

Sweet Lies

Campaign Evaluation

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SWEET LIES CAMPAIGN

The Hawai'i Department of Health's (DOH) Chronic Disease Prevention and Health Promotion Division (CDPHPD) developed and launched the [Sweet Lies Campaign](#) to educate parents and guardians of young children (ages 0-8) about the deceptive practices of the beverage industry and the risks associated with drinking sweetened-fruit drinks (SFDs). *Sweet Lies* was modeled after a campaign by Krieger and colleagues¹ targeting Latinx parents of young children.



The *Sweet Lies* campaign ran statewide from January 9 to April 30, 2023 on TV, digital platforms, on mainstream and in-language radio, and in malls. The campaign included three still ads (pictured below) and one video ad with the following core messages:

- SFDs can lead to tooth decay, weight gain and diabetes.
- Water or unflavored milk is the healthiest choice.
- SFDs have added sugars. Health experts recommend children drink no SFDs.
- Don't fall for the industry's *Sweet Lies*. Pictures of fruits and words like *Juice*, *Natural*, and *100% Vitamin C* hide the sugar in sweetened fruit drinks that can lead to tooth decay, weight gain, and diabetes.



¹Krieger J, Bleich SN, Scarmo S, Ng SW. Sugar-Sweetened Beverage Reduction Policies: Progress and Promise. *Annu Rev Public Health*. 2021;42(1):439-461. doi:10.1146/annurev-publhealth-090419-103005

EVALUATION

The Healthy Hawai'i Evaluation Team (HHET) collaborated with CDPHPD to develop a pre/post cross-sectional study to evaluate the campaign. The main evaluation aims were to:

1. Understand the campaign reach, location of ad exposure, and participants' ratings of the ads
2. Evaluate the effectiveness of the media campaign at changing parents' and guardians' perceptions about the harms of SFDs and their beverage purchasing behaviors.

METHODS

Hawai'i parents and guardians of young children ages 6 months to 8 years were surveyed before and after the *Sweet Lies* campaign. Online surveys were administered in Qualtrics by Anthology. The pre-survey ran from November 19 to December 2, 2022 and the post-survey ran from May 1 to 22, 2023. Survey participants were recruited from two market research panels of Hawai'i residents. The pre-survey participants were different than the post-survey participants. Those who completed the survey were given \$5 e-gift card from the vendor of their choice. The University of Hawai'i Human Studies Program confirmed the study was not human subjects research.

Table 1: Survey Response Rates

	Pre-Survey n (%)	Post-Survey n (%)
Opened Survey	1,712	2,724
Removed because ineligible, bad data, or incomplete survey	1,254 (73%)	2,242 (82%)
Survey Completion Rate (among those who opened the survey)	458 (27%)	482 (18%)

Pre- and Post-Survey Measures

The pre- and post-surveys were adapted with permission from the Krieger study. In both surveys, parents or guardians were shown a simulated grocery store and asked to "purchase" a beverage for their oldest child between 6 months and 8 years old. The surveys also asked participants to rate their perceptions of the harms of their child drinking SFDs on a 7-point scale of 1-Strongly Disagree to 4-Neutral to 7-Strongly Agree for four items: Drinking SFDs often could increase my child's risk of...diabetes; cavities and tooth problems; weight gain; health problems in the future. The surveys also asked demographic information. The post-survey asked additional questions about ad recall and where ads were seen. Then, all post-survey participants were shown the ads and asked to rate each ad and share their perceptions of the harms of SFDs a second time.

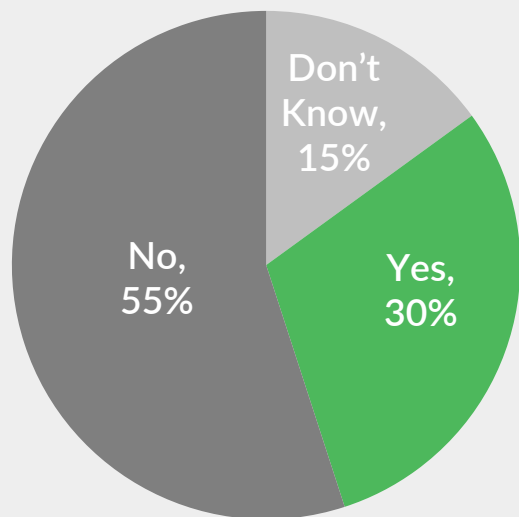
REPORT STRUCTURE

The following report explores the two evaluation questions. First, post-survey data is examined to understand campaign exposure and perceptions of the ads (pg. 3-5). Then, to assess campaign effectiveness, pre-survey participants' responses are compared with those of post-survey participants who had seen the campaign ads when they aired (pg.6-8).

POST-SURVEY RESULTS

Ad Exposure – Unaided Advertisement Recall

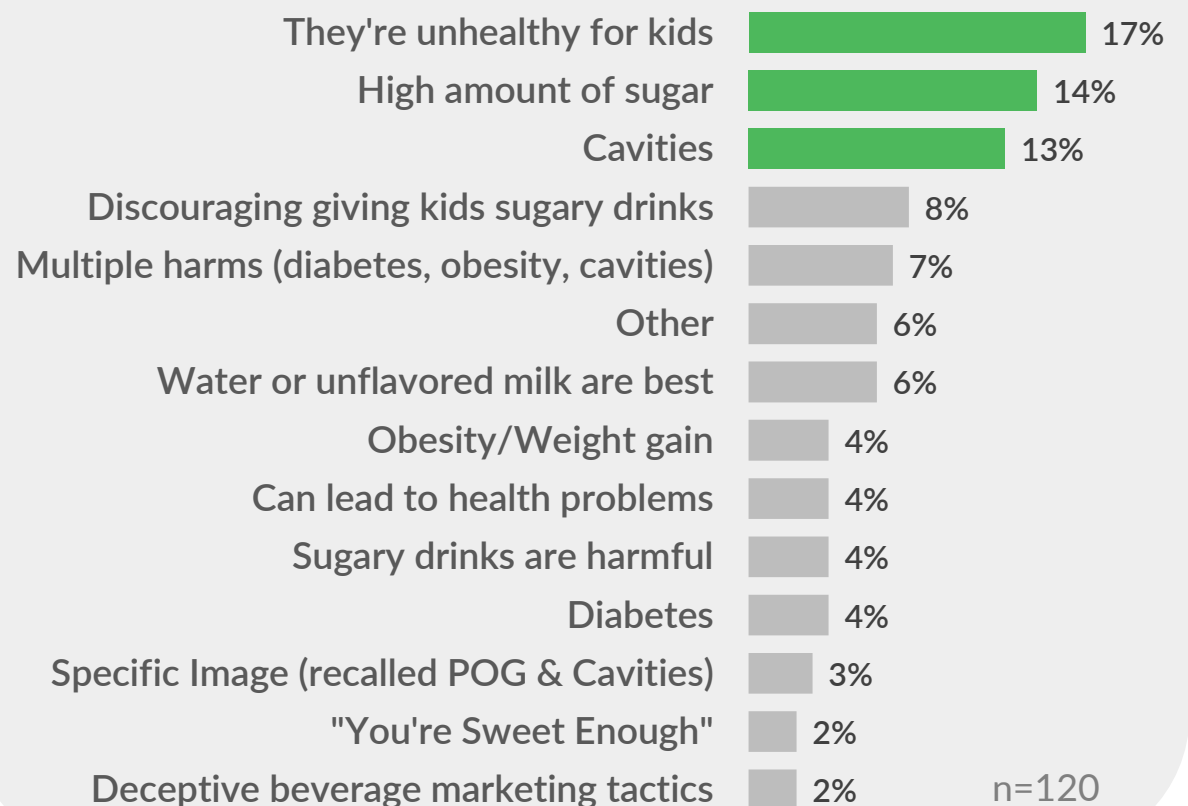
Post-survey participants (n=482) were first asked if they remembered seeing any ads with messages discouraging them from giving SFDs to their child without any prompting.



n=482

30% of the post-survey respondents **said they had seen or heard** one of the four *Sweet Lies* ads, before being shown them.

The top messages people recalled when seeing the ads were **they're unhealthy for kids, they have high amounts of sugar, and can cause cavities.**

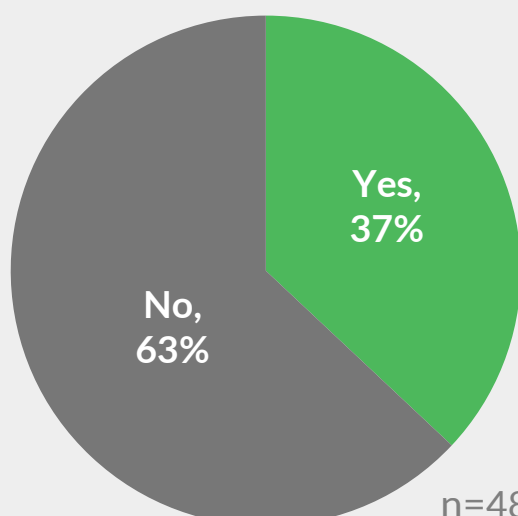


n=120

Ad Exposure – Aided Advertisement Recall

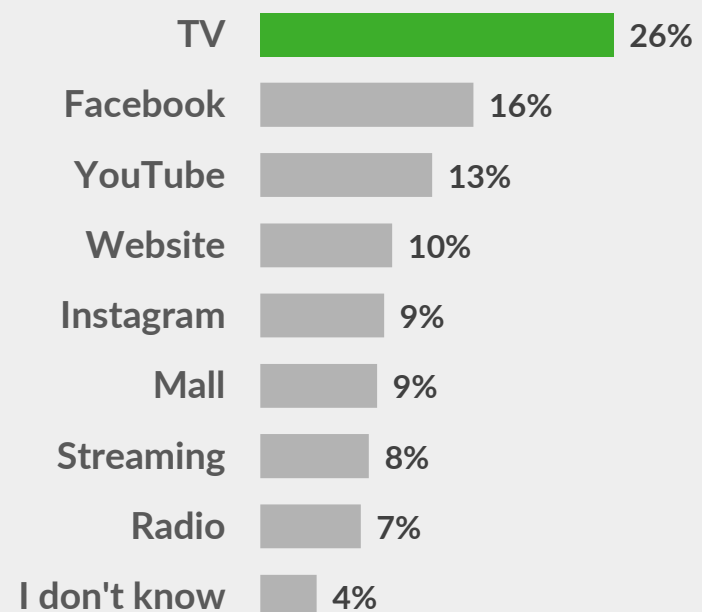
The participants were then **shown** each of the four *Sweet Lies* ads in random order and asked if they had seen the ads previously and where they had seen or heard them.

Overall, when shown the *Sweet Lies* campaign, 37% of post-survey respondents **recalled** seeing it. When shown the ads more people recalled seeing them.



n=482

The most common location participants had seen or heard the ads was on **TV.**



n=178

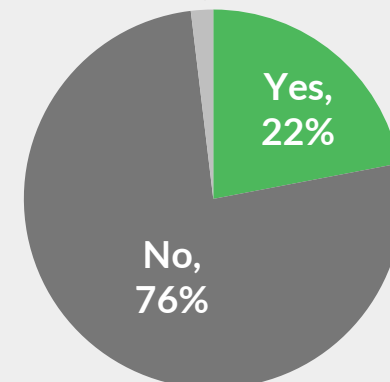
Ad Exposure – Aided Advertisement Recall

Below is the break down of exposure to each ad for the aided recall questions. The video ad was recalled the most (22%) and the “Say No” ad was recalled the least (14%). Half of those who saw the campaign reported only seeing one of the four ads.



About 1 in 5 post-survey respondents (22%) recalled seeing the video ad when shown it. The video ad was seen the most often.

Don't Know, 2%

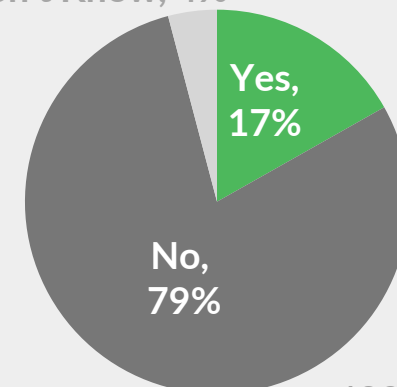


n=482



About 1 out of 6 post-survey respondents (17%) recalled seeing the cavity ad when shown it.

Don't Know, 4%

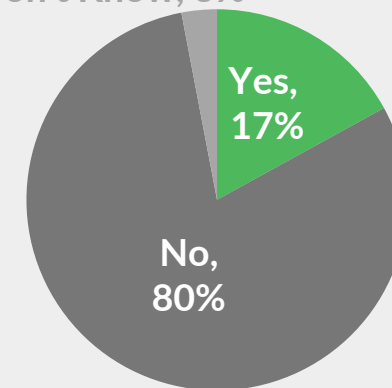


n=482



About 1 out of 6 post-survey respondents (17%) recalled seeing the “Pass-O-Diabetes” ad when shown it.

Don't Know, 3%

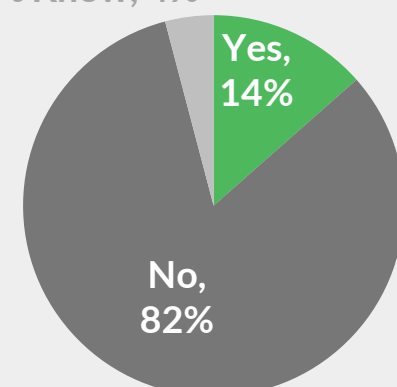


n=482



About 1 out of 7 post-survey respondents (14%) recalled seeing the “Say No” ad when shown it. The “Say No” ad was seen the least.

Don't Know, 4%

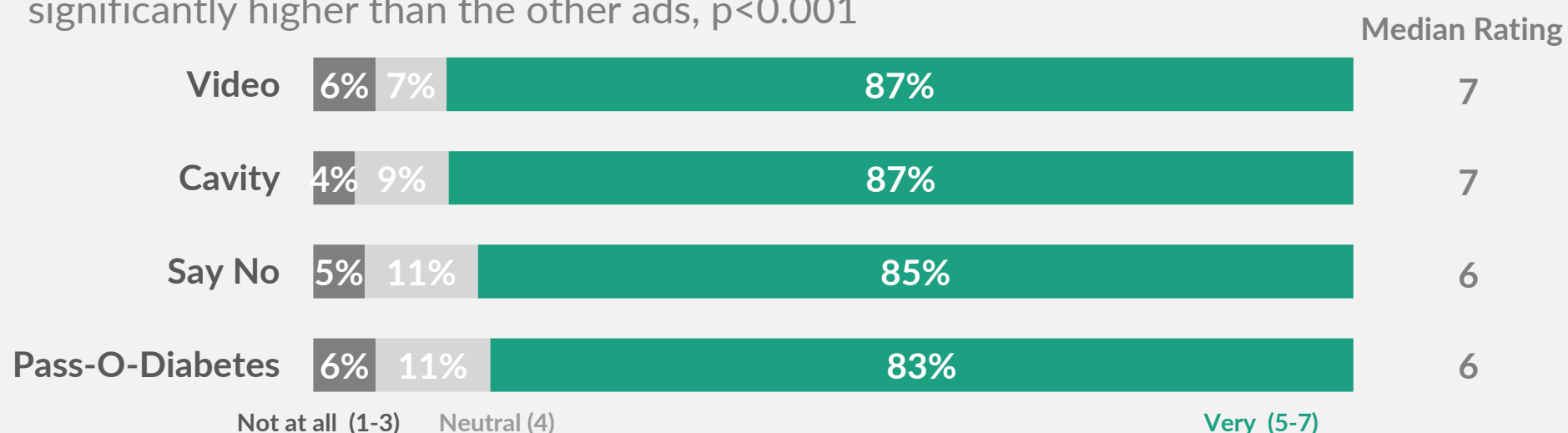


n=482

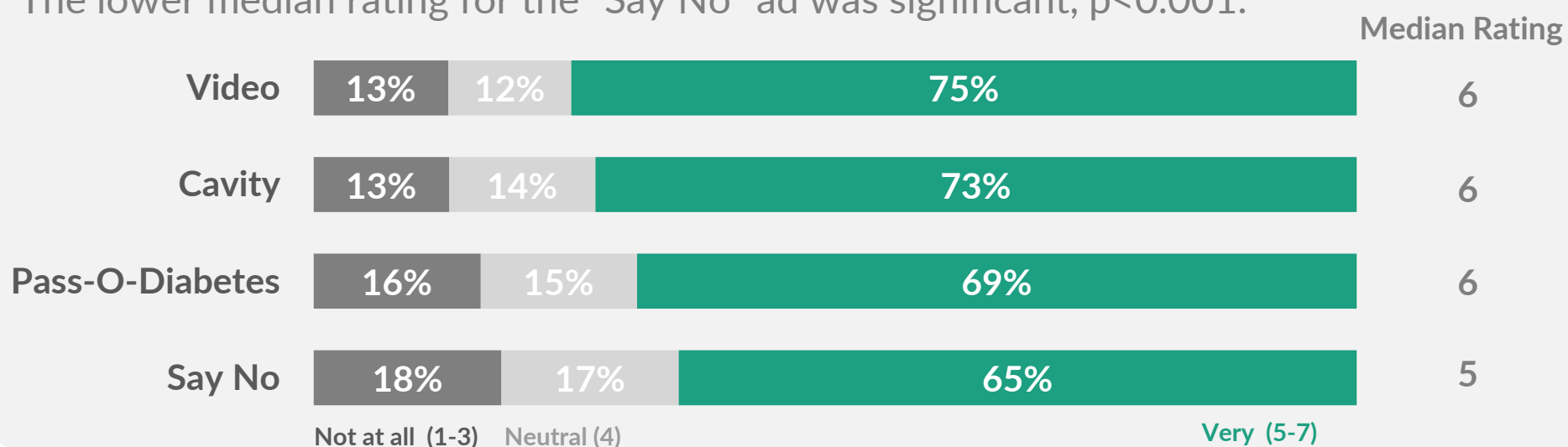
Ratings of Ads After Being Shown Them

All post-survey participants were shown the four ads (n=482) and were asked to rate each one on if the message told them something important, told them something new, and discouraged them from buying an SFD for their child. They rated these statements on a 7-point Likert scale from 1-Not at all to 7-Very much. Ratings of each ad are shown below.

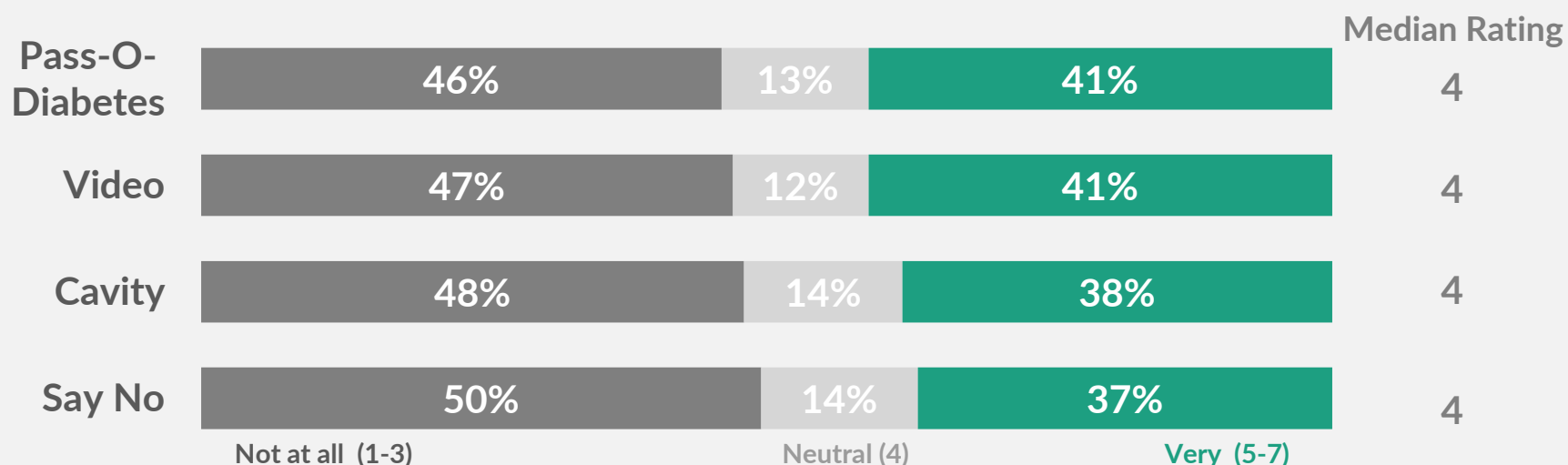
The Video and Cavity ads had **higher ratings on “This message tells me something important”** than the other ads. The median ratings of the video and cavity ads were significantly higher than the other ads, $p < 0.001$



The Video, Cavity, and Pass-O-Diabetes ads had **higher ratings on “This message discourages me from buying a SFD for my child”** than the “Say No” ad. The lower median rating for the “Say No” ad was significant, $p < 0.001$.



The Video and Pass-O-Diabetes ads had **higher ratings on “This message tells me something new”** than the other ads. The “Say No” ad had the lowest ratings.



PRE- AND POST-SURVEY RESULTS

Effectiveness of the *Sweet Lies* Campaign

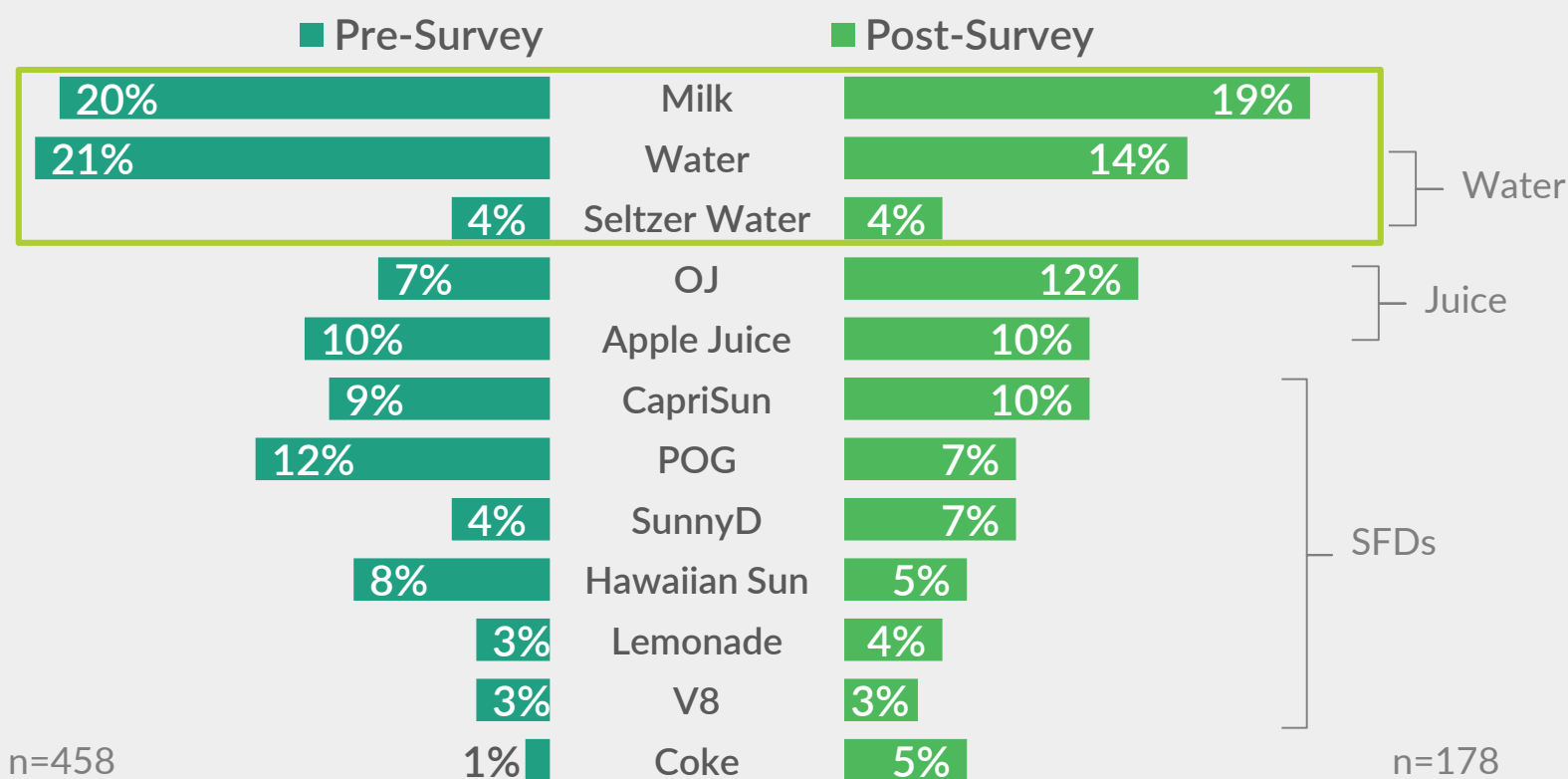
To understand if the seeing the *Sweet Lies* campaign changed the type of beverage participants “purchased” for their child in the simulated store (see image on right) and their ratings of the harms of SFDs, we compared the responses of the pre-survey participants (n=458) with those of the post-survey participants who had seen the ads (n=178).



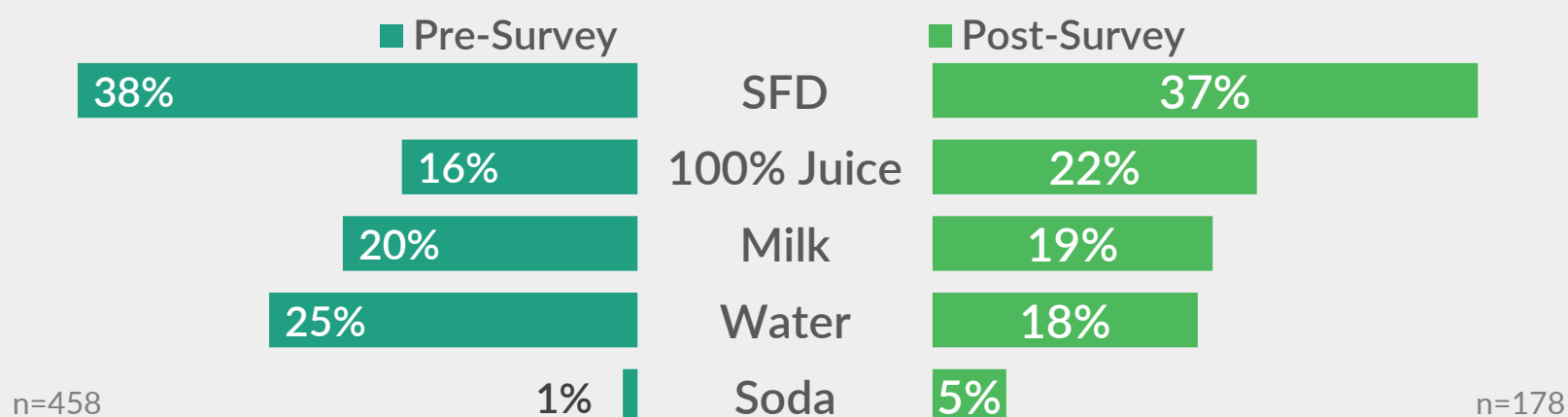
Differences in Beverage Purchases

The percentages of parents or guardians “purchasing” each individual beverage from the simulated grocery store in the pre-survey and the post-survey (among only those who saw the ads) are shared in the charts below. Individual beverages were grouped into beverage categories for statistical analyses, due to small sample sizes (see page 7).

Water and milk were the most popular beverages selected by pre-survey participants and post-survey participants who saw the ads.



Slightly fewer **post-survey participants who saw the ads** purchased an SFD. However, more people purchased a soda in the post-survey.

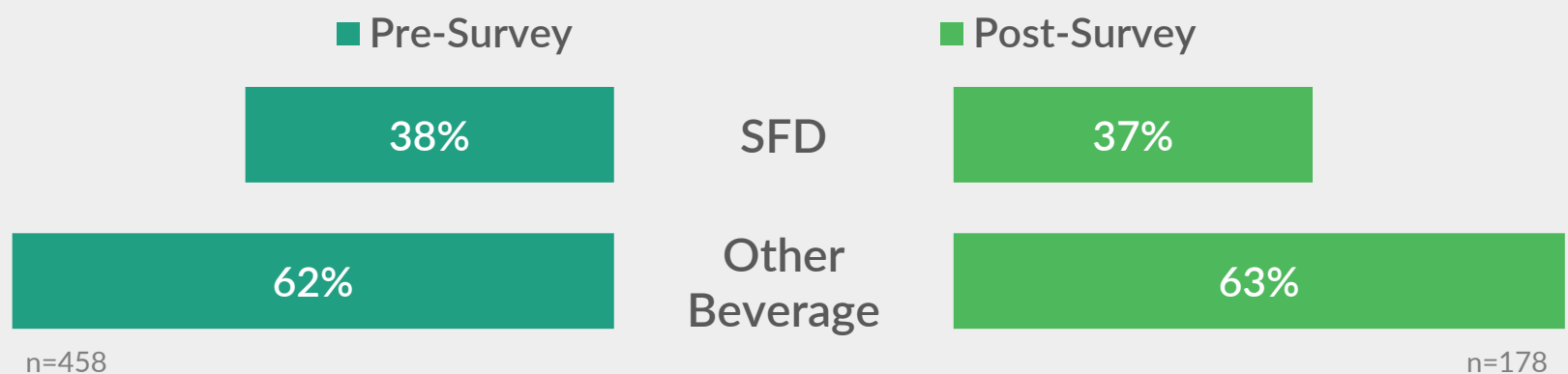


Differences in Beverage Purchases

Independent samples Z-tests were run to establish if there were statistically significant differences in the proportions of pre-survey participants (n=458) and post-survey participants who had seen the ads (n=178) who selected:

- 1) an SFD for their child in the simulated store
- 2) a healthy beverage (i.e., water, milk, 100% juice) in the simulated store.

Slightly fewer people selected an SFD in the **post-survey**. However, the difference was not statistically significant.



Slightly more people selected a healthy beverage in the **pre-survey**. However, the difference was not statistically significant.



If the campaign was effective, we would expect that fewer post-survey participants who had seen the ads would have selected an SFD than pre-survey participants. However, there were **no statistically significant differences in purchases of SFDs or healthy beverages between the pre-survey and post-survey participants who had seen the ads**. This result could be due to the small sample of post-survey participants who had seen the ads. With more participants, we may have seen differences. Additionally, the lack of significant difference could be due to the fact that the pre-survey sample and post-survey sample who saw the ads were different from each other on several demographic factors. More post-survey participants who saw the ads were from Maui, Kaua'i, and Hawai'i counties, were male, fell within the 26-34 age range, and had higher incomes or missing income compared to pre-survey participants. Also, fewer individuals identified as Native Hawaiian, Other Pacific Islander, and Filipino in the post-survey than in the pre-survey. These demographic differences suggest that the lack of variation in beverage purchases between groups may be due to the fact that the samples were just too different to compare and not that the campaign was ineffective at changing purchasing behaviors.

Differences in Perceptions of the Harms of SFDs

Participants' ratings of the harms of SFDs on the four items were averaged to create a Health Risk Index for each participant. Higher ratings indicated that participants felt that consuming SFDs often will result in greater health risks for their child. Because we asked about the harms of SFDs once in the pre-survey and twice in the post-survey (before and after we showed them the ads), we were able to make multiple comparisons between the Health Risk Index ratings of those who saw the ads and those who did not to see if the campaign was effective at changing perceptions.

1. We compared the Health Risk Index ratings of the pre-survey participants (n=458) and post-survey participants who had seen the ads (n=178) and found no statistically significant differences. Again, this may be due to the demographic differences between groups and the small number post-survey participants who had seen the campaign when it aired.
2. We also looked at just the post-survey participants who had not seen the ads when the campaign aired in public (340 out of the 482 post-survey participants) comparing their Health Risk Index ratings from the beginning of the survey to their ratings after we showed them the ads (n=340). We found that **after seeing the ads, post-survey participants, who had never seen the ads before, had higher Health Risk Index ratings, $p < 0.01$** . Because we compared participants to themselves, we were able to attribute these differences to seeing the ads. However, it should be noted that participants may have responded that they perceive SFDs to be harmful for their children because that was the socially desirable response after seeing the *Sweet Lies* campaign.

CONCLUSIONS AND RECOMMENDATIONS

Overall, the *Sweet Lies* campaign did not significantly impact parents' or guardians' beverage purchasing behaviors, but it did enhance their awareness of the harms of SFDs. It is recommended that CDPHPD continue the campaign, focusing on the video, cavity, and Pass-O-Diabetes ads, which were rated the highest by post-survey participants. CDPHPD should also consider discontinuing the "Say No" ad, which resonated least. The campaign's presence on TV and Facebook should be maintained, as these platforms had the broadest reach across all participants.

The study has several limitations including a small sample of post-survey participants who saw the ads and potential social desirability bias in the responses.

For more information about this study, or to request a more detailed report of findings, contact Meghan McGurk at mcgurkm@hawaii.edu.

