydney: GFK Blue Moon.
- GFKBM (2010) *Measure Up Phase Two: Qualitative Formative Research Report*. Sydney: GFK Bluemoon.
- Grier, S. and Bryant, C. (2005) Social marketing in public health. *Annual Review of Public Health*, 26 319-339.
- Kent, L. (2001) Fighting abjection: representing fat women. In J. Braziel and K. LeBesco (eds) *Bodies Out of Bounds: Fatness and Transgression*. Berkeley, CA: University of California Press, 130-50.
- Kwan, S. (2012) Lay perspectives on the biomedical paradigm of "obesity": theorizing weight, health and happiness. *Social Theory & Health*, 10 (1), 61-77
- Lawton, J., Ahmad, N., Peel, E. and Hallowell, N. (2007) Contextualising accounts of illness: notions of responsibility and blame in white and South Asian respondents' accounts of diabetes causation. *Sociology of Health & Illness*, 29 (6), 891-906.
- LeBesco, K. (2011) Neoliberalism, public health, and the moral perils of fatness. *Critical Public Health*, 21 (2), 153-164.
- Lewis, S., Thomas, S., Hyde, J., Castle, D., Blood, R.W. and Komesaroff, P. (2010) "I don't eat a hamburger and large chips every day!" A qualitative study of the impact of public health messages about obesity on obese adults. *BMC Public Health*, (1). Accessed 14 December 2012. Available from <http://www.biomedcentral.com/1471-2458/10/309>.

- Lupton, D. (1995) *The Imperative of Health: Public Health and the Regulated Body*. London: Sage.
- Lupton, D. (2012) *Fat*. London: Routledge.
- Lupton, D. and Chapman, S. (1995) "A healthy lifestyle might be the death of you": discourses on diet, cholesterol control and heart disease in the press and among the lay public. *Sociology of Health & Illness*, 17 (4), 477-494.
- MacLean, L., Edwards, N., Garrard, M., Sims-Jones, N., Clinton, K. and Ashley, L. (2009) Obesity, stigma and public health planning. *Health Promotion International*, 24 (1), 88-93.
- Measure Up (2013) Accessed 1 March 2013. Available from <http://www.measureup.gov.au>
- Miller, K. and Tuffin, A. (2009) *Australian Better Health Initiative Phase 1 -- Campaign Evaluation. Quantitative Research Report*. Sydney: GFK Bluemoon.
- Monaghan, L. (2007) Body Mass Index, masculinities and moral worth: men's critical understandings of "appropriate" weight-for-height. *Sociology of Health & Illness*, 29 (4), 584-609.
- Monaghan, L. and Hardey, M. (2009) Bodily sensibility: vocabularies of the discredited male body. *Critical Public Health*, 19 (3-4), 341-362.
- Murray, S. (2008) Pathologizing "fatness": medical authority and popular culture. *Sociology of Sport Journal*, 25 (1), 7-21.
- Myers, P. (2012) *Evaluation of the "Swap It, Don't Stop It" Social Marketing Campaigns*. Sydney: The Social Research Centre.
- Petersen, A. and Lupton, D. (1996) *The New Public Health: Health and Self in the Age of Risk*. London: Sage.
- Puhl, R., Peterson, J.L. and Luedicke, J. (2012) Fighting obesity or obese persons? Public perceptions of obesity-related health messages. *International Journal of Obesity*, Advance online publication.
- Rail, G., Holmes, D. and Murray, S. (2010) The politics of evidence on "domestic terrorists": obesity discourses and their effects. *Social Theory & Health*, 8 (3), 259-279.
- Swap It, Don't Stop It (2013) Accessed 1 March 2013. Available from <http://www.swapit.gov.au>
- TSRC (2010) *Evaluation of the Australian Better Health Initiative Measure Up Social Marketing Campaign Phase 1*. Sydney: The Social Research Centre.
- Tulloch, J. and Lupton, D. (1997) *Television, AIDS and Risk: A Cultural Studies Approach to Health Communication*. Sydney: Allen & Unwin.
- Walls, H.L., Peeters, A., Proietto, J. and McNeil, J.J. (2011) Public health campaigns and obesity - a critique. *BMC Public Health*, (1). Accessed 23 October 2012. Available from <http://www.biomedcentral.com/1471-2458/11/136>
- Wright, J. and Gard, M. (2005) *The Obesity Epidemic: Science, Morality and Ideology*. New York: Routledge.