



Eat
Away at
Obe**sity**



Social Marketing Campaign

COM 5130 – Spring 2021

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AGENDA

- Introduction of Issue, EAAO
- Discussion of Purpose, Target Audience, Mission, Objectives, Partnerships
- SWOT Analysis, Discussion of Barriers and Solutions
- 4Ps Analysis (Marketing Plan), Promotional Literature Showcase, Review of Key Messages
- Phased Implementation Plan, Evaluation Methods and Measures, Review of Budget
- Summary





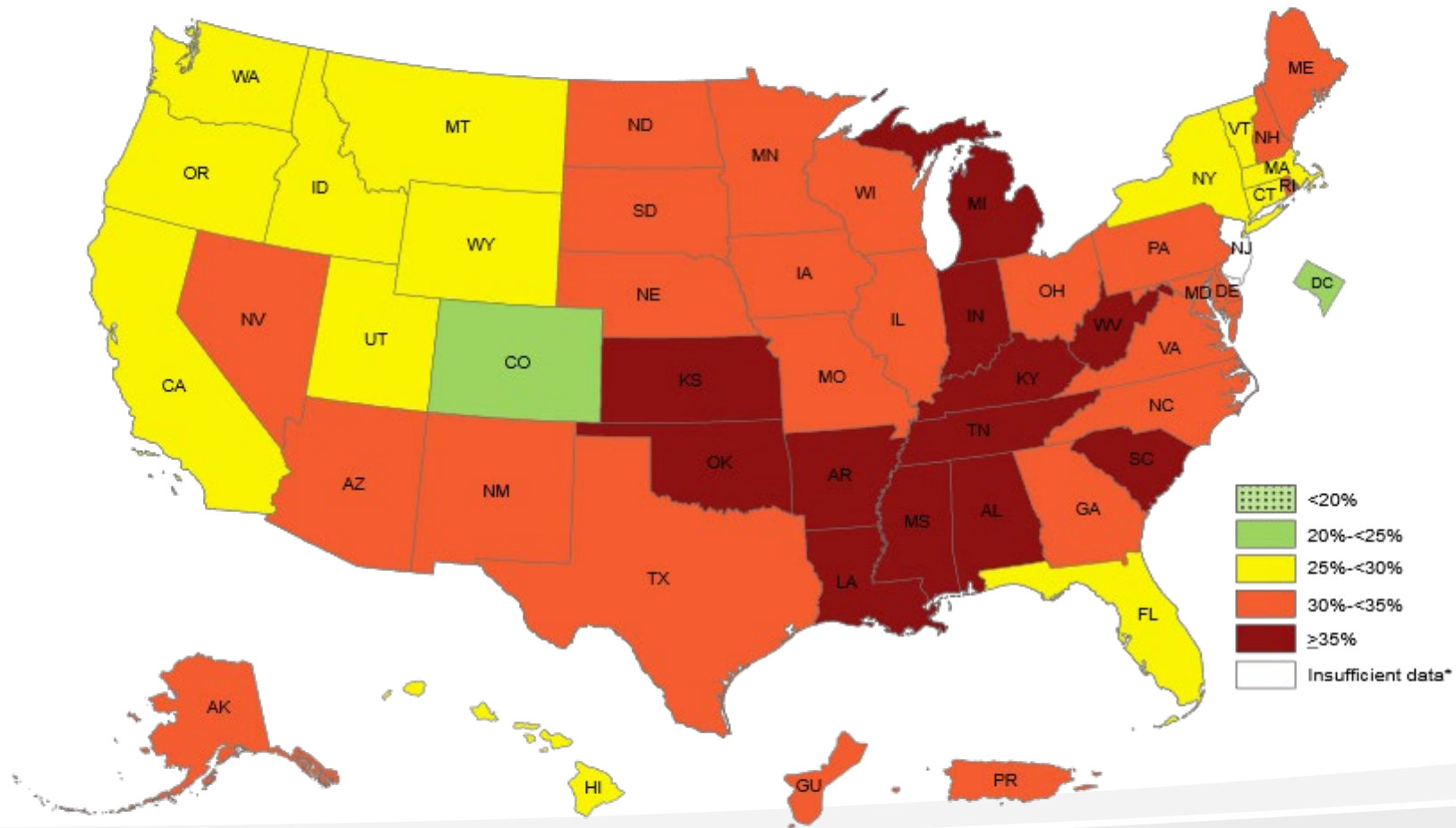
THE ISSUE

- 11.9% increase in national obesity rates since 2000 (CDC, 2021)
- Obesity responsible for causing diabetes, strokes, heart disease, cancers, and death
- Disparity throughout communities -- obesity affects some demographic groups more than others
- Socioeconomic status is a major factor in the prevalence of obesity throughout America
- This means individuals in low- to middle-income and education households have less access to a healthy diet and nutrition education





Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2019 (CDC, 2021)





WHY IT MATTERS

- Food affordability/accessibility, portion sizes, grocery store product placement/advertising, convenience, time commitment, health education availability/accuracy, and increased popularity in gluttonous lifestyles all contribute to the overwhelming prevalence of obesity in America (Wright, 2012).
- Out of 52 states, Michigan has the 8th highest obesity prevalence (O'Brien, 2002).



Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2019 (CDC, 2021)

State	Prevalence	95% Confidence Interval
Alabama	36.1	(34.6, 37.7)
Alaska	30.5	(27.8, 33.4)
Arizona	31.4	(29.7, 33.2)
Arkansas	37.4	(35.5, 39.4)
California	26.2	(25.1, 27.2)
Colorado	23.8	(22.7, 24.9)
Connecticut	29.1	(27.8, 30.5)
Delaware	34.4	(32.1, 36.6)
District of Columbia	23.8	(21.7, 25.9)
Florida	27.0	(25.6, 28.5)
Georgia	33.1	(31.3, 35.0)
Guam	33.6	(30.5, 37.0)
Hawaii	25.0	(23.7, 26.3)
Idaho	29.5	(27.6, 31.4)
Illinois	31.6	(30.1, 33.1)
Indiana	35.3	(34.0, 36.7)
Iowa	33.9	(32.8, 35.1)
Kansas	35.2	(34.1, 36.4)
Kentucky	36.5	(34.7, 38.2)
Louisiana	35.9	(34.1, 37.7)
Maine	31.7	(30.3, 33.1)
Maryland	32.3	(31.1, 33.4)
Massachusetts	25.2	(23.9, 26.5)
Michigan	36.0	(34.7, 37.3)
Minnesota	30.1	(29.2, 31.1)
Mississippi	40.8	(39.0, 42.7)
Missouri	34.8	(33.2, 36.4)

State	Prevalence	95% Confidence Interval
Montana	28.3	(27.0, 29.7)
Nebraska	34.1	(33.0, 35.2)
Nevada	30.6	(28.2, 33.1)
New Hampshire	31.8	(30.0, 33.6)
New Jersey	Insufficient data*	Insufficient data*
New Mexico	31.7	(30.0, 33.5)
New York	27.1	(26.0, 28.2)
North Carolina	34.0	(32.2, 35.8)
North Dakota	34.8	(33.0, 36.7)
Ohio	34.8	(33.5, 36.1)
Oklahoma	36.8	(35.2, 38.4)
Oregon	29.0	(27.5, 30.4)
Pennsylvania	33.2	(31.7, 34.7)
Puerto Rico	32.5	(31.0, 34.0)
Rhode Island	30.0	(28.2, 31.9)
South Carolina	35.4	(33.8, 36.9)
South Dakota	33.0	(30.6, 35.5)
Tennessee	36.5	(34.8, 38.3)
Texas	34.0	(32.2, 35.7)
Utah	29.2	(28.2, 30.3)
Vermont	26.6	(25.0, 28.3)
Virginia	31.9	(30.6, 33.2)
Washington	28.3	(27.3, 29.4)
West Virginia	39.7	(38.0, 41.5)
Wisconsin	34.2	(32.4, 36.1)
Wyoming	29.7	(27.7, 31.7)



PURPOSE

- Increase audience awareness of dangers associated with poor nutrition and obesity
- Offer an influx of information to help shatter barriers that block knowledge of and access to healthier foods and nutrition information
- Increase awareness of similar organizations and partners
- Change audience perception of healthier diets, their quality of life, and their ability to improve their overall health.





TARGET AUDIENCE AND MISSION

- 2,628,605 residents in Wayne, Washtenaw, Macomb, and Oakland counties
- Between the ages of 18 and 64
- Lower-income and less-educated households
- Facing a challenge accessing fresh groceries and nutrition education

“We want residents between the ages of 18 and 64 in Metro Detroit to see the development of healthier eating habits as a way to improve the quality of their lives, increase self-confidence, decrease health-related issues, and, ultimately, we would like them to view this as more important and beneficial than the perceived ease and normalcy of yielding to poor eating habits and a poor overall state of well-being.”





PARTNERSHIPS

- Henry Ford Health System, WSU School of Medicine, Michigan Medicine UofM, Detroit Medical Center, Oakland University School of Medicine
- Obesity Action Coalition (OAC), Your Weight Matters (YWM), Strategies to Overcome and Prevent (STOP) Obesity Alliance
- Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO)





OBJECTIVES

We want at least **25%** (657,151 people) of our target audience to:

- Increase daily fruit/vegetable servings to no less than five
- Access nutrition information at least once per week
- Decrease blood pressure and glucose levels to acceptable ranges
- Decrease body mass index (BMI) by at least one point
- Reduce doses of or eliminate need for weight-related prescription medications





CAMPAIGN STRENGTHS AND OPPORTUNITIES

- Lots of research and information regarding supporting organizations and partners
- Countless allies to help extend message reach (comm. Channels)
- Diet culture is on the rise!
- Metro Detroit is the ideal target audience
- Rising popularity of pre-made, packaged meals (“meal preps”) – makes ready-to-eat, balanced meals more available
- Growth of grocery delivery and pickup options at dozens of markets and grocery stores, especially since rise of COVID-19





CAMPAIGN WEAKNESSES AND THREATS

- One grocery trip costs more than one fast food run
- Immediate and specific results cannot be guaranteed and will vary
- Distance of fresh food markets makes healthier foods harder to access
- Promotion for fast and convenience foods is greater
- Audience perceptions place sedentary, gluttonous lifestyles at a more attainable and manageable level (O'Brien, 2002)
- Legislative/law components missing



BARRIERS TO ACHIEVING DESIRED BEHAVIORS

- Living too far from grocery stores or markets
- Fresh grocery costs too much
- Fear of failing/change is impossible
- Not knowing implications current diet have on health
- Unsure of resources and support that exist to encourage healthier eating habits
- Not enough time to shop for and prepare meals at home





SOLUTIONS TO BARRIERS

- Delivery services, bus maps/schedules, increased availability of product in closer stores
- Discounts, coupons
- “No-fail environment”
- One-on-ones, encouraging PCP/GP checkups
- Sharing resource library, making info more accessible
- Time/planning schedule assistance, tips





4Ps ANALYSIS (MARKETING PLAN)

PRODUCT: Nutrition information and resources/support to improve availability of nutritious foods

PRICE: Time/effort shopping and cooking, higher grocery bills, more gas to get to markets; Coupons, discounts, and incentives offered to ease financial burden

PLACE: Increase fresh and pre-prepared food availability in convenience stores, gas stations, work places, schools, etc.

PROMOTION: Multi-channel approach (with help from partners and cooperating businesses); Banners, posters, pull-tab (contact) sheets, T-shirts, brochures, reusable grocery totes, website, and social media





BANNER

A Lifestyle That Tastes Great



Eat
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Obe**sity**

Breaking Down Barriers to Better Health



EatAwayatObesity



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POSTERS


A Lifestyle That Tastes Great



Eat Away at Obesity

Breaking Down Barriers to Better Health


Can healthy eating really be this easy?





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This or That?





or

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BREAKING DOWN BARRIERS TO BETTER HEALTH

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Did You Know?



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Hot dogs contain not only some of the most disgusting ingredients (turned into a substance resembling pink slime) but also nitrates, which have been linked to Type 2 diabetes. Processed meats, including hot dogs, are also in the same carcinogenic category as cigarettes and increase your risk of **cancer**.



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BREAKING DOWN BARRIERS TO BETTER HEALTH

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BROCHURE

A Lifestyle That Tastes Great



Breaking Down Barriers to Better Health

Can healthy eating
really be this easy?



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What's The Issue?

Obesity is an epidemic that has plagued the world for centuries. As time goes on, obesity rates seem to only increase. From 1999–2000, the obesity rate in America sat around 30.5%. In 2017–2018, the rate had already increased to 42.4% (CDC, 2021).

Almost 50% of Americans are identified as being overweight or obese. Obesity is responsible for causing other issues and illnesses for people, including diabetes, strokes, heart disease, cancers, and even death. What's even worse is obesity seems to affect some groups more than others. In America, Non-Hispanic Black adults have the highest rate of obesity, sitting at 49.6%, and Hispanic adults are not too far behind with 44.8%. Non-Hispanic White adults reported a 42.2% obesity rate, while non-Hispanic Asian adults reported just 17.4% (CDC, 2021).



Why Should You Care?

According to Suzanne M. Wright and Louis J. Aronne, who studied the causes of obesity in America, factors contributing to obesity include food environment (affordability and accessibility), available portion sizes, grocery store placement and advertising, convenience (which ties in with availability), physical activity, time commitments (ties in with convenience), health education availability and accuracy, as well as an overall increase in popular, glamorized sedentary activity (social media, video games, etc.) (Wright & Aronne, 2012).

In the end, obesity is "damaging to our health, reduces the span and quality of our lives, and have an enormous financial implication on the health care system" (O'Brien & Dixon, 2002). Too many people are misinformed about what a balanced, healthy, and sustainable diet looks like, and my social marketing campaign would aim to not only shine light on the issue of obesity itself, but ways for partners and people to knock down barriers that may stand in their way of promoting and living healthy lives.



PULL-TAB SHEETS

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T-SHIRT





GROCERY TOTE





KEY MESSAGES

- Start small: Losing weight and achieving better nutrition does not have to be a difficult process
- Benefits of taking more time to carefully select more wholesome food options far outweighs the costs of making those changes
- A multitude of tools and resources exist to aid people in adopting healthier eating habits.
- Socioeconomic status should not determine anyone's ability to nourish his or her body





IMPLEMENTATION PLAN

Phase 1: “We’re Here”

- Grand introduction that includes placing promotional literature and reserving tables at 20 summer events

Phase 2: “Let’s Work”

- The content and programming-heavy phase; pushing key messages and resources/information

Phase 3: “Don’t Stop Now”

- “Winding down”; reminders of key messages and tips/resources for next steps





EVALUATION METHOD

- Self-report surveys (mailed, emailed to audience); call-in capability)
- Registry will provide us the contact information we need from target audience members
- Open-ended questions, Likert-type scale statements, and T/F statements



EVALUATION MEASURES

- All five objectives will be measured according to their **25%** goal
- Positive shift in at least **33%** of our target audience members' beliefs regarding healthier eating habits
- Increased obesity/prevention knowledge (recall rate) and overall campaign retention from **33%** of our target audience





SURVEY



Eating Habits and Obesity Awareness

1. I am...
 - a. Male
 - b. Female

2. My age is...
 - a. 18-25
 - b. 26-34
 - c. 35-42
 - d. 43-51
 - e. 52-64

3. How many fruits/vegetables do you eat per day?

4. **On the following scale, indicate your agreement with the following statement: I know the causes and risk of obesity.**
 - a. Very strongly agree
 - b. Agree
 - c. Unsure
 - d. Disagree
 - e. Very strongly disagree

5. How many times per month do you grocery shop?

6. How many times per week do you cook a meal at home?

7. How many times per week do you purchase fast food?

8. How many times per week do you purchase snacks or meals from convenience stores or gas stations?

9. How would you rank your overall satisfaction with your health and the quality of your life?
 - a. Very satisfied
 - b. A little satisfied
 - c. Neutral
 - d. A little unsatisfied
 - e. Very unsatisfied

10. Are you currently taking any prescribed medications to help you manage diabetes, pre-diabetes, high blood pressure, or any other weight-related issue?



BUDGET

- Product-related costs (Totes, brochures): \$3,380
- Price-related costs (Incentives, participant interviews, coupon program): \$4,250
- Place-related costs (Summer pop-up tables, website/socials, webinars): \$8,400
- Promotion-related costs (All promotional literature, T-shirts): \$8,698.90
- Evaluation-related costs (3 surveys): \$1,500
- **Total estimated costs: \$26,228.90**





SUMMARY

- Obesity responsible for causing diabetes, strokes, heart disease, cancers, and death
- Disparity throughout communities -- obesity affects some demographic/socioeconomic groups more than others
- Through support and sharing of resources, we can help make nutrition information and nutritious foods more accessible to all people regardless of socioeconomic status
- A multi-angle, full-support campaign with a legislative/law-making component is necessary for fulfillment of desired changes





REFERENCES

“Adult Obesity Facts.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 11 Feb. 2021, www.cdc.gov/obesity/data/adult.html.

O'Brien, P. E., & Dixon, J. B. (2002). The extent of the problem of obesity. *The American Journal of Surgery*, 184(6), S4-S8.

Wright, S. M., & Aronne, L. J. (2012). Causes of obesity. *Abdominal Radiology*, 37(5), 730-732.





Questions? Thank you!

