

# **“A Community-Engaged Approach to Lower Obesity and Diabetes via a Social Marketing Campaign: The Brooklyn Partnership to Drive Down Diabetes (BP3D)”**

2012 Annual American Public Health Association Meeting  
October 29, 2012

PRESENTED BY KIMBERLY GEORGE

COAUTHORED BY CALPURNYIA ROBERTS, STEPHEN BEASLEY, MARGARETTA FOX



**CAMBA**  
where you can

# BP3D Program Model



## Community Coalition to Reduce Obesity and Diabetes

40+ stakeholders including medical providers, direct service providers, diabetes experts, government reps and community members to advise the project

### **For Community:**

- ◆ Culturally-competent diabetes prevention messaging to the community

### **Our Health is in Our Hands**

*Social Marketing Campaign*  
(addressing socioeconomic and environmental level barriers)

### **Diabetes Groups** (addressing individual level barriers)

#### **For at-risk individuals:**

- ◆ 24-week support program for women
- ◆ 6-week fitness and nutrition program

#### **For individuals with diabetes:**

- ◆ 6-week Diabetes Self-management Program (DSMP)

### **Made up of goals and action steps to achieve 5 policy and environmental changes over the next two years:**

- ◆ Engaged 150 Community Health Workers, Stakeholders, Public Health workers and Activists in brainstorming and drafting activities throughout 2011
- ◆ Hosted February 2012 Working Session with 100+ stakeholders to further develop and finalize the plan

### **Brooklyn Strategic Plan to Reduce Obesity and Diabetes**

### **Case Management** (addressing individual level barriers)

#### **For individuals with barriers to care:**

- ◆ Assessment
- ◆ Service Planning
- ◆ Referral to Medical and Social Services
- ◆ Follow-up

# Social Marketing



...is the systematic application of marketing techniques to achieve specific behavior change for a larger social good



# One Essential Component

- On-going formative research on message design (What should the ad look like? What should it say? Does it work?)



# *“Our Health is in Our Hands”*



Culturally-tailored, diabetes- and obesity-prevention campaign for adults living in the disproportionately impacted communities of Central Brooklyn and East New York.



# Formative Research Activities

- Community Assessment
- Formal Focus Group
- Community Coalition Review
- Key Informant Interviews
- Post-survey

# Community Assessment



- Gathered data to improve BP3D programming and inform social media campaign
- Via a “paper-and-pencil” survey
- Conducted on the street at: Pennsylvania and New Lots (33%), Rockaway and Pitkin (31%), Eastern Parkway and Utica (29%), and Fulton and Utica (7%)

# Who completed the Community Survey?

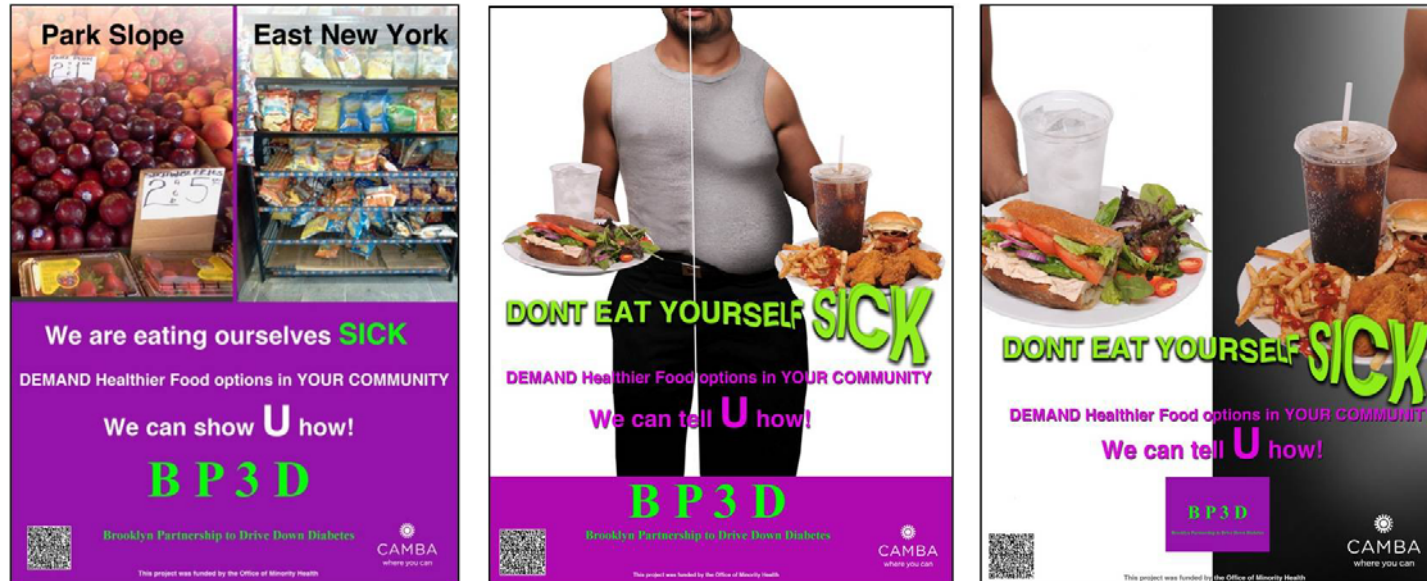


- 258 surveys were completed
- 56% of respondents were women, 38% were men and 6% were transgendered
- 36% were 25-34 years old, 30% 45-64 and 15% 18-24, 11% 35-44 and 6% were under 18.
- 73% identified as African American or Caribbean and 19% as Latino(a)
- 75% were born in the United States, 16% in the Caribbean
- 88% felt comfortable speaking English
- 76% had a high school education or less

*(NOTE: These distributions were generally reflective of the target communities. However, there was a notable over-representation of older residents and, perhaps, a slight over-representation of native residents and those without a HS education)*



# Community Survey Results – Feedback on Mock Ads



Q20 – Asked to compare three ads - which most “grabbed their attention?”

Ad comparing plates and bodies most chosen:

- 28% chose ad comparing neighborhoods
- 32% ad comparing plates
- 39% ad comparing plates and bodies
- no statistically significant differences for advertisement choice between respondents of different: genders, age, race/ethnicity, country of origin, language preference or education level

# Community Survey: Ad Comparing Plates



- understood that they were being presented with healthful and non-healthful meal;
- clear that it was promoting more healthful eating
- minor theme - food on the left looked “expensive” and “unsatisfying”
- no one said they would contact the agency or engage in advocacy



# Community Survey: Ad Comparing Neighborhoods

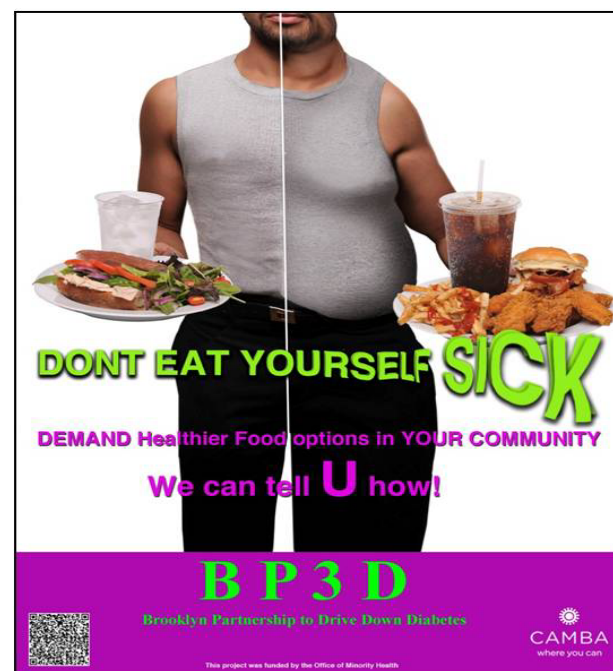


- understood that they were being presented with images of healthful and non-healthful snack foods
- thought that the ad was prompting them to eat better
- smaller theme – healthful food might be too expensive
- interestingly, the social justice aspect – advocating for healthful food access- was present but not widely noted

# Community Survey: Ad Comparing Plates and Bodies



- understood ad was about the connection between healthful eating and a healthy body
- thought it was prompting them to eat better and, in some cases, exercise
- qualitative responses much more visceral than ad that just compares plates (e.g., “yuck”, “gross”, “disgusting”)
- no one said they would contact the agency



# Community Survey - Preferred Mode



- 50% said they would prefer to respond by web
- 32% telephone
- 17% text/email



## Formal Focus Group

- Gathered more detailed feedback on ads
- Recruited 7 participants from Brooklyn
- Used outside Facilitator/Researcher and Notetaker
- Developed formal focus group guide
- Conducted session for 1 hour and 10 minutes
- Audio-taped session with participants' permission





# Focus Group: Ad - Plates

***“If I only saw it once or twice then I wouldn’t do anything. If I saw it a lot then I would probably get a salad at McDonalds instead of a sandwich.”***

*-- Focus Group Participant (7/26/11)*

- Like survey participants, members understood that the intent to motivate residents to make more healthful food choices
- Said they needed “more information” (change tag line?)
- Some admitted that it would not motivate them to do anything
- Some thought ad didn’t look professional enough
- Write out “you” instead of “U”
- Notably, none of the members said that the advertisement would motivate them to contact BP3D



# Focus Group: Ad - Neighborhoods



*“There is an ugly truth to it.”*

*“That is the political point. The demand for better food options is how the community can help.”*

*-- Focus Group Participants (7/26/11)*

- Unlike survey respondents, members understood that this was a comparison about food availability in two communities and a statement about political inequalities but felt this could be clarified even further
- Unlike Advertisement #1 which focuses on changing eating habits, members felt this ad was designed to motivate people to contact BP3D to work on food availability issues
- Interestingly, someone pointed out that the ad may actually cause people to think that fruit/vegetables are too expensive for them to buy



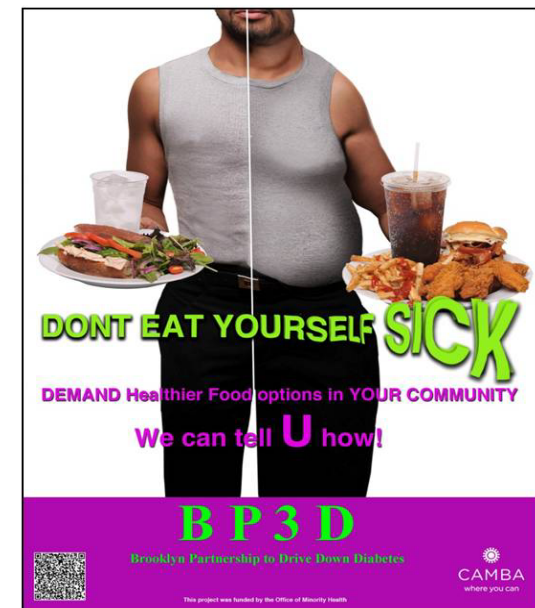
# Focus Groups: Ad - Plates and Bodies



*“Exercise more. If they used this one, it would be more effective.”*

*“Seeing the whole picture seems more effective than the first one.”*

*-- Focus Group Participants (7/26/11)*



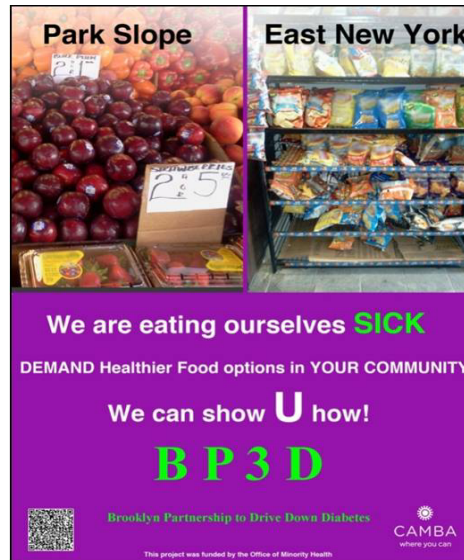
- Like survey respondents, members thought this ad was supposed to promote more healthful eating and, to a lesser extent, regular exercise
- No one thought that the advertisement was about community action around food availability

# Coalition Member Review



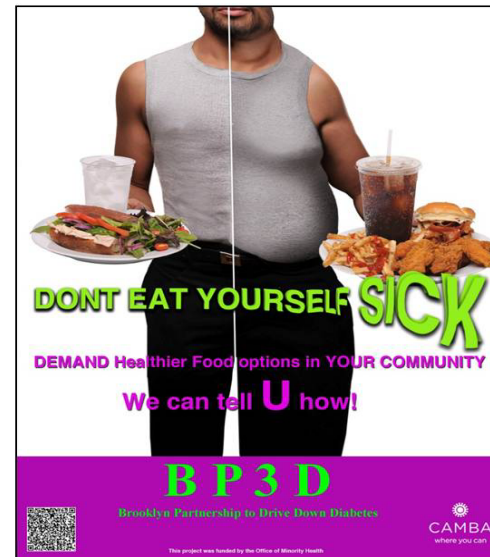
- This is where we gathered Community Coalition member feedback on each ad
- BP3D's Community Coalition consists of nearly 50 representatives of organizations working in diabetes and health promotion, as well as those offering medical and supports services
- Types of organizations represented include academic institutions, hospitals, churches, CBOs, insurance companies, and the NYC Department of Health and Mental Hygiene

# Member Review: Ad - Neighborhoods



- Felt like ad was too negative, “judging”, “stereotyping”, “don’t pit neighborhoods against each other”
- Unlike survey respondents, understood that the intent of the ad concerned social injustice of unequal access
- Members suggested that neighborhood pride is huge in Brooklyn and this could be used as a strategy for increasing involvement in the project

# Member Review: Ad – Plates and Plates and Bodies



- Like survey respondents, said ad would motivate them to watch calories and exercise, lose weight, and “never drink soda again”
- Words that came to mind: “fat”, “gross”, “sick”, “not attractive”, “greasy”
- Members noted that this ad is “vivid”, “easy to understand”

# Key Informant Interviews



- Sought guidance and input from eight community leaders about the campaign
- Gave recommendations for refining the image and redeveloping message to better resonate with the target population
- For example: should have a community perspective – change “your” to “our”
- Language should be positive – talk about being healthy as opposed to sick

# Take away



- Community survey most representative of target pop (though we are still looking at limits to generalizability)
- Focus group, member review, and key informant interviews provided additional useful insights unavailable from survey
- “Attention-grabbing” potential was closely divided, with the “body and plates” image having an advantage
- However, ads focused on individual eating behavior are a conventional approach to prevention – do not address social determinants. Food access ad does.
- According to community survey, all three ads currently read as if they are trying to influence individual eating behavior
- Social justice/food access aspect of neighborhood ad was not widely acknowledged by survey participants– would need to work on ad, change tag line to clarify this framing
- Message should be positive and from a community perspective

# Our Health is in Our Hands

## FINAL IMAGES



**Our Health is  
in Our Hands**

Demand **Healthier** Options  
in Our Communities

**BP3D**  
Brooklyn Partnership to Drive Down Diabetes

[BP3D@camba.org](mailto:BP3D@camba.org) [camba.org/BP3D](http://camba.org/BP3D)

100% of the funding for this project comes from Grant Number 1-CR00P10008-01-00 from Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS.

**Nuestra Salud está  
en Nuestras Manos**

Exija opciones de comida saludable  
en nuestras comunidades

**BP3D**  
Brooklyn Partnership to Drive Down Diabetes

[BP3D@camba.org](mailto:BP3D@camba.org) [camba.org/BP3D](http://camba.org/BP3D)

100% of the funding for this project comes from Grant Number 1-CR00P10008-01-00 from Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS.



# Post Campaign Survey Report



- 196 residents completed follow-up surveys (52% were female and 10% were transgendered)
- 41% reported they saw BP3D's ad
- Of those who reported seeing the ad, 78% could identify the campaign's image among 3 multiple choice items
- 33% correctly identified the ad's tagline
- Survey data suggests many residents do not know the symptoms of diabetes and are not accurately assessing their health and health risks
- Many do not see themselves as having control over their "health destiny" and are not aware of the free resources in their area
- Specially-tailored campaigns such as BP3D's appear to be effective in reaching community members and making connections between programs and residents



# Brooklyn Strategic Plan to Reduce Obesity and Diabetes



The planning, implementation, and evaluation of *Our Health is in Our Hands* have served as teaching tools for the development of the *Brooklyn Strategic Plan to Reduce Obesity and Diabetes*, which will be implemented throughout 2012 and 2013. The plan seeks to achieve 3-5 policy and/or environmental changes over the next two years.



# Five Potential Change Goals and Sample Activities



<p>1. Address linguistic and cultural/ethnic barriers to healthcare</p>	<ul style="list-style-type: none"> <li>• Create resource exchange</li> <li>• Increase the number of Certified Diabetes Educators and DSMP leaders in target communities</li> </ul>
<p>2. Build partnerships/coordination among service providers and among health promotion programs</p>	<ul style="list-style-type: none"> <li>• Expand environmental scan</li> <li>• Create directory</li> </ul>
<p>3. Increase knowledge of and access to health options</p>	<ul style="list-style-type: none"> <li>• Raise awareness of the targeting of at-risk communities with marketing of unhealthy products</li> <li>• Educate the community and legislators on the dangers of sugar sweetened beverages</li> <li>• Support/expand existing initiatives (e.g., healthy bodegas, play streets, etc.)</li> <li>• Build awareness via social media regarding access to affordable healthy options</li> <li>• Change/enforce school food and physical activity policies</li> </ul>
<p>4. Build capacity of faith-based and community centers to address health needs</p>	<ul style="list-style-type: none"> <li>• Facilitate partnerships between community groups and fitness centers, healthy food outlets, eater companies, etc.</li> <li>• Fundraise for community groups to purchase fitness equipment</li> </ul>
<p>5. Sustain important aspects of BP3D and partner programs</p>	<ul style="list-style-type: none"> <li>• Train CBO staff and people from the community to lead self-management workshops</li> <li>• Integrate self-management training into Medgar Evers and CUNY curricula</li> <li>• Advocate for funding to Brooklyn (e.g. for health options in lower socioeconomic areas, from DOE for sports, etc.)</li> <li>• Evaluate success of Strategic Plan</li> </ul>

# Contact Us

KIMBERLY GEORGE

PROGRAM DIRECTOR, BROOKLYN PARTNERSHIP TO DRIVE DOWN DIABETES

CAMBA

1720 CHURCH AVENUE

BROOKLYN, NY 11226

TEL: 718-287-2600

EMAIL: [KIMBERLYG@CAMBA.ORG](mailto:KIMBERLYG@CAMBA.ORG)



CAMBA

where you can