

Shapes

BODY IMAGE PROGRAM PLANNING GUIDE

Contents

Contents	1
Introduction	1
What's the problem?	2
What solutions have been tried?	2
What's the next step?	3
Start with planning	5
Consider the big picture: frameworks and theories	7
Review possible settings and approaches	10
Identify the communication issues	14
Evaluate with purpose	16
What next?	20
Appendix 1 Summary of promising strategies	22
Appendix 2 promising strategies: Four case studies	23
Program planning checklist	28

This publication is designed for policy and program planners, and service providers throughout the wider community with an interest in programs designed to promote positive body image, including teachers, nurses, youth workers and health promotion workers. It is designed to assist those developing programs for groups or communities rather than for one-to-one therapy.



Introduction

Pick up a magazine, turn on the television, look at the billboards and you will see the 'body beautiful'. Magazines glamorise lean models and television stars, and ridicule signs of weight gain or 'fat'. Teasing young people about their weight is a common form of bullying. Our society has become increasingly preoccupied with 'leanness', and having a perfect face and body. At the same time levels of personal dissatisfaction with one's own body shape are increasing. Does it matter? Absolutely. There is clear evidence that strong body image concerns are linked to serious health problems. A recent edition of a popular Australian magazine was headlined 'How body image killed this plus-size model', and described an all too familiar story of obsession with body

shape ending in tragedy. Poor body image is a serious matter.

The purpose of this booklet is to describe what we know about body image dissatisfaction (the problem) and the most promising strategies being used to promote positive body image. The first part of this project was a review of evaluated projects on body image (Research Review of Body Image Programs). The review and discussion of the findings are available on-line from <http://www.dhs.vic.gov.au/phd/ebhp/>. Some of the stronger programs are described in detail in the following pages. Planning tools are provided to help you develop, promote and evaluate your own body image programs.

This publication is designed to be user friendly and practical. You will find links between health promotion theory, past intervention programs and the

What is body image?

Body image refers to people's perceptions, beliefs and feelings about how they look and, importantly, how they believe they look to other people.

settings where the work needs to occur. There is a planning checklist adapted specifically for body image programs, tips on improving effectiveness and building sustainable programs, ideas for communicating body satisfaction messages, discussion of theories and suggestions about evaluation.

This is a tool to help you nurture strong, positive, confident people, with a healthy self esteem and healthy bodies, living in supportive communities. Unfortunately we do not have all the answers. The demand for solutions to the growing problem of body dissatisfaction amongst both sexes is running ahead of our knowledge of large-scale multi-faceted solutions. However, evaluation of small programs is pointing us to the way ahead.

What's the problem?

The evidence, both anecdotal and research-based, shows that poor body image has become a significant problem in the developed world. It is affecting our mental and physical health, both in the short and longer term, with adult-onset depression and anorexia having clear links with adolescent body image dissatisfaction.

Research has shown that people's poor perception of their bodies is leading to both physical and emotional health problems.

- Australian women worry about being too heavy even when they are under, or are a healthy weight.
- This weight concern can lead to unhealthy weight loss practices (crash dieting, fasting, laxative misuse, vomiting etc).
- In males, body image dissatisfaction is less widespread, and is more likely to take the form of desiring to be larger and more muscular than to being thinner.
- Most Australian teenage girls are unhappy with their body size and shape.
- Poor body image and extreme dieting are associated with depression, anxiety and low self-esteem.
- Research suggests a strong causal link between body image dissatisfaction and disordered eating. Body image dissatisfaction has been shown to predict the development of disordered eating in adolescents.
- Poor body image can lead to individuals withdrawing from enjoyable and sustainable physical activity because of embarrassment about size and shape.



What solutions have been tried?

The *Research Review of Body Image Programs* (hereafter the *Review of Body Image Programs*) involved an extensive international search and review of evaluated projects designed to promote positive body image. The Review found a small number of programs ranging in approach across the spectrum from controlled evaluated programs to those promising approaches that have not been evaluated at all. Most programs attempted to change individual beliefs, attitudes and behaviour, with only a few attempting to change environmental factors. They have typically focused on trying to reduce the value placed on extreme thinness, the internalisation of the thin female beauty ideal, perceived pressure from the media to be thin, and low self-esteem.

In summary

- Body image prevention intervention programs have some positive outcomes, most often an increase in knowledge about body image issues, normal body shape, media pressures and distortions and eating behaviours. They do not appear to cause harm.
- One-off programs are limited in their success. The changes observed have been usually modest and short-lived.
- The small number and small scope of the studies reviewed provides clues but not definitive answers to the question of the 'best' way to promote positive body image. There is a need for further research to identify more reliably effective and potent approaches.

Body image dissatisfaction is increasingly being recognised as a target for health action, and this review provides a starting point for health promotion planners. Recommendations about who to target and the most promising approaches to use are described in the Settings section (pp.x-x). Appendix 1 summarises the more successful programs.

What's the next step?

Picture this....

9 year old Stephanie is starting to say things to her mother such as 'I don't like the way I look. People laugh at me when I play sport. I don't want to go to the pool anymore.'

35 year-old Judy has decided she needs to lose weight to look good. She goes to the gym to start a fitness program. As part of the assessment the instructor does a skin fold test that confirms her belief that she is 'fat'.

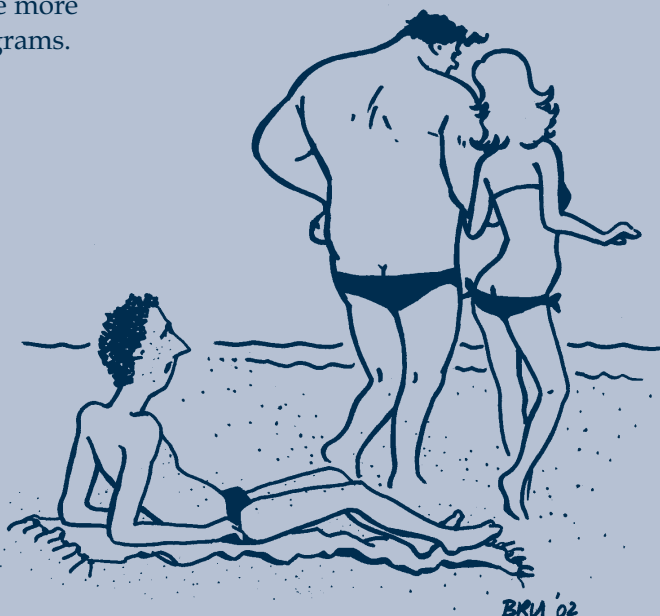
16 year-old Amanda has put on weight during adolescence. Her peers comment on her changed appearance. She compares herself unfavourably with her friends and favourite media personalities, starts to lose confidence and feels that she is ugly and fat.

14 year-old Jonathan wants to impress 15 year-old Sally. But she has a 17 year-old football-playing boyfriend who ripples muscles. Jonathan decides he needs a six-pack and starts on an intense workout program, including adding high protein supplements to his diet.

Can we help these four people? Each person is at a different stage of his or her life journey. The 9 year-old's opinions are becoming entrenched, but are probably still able to be altered through some well-constructed, long-term prevention approaches. Sixteen year-old Amanda is harder to influence. Her views are dictated by her own self-esteem, peer pressures and her perceptions of the shape she should be as promoted by the media. Judy is focussing on weight loss rather than health and fitness in her approach to the gym. Jonathan wants to achieve an image regardless of the health costs. Whilst we do not know what other environmental factors are affecting their lives, it is clear their lives are being affected negatively by body image concerns.

Unfortunately we all know there is no quick fix. All these scenarios are happening every day all over Australia. We need to find ways to think differently about ourselves and the ideals we aspire to. We need to see a more balanced interpretation of human bodies in magazines, on video clips and on the television. We may need more positive family messages affirming people for who they are not how they look. We need friends who are not obsessed about appearance. We need skills and knowledge, and environments that support healthy attitudes.

What program/s would you develop to support Stephanie, Amanda, Judy and Jonathan and their friends? Whilst individual programs would probably be helpful, the purpose of this book is to consider community-based interventions.



What research would you need to undertake before beginning? Discover whether similar programs have been conducted elsewhere. Don't make the job too hard before you start.

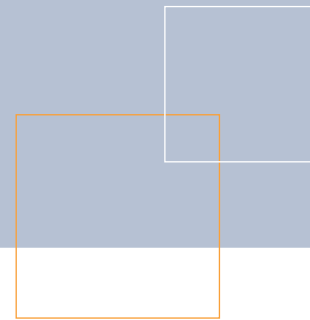
Who would you involve? Look at the Checklist on page 28 for assistance.

What social or environmental factors are contributing to these problems? Place your planning into a theoretical framework (p.7). It will assist you in your analysis, program design, implementation and evaluation.

What methods could you employ to give the program a comprehensive approach? Remember one-off single dimension interventions have limited success. Look at Consider the Big Picture (p. 7) and the Case Studies for ideas.

How will you involve your community in the design of the program? Establish a working group. Be inclusive; consult widely.

A multi-pronged intervention can be daunting. How do you even consider it? Involve your community. Build on existing initiatives. Widen your support networks. Lobby for funding. Don't be a lone ranger. Try these eight strategies for effectiveness.



Eight strategies for effectiveness

1. **Build credibility.** Ensure your information is up-to-date, supported by research and relevant to the topic.
2. **Take time with planning.** Involve the community and set clear and realistic goals. Do a behavioural analysis of the target group's lifestyle/behaviour, values, networks, and an environmental analysis of the local situation: potential partners/opponents, local issues etc. that might affect your program.
3. **Match resources to goals.** Ask yourself whether you/your organisation has resources to commit. Does your community have the capacity to support the program? Can you increase your personal capacity e.g. learn new skills?
4. **Build support networks** both within your work environment and amongst colleagues with other organisations. Find a mentor.
5. **Look at ways to expand your resources.** Look for new partners in your own and other sectors such as commercial, youth or community sectors. Include new partners, encourage others to 'own' the issue and commit to taking on some aspect of the program longer term.
6. **Nurture alliances** with old and newer partners. Link with other groups' initiatives on areas of common interest for greater effect.
7. **Learn from your own and others' experience.** Don't reinvent the wheel. Look for unanticipated outcomes and opportunities for improvement. Evaluate, evaluate, evaluate!
8. **Spread the word.** Promote your successes and acknowledge failures.

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Start with planning

Planning can be divided into six stages. The circular form highlights the continuous nature of the planning process - feedback is fed into the next planning phase. The Checklist on p.28 looks at the process in more detail.

Figure 1: Stages in Health Communication



Adapted from *Making Health Communications Work*, National Cancer Institute.

Risk and protective factors

An early part of the planning process includes reviewing the problem and assessing strategies to reduce it. This involves identifying potential risk and protective factors which impact on the development of the problem (in this case, poor body image). What factors make some individuals become dissatisfied with their bodies while others do not? How do these factors interact? And, which factors can a program seek to change to prevent or reverse poor body image?

There are two main groups of risk/protective factors for poor body image:

social/environmental and individual traits. Both may potentially be altered through public health interventions but are likely to require different kinds of strategies. Some social/environmental factors may be altered through structural interventions or community action, while individual risk factors may be altered through targeted community intervention programs. Notably, environments and individual attributes interact and these interactions need also to be considered. Whether the focus is on changing individual behaviour or broader, this analysis of risk/protective

factors can help planning. The following section Consider the Big Picture describes theories that attempt to explain these interactions, and ways to use them for body image programs.

The following list is based on research into individual behaviour. The Checklist (p.28) suggests some tools you can use to apply this research to the problem you are tackling.

RISK FACTORS	PROTECTIVE FACTORS
Social/environmental	
Weight and shape teasing from family and friends.	Low teasing.
Parental encouragement to diet, parents modelling	
Skipping meals and crash dieting.	Parents placing high value on non-appearance related skills and gifts.
High peer concern with weight and shape.	Low concern by peers.
High exposure to unhealthy and unrealistically lean body image ideals.	
Specific high risk environments, such as ballet schools, gymnastics classes.	
Individual characteristics	
Being female.	
High body mass index (BMI).	Low body mass index.
High tendency to compare one's body shape to others.	Disinterest in body shape comparisons.
Strong belief in the importance of 'lean' body image.	Value placed on other qualities beyond physical appearance.
Emphasis placed on physical appearance ahead of other qualities and skills.	As above.
Low self esteem	High self esteem.
Overlap between the individual and environmental	
Higher body mass index combined with regular teasing. leads to higher body dissatisfaction.	
Low self esteem interacting with peer and family focus on weight and shape lend themselves to body comparison, and ultimately poor body image.	

* *Body Mass Index is commonly used to assess under and overweight adults, and is not suitable for adolescents under 15 years. It requires a mathematical formula: your weight (kg) divided by your height in metres squared. For example, if you weigh 52 kilos and your height is 1.58 metres, start by squaring your height (2.4964). Then divide 2.4964 into 52. You get 20.829. That answer, 20.8, is your Body Mass Index. Generally, underweight is defined as a BMI less than 20, healthy weight range is 20-25, and more than 30 is regarded as obese.*

The *Review of Body Image Programs* provides a more detailed breakdown of potential risk and protective factors in relation to body image.

Consider the big picture: frameworks and theories

As the *Review of Body Image Programs* demonstrated, it is of limited value to offer one intervention and not follow it up! Social and cultural pressures assault us, no matter what our age and stage in life. This would suggest that developmentally appropriate interventions should continue to be introduced throughout childhood, adolescence and adulthood. How is this possible? It requires first looking at the bigger picture, toward creating supportive communities, before coming back to your specific situation. Health promotion approaches built on sound theory can help tackle this seemingly insurmountable challenge.

The Ottawa Charter

A multi-faceted problem like poor body image is likely to require multi-faceted solutions that are guided by principles of social equity and consumer participation. The Primary Care Partnerships Draft Health

Promotion Guidelines provide an excellent introduction to this approach (<http://hnb.dhs.vic.gov.au/acmh/phkb.nsf>). The World Health Organisation's summary of public health principles – the *Ottawa Charter for Health Promotion* (1987) – defines the strategies necessary to support healthy communities.

There is now clear evidence that comprehensive approaches to health development are the most effective, and those that use combinations of the five strategies in the table above are more effective than those that use one. **Health promotion works best if it is multi-strategy, collaborative and participatory.** That requires an understanding of the major factors contributing to the issue, an understanding of how to plan and develop strategies and programs, how to encourage participation and partnerships, and an understanding of theories that will help shape those programs and achieve goals.

An understanding of theories of individual behaviour, social and structural change, and community action all help shape a health promotion program.

The following section provides a snapshot of theories you might consider using.

Would a theory help with program planning and design?

Theories can help you understand the factors that will contribute to making the changes you and your community believe are needed. They will help you decide which types of programs or approaches are likely to suit the particular problem you are trying to solve. Theories help explain why people act as they do. Theories or models guide us in developing our strategy and our communication approach.

Most health promotion aims to achieve change through an intervention or program. The program can be designed so that you can measure whether what you thought would happen did in fact occur. Theories help you with your design as they allow you to tap into the wealth of other people's experience in similar areas, increasing your chances of success.

The Ottawa Charter and Its Relevance to Poor Body Image

STRATEGY	BODY IMAGE EXAMPLE
Build healthy policy	Health policy that focuses on healthy lifestyle not weight loss as health status indicators
Create supportive environments	Acceptance of a range of body shapes and sizes within fitness clubs/community
Strengthen community action	Facilitate advocacy to change media and fashion orientation
Develop personal skills	Courses on natural/healthy eating skills Media literacy for adolescents
Reorient health services	Careful distinction between fitness, health and body size/shape in assessing clients. Promotion of healthy eating rather than short-term weight loss

There are many good and inexpensive books available on health promotion theory, and others on health promotion strategies and methods, which can help you choose the approaches most appropriate for your activities. A short selection of these is provided in the Further Resources section. The following introduction to some of the more popular individual and social change theories is a start.

The **Theory of Planned Behaviour** proposes that the best predictor of success in making a health-related behaviour change is a person's intention to make such a change. It proposes that three factors are important in determining a person's intentions:

- 1) the person's attitude towards the behaviour, which is influenced by beliefs about the outcome of the behaviour and the value attached to this outcome.
- 2) the person's beliefs about what is appropriate and normal in the social environment and their motivation to fit in.
- 3) the extent to which they believe they can control their behaviour, and this is influenced by their assessments of environmental supports as well as their own perception of their ability to carry out the health behaviour.

Let's use the example of a young woman considering giving up crash dieting and eating regular healthy meals. She is more likely to do this if she thinks this would be a positive thing to do (e.g. make her feel more in control of her eating, feel more healthy, less likely to binge), and believes these would be valuable

outcomes. However, if she is in an environment that is highly concerned with body image and thinness and endorses dieting as a means of achieving this, our young woman may feel social pressure to conform to these beliefs and behaviours. Finally, if she is in an environment that supports these changes through provision of information and a support group she can participate in, and feels confident that she can make these changes (i.e., has high self-efficacy), her sense of control or empowerment will increase her chances of achieving the change she wants. This theory may be useful in planning for identifying factors that might support and contribute to desired behaviour change.

The **Health Belief Model** (an individual change theory) suggests that health-related action depends on a person having sufficient motivation (or health concern), a belief that they are vulnerable to a health problem or condition they regard as serious, and that the benefits of taking the recommended action outweigh the costs of doing so.

This model helps us to see why it can sometimes be more effective to work with a group that is at-risk or, in our case, already has body image dissatisfaction, rather than a general group that may be less aware of the negative effects of poor body image on their lives. The *Review of Body Image Programs* showed that some of the more effective programs tended to be with a self-selected group of university/college students with existing body image problems. These programs are the only ones in the review that have deliberately applied change theory models.



Social action theory, a community-based social change theory, focuses on redressing social inequities identified by an oppressed or disadvantaged group. It has been suggested that the new term 'weightism', which is discrimination based on size and shape, is similar to racism in reinforcing negative self image, and that social action approaches could be successful. Media advocacy may be a strong component of a social action approach. Media advocacy is the strategic use of media to harness community concern about an issue, or to raise the profile of the issue sufficiently to spur government or other organisations to respond and make changes.

Some years ago Body Image and Health Inc¹ used a social action approach including media advocacy to challenge attitudes to bodies and ageing. Part of its focus was to challenge the need for cosmetic surgery as a tool for improving self-esteem. The strategies included:

- a policy statement on body image and cosmetic surgery, used by all media spokespeople,
- a public forum which included the medical complaints commissioner, a plastic surgeon who had published a book on the subject, personal case studies, a counsellor with a cosmetic surgery practice, a representative of the NSW Ministerial Committee on Body Image, and
- a media campaign including a detailed media kit, promoting the views expressed at the forum and calling for action.

Media advocacy

Media advocacy may be a strong component of a social action approach. It has been successfully used by groups of consumers to bring attention to health issues of concern to them, and urge on public action. Media advocacy is the strategic use of media to harness community concern about an issue, or to raise the profile of the issue sufficiently to spur government or other organisations to respond and make changes. The essence of this approach is to understand how the issue relates to current community values, and to position the issue to have maximum impact and attract

broad and/or powerful support. Promoting the facts, understanding the opposition arguments and being able to refute them, and promoting the results of opinion polls which support your view are a few of the strategies used. Chapman and Lupton's book on media advocacy, The Fight for Public Health, provides a user-friendly guide to media advocacy. Media advocacy might be used, for example, to highlight discriminatory practices in fashion retail with the aim of pushing retailers to provide a better range of larger sized clothing.

¹ This planning guide includes a number of references to Body Image and Health Inc, an organisation that operated between 1990 and 2000, with funding from the Victorian Health Promotion Foundation. It developed a range of health promotion initiatives, and provided opportunities for researchers in the many fields of study where body image research was occurring, to get together to share knowledge and skills. BIH Inc produced research summaries on key topics such as body image and the media, body image and men etc. Its final report (2000) provides a summary of its activities and achievements. Much of the activity undertaken was evaluated through performance reporting rather than outcome evaluation. Some of the strategies are described here, but further research is needed to establish the effectiveness of the approaches on preventing poor body image. BIH Inc continues to exist as a committee of volunteers, currently without staff or an office. Research Summaries, Fact Sheets and other information are available online at <http://www.internationalnodietday.com>.

Organisational Theory

If you are interested in working for organisational change, for example in a school or fitness club, it helps to understand some of the factors that may assist your success. Goodman, Steckler and Kegler's four-stage model highlights the need to work at a number of levels (Nutbeam and Harris, 1999). Case Study 3 shows how organisational theory works in practice.

Four-Stage Model

Awareness raising	starting with senior management, identify the problem
Adoption	planning for and adopting a policy, program or other innovation that addresses the problem
Implementation	program delivery including training and support
Institutionalisation	planning for long-term maintenance of the innovation

Social Learning Theory (also called Social Cognitive Theory) is one of the most popular frameworks used in health promotion. It has been successfully used to inform programs in a number of areas, from prevention of STDs to encouraging breastfeeding. The theory is explained as a three-way dynamic reciprocal theory, in which personal factors, environmental influences and behaviour continually interact.

An example would be a woman who was working on self-acceptance of her body shape and was trying to establish healthy eating. Disapproval about her shape from friends, health professionals or family, comments from shop assistants or family about 'suitable' clothes for her shape, and self-comparison with magazine photos of slim women are all environmental factors that would affect her ability to build a positive self-image.

Applying the model, you would look for strategies to positively affect those personal and environmental factors. Strategies to empower her might include showing her the tricks that magazines use to create unreal women in photographs, and the development of personal strategies for resisting comparing with unreal images. Your program could include dress tips to enhance her particular features. Strategies for influencing the environment might include holding an information session for families on healthy eating and weight management so her family supports and shares the approach she is using, and working with local shops to change their approach to larger clients.

In Social Learning Theory, you, the health worker act as an agent for change, working to modify the environment and enabling individuals to develop personal competencies that would improve their health.

One of the programs described in the Review of Body Image Programs, a program for girl scouts, was based on Social Learning Theory. The six-session program focused on media literacy and encouraging activism. Follow-up effects showed media knowledge and attitude changes were sustained, and there was a decrease in magazine consumption. This program was undertaken in a community setting. Case Study 4, Appendix 2 gives a program outline.

Social learning theory provides the link between theories of individual behaviour change and theories about environmental change. Environment in this context covers the social, cultural, legislative, and physical environment. In addition to educational efforts, programs might add advocacy, organisational change efforts, policy development, influencing economic supports or barriers, and/or changes to the physical environment, to develop a comprehensive program.

Review possible settings and approaches

Health promotion occurs in a range of settings including schools and other educational environments, youth and community recreation environments as well as traditional health settings.

A setting is usually chosen for the opportunities it gives for engaging the target group in a positive way, and increasingly for the opportunities it offers to influence the culture.

For example, working on Victorian beaches with surf lifesavers as role models promoted skin protection to young people at the time they were exposed to the risk of over-exposure.

School-based programs

Most of the programs designed to prevent poor body image have been run in schools, for late primary or early adolescent students. They have largely been classroom-based sessions. A whole school environmental approach (not formally evaluated) is offered in Case Study 1.

What the research found

Classroom-based programs are likely to focus on attempting to reduce the belief amongst girls that lean is best and amongst boys, that a six-pack physique is desirable at all costs. This belief in the 'ideal figure' is one potential risk factor for the development of body dissatisfaction, but if programs can provide more realistic information it is hoped the stereotyped image can be broken. School interventions also aim to provide information that might prevent girls from developing disordered eating behaviours as a consequence of "normal" dieting. Most of the programs reviewed used a combination of the following approaches.

PROGRAM APPROACH	EXAMPLE OF CONTENT
<i>Social influences approach</i>	
Improved media literacy and awareness of social pressures will lessen vulnerability to body image dissatisfaction; sometimes an element of activism is an important component of the design	Unrealistic and unhealthy body image ideals promoted in the media
That changing the environment (eg reducing social value of thinness) will reduce the level of individual body dissatisfaction across the community	Manipulation of female images in the media Weightism and discrimination, utilizing consumer power Cultural influences on body image and eating behaviour and changes over time
<i>Affective educational approach</i>	
An improvement in self esteem or resilience will be matched by improved body satisfaction	Suggestions for building a positive body image
A change in attitudes and beliefs about the importance of thinness may alter participants' views about themselves and reduce weight loss practices	Understanding the relationship between feelings and eating
<i>Information deficit or rational approach</i>	
Giving individuals a better understanding of normal growth and development, and the relationship between food and body shape will encourage more self-acceptance and less risky weight loss behaviour	The dangers of short-term crash dieting The nature and symptoms of disordered eating and how to get help if required Healthy weight management Normal changes in body shape and physiology at puberty

Taken together, these programs appear to have a range of benefits. In quite short interventions they consistently increase knowledge and awareness of body image issues. While knowledge may not immediately translate into changed attitudes such programs help young people to filter information presented in the media and amongst their peers, and hopefully provide psychological protection in the long term. Short-term improvements in self-reported body dissatisfaction or unhealthy eating were also documented, though the effects were not great. The good news is that there were no negative effects i.e. no participants reported increases in body image dissatisfaction as a result of the programs.

Recommended approaches

Who for?

- In school age children, the most practical interventions will be suitable for both girls with no present body dissatisfaction and those who are dissatisfied with their body.
- Interventions in which all adolescents can participate are likely to provide maximum opportunity for both prevention and early intervention for body image dissatisfaction.

- Getting parents involved in primary prevention presents a challenge. A broad school/ community approach may provide new opportunities to involve children, school and parents, and alter risk factors such as weight related teasing and parental attitudes toward food and controlling their children's eating.

What content?

- Curriculum-based activities are valuable in increasing knowledge of body image issues and some have reduced body dissatisfaction over a short period.

- The more recent programs that include strongly interactive and participatory components appear to be more successful than the more didactic style programs.
- Programs should be designed to provide referral options for a child with existing problems.
- Content specific to male body image should be considered.

Promising Strategies Case Study 1 (Appendix 2) describes the process involved in using an environmental approach to body image issues in schools.



Tertiary programs

What the research found

Body image dissatisfaction is well entrenched amongst university age women. It is too late to conduct primary prevention interventions as these aim to prevent the development of problems, rather than to reduce them once they have become established.

Consequently, mainly targeted, secondary prevention interventions have been trialled in college age women in which the main goal has been to reduce established body dissatisfaction and related attitudes. In each of the reviewed interventions, young women self-selected through responding to fliers advertising the program or volunteering to take a course that addressed body image and eating issues. Case Study 2 below is one of the most promising reported programs.

Social Action - a feminist approach

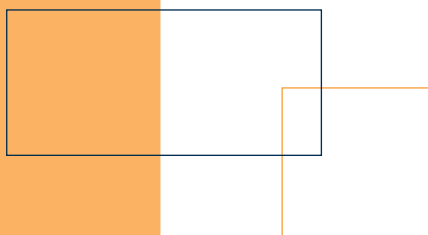
A quite different approach was developed and documented over 10 years by Nina Piran. She used a feminist approach to help elite ballet students reconsider body weight and shape issues. Her work was based on the premise that the ballet students were experts on their own environments and they could devise solutions for problems.

Through discussions within the safety of the group, the students were able to articulate some of the shame associated with developing a woman's body when the focus within the ballet world is on a specific body image. The intervention is described as 'feminist' because the dialogue was aimed at helping the students examine how they see themselves and their bodies in the social context of the ballet world. As they started to reflect on that, the intervention guided the students into articulating their concerns with teachers and peers, potentially leading to systemic changes. This social action approach appeared to be successful within the particular environment of the ballet school.

Recommended approaches

- It seems that young women need to work with ideas counteracting the wider social pressures to be very thin in a very active manner in order to internalise new body image attitudes.
- In a high-risk setting such as the ballet school, a social action (feminist) approach may be particularly effective in challenging an unhealthy culture. Allowing women and men to express their own concerns and facilitate action to address identified problems is empowering.

Promising Strategies Case Study 2 (Appendix 2) describes a successful program focussing on cognitive dissonance.



Community programs

What the research found

Most evaluated programs addressing poor body image consist of a series of sessions carried out in a school or university setting. But obviously these are not the only appropriate settings. Three interventions outlined below, which were undertaken in community settings and which utilised broader approaches, demonstrate the value of thinking outside the square.

One adult community setting is the gym, an environment that commonly emphasises a goal of leanness and promotes exercise for weight loss. Louise Wigg, in conjunction with BIH Inc, undertook a research project at the Winning Edge Fitness Club. The project involved developing a new culture that turned the emphasis away from 'fat burning' and 'fat tests' to fitness and wellbeing. The Body Satisfaction Program consisted of changing all facets of the gymnasium to 'body neutral'. Staff members were given interactive support and training in this area and the focus was on health, wellbeing and enjoyment from regular physical activity. The research project was part of a larger initiative to bring about change in the fitness industry, and included working with the peak bodies, especially VicFit (instructor training) - as well as participating in the research project which provided a model for action. The Australian Fitness Accreditation Council accredits the Body Satisfaction Training Program for instructors. The recently established Body Image Fitness Network provides ongoing support for individuals working for change.

A program for girl scouts included social action in its design (Case Study 4: Free to be Me). The six-session program focused on media literacy and encouraging activism. Follow-up effects showed media knowledge and attitude changes were sustained, and there was a decrease in magazine consumption.

The literature review focussed on programs designed to prevent poor body image. However one Australian weight management program is of particular interest for its impact on body concerns. The researchers evaluated a six-session program Freedom from Dieting. Participants were chronic dieters with high body dissatisfaction, drawn from community volunteers, with a mean age of 44.4 years. Freedom from Dieting promoted a "natural" approach to eating. There were marked reductions in body shape concerns in the intervention group that were maintained over a one-year follow-up. Giving up dieting was associated with weight stability.

Recommended approaches

- The fitness industry program provides support for using an ecological approach that addresses the environment as well as individual behaviour and attitudes. Broad-based programs like this depend on engaging stakeholders and working in partnerships to achieve agreed goals. Organisational change models and social learning theory are helpful in identifying key elements needed for success.
- As in school settings, programs for adolescents delivered in a community setting using an interactive approach appear to succeed in enhancing media literacy skills.
- The natural eating approach successfully reduced body shape concerns in chronic dieters with high body dissatisfaction. Whilst the focus of this program was dealing with eating concerns, the approach was successful in also reducing body image problems. This is a very promising outcome for this group.

Promising Strategies Case Study 3 (Appendix 2) describes the fitness industry example in more detail, and links it to organisational theory. Promising Strategies Case Study 4 (Appendix 2) lists the Girl Scouts session outline.



Identify the communication issues

Good communication is a complex animal. Body image programs share some issues with other health promotion programs, and also have issues particular to the area. Issues around poor body image and disordered eating are increasingly discussed in the public arena, but because the evidence about body image and health is relatively recent, it is still struggling for acceptance as a mainstream health issue within the health sector. This means that your communication strategy needs to take into account the importance of building credibility and alliances with mainstream health as well as talking to the community and target groups in a meaningful way.

The Eight Strategies for Effectiveness described key strategies for establishing credibility and acceptability. The key communication issues are about communicating with a range of people in a variety of situations, avoiding preaching or asserting, treating the community with respect, being research-based, and being clear about what you want to communicate to achieve your goal.

Quality information

Collect good quality information about your subject and how it relates to your audience's behaviour and experience so that you can speak from a knowledgeable position (some of this information will be collected as you research the problem locally and the behaviour of your selected target group/s). Data-driven information is more convincing. Good sources of information include the background information in this booklet and the Body Image and Health Research Papers and Fact Sheets on particular topics. (<http://www.internationalnodiaday.com>).

Building alliances

Find common cause with conservative mainstream health organisations and potential community and business partners. Look for the points where you agree. You might exchange drafts of media releases. A poor scenario would be the local GP Division, asked by the local radio station to respond to your media release, disputing what you've said. For example, you are likely to find that most groups agree that there are naturally a range of body shapes and sizes but you may not agree on using weight or Body Mass Index as a guide to health. It is worth understanding one another's position and to be able to show that you do.

A good scenario would be working together to promote a particular theme, or to complement one another's activities on flagship days like International No Diet Day (May 6 each year). The more groups promoting the same sort of messages, the more likely your message will get heard.

Research-based resources

In preparing your position papers, media releases and promotional material, avoid assertion and stick to statements based on facts. Seek information and advice from researchers and experts in a range of body image areas. Don't exaggerate or generalise. Be certain that any statement you make can be traced back to a reference. For example, don't say that the main cause of body image dissatisfaction is the media and fashion if you cannot support your statement with facts.

Language and names

What does the term 'body image' mean to people? It may have a particular meaning to women in the context of a weight management group, and something different in the public arena. What does healthy eating or physical activity mean to your target audience or community? What's in a name? Sometimes the clever names and slogans are ambiguous, unclear or even misleading! When Body Image and Health Inc. tested the name 'Body Image Australia', the focus group participants thought it would represent an organisation that was about surfing, beaches and the tanned body beautiful! A name that linked body image and health helped to position the organisation correctly.

The media can be your ally

Whilst there is a tendency to fear the media, it does not have to be so. The general media does simplify complex issues, paint information in black and white and look for the sensational angle, so be prepared. Keep your message simple, target local media and prepare clear concise media releases. If you are planning a community project, it makes sense to use your suburban newspaper to promote details. Think about what you want to achieve in promoting the story, and write a half to one page brief summarising your plans. Come up with a catchy headline. Lay out the information clearly. Use your computer tools to present an inviting release. Make sure you highlight the when, where, why. Give contact details and follow up the release with a personal phone call.

The take out message

Too often we give more information than our audience can absorb. Go back to basics. Be clear about the main one or two things you want people to take away from the communication exchange. Test the message with a range of audiences, including the target audience and any service delivery groups you are working with. It is no good having a poster the target audience loves but the health centres or pharmacists to whom you distribute won't display it.

Be consistent. As a committee or project team, make sure every one agrees on your corporate position on the topic, and can repeat the main messages. Ideally, limit the number of spokespeople so that you build up a local identity linked to the program. Keep repeating the key messages over time (unless your feedback/evaluation shows it needs adapting).

Be corporate. Don't forget to name your organisation (and any funding bodies) in everything you do, so that people know the source of the information and where to follow up.

Be aware of potential harm as well as positive effects

Good program design includes safeguards to make sure the program does no harm. Some of the programs reviewed tested for this. Similarly, your communication needs to be tested to ensure it does no harm: it doesn't confuse, mislead, or promote negative behaviour. For example, messages that describe the wide range of disordered eating that young people admit to may entice others to try things they had not even thought of.

Be realistic and believable

It is easy to get carried away by our own passionate beliefs about the value of individuals, and to promote messages that are inherently unbelievable to many people. The statement 'It doesn't matter what size you are so long as you are healthy' may be rejected because it does not match people's beliefs or their experience. Research shows that high BMI is correlated with body image dissatisfaction and that even children perceive higher weight people negatively.

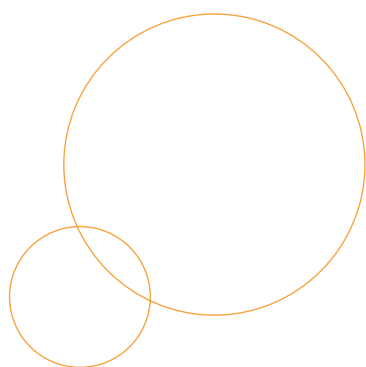
In your activities and resources, use people with a range of body shapes and sizes looking vibrant and involved.

Deliver what you promise

Many practitioners, especially community health workers and fitness instructors, struggle with the demand from women for programs focused on weight loss, rather than long-term lifestyle approaches. You need to be very clear about what you are able to deliver, and what your goals are in relation to body shape and size, so that participants don't feel disappointed or cheated. Social marketing, a popular model based on commercial marketing techniques, relates to this relationship. Commercial marketing works on the mutual interest between you and your client to achieve the 'product' the client will purchase; in social marketing the resulting benefit to individuals and society is important, but it also has a strong consumer orientation, requiring you to understand your target market so that you can meet its needs.

Beware of personal stories

It is tempting to succumb to the interest in personal stories. However when you use a spokesperson who has had an eating disorder, or who is well known (like a local sporting hero) it is very difficult to control what they say. There is also some evidence to suggest that it may glamorise the negative behaviour. You cannot be sure that any of your main messages will be given, or that your organisation will be recognised.



Evaluate with purpose

Review of Body Image Programs has highlighted just how few body image interventions have been designed, evaluated and disseminated through publications or in other ways. There are far fewer established, proven programs than we all hoped. To build up the collective knowledge about what programs work best, we all need to be more rigorous about evaluation.

Body image is a popular subject for research in a range of fields. Similarly, practitioners from a range of fields are interested in or already running programs. Generally, these programs have written or unwritten objectives, but the person delivering the program is not formally trained in program evaluation and has

few resources to devote to the evaluation. There is clearly scope for bringing the two groups together to use their respective expertise to create programs that are planned and delivered well, and evaluated and publicised appropriately.

However sometimes you may need to organise your evaluation yourself. The following brief discussion aims to set the scene for designing evaluations that suit your resources and your program. There is no single best method or tool; rather good evaluation reflects good design and an understanding of its purpose.

One purpose of evaluation is to collect, organise and interpret data to facilitate the process of decision-making related to the future of a program. You need to decide whether evaluation will

be one or a combination of types.

- Reflecting on and recording what you are doing as you go can be called **formative** or **process evaluation**, and is used primarily to identify ways to improve the program.
- Showing that you did what you promised to do is variously known as **impact evaluation** or **performance reporting**, and is used to identify how much of the program is being implemented as planned.
- Measuring whether you achieved the changes you had wanted is **outcome evaluation**, and involves examining the extent to which the program's objectives are being achieved.

Example of an Evaluation Plan linked to objectives and activities.

Title: project name and period associated with this evaluation plan

Setting: the organisation/industry group or physical location

Aim: the overall intention

OBJECTIVES	STRATEGIES	ACTIVITIES /DATES	TARGET OR OUTCOMES	DATA SOURCE	MEASUREMENT TOOLS/METHOD OF COLLECTING THE DATA	BUDGET/ COSTS
What you want to do (the longer term view, but reasonably specific)	The approaches you will use to have an impact	The specific activities you are intending to implement for the period of your plan	Specific changes/effects that will demonstrate you are achieving your goal in this timeframe	Where you will get the information: from participants, from program records or documents etc.	Surveys, records of attendance, focus groups, record of organisational changes to policies/practice, description of activities	Any potential costs associated with the evaluation

Body image example

Setting: fashion industry

Aim: that major fashion retailers cater for women of a greater range of body shapes

OBJECTIVES	STRATEGIES	ACTIVITIES /DATES	TARGET OR OUTCOMES	DATA SOURCE	MEASUREMENT TOOLS/METHOD	BUDGET/ COSTS OF COLLECTING THE DATA
To change the fashion retail environment in major stores	Build retail management support for project	Organise sessions with Retailer 1 (March-April)	Change in staff attitudes and behaviour; objective change in shop environment and range of sizes available;	Participants in training. Record of meetings with management and PR dpt.	Immediate post-training and follow-up evaluation of staff; independent audit of stores where participating	Questionnaires: design and analysis; Audit design, staff and travel; analysis staff work;
a) that fashion retailers/staff have increased awareness of the negative impact of their current policies/practices on customers' self-esteem and body; their potential influence; financial benefit of change	Run management -sponsored training workshops for retail staff of fashion stores	Approach five more retailers with results of pilot (June-August)	Uptake of program by retailers	PR dpt.	Audit/checklist Stores	
b) that staff know and use simple strategies in their workplace to enhance customers self esteem/body image	Feedback to retailers to consolidate support	Follow-up evaluation				

Planning the Evaluation

Time spent planning your evaluation will result in better evaluation. A table with a simple set of headings can help you match objectives with your program activities and the ways to measure change or effect. Setting the information up like this helps you see whether the evaluation methods you are contemplating will actually measure the right things. You may need help to get the best match between your program and measuring its impact. However there are other considerations to keep in mind. Who requested the evaluation, and who will need it to make decisions about the future of the program? Was it your manager, an external funding body, your membership, the community or colleagues? Spend time formally finding out and recording what they want/need to know from the evaluation. Find out whether the evaluation approach you are proposing will satisfy their needs. What results will be needed to assist the longevity or refunding of the program? One group may be more concerned how many people you have contacted (your reach) but another may be more interested in the type rather than the number of people you have involved. Measures of improvements to mental health (self esteem) may be more useful for sustainability of the project than information about attitudes to food. You should also consider what information you might be able to use to promote the project to future participants.



From this process, you can identify the evaluation priorities of the key people associated with the future of your project. At the same time, you should ensure that you all agree on what are the project's objectives. It would be a good idea to also ask program participants to articulate their understanding of the objectives.

Outcome measures

The outcome measures should link closely to your program objectives. For example, if your objective was to develop media advocacy skills with your community, it might be relevant to measure whether participants had attempted any media advocacy, and the level of success.

Some outcomes will be related to individuals. You may not need to attempt to measure changes in body dissatisfaction if you can focus your evaluation on measuring the changes you have aimed to bring about through your program, such as changes in knowledge or beliefs, degree of personal control or empowerment, or specific skills like media literacy.

Other outcomes will be specific to the program itself. These might include the reach of the program (% of eligible population reached), whether the program has been incorporated into an ongoing program by the organisation (e.g. a school or workplace), and whether the program is going to be taken up by other organisations.

You should also plan to measure whether there are any effects on the wider community. An ecological approach might include the objective of influencing government policy or regulation as a result of advocacy, to facilitate capacity building through community development, or achieve cultural change such as reversing the media bias toward publishing photographs of people of particular shapes and sizes. Although this can be difficult, especially where other groups are also working for the same changes, you need to look for ways to assess your contribution to change and progress towards these goals.

Body Image outcome/evaluation measures

If your program aims to improve body image satisfaction or prevent its decline in circumstances in which decline is likely, you may wish to assess body image satisfaction directly. Some issues to consider are described below. You will probably need guidance from some one familiar with using the tools.

In order to assess change (or stability), you will need to assess body image satisfaction prior to the intervention, following the intervention and after a follow-up period (such as 3 or 6 months).

Measurement instruments should be age appropriate.

Some measures are more suitable non-clinical samples e.g. Grade 10 girls, and others more suitable for those who have severe problems e.g. girls with eating disorders.

There are numerous standardised assessment instruments designed to assess body image. It is best to use one of these, as you know that they are effective and the questions are appropriate e.g. not ambiguous. Specific information about scales may be obtained from researchers in the area.

For non-clinical samples of young women, the Body Attitudes Questionnaire (Ben-Tovim & Walker, 1991) or one of its subscales is recommended. You could also use the brief Eating Disorder Inventory Body Dissatisfaction subscale (Garner, 1991). A quick assessment of the discrepancy between perceived current figure and ideal figure can be obtained from a body figure rating scales (e.g. Thompson & Gray, 1995; Stunkard, Sorenson & Schulsinger, 1980).

In samples where you believe body image concerns are high already the following scales may be useful: Eating Disorder Examination-Questionnaire Weight Concerns and Shape Concerns subscales (Fairburn & Beglin, 1994) and Body Shape Questionnaire (Cooper, Taylor, Cooper & Fairburn, 1987) of which there is also a short form Evans & Dolan (1993).

A widely used measure of the extent to which the thin ideal is endorsed is the Sociocultural Attitudes Toward Appearance Questionnaire (SATAQ; Heinberg, Thompson & Stormer, 1995).

Selecting your evaluation tools or methods

Your evaluation sources and methods need to be valid, reliable, practical and ethical/acceptable. There are books available that provide help with designing evaluation. Hawe P, Degeling D, Hall J (1990) *Evaluating Health Promotion: A Health Workers*

Guide is a good start. For advice on tools specific to body image, approach people currently researching in this area. Contact the Psychology Departments at the University of Melbourne, Deakin and La Trobe. For help with health promotion evaluation, contact a tertiary institution that teaches Health Promotion. Faculties of Education and Health Sciences are possibilities.

Conducting the evaluation

Make a plan that includes dates and responsibilities (who, what and when). Identify early on when you will have the opportunity to collect particular information. Collect any pre-test, or baseline data (the situation before you tried to make an impact) beforehand. Collect information while participants are involved rather than later. If you are measuring the longer-term impact of your program, be sure you have contact details for participants. Or you might want to find out how much media coverage you achieved during your local campaign. Radio coverage is very hard to quantify afterward, so ask each person in your team doing interviews, or hearing your community announcement, to note the time/content in a media log as it occurs.

Check whether the data collection methods are working as planned. This is primarily evaluation not a research project, so you should change method if it's not working. For example, if your post-course questionnaire has a number of unanswered sections, try to find out why and improve it.



What next?

The *Review of Body Image Programs* describes the most promising of the programs that have been run and evaluated, and what they contribute to knowledge about what works. The *Body Image Best Bets* summarises the health issue and the review findings, and is a tool for decision makers.

In summary:

- Work with the community to identify the conditions that will promote success and minimise any negatives or risks
- Build on what is known; make sure your programs are based on proven ideas
- Utilise existing tested resources and evaluation tools whenever possible
- Match program style to available resources, skills and knowledge
- Work toward developing approaches that include tackling the broader environment to support individual behaviour change activities
- Put resources into evaluating programs
- Spread the word: promote the results to colleagues and the community.

Facilitating the decision-making and dissemination process

Write the evaluation report, and stimulate and inform the decision-making process.

- Make the report inviting and not too long.
- Include an executive summary, the purpose of the evaluation, methods, results, conclusions and specific recommendations. The recommendations should link to future implementation, and identify who could help to implement them.
- Meet with the person who requested the information, and develop a plan to spread the information to all stakeholders, and then more broadly to your community and to the community of people interested in body image interventions.

Finally, it should be noted that models for the evaluation of interventions aimed at changing the organisational and community processes to improve health in particular settings (such as schools, workplaces, sporting clubs) are much less developed than those for addressing individual risk factors. Seek evaluation assistance from researchers if you are planning a multi-faceted program or one working for community or organisational change.

For more information

Department of Human Services (DHS), *Research Review of Body Image Programs*, available online at www.dhs.vic.gov.au/phd/ebht/.

DHS, *Body Image Best Bets*, available online at www.dhs.vic.gov.au/phd/ebht/.

National Public Health Partnership (2000) *A Planning Framework for Public Health Practice* available from the National Public Health Partnership Secretariat, email nphp@dhs.vic.gov.au, or telephone 9637 5512.

Body Image and Health Inc Fact Sheets and research summaries are available from <http://www.internationalnodietyday.com>.

Contacts for programs

Very few evaluated programs are publicly available. In some cases authors will make copies of their courses available (see *Review of Body Image Programs*).

Corporeal Workplace Wellbeing. Provides training programs for health and education professionals, and delivers the Body Satisfaction Program for fitness professionals. Telephone (03) 9411 4029

The program Freedom from Dieting was based on the Nectar program. It is published as a book called *Diet No More*, or as a Nectar course, both available from Jenny McFadden at Nectar Australia Pty Ltd, Phone/fax 02 9940 5008. Professional training is available for groups.

Email dietnomore@optusnet.com.au

Website: www.themenu.com.au/dietnomore

Further resources

Baum F (1998) *The New Public Health: an Australian Perspective*,

Melbourne: Oxford University

Chapman S, Lupton D (1994) *The Fight for Public Health. Principles & Practice of Media Advocacy*. BMJ Publishing Group, London.

Glanz K, Lewis FM, Rimer BK (1990) *Health Behaviour and Health Education: Theory, Research and Practice*. San Francisco: Jossey-Bass, Inc.

Hawe P, Degeling D, Hall J (1990) *Evaluating Health Promotion: A Health Workers Guide*. MacLennan and Petty, Sydney

Department of Human Services (2000) *Primary Care Partnerships: Draft Health Promotion Guidelines*. Available from <http://hnb.dhs.vic.gov.au/acmh/pknbn.ssf>

National Public Health Partnership (2000), *Planning Framework for Public Health Practice*

National Cancer Institute, (1989) *Making Health Communications Work: a planners guide*. (NIH Publication 89-1493) Washington, DC. US Government Printing Office.

Nutbeam N, Harris E (1999) *Theory in a Nutshell: A practitioner's guide to commonly used theories and models in health promotion 1999*

World Health Organisation (1987) *The Ottawa Charter for Health Promotion*

World Health Organisation (1997) *The Jakarta Declaration on Health Promotion into the 21st Century*

Appendix 1 Summary of promising strategies

TARGET GROUP	SETTING	KEY COMPONENTS	AVAILABILITY
Girls and boys – general not selected for high risk	School or community: set of sessions	Cultural influences including discrimination against people perceived as overweight, Media literacy, Information about normal growth (puberty), Healthy vs. unhealthy eating, and strategies for building a positive body image.	Refer <i>Planning Guide</i> , Further Resources. Session outlines in <i>Review of Body Image Programs</i> Also, Case Study 4: girl scouts <i>Free To Be Me</i>
Girls and boys – general not selected for high risk	School or community – ecological approach	School policies on teasing and modelling. Parental involvement/education.	Guidelines from http://www.international.nodietday.com
Girls and boys (one example)	School: set of sessions	Focus on elevating self-esteem, relationships and communication.	Currently out of print. Session outlines for <i>Everybody's Different</i> (O'Dea ²) in <i>Review of Body Image Programs</i>
Post-secondary women – self selected high risk	University	Aim to reduce body image dissatisfaction, internalisation of the thin ideal and comparison with media images.	Session outlines <i>Review of Body Image Programs</i> and Case Study 2 (Stice, <i>Dissonance Intervention</i>).
Post secondary women	Ballet school	Group discussions of individual concerns; aimed to look at changes to social and institutional norms and practices; empowerment approach.	Refer <i>Review of Body Image Programs</i> (Piran)
Women – self selected high risk (one example)	Community	Course Freedom from Dieting promoted a "natural" approach to eating.	Information about the course and <i>Diet No More</i> book is available from Nectar Australia Pty Ltd. Phone/fax 02 9940 5008 Email dietnomore@optusnet.com.au www.themenu.com.au/dietnomore
Women and men (one example)	Fitness club setting – ecological approach (organisational change)	Focus on health, well being and enjoyment of physical activity rather than a focus on weight loss and body change. Interactive staff training and support, changes to environment including advertising, program names and range of activities, signage and instructors' language.	Refer <i>Planning Guide</i> , Contacts p.21 and Case Study 3. <i>Body Satisfaction Training Program</i> for fitness professionals – accredited. Available through Corporeal Workplace Wellbeing

² Name in brackets indicates author of the evaluation/program, as described in the *Review of Body Image Programs*.

Appendix 2 Promising strategies: four case studies

Promising Strategy.

Case Study 1:

An Environmental Approach

*A body image framework for schools
– the BIH Experience*

In the late nineties, BIH Inc responded to requests from teachers and counsellors, looking for programs addressing body image and eating problems, by developing evidence-based guidelines for use within a school setting. The process of consultation and research is documented below. It is hoped the guidelines that resulted can become a first step towards recommendations for good practice in this area.

You will notice that the following process mirrors most of the Eight Strategies for Effectiveness (p.4).

- BIH Inc commissioned a review of the research on the effectiveness of school-based interventions on body image and eating. (Build credibility – check the evidence for intervening before you begin).
- The review found that there was not strong evidence for recommending classroom programs on body image as the primary response to the problem. It was decided to develop a whole school community approach consistent with other prevention work (drugs, skin cancer, smoking). The Victorian Health Promoting Schools (HPS) Framework was adopted as the most suitable at the time for addressing body image in schools. (Take time with planning).
- The Health Promoting schools coordinator from the Department of Education joined the BIH Inc Management Committee, thus strengthening lines of communication and enhancing collaboration. (Nurture alliances with partners)
- A number of teachers and experts were consulted to develop schools guidelines which emphasise the need to target as many aspects of a young person's world as possible, including tackling issues such as teasing and role modelling.
- BIH Inc developed Guidelines, a teacher training workshop and a seminar presentation for parents that could be conducted within the school setting and form part of a school's overall strategy for tackling body image problems. BIH Inc partnered with regional health and education professionals to trial the seminar model in a small number of rural areas. (Match resources to goals)
- Feedback suggested that two thirds of parents intended to change their behaviour, as a result of the seminar, especially to be less controlling and moralistic about their children's eating and weight. The guidelines and BIH Inc services (such as teacher training) were then promoted using a range of networks: Health Promoting Schools, the BIH Inc website and mail outs, teacher conferences. (Learn from experience, and spread the word)
- Funding was unsuccessfully sought to further develop the program. A private provider (Corporeal Workplace Wellbeing) now provides teacher training. The Department of Education is currently consulting BIH Inc former staff on the content of lesson plans that will be available on-line. (Look at ways to expand your resources)

Promising Strategy.
Case Study 2: Focusing on
Cognitive Dissonance

This program involved first year university students, young women with heightened body image concerns (a targeted prevention intervention). The participants had responded to advertisements seeking women who were keen to improve their body image. The study specifically focused on reducing the strongly held, culturally bound belief in the thin body ideal. This attitude was selected as it is an important risk factor for the later development of body dissatisfaction and disordered eating. Dissonance theory states that the possession of inconsistent attitudes and beliefs causes psychological discomfort that motivates people to alter their beliefs to make attitudes and beliefs consistent with each other.

The program was based on the premise that if individuals could actually verbalise a message opposing the thin ideal which was ingrained in their psyche, it would help them fight the follow-on consequences of that internalisation – poor body image, dieting and reduced self esteem. To achieve this end, Stice explained to participants that when women sought to help younger girls avoid body image problems, research indicated it often helped improve their own body satisfaction and related factors. The program involved a series of verbal, written, and behavioural exercises that required participants who had internalised the thin ideal to create an argument against this image to present to younger girls. There were three sessions held a week apart. Participants were not expected to deliver the program they developed.

Session 1. During the overview of the program participants were told that the act of discussing how to help younger women avoid body image problems could help them improve their own body satisfaction. Accordingly participants were asked if they would be willing to help to create a body acceptance program for younger girls by discussing ways that youth can avoid internalizing the thin ideal. Time was then spent discussing (1) the origin of the thin-ideal, (2) how it is perpetuated, (3) the impact of messages about the thin ideal from family, peers, boyfriends and the media, and (4) who benefits from the thin ideal. Finally participants were asked if they would be willing to write, as homework, a one-page statement about the costs associated with the pursuit of the thin ideal.

Session 2. After a summary of the previous session, participants (1) shared their experiences of writing the statement, and the costs of the thin ideal, (2) discussed who benefits and profits from the thin ideal, (3) participated in a counter-attitudinal role play in which they endeavoured to dissuade the group leaders from pursuing the thin-ideal, and (4) were asked to engage in a body acceptance exercise at home in which they viewed their own body and recorded positive aspects of themselves (but not negative ones).

Session 3. During a debrief of the previous session, participants were asked to (1) discuss their feelings and thoughts during the body review exercise, (2) explore difficulties they might encounter in resisting the thin ideal and how they could be overcome, (3) participate in a role-play making counter thin-ideal statements to resist peer pressure, (4) consider ways they might unwittingly promote the thin ideal, (5) challenge themselves if they noticed themselves engaging in thin ideal thinking and to engage in behavioural challenges related to body image in coming months.

Participants in this intervention showed significant decreases in thin ideal internalisation and body dissatisfaction, which remained over the 4 week follow-up period. While this approach has been used specifically with young women who are dissatisfied with their bodies, it seems that this style of approach may be useful with younger girls as well, though this has yet to be examined.

Promising Strategy.
Case Study 3: Organisational Change - Commercial Gym Setting

Awareness raising
starting with senior management, identify the problem

Body Image & Health Inc approached the owner manager of the Winning Edge to participate in a pilot research project. An organisational change approach would be implemented at the Winning Edge as part of a pre-post-test survey of members. Management was persuaded that alternative approaches might improve member retention.

Adoption
planning for and adopting a policy, program or other innovation that addresses the problem

Focus on health and wellbeing as major reasons to participate in regular physical activity.

Create a 'body neutral' environment within the gymnasium, where ALL body shapes and sizes were celebrated equally.

Actively promote reasons to participate in regular physical activity other than weight/fat loss.

Promote positive body image messages & acceptance of natural diversity in body shapes.

Educate members *and* staff about these issues.

Implementation
program delivery including training and support

Take a look at the different strategies adopted to create organisational change, including individual behaviour change (staff and members).

All staff completed ongoing **training** around body image issues and the implications for participation in regular physical activity, eating behaviours and self esteem. This training was conducted by BIH Inc. The surveys done for the research showed that general wellbeing was members' major motivation to join the gymnasium. Conversely, staff believed that members' main motivation to join a gymnasium was fat loss. The training process worked through these misperceptions and made workers more open to change.

Club activities: Theme of the month, "Celebrate your body" party - International No Diet Day

Body Image Guidelines for Staff were developed with contributions from staff and made part of the employee manual.

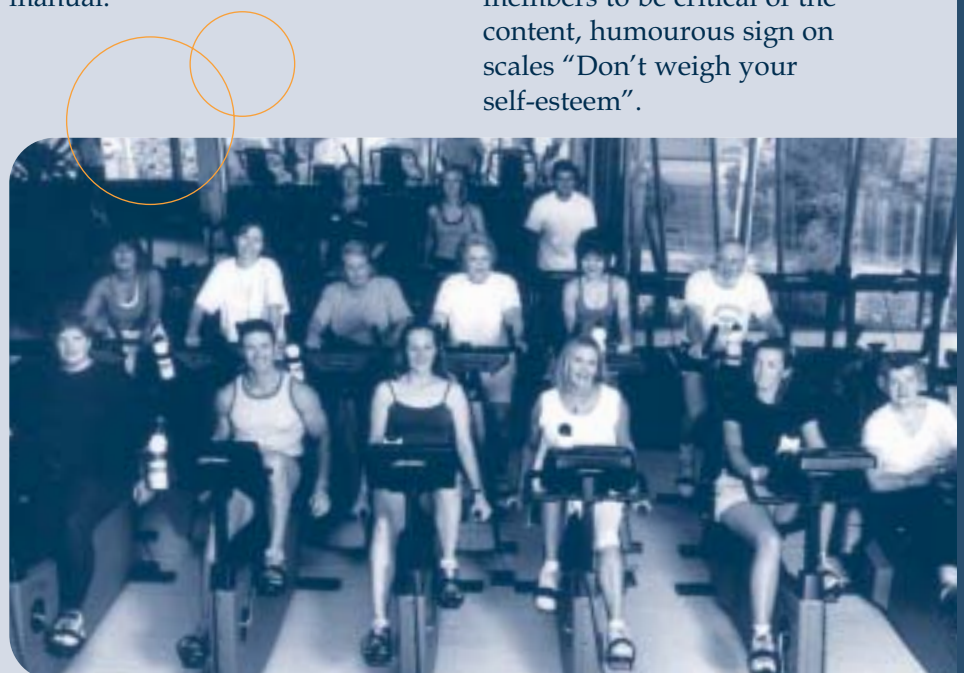
Advertising strategies used by the Winning Edge were revised, no longer containing references to weight/fat loss. 'On-Hold' message was changed to eliminate references to weight/fat loss and incorporate advertising for the body image program.

Broader activity base included organic vegetarian cooking demonstrations, a lifestyle/stress management course called Help Yourself to Health, Mind/Body program; Aquasize 18+ classes were trialled (Aqua classes for women size 18 and above); group taken to the Ontos Health Retreat.

Changed names of Aerobic classes - "Fat Burner" no longer exists!

Fitness assessment procedures were reviewed. Changes included making skin-fold and girth measurements optional; and using questions from a qualitative Perceived Wellbeing questionnaire.

Gym environment - no girlie gym posters on walls, stickers were placed on popular women's magazines asking members to be critical of the content, humourous sign on scales "Don't weigh your self-esteem".



Outcomes:

Increased awareness of body image issues for staff and members. A feeling of general wellbeing was the most important measure by which members gauged whether they were achieving their goals in the pre- and post-intervention questionnaires.

Increased membership retention and higher average monthly revenue growth, in some months up to 20% growth was experienced.

Fewer members choosing to have girth and skin-fold measurements taken.

68% of members believed that changing the focus of the gymnasium to health, wellbeing and self-acceptance was positive, with none of the sample believing this was negative.

Institutionalisation planning for long-term maintenance of the innovation

Staff manual with body image guidelines

Financial benefit established for management

Management commitment to the successful formula (improved retention and wider range of members = growth and profit), personal commitment.

Body Satisfaction program promotions reinforcing the fitness club's role as a leader within its industry.

Ongoing training/ accreditation and support network available for fitness staff (externally provided).

Promising Strategy.
Case Study 4: Free to be me
course outline (Girl Scouts)

Body Truths 1:

Body Development

Let me introduce you. An introduction to the program and an ice-breaker activity based on the game Bingo.

Stepping Stones. Question-answer game in which girls learn about stages of body development. Each team advances to the next "stone" if question is answered correctly.

Feeling good. Take-home activity. Interviews with family members and friends about perceived positive traits.

Body Truths 2:

Working with the Ideal Image

Pin the tail on the time-line. Girls attach ideal images of women throughout history to their appropriate spot on the time-line.

Sarah's story. Discussion of a story about a girl with poor body image who diets excessively. Discuss reasons for dieting, negative effects of skipping meals, and alternative approaches for Sarah.

People watching. Take-home activity. Girls look for different body types in their community and then compare them to the body types they see in magazines.

Body Truths 3:

What else is out there?

Looking for the alternative (stop-n-go posters). Girls look through teen magazines and make collages of the pictures that promote positive traits vs those that promote negative traits. Pictures are glued to either green poster board (go) or red poster board (stop).

Take-home activity. Girls read "girl-friendly" magazine provided such as New Moon and discuss magazine with parent.

Body Myths:

Media madness

Commercial crazy. Girls look at a variety of different TV commercials and look for positive and negative media messages (body types shown, messages about healthful eating vs dieting).

What do you see on television? Take-home activity. Girls and their parents watch 15-30 minutes of televisions and look for positive and negative messages they see in the commercials.

Take Action 1:

What can you do to affect the media?

Write a letter. Each troop writes a letter to a company that has positive or negative impact on dieting and body image. Letter posted on web site for other advocates to sign.

Take home activity. Girls develop and practice their own girl-friendly skit or commercial promoting positive body image and healthful eating.

Take Action 2:

Spreading the word.

Lights, camera, action. Girls perform their girl-friendly commercials or skits in front of their parents and troop.

Class review.

Program planning checklist

This checklist describes the steps involved in planning an evidence-based health promotion program, from defining the problem to reflecting on your achievements.

STAGES AND QUESTIONS	POSSIBLE TECHNIQUES
1. PLANNING AND STRATEGY	
Initial needs assessment	
<p>What is the problem?</p> <p><i>Is it eating disorders or poor body image? Can you find concrete evidence that there actually is a problem in your community?</i></p> <p>What do we know about it?</p> <p>Do we need new/additional information?</p> <p>Who is it affecting?</p> <p><i>Do you need to distinguish between those with body image problems and those without? Or those with serious eating problems?</i></p> <p>Are there opportunities to address it?</p> <p><i>Are there factors – like being teased – that can be modified to reduce the risk of poor body image developing?</i></p>	<p>Independent research/data</p> <p>Community survey</p> <p>Document what you are observing e.g. girls not eating breakfast, asking for help, being diagnosed with eating disorders, avoiding sport</p>
Analysis of the findings to identify appropriate targets and settings for action	
<p>What can we do?</p> <p>Who should we be working with (co-activists or target group)?</p> <p><i>A particular age group, social group, groups with a certain behaviour, service providers e.g. doctors, teachers, other health organisations?</i></p> <p>Where is the best place to work with them (setting)?</p>	<p>Find out what has already been tried and found to work</p> <p>Check what else is being done locally</p> <p>Do a Social Mapping Exercise of your target group; that is, identify the target groups' social (friends, family), educational and employment networks, common recreation activities/interests, media preferences, relevant laws/regulations – e.g. in California, laws concerning discrimination on grounds of height and weight)</p>
Goal setting	
<p>What change is needed to solve or lessen the problem? (Goals)</p> <p><i>Consider that changing body image per se is a big task. Consider trying to achieve smaller goals, such as increasing critical awareness of media, lobbying for a wider range of larger size clothes. Also consider whether your focus is improving on body image per se, or whether you are more interested in possible flow on effects to eating/exercise</i></p> <p>What measurable objectives can be established to define success?</p> <p>What do you (your organisation/community) need to achieve to feel the effort was worthwhile? e.g. is participant attendance and satisfaction enough or do you want to measure attitude change? Or, is building community capacity an important measure of success?</p> <p>How can progress be monitored? (plan evaluation strategies)</p> <p>When choosing your methods, consider whether you need to be able to compare your results with other programs</p>	<p>Community consultation</p> <p>Organisational planning process</p> <p>See Evaluation section, p.16</p>

Assessment of organisational capacity and resources

Have we got the resources to run with something new or different?	Review of Business/work plans
Staff time officially and realistically allocated to project? (in work plans)	Assessment of priority/urgency
Organisational support – admin, stationery etc.	An inventory of the services/other groups in the community with potential to support your organisation
Time available for planning	
Committed people: boss, colleagues, target group and other relevant groups	
Expert help with communication, evaluation etc.	
\$\$\$\$\$ or equivalent	
Can we develop alliances with other groups to expand our capacity? e.g. other health groups? Researchers, community organisations?	

A behavioural and environmental analysis of the local situation

What do we know about the target group's behaviour/lifestyle and the local/state-wide scene that suggests possible approaches?	Analysis of factors that support or are barriers to the changes you are working for (your goal) – also called a force-field analysis. Use a two-column format (Barriers/Supports). This is a useful brainstorming activity for the team. The results assist with identifying program strategies.
What are the likely barriers and supports for your program's success? Examples:	
<i>Barriers:</i>	Qualitative research
<i>Other local issues occupying everyone's energy/resources, and limiting readiness to get involved.</i>	Consultation with participant groups
<i>Your credibility/connection with the target group or other health groups - "Positive body image" may be misinterpreted as being anti-health or promoting acceptance of overweight and obesity</i>	SWOT analysis (An exercise where you list the Strengths, Weaknesses, Opportunities and Threats relevant to your organisation and its capacity to take action on the problem)
<i>Supports:</i>	
<i>Community concern about a student with eating problems; school working on a healthy eating or anti-bullying policy.</i>	
<i>Group of interested youth workers ready to work with you.</i>	
<i>Chamber of Commerce interested in a promotion of larger size clothing.</i>	

Overall design of the program

What sort of program and approach is best suited to this group or groups?	See Settings and Approaches p.10 , or Body Image Best Bets
What theories or models might help with planning and evaluating your approach?	See the Big Picture section of the Guide
How do the components of your program fit together? e.g. will your training program be developed and implemented before your main media promotions?	Timeline Flow chart

Involvement of target groups in selection & design

How can we involve the selected group in designing/developing the program?	Membership of Working Party or form a consultative group Qualitative research/interviews Ongoing consultation
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2. SELECTING CHANNELS AND APPROACHES

Are there existing materials that can be adapted?

Which channels are most appropriate for your work: mass media, face-to-face, community meetings, work-site?

What formats will work best: power point presentations to an industry group or school council, formal written approaches to politicians, IT approach for youth?

Literature search for relevant materials

Use your networks and other disciplines that might be worth exploring e.g. education networks if you are a health worker. Check with authors to see if they pre-tested or evaluated their programs

Check health promotion databases

Review published articles on suggested approaches for the type of program you are planning

Look at your earlier analysis for clues on the type of communication your target group favours

3. DEVELOPING MATERIALS AND PRETESTING

Develop and test concepts

What are the different ways you could present your message?

How does your audience (whether it's individuals or organisations) react to your concepts or proposals

e.g. Do they understand, accept its importance, agree with the value of the solution? Coming up with believable messages is very important e.g. 'It doesn't matter what you look like' is not believable to young people.

Take account of existing political correctness – many girls accept rationally they 'shouldn't' diet or that they 'should' accept their natural shape/size, but may still be dieting (cognitive dissonance).

Is concept/material acceptable to other groups you need to keep involved? *e.g. the teachers or doctors who will deliver the program*

What, if anything, needs to be changed?

Analysis based on target group's preferred media/values/activities and resources available

Previous published research/programs

Message testing

Pre-test of resources and approaches with all the groups that will be exposed to it; see *Making Health Communications Work* for a guide to appropriate pre-testing.

Involve target group in process

Allocate time and funding for alterations

Design of a communication strategy

Who do we need to communicate with? *Are we depending on service providers, teachers or peer group leaders to deliver the program?*

How can we promote the program and its message?

What language should we use?

e.g. men may be alienated by the term 'body image'

Go back to your Social Mapping information for clues on how and where to reach your target group

Identify opportunities for exposure/media/alliance building/publicising the program's success

Refer to manuals/books on health promotion communication

Develop skills through a course

Use social marketing techniques to ensure your message engages the right people

Read through Identify the Communication Issues p.14 to identify strategic planning issues

4. IMPLEMENTATION

Is everything going according to plan?

Build in continuous evaluation and recording/reflection. *What am I doing? How is it working? Am I on target to achieving goals? How could I improve this program? Has a local event occurred that adds momentum or threatens the program's success? Do we need to act?*

Are there any new opportunities we need to capitalize on?

Regular reporting/recording mechanisms, personal diary reflections, collecting feedback from target groups and collaborators

Staged goals/performance measures

Monitor external events – media, other organisations' activities, which might affect your program

Monitor the target group's response to the program

5. ASSESSING EFFECTIVENESS

What was achieved?

Did the program meet its objectives?

Were there any unexpected outcomes?

Were any changes that occurred the result of the program or other factors, or both?

e.g. the media or another group – not part of your team – promoting the issues at the same time, adding to the strength of the messages in the community

Knowledge, attitudes/values or behaviour change surveys

Records of successful advocacy outcomes
e.g. policies/practice changes

Collect evidence of increased community capacity
(e.g. new skills, more people trained to deliver programs, new resources generated)

Link to other people's experience; use comparable research tools so you can compare results

6. FEEDBACK TO REFINE THE PROGRAM

How could it be improved or built on?

What's needed next?

How can other people learn from/apply what I've learnt?

Analyse the strengths/weaknesses of your program to identify what helped to make the program work/not work

Evaluation report to all involved

Article for journal or professional newsletter

Presentation to colleagues

Media release/media event



Shapes: Body Image Program Planning Guide; Best Bets: Planning Body Image Programs, and the Research Review of Body Image Programs are part of the Department of Human Services series on evidence-based health promotion.

All three publications are available at the Internet address www.dhs.vic.gov.au/phd/ebhpt/.

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