Let's Move!:

A Case Study on America’s move to raise a healthier generation of kids

Anna Averill,
Allison Fonner,
Amy McCallister,
Patricia Sutherland

James Madison University
SCOM 460 | Public Relations Management
December 14, 2014
Executive Summary

Michelle Obama set a new precedence for first lady initiatives in 2010 when she began her national *Let's Move!* campaign to eliminate childhood obesity within a generation. This multi-faceted campaign, organized and coordinated by the first ever presidential approved White House Task Force for Childhood Obesity, sought and gained support from government agencies as well as public and private sector organizations to reach a broad realm of key publics. The large amount of information and resources available to the public on the formation and execution of this campaign provide the opportunity for a strong analysis and critique with a direct application to both theoretical and practical implications of real world public relations processes.
# Table of Contents

- **Executive Summary** ................................................................. page 2
- **Organizational Background** ................................................. page 4
- **History** ............................................................................. page 4
- **Organizational Structure** ..................................................... page 5
- **Description of Issues and Problems** .................................... page 5
  - *Chronological Timeline of Obesity in Children*....................... page 7
- **Case Analysis** ..................................................................... page 8
- **Campaign Goal** .................................................................... page 8
- **Key Publics** ......................................................................... page 8
  - *Campaign Theme, Primary, & Secondary Mess.*....................... page 8
  - *Objectives, Strategies, and Tactics* ......................................... page 9
- **Plan Approval** ....................................................................... page 22
  - **Budget** .................................................................................. page 22
  - **Campaign Coordination & Materials Employed** .................... page 22
  - **Campaign Monitoring & Adjustment** .................................... page 23
  - **Evaluation** ............................................................................ page 23
- **Practical Implications** ............................................................ page 24
  - **Research Step** ................................................................. page 24
  - **Action-Planning Step** ......................................................... page 25
  - **Communication Step** ......................................................... page 30
  - **Evaluation Step** ................................................................. page 31
  - **Recommendations** .............................................................. page 33
- **Theoretical Implications** ........................................................ page 34
  - *Organization Open-Systems Theory* ....................................... page 34
  - *Agenda-Setting Theory* ......................................................... page 35
- **Conclusion** ............................................................................ page 36
- **References** ............................................................................ page 38
Organizational Background

The Let's Move! campaign is a multi-dimensional initiative motivated by First Lady Michelle Obama committed to solving the problem of childhood obesity. Obama was the Associate Dean of Student Services at the University of Chicago where she developed the university’s first community service program (The White House, 2014). In addition, volunteerism increased exponentially under her leadership position as Vice President of Community and External Affairs for the University of Chicago Medical Center (The White House, 2014). Obama has incorporated her long-time passion for public service and experience in public organization into confronting the widespread challenge of childhood obesity.

History

Existing for over 200 years, The White House is not shy to First Lady Initiatives and has been responsible for launching hundreds of campaigns over decades of presidencies. It is the direct employer to almost 500 employees, ranging from office personnel to the President of the United States. Among these employees is the United States First Lady and the White House Task Force on Childhood Obesity formed by President Obama, himself. The task force is composed of “members of the President’s cabinet, member of Congress, mayors from across the nation and leaders from the media, medical, sports, entertainment, and business communities who impact the health of children and want to be a part of the solution” (The White House, 2014). The task force reports to the Chair and President Obama’s previous U.S. Director of Domestic Policy Council, Melody Barnes. Mrs. Barnes works closely with Mrs. Obama, the face of the campaign, to keep the Let's Move! in motion.
Organizational Structure

The Let's Move! campaign presents an “inter-agency plan” that involves partnerships between the White House, U.S. Department of Health and Human Services, U.S. Department of Agriculture, Department of Interior, and U.S. Department of Education, as well as The Partnership for a Healthier America. The Partnership for a Healthier America has joined forces with these Federal government agencies to share in the goal of reducing the childhood obesity rate in the United States and bring a unique perspective to the campaign: mobilizing the campaign by getting leaders from all areas of the U.S. to get involved (The White House, 2014). At the base of the campaign, everyday people volunteer their time and money to put the campaign initiatives to action. The Let's Move! website provides a place for volunteers to organize and act against childhood-obesity in America, once again mobilizing this campaign and enabling it to provide a wide range of products and services (The White House, 2014).

Description of Issues and the Problems

Over the past three decades, childhood obesity rates in America have tripled. Nearly one in three children in America are overweight or obese (Centers for Disease Control and Prevention, 2014). If this problem continues and doesn’t change, one third of all children born in 2000 or later will suffer from diabetes at some point in their lives. Many others will face chronic obesity-related problems like heart disease, high blood pressure, cancer and asthma (Childhood obesity facts, 2014). In a population-based sample of children aged 5-17, 70% of these children had at least one risk factor contributing to cardiovascular disease in their future (Centers for Disease Control and Prevention, 2014).

Thirty years ago, most people led lives that kept them at a healthy weight. Children were very active such as running around at recess and participating in gym class. This generation,
children experience a very different lifestyle. Walks to and from school are replaced with cars and bus rides. Parents are busier and families eat fewer home-cooked meals. Children tend to eat 3 snacks a day, resulting in an additional 200 calories a day according to what study? (Let's Move, 2014).

With the increase in technologies today, 8-18 year-old adolescents spend an average of 7.5 hours a day using entertainment media that include TV, computers, video games, cell phones and movies (Generation M2: Media in the lives of 8- to 18-year-olds, 2010). Technology has been identified as one of the main environmental factors to the increase of childhood obesity (Anderson & Butcher, 2006). The consequence of children being more sedentary than ever is both physical and emotional. The Huffington Post exposed that technology limits children’s creativity and imagination as well as physically. Spending a large amount of time with technology as a child results in delayed milestones, concentration problems, optimal sensory and motor development. The majority of overweight children is not just eating unhealthy, but is living a sedentary lifestyle with little physical effort. According to takethemagicstep.com, physical exercise for children does not just benefit them physically, but emotionally as well. Exercise increases a child’s confidence, self-esteem, energy, memory, and over.

Lack of access to proper nutrition is a big reason why many children are not eating the recommended amount of vegetables, fruits and whole grains. Roughly, 6.5 million children live in low-income urban and rural neighborhoods that are more than a mile away from a supermarket. These communities, where access to affordable, quality, and nutritious foods is limited, are known as "food deserts” (Women, infants, and children (WIC), 2014). These low-income neighborhoods usually have limited access to transportation causing them to rely on local access to quick affordable food supply such as fast food restaurants and convenience stores.
(WIC, 2014). Nearly 1 in 3 children eat fast food today, which presents that fast food consumption in children has significantly increased since 1970. According to this study, the results bolster previous evidence that fast food intake not only increases caloric intake, but also contributes to childhood obesity (Holguin, 2004). With the increase of fast food consumption for children and a lack to affordable quality food, there is a greater call now than ever for educating both children and parents on the importance of physical exercise and a healthy diet.

**Chronological Timeline of Obesity in Children**

It is now estimated that one in 5 children in the U.S. are overweight (Let’s Move, 2014). While more children are becoming overweight, the heaviest children are becoming heavier. Overweight or obese preschoolers are 5 times more likely than normal weight children to be overweight or obese as adults. As a result, childhood obesity is regarded as the most common prevalent nutritional disorder of US children and adolescents, and one of the most common problems seen by pediatricians.

- During the 1970’s, the obesity rate from 1971 – 1974 was 5% (ages 2-5), 4 percent (ages 6 -11), and 6.1 percent (ages 12 – 19).
- Between the 1980’s and 1990’s, the obesity rate from 1988 – 1994 was 7.2 percent (ages 2-5), 11.3 percent (ages 6-11), and 10.5 percent (ages 12-19).
- During the 2000’s, the obesity rate from 2005 – 2006 was 11% (ages 2-5), 15.1 percent (ages 6-11), and 17.8 percent (ages 12-19).
- From 2010 to present, the obesity rate from 2011-2012 was 8.4 percent (ages 2-5), 17.7 percent (ages 6-11), 20.5 percent (ages 12-19).

http://www.obesity.org/resources-for/childhood-overweight.htm
Case Analysis

Campaign Goal

The Let’s Move! campaign was launched to support a goal of eliminating childhood obesity within a generation, a major problem throughout the United States. Obama made this goal her mission and extends it by saying she wants “to change the way a generation of kids thinks about food and nutrition” (The White House, 2014). In order to solve the enormous goal of childhood obesity across the country, the campaign is supported by four strong objectives: (1) empowering parents and caregivers to create a healthy start for children; (2) providing healthy food in schools; (3) improving access to healthy, affordable foods; and (4) increasing physical activity (The White House, 2014). The following section outlines each of these objectives and includes research that develops the objectives themselves as well as the strategies and tactics that support each objective. By the end of this section it should be evident how the main goal of the Let’s Move! campaign has been executed and what key publics have been reached through the action plan and communication.

Key Publics

The identified key publics that are targeted throughout each aspect of the Let's Move! campaign include: parents and caregivers, elected officials from all levels of government, schools, health care professionals, faith-based and community based organizations and private sector companies.

Campaign Theme, Primary, and Secondary Messages

As previewed in the campaign goal, the campaign theme statement and primary message is “Everyone has a role to play in reducing childhood obesity, including parents, elected officials from all levels of government, schools, health care professionals, faith-based and community-
based organizations, and private sector companies. Your involvement is key to ensuring a healthy future for our children” (Let’s Move, 2014). This primary message is represented in all of the below objectives and provides further motivation to key publics through secondary messages and strategies. The Let's Move! website is just one example shown below that acts as a channel for secondary messages like “Over the past three decades, childhood obesity rates in America have tripled, and today, nearly one in three children in America are overweight or obese” (Let's Move, 2014).

**Objectives, Strategies, and Tactics**

**Objective 1: Empowering Parents and Caregivers to Create Healthy Start for Children.**

The first objective to the Let's Move! campaign as described by the Task Force would include empowering parents and caregivers with the resources and education they need to make informed healthy decisions for their kids (The White House, 2014). The research provided shows that promoting healthy choices and activities has become more challenging over a twenty-year time span due to the lack of information that is clearly coherent and actionable (The White House, 2014).

**Strategy 1: Making Nutrition Information Useful.** Nutrition information plays an essential role in overall health and making healthy choices is important for the growth and development during childhood and adolescent years (Let’s Move, 2014).

**Tactic 1: New Generation Pyramid.** The USDA has implemented an educational system known as the Food Pyramid, which translates the Dietary Guidelines into comprehensible food-based recommendations and applications for the public. Dietary Guidelines provide science-based advice about good dietary habits that can promote health and reduce the risk of major chronic disease (Let's Move, 2014).
Tactic 2: Letsmove.gov. The last tactic used within making nutrition information useful strategies includes letsmove.gov, which provides a “one-stop” shopping website to provide healthy tips, updates on how the federal government is working with partners in order to reach the national goal, and step by step strategies for parents. This website communicates many different aspects of healthy nutrition and steps towards a healthier life for adolescents for parents and caregivers (Let’s Move, 2014).

Strategy 2: Food Marketing. According the Federal Trade Commission (FTC) estimates that the food, beverage and quick-serve restaurant companies spent more than $1.6 billion to promote their products to young people in 2006 (Let's Move, 2014). Advertising can have a strong influence on the younger children and adolescents’ generation, which is important to reconsider the food marketing tactics of the food and beverage industries companies and organizations (Barnes, 2010).

Tactic 1: Empower Consumers. The Food and Drug Administration will work with retailers and manufacturers to adopt new nutritionally sound and consumer friendly front-of-package labeling (Barnes, 2010).

Tactic 2: Major New Public Information Campaign. Additionally, major media companies including the Walt Disney Company, NBC and Universal have joined in on the public information campaign by increasing public awareness of the need to combat obesity through marketing and public service announcements (PSAs) (Let’s Move, 2014). In 2006, before the Let's Move! campaign started, there was a Joint Task Force on Media and Childhood Obesity that was “established to examine the impact of media on childhood obesity and to develop voluntary industry standards to limit advertising that targets children,” (Let's Move, 2014). Although this Joint Task force was unable to agree on a uniform set of nutritional standards, that
same year the Council of Better Business Bureaus created the Children’s Food and Beverage Advertising Initiative (CFBAI) (Barnes, 2010). There are 16 current member companies including Burger King, Coca-Cola, McDonald’s, Kraft and Kellogg to name a few intend to food and beverage advertising to children under the age of 12 to encourage healthier lifestyles (Barnes, 2010).

**Strategy 3: Health Care Services.** Recently, many parents and caregivers find it difficult to identify their child or children as overweight or obese. The medical communities have stressed the importance of engaging in body mass index (BMI) measurement as an overall health care service for children and adolescents (Let’s Move, 2014).

*Tactic 1: Provide Parents with an Rx for Healthier Living.* With the help of the Let’s Move! campaign, many states and communities are requiring that children’s BMI to be measured and shared with parents or caregivers (Let's Move, 2014). BMI can be used as a screening tool in which can suggest a child has a weight concern but does not determine a child’s weight status (Barnes, 2010). As a tactic for this specific strategy, the American Academy of Pediatrics will not only educate the broader medical community, but provide counseling for healthy eating early on as well as inform parents of simple little things that can increase active play (Barnes, 2010). The Task Force and Let's Move! together are focusing communication to parents and caregivers in effective manners such as providing brochures and talking about the importance of a healthy lifestyle during doctor appointments (Let’s Move, 2014). By requiring the BMI of every child shows the weight status over time in a student population as well as monitor progress of national objectives (Let's Move, 2014).

**Objective 2: Providing Healthy Food in Schools.** The educational environment is more than a classroom and chairs, teachers and students. Students can spend up to thirteen years in public
education, which means that the school environment consumes a major amount of time in their life. “Over 55 million American children are enrolled in elementary or secondary school. These children spend over six hours each day at school on average. Over 90% of enrollees attend schools that offer one or more Federal nutrition assistance programs… Most children eat at least one meal at school, either brought from home or provided by the school. Many will have more than one meal, along with snacks and other supplementary foods’’ (Let's Move, 2014). For these reasons, the campaign’s third objective was formed: providing healthy food in schools.

**Strategy 1: Provide Quality School Meals.** The first strategy constructed to solve the problem of healthy food in schools is the opportunity to provide quality school meals. There are certain standards that the National School Lunch Program and Breakfast Program are held to, because they are federally financed and therefore subject to national agencies such as the U.S. Department of Agriculture and Food and Nutrition Service. However, a recent study of the quality and content of school meals did not live up to the program standards. “In 90% of all schools nationwide, a student had opportunities to select low-fat lunch options, but in only about 20% of all schools did the average lunch actually selected by students meet the standards for fat” (Let's Move, 2014). Since the standards are the students’ school lunch selection, the opportunity to improve the quality of school lunches proves a reasonable strategy. The following tactics were employed to improve the quality of school meals.

**Tactic 1: Reauthorize the Child Nutrition Act.** The investment of an additional $10 billion over ten years will be made in the National School Lunch and Breakfast program to improve the quality of the program and school meals. This money will be used to communicate better with school food service workers, including providing better training for them to influence the quality
of meals they are serving students and to encourage them to be a part of the better quality food effort (Barnes, 2010).

**Strategy 2: Other Food in Schools.** The second strategy to provide healthier meals in school is to address the problem that presence of other food in schools cause. Many times other food options, such as snack options, can be added to the school lunch or even be substituted for parts of the school lunch. Most schools assume that this generates higher revenue because students will choose the less healthful option. However, the campaign’s research shows that “schools offering healthier foods did not decrease revenue, and in some cases, increased revenue” (Barnes, 2010).

**Tactic 1: Gain new commitments from major school suppliers.** By gaining new commitments from “major food suppliers including Sodexo, Chartwell’s School Dining Services, and Aramark,” the strategy to address other foods in schools and eliminate these options by providing healthier options in their place, therefore meeting the overall objective, to provide healthier meals in schools, is met (The White House, 2014).

According to the White House Task Report,

Sodexho, Chartwell’s School Dining Services, and Aramark have voluntarily committed to meet the Institute of Medicine’s recommendations within five years to decrease the amount of sugar, fat and salt in school meals; increase whole grains; and double the amount of produce they serve within 10 years. By the end of the 2010-2011 school year, they have committed to quadruple the number of the schools they serve that meet the HealthierUS School Challenge (Barnes, 2010).
Strategy 3: Food-Related Factors in the School Environment. Nutritional education and the lunchroom environment are considered food-related factors in the school environment and affect the dietary choices that students make. Although campaign research shows that a relationship between service of meals and other foods with the education on nutrition is beneficial, very little connection of the two is evident or seen at all in schools (Let's Move, 2014).

The campaign found that nutrition education in schools is not being conducted in a quality manner that lives up to the standards, which create healthful students that make informed and appropriate dietary decisions. This can be caused by lack of the skills and knowledge needed to teach nutrition and also a lack of funds to support these programs.

Lack of the means for nutritional education is only half of the problem. The lunchroom environment plays a role in the way students consume information about our health as well as the dietary habits they develop. Campaign research determined that “the display and description of food and beverages, pricing and methods of payment, and length of time and time of day made available to eat” directly affect students’ eating habits and dietary choices (Barnes, 2010).

Tactic 1: Reach school representatives to double the number of schools participating in the HealthierUS School Challenge. According to the White House Task Force Report, “The HealthierUS School Challenge has joined together “food service workers in more than 75% of America’s schools-- along with principals, superintendents, and school board members across America” by using written materials and networking to commit to the Let’s Move! Challenge goals (Barnes, 2010). In addition to the communication materials used to reach the many school representatives, the program has produced resources for schools such as a Menu Planner for
Healthy School Meals in order to assist them in meeting Challenge criteria (The White House, 2014).

In order to address food-related factors in the school environment and increase their quality, the campaign partnered with the U.S. Department of Agriculture to double the number of schools that meet the Challenge and add 1,000 schools per year for two years after that by working with partners in schools and the private sector (The White House, 2014).

*Tactic 2: Partner with School Nutrition Association.* The School Nutrition Association (SNA) is a national, nonprofit professional organization that represents food service workers who provide high-quality, low-cost meals to students across the country. The SNA is motivated to advance school nutrition programs. (School Nutrition Association, 2014).

The SNA has committed to increasing education and awareness of the dangers of obesity among their members and the students they serve, and ensuring that the nutrition programs in 10,000 schools meet the HealthierUS School Challenge standards over the next five years; therefore, partnering with the School Nutrition Association was an advancement of the Let's Move! campaign and the strategy to improve the food-related factors in the school environment (Let’s Move, 2014).

*Tactic 3: Involve School Leadership.* The Let's Move! campaign has reached out to school leadership and reached commitments with “school food service providers and SNA, the National School Board Association, the Council of Great City Schools and the American Association of School Administrators Council” to all strive toward the Let's Move! goal (The White House, 2014).
The main communication methods used to reach school leadership was to partner with the above organizations who had connections and ways to communicate to individual school leaders through targeted messages via mandates, mail and meeting (The White House, 2014).

In addition to reaching school leadership, the campaign also reached out to school food service workers through training and morale clinics (The White House, 2014).

**Objective 3: Improving Access to Healthy, Affordable Foods.** The third objective of the Let's Move! campaign is geared towards improving access to healthy, affordable foods. More than 23 million Americans, including 6.5 million children, live in “food deserts” neighborhoods that lack convenient access to affordable and healthy food. Instead of supermarkets or grocery stores, these communities have an abundance of fast-food restaurants and convenience stores. Public transportation to supermarkets is often lacking, and long distances to home separate home and supermarkets in many rural communities. Too often, economic incentives strongly favor unhealthy eating; accessibility, safety concerns, and convenience can also promote unhealthy outcomes (Let's Move, 2014).

**Strategy 1: Physical Access to Healthy Food.** The first strategy outlines physical access and the effect it has on consumer choices. Access to supermarkets, grocery stores, and specialty markets is important, in part, because they give consumers access to a variety of fruits and vegetables. Diets rich in fruits and vegetables offer a number of health benefits and have been linked to a lower prevalence of obesity or reduced weight gain (Let’s Move, 2014). Without nearby access to healthy ingredients, families have a harder time meeting recommended dietary guideline (Let’s Move, 2014).

**Tactic 1: Partnerships.** As proposed in the President’s FY11 Budget, through this initiative, USDA, HHS, and the Treasury Department will partner to make over $400 million
available to community development financial institutions, nonprofits, public agencies and businesses to promote interventions that expand access to nutritious foods (Let’s Move, 2014). Such interventions include helping grocery stores, small businesses, and other retailers provide healthy food options in lower-income communities. Interventions may also include helping improve supply chains to bring fruits, vegetables, and other healthy foods from rural agricultural areas to urban stores and markets (Let’s Move, 2014).

**Strategy 2: Mayors and Local Officials.** Elected officials offer the unique ability to spur action and bring communities together in this movement (Let’s Move, 2014). Mayors and municipal officials are encouraged to adopt a long-term, sustainable, and holistic approach to fighting childhood obesity. This movement recognizes that every city is different, and every town will require its own distinct approach to the issue (Let’s Move, 2014).

**Tactic 1: Offering Incentives and Providing Access to Safe Drinking Water.** Mayors and municipal officials can help combat food deserts in their communities by a few ways: Offer incentives to new and/or existing food retailers to offer healthier food and beverage choices in underserved areas (Let’s Move, 2014). This will provide children with the nutrition they need at the local supermarkets and convenience stores. Another way is to require access to free and safe drinking water in public places (Let’s Move, 2014). This will help achieve a healthy outcome, especially for those who live in the low-income areas.

**Objective 4: Increasing Physical Activity.** The last objective for the Let's Move! campaign is centered on increasing physical activity through communicating the importance of it to caregivers, parents, and school districts. Some of the messages urging these publics to increase the amount of time children increase physical activity was, when combined with healthy eating, physical activity significantly reduces the three leading causes of death: heart disease, cancer,
and stroke (The White House, 2014). Physical activity builds lean muscle, reduces fat, improves the cardiovascular, hormonal regulatory system, and immune system, while promoting strong bones, muscle and joint development; and overall decreases the risk of obesity (Barnes, 2010). The Task Force recommended to parents, caregivers, and school districts that children and adolescents should get 60 minutes or more of physical activity daily. These 60 minutes should include moderate to vigorous aerobic activity, muscle strengthening, and bone-strengthening exercises, while encouraging children to engage in diverse enjoyable activities, such as team sports and recreational activities. They also attested to these publics that adolescents who grow up physically active have a significant chance of being physically active as adults, reducing their risks of obesity. In addition, children and adolescents who are confident that they have the skills to be physically active, and children who feel supported by others interested in physical activity are likely to continue to be active throughout their lifetime. The various strategies utilized to support this objective consist of school-based approaches, expanded day and afterschool activities, the “built environment”, and community recreation venues. The Let’s Move! campaign has presented through its objectives that good health is not just achieved through a nutritious diet, but physical activity as well.

**Strategy 1: Educating Schools on the Importance of Increasing Activity.** Children spend a significant amount of their day at school, making it a key setting to focus on increasing children and adolescent’s physical activity. Schools are important to focus on creating change because of the accessibility to young people and the supported impact physical activity has on improving children’s learning, cognition, and academic achievement (Let's Move, 2014). Furthermore, schools have a large impact on children’s behavior making it the perfect setting to introduce and maintain the importance of exercising. Communicating the importance of
increasing physical activity in schools is essential in decreasing childhood obesity because it urges school districts to give children both the knowledge and resources to implement physical activity in their lives at least 5 days a week. The CDC recently reviewed literature and implementation of physical activity in public schools and found positive associations between P.E. classes, physical activity breaks, and recess with children’s attention, concentration, and/or on-task classroom behavior (Let's Move, 2014). This research stresses the need for physical activity throughout a child’s school day.

**Tactic 1: Safe and Healthy Schools.** In order to increase adolescent’s physical activity in schools, The U.S. Department of Education worked with Congress and Let's Move! in creating the Safe and Healthy Schools fund as a part of the reauthorization of the Elementary and Secondary School Education Act in order to provide support to improve their school environment. Part of this fund supports efforts to get students physically active in and outside of school, and improve the quality and availability of physical education (Barnes, 2010).

**Tactic 2: Double the Number of Children Who Earn a PALA Award.** One of the ways for getting double the amount of children to earn a Presidential Active Lifestyle Award was by updating the President’s Challenge Youth Fitness Test to adhere with the latest science on kids’ health and promoting this change to “promote active, healthy lifestyles rather than athletic performance and competition” (The White House, 2014). The new Presidential Youth Fitness Program is a school-volunteer-based program that tests children’s fitness abilities. When children achieve a PALA award, they are being awarded for their physical ability, and boosting the child’s confidence and pride in their health.

**Tactic 3: Let's Move! Active Schools.** Another tactic implemented in an effort to increase children and adolescents’ physical activity is by creating the Active Schools program. This
program was created to “get kids moving before, during, and after school and to reintegrate physical activity into their daily lives” (The White House, 2014, bullet 6). This comprehensive program aims at empowering physical education teachers, classroom teachers, principals, administrators, and parents to maintain active environments that engage children and physical activity throughout their daily routine by providing guidelines and suggestions for lesson plans; providing these suggestions helped the schools implement these programs because they were advocated as easy to implement and were already planned out.

**Strategy 2: Expanded Day and Afterschool Activities.** Expanded day and afterschool programs are advocated communities and school districts as beneficial in stopping childhood obesity because they provide supplementary chances for learning and engaging in enrichment activities that integrate lessons about healthy living and additional opportunities for students to be active in a safe environment (Let's Move, 2014). The messages urging these programs in communities were that lessons about the importance of physical activity from schools would be reinforced, while urging children to engage in fun diverse activities that promote a healthy lifestyle both physically and mentally. Let's Move! also advocated to communities that providing these physical social activities builds children's’ self-esteem and confidence, ultimately affecting their overall mental and physical well-being. Well-planned afterschool programs that expand learning time by a minimum of 300 hours per school year are proven to be effective in increasing children’s physical activity, and ultimately decreasing their risk of childhood obesity (Let's Move, 2014). The physical activity from these afterschool programs were proved to not only improve children physically, but mentally as well by improving social and personal skills, as well as academic achievement (Let's Move, 2014).
Tactic 1: Intramural Sports. One tactic outlined as a means of increasing physical activity outside of school is providing intramural sports programs. These are voluntary programs children can pick based off of their interest. Unlike most sports teams, these programs provide all students an opportunity to participate and be involved in the activities regardless of their ability level. In 2006, almost 50% of public schools offered intramural sports (Let's Move, 2014). Research showed that these activities let children explore interests and have fun without a high-pressure environment based on competition and skill level (Let's Move, 2014).

Strategy 3: Advocating for the "Built Environment". According to the Task Force, the built environment includes all man-made structures, consisting of transportation infrastructure, schools, office buildings, housing, and parks (Barnes, 2010). This strategy focuses on the necessity of advocating in communities for safe and accommodating communities for children to be physically active. Research has proven that lack of pedestrian and bicycle infrastructures causes adults to eliminate walking and biking to their destinations, increasing the likelihood of driving. Furthermore, accessibility of sidewalks and greater distances between destinations in a community is also linked to inactive forms of physical activity related to adult obesity (Let's Move, 2014). Additionally, low-income communities in cities have busy streets, poor cycling and pedestrian infrastructures, and few high-quality parks and playgrounds causing residents to deter away from daily activity in the community (Let's Move, 2014). One of Let's Move! goal is empowering parents and caregivers because they are the primary motivators for children to stay active and eat healthy, so presumably if parents in these non-accommodating communities have an increased risk of inactivity and obesity, their children do too (Let’s Move, 2014).

Tactic 1: Safe Routes to School. Safe Routes to Schools (SRTS) is one of the various programs funded by the U.S. Department of Transportation (DOT), in an effort to provide
effective ways to get students safely walking and biking to school. This program is provided for children elementary school through middle school, in an effort for active transportation. The SRTS program supports funding of some capital investments which will encourage such forms of activity such as building sidewalks, crosswalks, creating better community designs, and providing other supports for active transport. Let's Move! focused on communicating this resource to communities and the importance of utilizing this program through the school system (Barnes, 2010).

**Plan Approval**

The first ever White House Task Force on Childhood Obesity was established by President Obama to design, organize, and coordinate the Let's Move! campaign using government and both public and private sector program resources. The above campaign objectives, strategies and tactics, were submitted and presented for approval, by President Obama, in the form of a national plan of action addressing the national campaign goal to eliminate childhood obesity in a generation (California Endowment, 2014).

**Budget.** The Let's Move! campaign has a budget set for as much as $1 billion a year in federal funds for up to ten years (The City Fix, 2010). This does not include additional funds raised and invested the multiple partnerships listed above in the strategies and tactics (The White House, 2014).

**Campaign Coordination and Materials Employed.** In the past 5 years since the campaign started, much of the publicity surrounding Let's Move! involved celebrity appearances and involvement promoting the goals of the campaign through social media, television, and successful events. Many celebrities have created publicity for the campaign by surprising children at school and talking with them about the importance of exercising and eating healthy
such as: Beyoncé, NFL players, Taylor Swift, Serena Williams, and many more. Michelle Obama has had numerous appearances on shows targeting parents such as Good Morning America, Jimmy Fallon, Dr. Oz.; she has even appeared on children shows such as Sesame Street in an effort to spread the word to children about a healthy lifestyle. On these shows she talks about healthy food options and how to get everyone active in a family. In addition to appearances, the campaign has had publicized events involving children such as the Kids’ State Dinner, Play Streets, and the annual Worldwide Day of Play (Let’s Move, 2014).

Campaign Monitoring and Adjustment. Many of the recommendations suggested by the Let’s Move! initiative are dependent each year on budget and resources. All of the recommendations suggested have to first be undertaken by a federal agency in which there might be budgetary and resources constraints. Each year when Congress sorts out the annual budget, budgets and resources may be cut due to how successful they were in achieving the campaign’s goals. The campaign addresses the need for monitoring the campaign throughout, and making adjustments to make the campaign more successful stating, “Monitoring our progress and the impact of our interventions, so that we know what is working and what strategies or tactics need to be adjusted, will be critically important” (The Challenge, 2014, p.10).

Evaluation. As described above, there were many programs created and advocated by the Let's Move! campaign in an effort to spread the word to parents, caregivers, schools, and communities in decreasing childhood obesity. These programs such as Safe Routes to School, Safe and Healthy Schools, and Chefs Move to Schools, focused on communicating the importance of each objective, and the overall goal of decreasing childhood obesity. These programs first focused on informing the publics of the statistics of children with obesity, and the benefits of implementing the suggested program into the community, school district, or at home.
Schools and communities reacted positively to these programs and strategies, and many began implementing the programs. However, the media, supported by many parents and caregivers, criticized the programs surrounding changing school lunches, stating that Let's Move! should focus on both the economical and health importance of packing a nutritious lunch (The Not So Popular, 2011). Additionally, adolescents protested through the media with a Thanks Michelle twitter hashtag showing pictures of small portioned vegetables as a school lunch (Public Schools Kids, 2014).

Practical Implications

Research Step

The situation analysis information employed in the campaign was satisfactory. Both internal and external factors of the Let’s Move! campaign led to its success. The biggest problem that Obama wanted to strongly verbalize in the Let’s Move! campaign is the increasing rates of obesity. The Campaign strongly states that if this problem doesn’t change, one third of all children born in 2000 or later will suffer from diabetes at some point in their lives. (Childhood Obesity Facts, 2014). Speaking internally, the organizational structure consists of various partnerships. These partnerships included the White House, U.S. Department of Health and Human Services, U.S. Department of Agriculture, Department of Interior, U.S. Department of Education, and The Partnership for a Healthier America. An example of an external factor is Beyoncé’s music video called, “Move Your Body.” The video was aimed to teach children how to dance in a school cafeteria, and encouraged the students to move their bodies.

The primary research and secondary research were employed adequately. Primary research was previously mentioned under Strategy 3 titled as, “Food-related in School Environments.” This research determined that “the display and description of food and
beverages, pricing and methods of payment, and length of time and time of day made available to eat” directly affect students’ eating habits and dietary choices.

The campaign offers parents and caregivers the tools, support and information they need to make healthier choices while instilling healthy eating habits in children that will last a lifetime (Let's Move, 2014). The Dietary Guidelines for Americans, put forth by the U.S. Department of Agriculture (USDA) provides secondary research for the campaign. The Dietary Guidelines for Americans provides science-based advice for individuals over the age of two to promote health and reduce the risk of major chronic diseases (Let's Move, 2014). A few guidelines include: (1) Maintain calorie balance over time to achieve and sustain a healthy weight (2) Focus on consuming nutrient-dense foods and beverages. The USDA also recommends tips on to help make choices that are not only healthy but economical. Tips include: The 3 P’s (Plan, purchase, and prepare food on a budget), smart shopping for veggies and fruits, and sample 7 day menu which meets all nutritional needs at a cost below current average food costs (Let's Move, 2014).

**Action-Planning Step.** The stated campaign goal to eliminate childhood obesity within a generation by changing the way a generation of kids thinks about food and nutrition is obviously grounded in pre-campaign research and is related to existing research. The Task Force for Childhood Obesity has conducted research on obesity and how the problem has grown throughout the years as a major problem in the United States. Trends have evolved and research shows that obesity is related to habits formed at certain ages and spreads from generation to generation (Let's Move, 2014). The indications of this research seem to make perfect sense of the campaign goal. However, the true question stands: just because research supports the goal of your campaign, does it mean that the goal is still realistic? Eliminating childhood obesity within a generation seems to be a lofty goal that raises a lot of questions about what exactly a generation
is and how targeting just one generation is possible when it seems as though in order to target a childhood generation, you must not only target that generation, but also the generations that contribute to the growth and development of that childhood generation. It is like a “catch-twenty-two”. Eddie Gehman Kohan, a blogger for “Obama Fooderama blog” and close follower of Mrs. Obama’s Let's Move! campaign, said in a 2012 interview with PBS that the goal affecting a generation is really just misunderstood by the public.

According to Kohan,

This initiative is generational. It was designed with the intent that children who born in 2010-- when this was launched-- will grow up in a very different food culture and a very different physical fitness culture. Take for example one of the long-term components-- the school lunch legislation. It is taking a couple of years to roll out, but when children born in 2012 are in kindergarten five years from now, the theory is they’ll be walking into a school fitness and food environment that is profoundly different than the environment experienced by kindergartners today. (Kaine & Chanoine, 2012)

What can be gathered by this though, is that this campaign does affect multiple generations and just like in its primary message, it motivates everyone to get involved and places the initiative in the hands of all who are able to help change behavior in a childhood generation. This is a huge goal and a huge group of stakeholders, but they can be saved for discussion about key publics. Basically, this campaign goal is extremely broad and although most public relations management is taught to be specific, there is no doubt that the goal of eliminating childhood obesity over an entire generation, although extremely large, is definitely appropriate to the research that was conducted for on American childhood obesity in America.
The strength of this lofty Let's Move! goal is in no doubt contributed to such strong objectives: (1) empowering parents and caregivers to create a healthy start for children; (2) providing healthy food in schools; (3) improving access to healthy, affordable foods; and (4) increasing physical activity (The White House, 2014). Each objective was designed to directly approach a portion or better yet, step, in the elimination of childhood obesity in America. The objectives fit together like puzzle pieces to work together to achieve the campaign goal.

Throughout the in-depth analysis of the Let's Move! objectives, strategies, and tactics (shown above), it is clear that the research is abundant on which strategies are most competent in changing the behaviors of children and their environmental factors. For instance, the second objective to provide healthier foods in schools is supported by actual research that says that the amount of time and other environmental influences are just one of the many influences on student food choices in the lunch room. This information is then used to address these environmental influences and change them to affect the choices students are making.

Each objective directly targets one or more of the key publics stated in the primary message: “Everyone has a role to play in reducing childhood obesity, including parents, elected officials from all levels of government, schools, health care professionals, faith-based and community-based organizations, and private sector companies. Your involvement is key to ensuring a healthy future for our children” (Let’s Move, 2014). This means that if each objective has substantial research to support its existence, then the key public(s) matched with each objective should be related to that existing research.

Overall Obama is seen to have effectively chosen and reached these key publics in the media’s eyes, working especially hard to target the private-sector. Some point this out as a huge defeat because of the campaign’s shifted strategy in 2012, to battle the multibillion-dollar food
industry to change their marketing and even some of their products (Huber, 2012). In addition there has been some backlash from the public, thinking that the campaign is just another way for the Obama administration to control the way Americans are thinking and influence their everyday decisions (Kaine & Chanoine, 2012). The campaign’s connection to the Obama administration can be considered to be both advantageous and a hindrance. However, from a public relations standpoint the campaign seems to be doing everything right. With a national epidemic like childhood obesity there might just be way too many factors that are too large to handle.

The campaign theme statement was well stated and functioned well with secondary messages to motivate the key publics. It was effective because it identified exactly who should be listening (the key publics) and gave them the opportunity for action/behavior; it also allowed room for strong supporting secondary messages. The Let's Move! campaign used multiple channels to disseminate these secondary messages that can be found in individual strategies under each objective. The strongest channels seemed to be the letsmove.gov website and also media coverage of publicity generated by Obama herself.

These messages and strategies were obviously systematic. The strategies under each objective were designed and timed to complement each other and work to accomplish the main goal sometimes simultaneously. The takeaway from this campaign though, was its ability to reach the people through the people. Each of the key publics acted, at some point, as a channel for the campaign messages. As you can see, it was never mentioned that the children were a key public themselves. Instead, all of their influencers are key publics, people who have control over these children’s behavior and the information they are consuming. This strategy is genius. The Let's Move! campaign accomplished this and is still using these strategies to be successful. Other
strong systematic strategies include partnering with private sector and nonprofit organizations, like the Partnership for a Healthier America, to keep the campaign alive even though it had the possibility of ending after President Obama’s first term and again after his final term. These partnerships should and will keep the campaign going and addresses the main campaign limitation: time (Kaine & Chanoine, 2012).

Budget and resources didn’t really seem to be limitations for the campaign, but time was certainly the main test. How do you put a limit on the amount of time it is going to take to change an entire generation’s behavior when you are dealing with a problem as large as an epidemic? Is the length of a presidential term (that luckily for the campaign was extended) enough time to accomplish a goal so large? That’s why it was so important for the longevity of the campaign, to build partnerships and make commitments with other organizations. The relationships that were built should accommodate for the lack of consideration for how much time these efforts would really take to achieve the elimination of childhood obesity within a generation. Ten years seems like a realistic time frame based on the research gathered before the campaign was launched, but when results cannot be seen within the first couple years, it makes it hard to make adjustments to the campaign according to time frame and appropriate strategies and tactics.

Despite the time limitation, tactics such as media and events were made systematically based on the four campaign objectives. Mrs. Obama’s role in the campaign ended up being mainly a publicity generator, from dancing with Ellen to racing Jimmy Fallon through the White House to the compiled video on eliminating desserts in America featuring Mrs. Obama herself. (Kaine & Chanoine, 2012). There seemed to be an even spread of both serious and “fun” publicity, fit for all key publics and even engaging for kids themselves. Most of the tactics
involved interaction with specific key publics and were creative approaches to addressing the unpopular topic of nutrition. A number of the media tactics and events can be found on the letsmove.gov website where they have been recorded and put on display by the campaign for more viewing.

**Communication Step.** There was an incredible amount of research to back this Let's Move! campaign initiative that approved prior to the implementation of the campaign by the President of the United States, Barack Obama, in a Presidential Memorandum creating the first-ever Task Force on Childhood Obesity. Michelle Obama, the familiar and charismatic spokesperson, along with other countless organizations that have partnered with the Let's Move! campaign in the fight against childhood obesity were committed prior to the implementation of the campaign. This campaign commands as much as $1 billion dollars per year in federal funds for ten years in order to raise a healthier generation of kids through modifying individual behavior (Barnes, 2010). This presidential initiative received an enormous amount of the media’s time and space due to the governmental platform the organization is pedestaled on. By getting major organizations to donate money and resources, such as Nike and the Partnership for a Healthier America, this campaign is able to create more opportunities for physical activity and to improve the overall quality of school meals.

The overall campaign resources were managed effectively through the Center for Disease and Prevention will use the Prevention and Public Health fund resources to support this initiative to target obesity prevention activities and promoting healthy weight among children. There were many events that were heavily publicized such as the music video created in part to promote the Let’s Move campaign by Beyoncé. Beyoncé is a visible influence on older children and teens and is lending support to credible efforts. One specific way that this campaign was monitored
was through the use of benchmarks listed under each of the objectives in the Task Force report. As well, it listed recommendations to adjust the campaign when monitoring but the benchmarks were an adequate way to both monitor and measure the campaigns success.

**Evaluation Step.** The campaign's monitoring and adjustments were summarized effectively; all programs are adjusted and monitored based on how successful it is and then the budget is formed around based on the programs that have the biggest impact.

Each strategy and tactical objective is carefully evaluated through the process of the benchmarks. The first objective, Empowering Parents and Caregivers to Create Healthy Start for Children, is measured through various methods of surveys and monitoring of information provided by federal departments. In regards to a healthy pregnancy, The Pregnancy Risk Assessment Monitoring System is utilized as a surveillance project of the CDC and state health departments in helping women achieve and maintain a healthy BMI during pregnancy to prevent risks for the newborn. Breastfeeding rates are then measured by information provided by results from the National Immunization Survey. The Health and Diet Survey provides information about parents and caregivers’ knowledge on nutrition.

In evaluating the second objective, providing healthy food in schools, the evaluations are based on USDA proposed school nutrition diet. Every 5 years, USDA-commissioned School Nutrition Dietary Assessment Study. Federal standards for the nutritional quality of all foods in schools are measured by the number of school meetings with the HealthierUS School Challenge. School’s progress in the number of school districts that provide a healthful school environment is measured by CDC’s National Center for Chronic Disease Prevention and Health Promotion. To monitor the goal of providing access to healthy, affordable food, the USDA will evaluate areas of low-income and their distance from the closest supermarket using demographic data.
from the American Community Survey, and then retest every 3 years. The availability of fresh food is monitored by the U.S. Census Bureau and USDA’s Agricultural Marketing Service annually. The USDA monitors availability of fresh foods in school by periodic reporting by State administering agencies.

In evaluating the last objective, increasing physical activity, multiple surveys are employed to assess the areas of focus. The percentage of current students who are offered and attend physical education classes can be tracked using the national Youth Risk Behavior Survey, while data pertaining to schools that offer recess to all students are collected every six years through the CDC’s School Health Policies and Practices Survey (SHPPS). The NHANES survey and the President's Challenge are both tools used by the campaign that were enhanced for better measurements. This enhanced nationwide survey provides data on children's activity levels, while the enhanced President's Challenge offers children, parents, and teachers’ insight on how their physical performance has improved over time. In regards to community recreational venues, partial data sources exist in the private sector, but the task force recognizes the need for more assessments in this area.

There are few criticisms about this campaign because the end goal when the final evaluation will show the progress is not until 2020. Majority of the evaluations employed focus on statistics to measure if certain goals have been attained. The different strategies for evaluation seek information from certain health care professionals, school districts, and certain organizations. Considering government officials involved in the campaign help determine the annual budget through their opinions of the success of the different programs, it could be assumed that the government officials' opinions are considered in forming the evaluation. It would be beneficial for the campaign to seek feedback from parents and caregivers from all
economic backgrounds and consider their responses about if the campaign has benefitted their home at all and how.

The campaign’s mission was involved in the evaluation process by focusing statistically on the improvement of all the campaign’s initiatives. Each initiative was evaluated based on the campaign’s mission to eliminate childhood obesity, and the evaluation seeks to connect that initiative contribution to the overall mission.

The one competitor of the Let's Move! campaign, is the multi-billion dollar food industry. The competitor has ignored Mrs. Obama’s requests for healthier food, and therefor has not given an evaluation for the campaign. Much of the media criticism surrounds the focus on school lunches instead of the health and monetary value of home-packed meals. There has been no evaluation from the Let's Move! campaign focusing on this aspect because this aspect is not advocated by the campaign.

Concern was received because there was not a cost/benefit analysis enacted; the campaign addressed this saying there was no credible way to conduct this on voluntary guideline. In other words, there was no way to completely analysis the cost and benefits because of the many voluntary organizations and school districts that partake in the changes the organization has made. In the Task Force for Childhood Obesity report to Congress, recommendations for future adjustments were made based on the individual benchmarks for each objective. These recommendations have not been implemented, and will be reviewed upon the end of the campaign in 2020.

**Recommendations**

The following recommendations have been made based off of the previous case analysis in comparison with the Arthur Page Society principles.
• *Manage for tomorrow.* Practitioners should more carefully consider the time limitations on the campaign to more realistically plan and implement tactics to maintain goodwill with the organization’s publics.

• *Prove it with action.* Increase monitoring and adjustments. It is necessary for such a long-term campaign and will help to keep the campaign’s momentum up with the organization as well as the publics.

• Re-evaluate the campaign goal to make it more realistic for the time frame allotted.

**Theoretical Implications**

**Organizational Open-Systems Theory**

The open-systems theory relates the organization with a biological organism. An organization that functions using open-systems theory is made up of parts that are interrelated, and the success of the organization as a whole is contingent on each of the subsystems functioning properly and successfully. Because of this characteristic, each part has permeable boundaries and allows information to flow laterally between subsystems based on environmental changes and SWOT analysis (ppt. from online). This provides a framework for organizations and the way communication flows through them. It is important to recognize that the way communication flows and the way messages are disseminated are subject to the processes within an organization or campaign and have the potential to alter the organization or campaign completely which make them relevant to public relations management and the *Let's Move!* campaign.

This theoretical framework is analogous with the *Let's Move!* public relations campaign in that there are open subsystems for each objective that work together to accomplish the main goal. As discussed above this multifaceted campaign with multiple objectives reaches out to
many different segmented publics and to do that the campaign must have a system in place with multiple facets working towards different objectives, but all the same goal. In addition to these subsystems the campaign involves outside partnerships and media relations, all environmental factors to the “organization” of this campaign, which require permeable boundaries, and openness to analysis and change.

**Agenda-Setting Theory**

Agenda setting theory argues that mass media do not tell people what to think, rather they tell people what to think about (Wilson & Ogden, 2008). The ability to tell specific audiences what issues are important describes the very integral and pervasive influence of the media element of the agenda-setting theory. Public awareness and the interest of noticeably important issues by the news media is created by the agenda-setting theory. Agenda-setting underlies that the press and the media do not reflect reality but filter and shape it in addition to the media concentrating on a few key issues and subjects which leads the public to identify those issues as more substantial than other issues.

According the Wilson and Ogden, “media personalities seem to have transcended the role of information-giver and agenda-setter; certain commentators and newscasters have obtained a celebrity status and seem to be influential in shaping public opinion” (p. 29). As the main publicity generator and spokesperson, Michelle Obama has effectively formed messages that are targeted amongst specific audiences. Along with the Task Force members’ ability to command media attention through their high-status in society, Obama has a national platform behind her which aids in the media to effectively channel messages directly to targeted audiences such as parents and teachers. Rather than the media viewing this childhood obesity as an epidemic, the media had framed obesity to be an individual problem that can be dealt through policy change.
News coverage on the Let's Move! campaign can mold both public and policy agenda pertaining to this new initiative which is important in involving strengthening of the public’s beliefs about the effectiveness of policies.

**Conclusion**

To conclude, the Let's Move! campaign focuses on eliminating childhood obesity in the U.S. through four strong objectives: (1) empowering parents and caregivers to create a healthy start for children; (2) providing healthy food in schools; (3) improving access to healthy, affordable foods; and (4) increasing physical activity. These objectives are supported through different communication strategies achieved through various tactics. The primary message is that everyone is responsible eliminating childhood obesity targets parents and caregivers, elected officials from all levels of government, schools, health care professionals, faith-based and community based organizations and private sector companies. In the theoretical implications section, we identified the agenda setting theory and systems theory as a component in the campaign. The celebrity status of Mrs. Obama and the partnerships with other celebrities contributes to the ongoing media coverage of the campaign. Organizational open systems theory provides a theoretical framework for understanding how communication and the structure of the Let's Move! campaign functions.

Through thorough examination of the Let’s Move! campaign, it is hard to criticize the campaign in its entirety. The campaign proposal was difficult to understand because of the various programs and organizational structure. Instead of focusing on making a large difference in one or two areas of interest, the campaign attempts to tackle diverse issues in a short span of time. Perhaps the campaign would be more successful if the goal of completely eliminating childhood obesity was narrowed down to decreasing it by a certain percentage. Additionally, the
multiple programs implemented (Chefs Move to Schools, Let’s Move Outside, Safe Routes to School, Let’s Move Cities and Towns, Let’s Move Faith and Communities, etc.) make it hard to overview the success of the campaign in its entirety.
References


The not so popular criticism of the let’s move campaign (2011). Retrieved from

http://www.whitehouse.gov/


Wilson, L., & Ogden, J. (2008). Strategic communications planning: For effective public
relations and marketing (5th ed.). Dubuque, Iowa: Kendall/Hunt Pub.