



"Community-Based Social Marketing: The California Project LEAN Experience"



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Chapter I. Introduction

About California Project LEAN

In 1999, the ten regional agencies of California Project LEAN (Leaders Encouraging Activity and Nutrition) were awarded funds from the United States Department of Agriculture, via the *California Nutrition Network for Healthy, Active Families*,

to improve healthy eating behaviors among low-income Californians. California Project LEAN's state staff, faculty from the University of South Florida, and other experts in the field of social marketing provided technical assistance and training to the regional coordinators for implementation of the Community-Based Social Marketing (CBSM) projects. This document summarizes the process and the activities conducted by the regional agencies between 2000 and 2002.

"Californians are physically active, eating healthy foods, and living in communities that support healthy lifestyles" —California Project LEAN Vision

California Project LEAN funds ten regional offices, which house staff with a wide range of expertise in coalition building, research, policy implementation, grassroots organizing, and program implementation. The regions have a long history of working with underserved, multiethnic populations to promote healthy eating and physical activity through social marketing, health education, media advocacy, and policy change campaigns.

California Project LEAN is a program of the California Department of Health Services and the non-profit Public Health Institute (PHI). California Project LEAN's mission is to increase healthy eating and physical activity to reduce the prevalence of chronic diseases such as heart disease, cancer, stroke, osteoporosis, and diabetes.

The goals of California Project LEAN are to:

- Serve as leaders coordinating state and local efforts promoting nutrition and physical activity.
- Create healthier communities through policy and environmental changes that support healthy eating and physical activity.
- Conduct research-based, consumer-driven nutrition and physical activity campaigns.
- Educate Californians to choose healthier foods and be more physically active.

California Project LEAN's current programs include Food on the Run, School Board Nutrition Policy Project, California Bone Health Campaign for Low-Income Latino Mothers, and the Community-Based Social Marketing (CBSM) projects.

Food on the Run is a program dedicated to increasing healthy eating and physical activity among youth to improve health and reduce the risk of chronic disease. The program focuses on strengthening individual skills and knowledge to influence the school and community environment to increase access to healthy food and physical activity options.

The **School Board Nutrition Policy Project** seeks to educate school board members about the importance of nutrition policies and increase the number of school district policies that support healthy eating.

The goal of the **California Bone Health Campaign for Low-Income Latino Mothers** is to increase lifestyle behaviors that promote bone health among Latino women and their children to improve health and reduce the risk of osteoporosis.

Visit www.CaliforniaProjectLEAN.org for additional program information.

1.2 How to Use This Manual

This manual describes California Project LEAN's process of planning, implementing, and evaluating regional community-based social marketing campaigns conducted in low-income communities from 2000-2002. California Project LEAN strongly believed that using a single message and common educational materials would not effectively reach California's diverse and multiethnic population. California Project LEAN's regional agencies adopted the Community-Based Prevention Marketing (CBPM) model developed by researchers at the Florida Prevention Research Center (FPRC). The FPRC, first funded in 1998 by the Centers for Disease Control and Prevention as part of its network of 28 university-based centers of excellence in prevention research, was charged with developing, implementing, and evaluating a new program planning and intervention approach—CBPM. The FPRC model provided the framework for guiding planning strategies, implementation, and evaluation of the regional projects. California Project LEAN decided to call the model "Community-Based Social Marketing," rather than CBPM. The Spectrum of Prevention (see section 2.3) guided the design of strategies to effect change in the target communities.

This document can serve as a tool for program planners in agencies and community-based organizations who wish to use a social marketing approach for implementing health behavior change programs in the community. Reviewing the following sections will help readers use this manual:

- The explanation of social marketing in section 1.3 in the introduction
- The overview of the ten regional campaigns in Appendix I and selected regional projects highlighted in more detail in Chapter 3
- Lessons learned and recommendations for future application offered in Chapter 4
- Suggested reading list and resources for conducting social marketing campaigns in Chapter 5
- Examples of research tools and campaign materials in the appendix

1.3 The Social Marketing Approach to Nutrition and Health Behavior Change Programs

1.3.1 What Is Social Marketing?

Social marketing is an approach to the planning and execution of health behavior change in a community. It is not a theory in itself, but draws from several social and behavioral theories fully explained elsewhere in the social science literature.

Many definitions have been suggested for social marketing. Various health promotion programs and mass communication campaigns focusing on social problems have been called social marketing campaigns. Alan Andreason, Ph.D., defined social marketing as “the application of commercial marketing techniques to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society.”¹ With social marketing, individuals and society benefit from adopting the target behavior. In commercial marketing practice, the consumer’s behavior change brings financial profit to private business and industry. Several key aspects of the social marketing approach are included in this definition. The focus is on behavior, not awareness or attitude change; and the approach is centered on the target audience’s having a primary role in the process.²

“Without the research from the social marketing approach, classes on nutrition are hit or miss as far as changing behavior and reaching the target group.”

–Susan Horne, Gold Coast Project LEAN Coordinator

According to Lefebvre & Rochin,³ five key concepts define social marketing:

(1) **Consumer Orientation.** The research, planning, implementation, and evaluation of the project are driven by the consumer. Research methods are designed to gather information to better understand the consumer’s viewpoint and experience. Materials are pre-tested with members of the target audience.

(2) **Audience Segmentation.** Large groups are differentiated into smaller, more homogeneous subgroups. Motivational, cultural, and other factors that may affect the communication strategy of the campaign are determined in order to segment the audience into smaller subgroups.

(3) **Channel Analysis.** The appropriate methods to reach target audience members are determined, including analysis of the best time, place, and state of mind when the target audience is most likely to pay attention and respond to the message.

¹ Andreason, A. (1995) *Marketing Social Change: Changing Behavior to Promote Health, Social Development and the Environment*. San Francisco: Jossey-Bass.

² Lefebvre, R. C. & Rochin L, (1977) *Social marketing*. In Glanz, K., Lewis, F.M. & Rimer, B.K. (Eds.) *Health behavior and health education: Theory, research, and practice* (pp 387-389). San Francisco: Jossey-Bass.

³ Lefebvre, R. C. & Rochin L, (1977) *Social marketing*. In Glanz, K., Lewis, F.M. & Rimer, B.K. (Eds.) *Health behavior and health education: Theory, research, and practice* (pp 388). San Francisco: Jossey-Bass.

(4) **Strategy.** The program objective is determined and tactics are planned to achieve the objective.

(5) **Process Tracking.** Mechanisms to monitor program implementation are established. Feedback is incorporated to redirect, revise, or refine the components of the program's implementation.

1.3.2 Advantages and Limitations of Using the Social Marketing Approach

The consumer-driven strategy of a social marketing approach focuses on designing campaign components and materials that resonate with the target audience. Extensive testing of campaign components and materials is conducted with the target audience until assurance is high that they will have an impact on the targeted behavior. The goal of CBSM is to create a campaign that is designed for success, ultimately influencing dietary behavior change in selected target groups.

Limitations of using a social marketing approach include the discomfort many program planners have with investing a large amount of time and resources in the process of gathering data, rather than in providing the actual interventions. The collection of formative research data can be a lengthy, costly, and time-intensive process. Traditionally, public health practitioners implement programs with a "broad brush" strategy, reaching as many underserved segments of the population as possible, including those at greatest health risk. However, in social marketing programs, large segments of the population are likely to be missed and may not receive the health intervention because of audience segmentation and the use of well-defined messages for targeted groups.

Chapter 2. Community-Based Social Marketing Using the Community Based-Prevention Marketing Framework

2.1 The Community-Based Prevention Marketing Framework

The Community-Based Prevention Marketing (CBPM) model was adopted by California Project LEAN in 1999 as the framework for planning strategies, implementation, and evaluation of regional social marketing projects. This model, developed by researchers at the University of South Florida's Prevention Research Center, describes a process of community health promotion programming that is based on behavioral theories and commercial marketing techniques, with an emphasis on community involvement. CBPM is a community-directed social change process that applies marketing theories and techniques to the design, implementation, and evaluation of health promotion and disease prevention programs.⁴ In the CBPM framework, "prevention" refers to promoting positive health behaviors and minimizing negative health behaviors. "Marketing" refers to the key distinguishing features of commercial marketing normally used to sell a product or service in the consumer marketplace.

A primary goal of CBPM is to enhance the community's ability to work together to achieve consensus. The community is engaged and empowered by problem definition, program planning, and project implementation. Community members are active participants in conducting and analyzing formative research and implementing the outcome evaluation plan.

The CBPM approach is applicable to promoting health behaviors which are protective against major causes of death and disability. Addictive behaviors and risk behaviors with deep-seated psychological determinants requiring psychotherapy, or other individual-centered approaches are not considered.⁵ California Project LEAN pioneered using the CBPM approach to guide community nutrition programming, but felt it was unnecessary to use the "prevention" in CBPM, thereafter referring to CBPM as CBSM for the regional projects.

2.2 Marketing Concepts

Key concepts in marketing theory have been called the "4 Ps." These distinguishing features of marketing—**product, price, placement, and promotion**—were augmented by an additional "p" for the Project LEAN regional campaigns to encourage and recognize activities and strategies directed at **policy** change. Commercial marketing practice places the consumer front and center; all materials and messages for selling the product or service are designed and delivered with the consumer's wants and desires in mind.

⁴ Bryant, C, Forthofer, M., McCormack Brown, K., Mc Dermott, R. (1999) Community-based-prevention marketing. *Social Marketing Quarterly*. 5 (3) 54-59.

⁵ Bryant, C, Forthofer, M., McCormack Brown, K., Mc Dermott, R. (1999) Community-based-prevention marketing. *Social Marketing Quarterly*. 5 (3) 54-59.

In a social marketing framework, the consumer is a community member targeted to “buy” the “product.” The **product** refers to the specific desirable action, health behavior or service. Competition and competing factors must be acknowledged. Competing factors could be another heavily marketed but less nutritious food choice, or an activity which detracts from performing the desired health behavior. The desired health behaviors in the Project LEAN regional campaigns were consuming more fruits and/or vegetables or switching to 1% lowfat milk in place of higher fat milks. The competing factors for performing the desired behavior were identified and addressed throughout the interventions.

Price refers to the exchange of time and energy; the social, psychological, and financial costs that the target audience member associates with adopting the desired health behavior to realize its benefits. To promote acceptance of the product, social marketers must consider ways to position the desired behavior that lowers the perceived costs. A busy working mother would weigh the cost of sacrificing personal leisure time in order to prepare fresh vegetables for the family’s dinner every night.

Placement or place refers to the location where the exchange occurs or where the desired health behavior is practiced. Place can also refer to a window of opportunity or a mind-set when the target audience is receptive to promotional messages presumed to precede the adoption of the health behavior. For example, the afternoon “drive time” could be identified as an ideal opportunity to place radio advertising to promote quick and easy methods to add vegetables to the dinner plate.

Promotion is the mix of strategies used to make the target audience aware of the campaign’s message and to provide experiences to facilitate adoption of the desired health behavior. Activities could include skill-building cooking classes, placement of educational materials in a clinic, or airing commercial advertisements in the mass media that reinforce the desired health behavior.

2.3 The Spectrum of Prevention

Project LEAN regional coordinators were encouraged to develop campaign strategies in consideration of the Spectrum of Prevention⁶ model, developed by Larry Cohen in 1983 and based on the work of Dr. Marshall Swift at Hahnemann College in Pennsylvania. The Spectrum of Prevention describes six action levels that program planners should consider when planning activities in order to achieve the greatest success and impact.

Level 1: Strengthening Individual Knowledge and Skills

Health providers and community agencies commonly use this strategy through client education, counseling, and other services to encourage individual behavior change.

⁶ Cohen L., Swift, S. (1999). The spectrum of prevention: developing a comprehensive approach to injury prevention. *Injury Prevention*. 5:203-207.

Level 2: Promoting Community Education

Groups of people are provided information and resources to build support for healthier behaviors, and community norms. This includes use of the media, community events, and other strategies to increase awareness.

Level 3: Training Providers

Health care providers or other intermediaries who influence the target audience are trained and provided information to ensure that they have the necessary knowledge, skills, motivation, and tools to effectively promote the desired behavior.

Level 4: Fostering Coalitions and Networks

The ability of people and organizations to work together on specific problems is enhanced by strengthening collaboration among diverse partners and coalitions, which can accomplish goals that reach beyond the capacity of any individual member organization.

Level 5: Changing Organizational Practices

The practices of agencies and entities, such as law enforcement, health departments and schools, are evaluated and targeted for change. These changes can help individuals adopt the desired behavior to the benefit of the greater community.

Level 6: Influencing Policy and Legislation

Changes in laws, policy, and regulations at the local, state, and national level can impact a large number of people and help support individuals in the process of behavior change.

The Spectrum of Prevention framework encourages program planners to think beyond the level of direct, individualized services to also address environmental factors which influence health behaviors. It is more likely that project goals and objectives will be successful when an issue is addressed at all six levels of the Spectrum of Prevention, since the levels are interdependent and build upon one another. Additional information about the Spectrum of Prevention can be found at www.preventioninstitute.org.

2.4 Steps In the Community-Based Social Marketing Process and Examples from Project LEAN Regional Projects—Notes from the Field

Project LEAN's regional coordinators were asked to plan, implement, and evaluate a community-based social marketing project based on the CBPM model and the Spectrum of Prevention. In this section, a description of each of the nine steps in the CBPM process is presented, followed by background information relevant to

understanding how a step is applicable to the Project LEAN region, and a “notes from the field” excerpt describing how a Project LEAN region implemented the step.

Step 1: Mobilize the Community

An infrastructure of a local lead agency and a group of willing, cooperative partners must be established in the community. This group forms a coalition and partnership to guide the development of the social marketing campaign through all steps in the CBSM process. In the case of Project LEAN regional projects, an agency staff person was designated as the Project Coordinator of this mobilized local coalition.

Prior to adopting the CBSM framework, a key function for all Project LEAN regions was to organize a community coalition around nutrition and physical activity issues. Seven of ten regional coordinators were from county public health agencies, two from academic institutions, and one from a community-based organization. The following experiences of the Bay Area Project LEAN region illustrate the process of building and strengthening the community structure to guide the CBSM project.

Notes from the field:

In 1988, the Bay Area Cancer Coalition Nutrition Committee initiated a collaborative project with the California Department of Health Services to regionally implement California Project LEAN programs in a seven-county region. The Bay Area Nutrition Coalition Committee became **Bay Area Project LEAN** and then the Bay Area Nutrition Coalition for Health. A subgroup of coalition members was established to advise the design, coordination, implementation, and evaluation of the CBSM.

The Santa Clara County Public Health Department served as the local lead agency, with the Project LEAN regional coordinator providing oversight to all phases of the CBSM project. Regional staff collected data on the potential target audience from demographic and health statistics and conducted formative research on potential target customers. Information was also gathered from agencies and programs serving potential target audiences. Based on analysis of this research, a health problem, target audience, and preliminary behavioral objectives were identified and the CBSM project was implemented in 2000-2001. See Section 3.1 for more information on Bay Area Project LEAN's CBSM.

Step 2: Develop a Community Profile

Basic demographic data, such as mortality and morbidity data, dietary intake and behavioral surveys, and community statistics are compiled to provide a snapshot of the community's strengths and problems. In addition, an assessment of community capacity and a literature review pertaining to the health risk are included. Partners are trained to assist in developing the community profile.

Regions were instructed in the use of LEAN-GIS (Geographic Information System), a web-based tool developed by California Project LEAN to identify demographic

characteristics of low-income populations in specific regions of California. The tool can be used to provide a visual display of census data and other attributes of low-income populations related to the location of appropriate resources. The LEAN-GIS site may be accessed at <http://www.CalNutritionNetworkGIS.org>.

Notes from the field:

Los Angeles Project LEAN developed a community profile from multiple data sources. Demographic, mortality/morbidity, and behavioral data was provided by members of the advisory committee. Specifically, data was obtained from:

- The Office of Health Assessment and Epidemiology, Data Unit, County of Los Angeles, Department of Health Services, Public Health Programs and Services (1999).
- Service Planning Area and Health District Profiles Report 1996–1997, Los Angeles California.
- The Los Angeles County Hispanic Youth Health Assessment 1998 in *Los Angeles County Hispanic Youth Health Assessment Report*.
- The Multicultural Area Health Education Center, Los Angeles, CA, and National Coalition of Hispanic Health and Human Services Organizations, Washington, D.C. (1998)
- County of Los Angeles Department of Health Services (1999): the *Los Angeles County Health Survey, 1999*; and community input meetings in three service planning areas in Los Angeles County.

Assessing the community's strengths revealed a strong, well-established promotora program at the Hathaway Family Resource Center. Based on the capacity of this organization and its willingness to coordinate with the local health department to implement a new nutrition program in the Northeast Health District, Los Angeles Project LEAN began to formulate its Community-Based Social Marketing Plan.

Step 3: Select the Risk/Protective Behavior to Be Promoted

The community coalition reviews the community profile and identifies the key problems in the target community. The concerns of coalition members with addressing specific issues are evaluated and discussed. Problems are prioritized and issues are selected in order to develop a campaign with a measurable behavioral objective and focus.

Notes from the field:

The community profile from the **Gold Coast Project LEAN region** coastal counties of San Luis Obispo, Santa Barbara, and Ventura indicated that obesity and diabetes were increasing, especially in the Latino community. The target behavior was originally

chosen from a list of ten choices submitted from local low-income Latino parents. The Project LEAN coalition narrowed the target behavior to one of three choices: (1) eat a healthy breakfast (2) replace soda with juice or 1% milk, or (3) eat fruits or vegetables for snacks. Additional research indicated that young Latino mothers would be most likely to increase their overall daily intake of fruits and vegetables by consuming them as a snack between meals. The behavior change goal agreed upon by the advisory committee was to increase the intake of fruits and vegetables as snacks in the target population by one serving per day.

Step 4: Develop a Project-Specific Advisory Committee

A subcommittee of the coalition is formed to advise and direct the CBSM project. This group is trained by the Project Coordinator on social marketing theory and determines the campaign's behavioral objective and target audience. The advisory committee participates in the development of research design, marketing plans, and evaluation.

Locally-driven coalitions are considered a key element in the CBSM process. In the summer of 2001, the “core group” of the regions’ coalition members advising the CBSM project were surveyed to evaluate the coalition’s functioning and member perceptions. The survey tool was developed, tested, and used by the Prevention Research Center at the University of South Florida. The coalition survey contained scales to evaluate each coalition’s shared beliefs and trust, member’s confidence in the group’s ability to work together, member resources, perceived group impact/persistence, and perceived levels of influence, as well as the coalition’s process and functioning. A copy of the 2002 survey tool is included in Appendix F. Survey results were analyzed by California Project LEAN state staff and customized reports were provided to each regional coordinator. Regional staff used these results to gain insight into the functioning of their coalitions and perceptions of their members by assessing their coalition’s strengths and weaknesses, and set goals for areas that could be improved.

“We had a great mix of people in our core advisory group—people that worked either directly with the clients or they were professionals that had more research orientation—so we had both sides that we needed.”

—Susan Horne, Gold Coast Project LEAN Coordinator

Notes from the field:

An advisory group was formed from the original **Gold Coast Project LEAN** coalition to advise and provide input to the regional coordinator on the CBSM project. The regional coordinator hired a facilitator from the Prevention Institute to conduct one-day training for coalition members on social marketing and the Spectrum of Prevention. Faculty from the nutrition science and the marketing departments at California Polytechnic State University, San Luis Obispo, California, lent their expertise in research methodology and survey design for the target audience.

Based on experience with the community, the group was interested in surveying young, new mothers to determine if they would be more receptive to nutrition advice than mothers with older children. The CBSM advisory group chose the target group of low-income Latino mothers less than 25 years old who speak English. Another factor in choosing this target group was the project's accessibility to the target population: the Gold Coast Project LEAN office was housed in the same building as the Women, Infants, and Children (WIC) agency. The advisory group also noted research indicating that diets of Latinos who identified English as their primary language were lower in fruits and vegetables than those of their Spanish-speaking counterparts who were presumed to be less acculturated.

Members of the advisory group also participated in reviewing the evaluation materials. An outside consultant was hired to assist with analyzing the data and writing the evaluation summary report.

Step 5. Conduct Formative Research with the Target Audience

Community members are trained to collect and analyze data and participate in gathering pertinent information that serves to drive the project design. Planning for sufficient time and resources is important at this step to gather the necessary data.

Each region collected formative research data on their target audience by conducting key informant interviews, intercept surveys, and focus groups, administering dietary questionnaires, and holding group and individual discussions. Regional staff drafted survey instruments and were given technical assistance and oversight by state California Project LEAN staff. In addition, regional staff was provided with a variety of research reports and tools including:

- *California Dietary Practices Survey (1997, 1999)*
http://www.dhs.ca.gov/ps/cdic/cpns/research/rea_formative.htm
- *Focus Group Research With Low-Income White, African-American and Latino Women with School-Aged Children Who Do and Do Not Use Food Stamps (1997).*
http://www.dhs.ca.gov/ps/cdic/cpns/research/rea_formative.htm
- *Healthy Eating and Physical Activity Qualitative Research: Results from Focus Group (1998).*
- *California Nutrition Network Concept Development and Testing for Fruit and Vegetable Consumption and Physical Activity: Results from focus Groups (1999).*
http://www.dhs.ca.gov/ps/cdic/cpns/research/rea_formative.htm
- CORE Reports (<http://www.dhs.cahwnet.gov/heart/html/COREReports.htm>) *Deaths From Heart Disease and Stroke in California Counties (1997)*

"The most helpful information gained through the formative research process was that the students were concerned less with health benefits of fruit and more interested in hearing about how fruit might help them lose weight. These low-income moms were interested in hearing about how fruit could give them energy and how it could be convenient to eat them. Reducing their risk of cancer was not so relevant."

—Michelle Neyman, Sierra Cascade Project LEAN

- *County Health Status Indicators* (1993-95).
<http://www.dhs.cahwnet.gov>

Tools Developed by State California Project LEAN Staff to Assist Regions:

- *Nutrition Questionnaire* in English and Spanish (see Appendix G, H).
- Power Point presentation on Social Marketing for training coalition members
- Template for description of the regional Community-Based Social Marketing Plan (see Appendix D).

Additional Resources That Regions Used to Gather Formative Research Included:

- *California Children's Eating and Exercise Practices Survey* (1999 CalCHEEPS)
- *California Teens (Cal TEENS)*
http://www.dhs.ca.gov/ps/cdic/cpns/research/rea_surveys.htm
- *A Focus Group Report on Adolescent Behaviors, Perceptions, Values, and Attitudes on Health, Nutrition and Physical Activity* (1998). <http://www.californiaprojectlean.org>
- *California Dietary Practices Survey: Focus on Fruits and Vegetables, Trends among Adults, 1989-1995* (1997).
http://www.dhs.ca.gov/ps/cdic/cpns/research/rea_surveys.htm

"Don't neglect the formative research even though it can be very expensive. It is what enables you to get the behavior change in the end. What is the point of planning nutrition education activities if you do not use the knowledge gained through formative research?" —Susan Horne, Gold Coast Project LEAN Coordinator

Notes from the field:

Bay Area Project LEAN focused its CBSM activities on the entire student body of the San Jose Job Corps. The target group was comprised of approximately 450 students between 16-25 years of age who spoke English as their primary language, and was ethnically represented as 50 percent Hispanic, 17 percent white, 17 percent Black, and 15 percent Asian, with 53 percent male and 47 percent female.

The planning and gathering of formative research for the CBSM campaign was conducted between January and July of 2002, with implementation activities occurring during a 6-week period from mid-August through the end of September 2002.

Over 100 students were surveyed to determine motivation, beliefs, attitudes, and practices related to consuming fruits and vegetables. Job Corps students participated in the data collection by administering intercept surveys in the cafeteria during lunch. Questions included:

- **How many fruits and vegetables do you believe you need to eat each day? Why or why not?** Responses varied with a majority indicating needing between two and five fruits and vegetables per day. “Good for the body” or health-related answers were listed as the top reasons to eat fruits and vegetables each day.
- **If you learned the following facts (list provided) about fruits and vegetables, which would most likely cause you to eat more fruits and vegetables?** The top two facts selected from the list were “eating fruits and vegetables gives me healthy and beautiful teeth, gums, skin, and hair” and “eating fruits and vegetables helps reduce my risk of developing a chronic disease such as cancer, heart disease, or stroke.”
- **What would encourage you to eat more fruits and vegetables?** Freshness, increased availability and selection, and health were the top reasons mentioned.
- **How important is it to you to eat fruits and vegetables?** Seventy-one percent of respondents said it was “very important” and 21 percent said it was “somewhat important” to eat fruits and vegetables.
- **Do you eat fruits and vegetables in the cafeteria? Why or why not?** Most respondents (75 percent) indicated that they ate fruits and vegetables in the cafeteria for reasons of taste or health. Those who didn’t cited lack of freshness and availability.
- **When you buy beverages from vending machines, which ones do you usually choose?** Cola, water, and non-cola flavored soda were the more frequent choices. While only five percent indicated usually purchasing fruit juice, 39 percent indicated that they would purchase 100 percent fruit juice if it were available in the vending machine.
- **When are you most willing to eat more fruits and vegetables? Breakfast, lunch, between meals, dinner, or dessert?** Responses were divided between all times, with slightly more respondents favoring fruits and vegetables for lunch.
- **How would you prefer to receive nutrition information?** Taste tests, brochures, posters, classes, staff at the campus health clinic, radio, and television were the top preferred methods for the target audience to receive nutrition information.

The survey also determined television and radio listening preferences and the target audience’s primary mode of transportation to the campus. Responses to these questions impacted the campaign strategy and guided the design concepts for materials testing in the second focus group.

Another written survey was conducted with the target audience to gather baseline data about their daily consumption of fruits and vegetables before and after the campaign.

Two focus groups were held with Job Corps students to obtain their input and guidance on the campaign focus, intervention methods and strategies, place and methods to receive nutrition information, the campaign message, suggested campaign slogans, and design of promotional materials.

Focus group participants were recruited through a leadership class on the Job Corps campus. The campus recreation leader assisted in organizing the focus groups. Fifteen students were asked the following questions and provided the following responses:

- ***Do you think this campaign should focus on fruits, vegetables, or both?*** Discussion from the focus group indicated a strong preference for focusing the campaign on fruit. It was felt that fellow students would be more willing to try fruit rather than vegetables.
- ***What kind of message would make you eat more fruit?*** Appealing to its good taste would likely make students want to eat more fruit. This group also felt that fruit should be promoted in a provocative manner, which would definitely increase its acceptability. The health benefit from eating fruit was not an important motivating factor for this group.
- ***How would you like to receive the message?*** Posters, television, radio, and billboards were discussed as good channels to promote the campaign message. In addition, placing the message on buses, cigarette packages and basketballs, and using rap musicians, athletes, and fellow students as role models was mentioned.
- ***Where would you like to receive a fruit and vegetable message?*** Taste tests with fruit at breaks between classes were considered to be an effective tactic for promoting increased fruit consumption in the target population. The students commented that they did not want brochures, classes, or presentations at dorm meetings, but would like to see campaign posters in the dorms, cafeteria, bathroom, and other places on campus.
- ***Do you think the message should be in English, Spanish, or both?*** The majority of job corps students spoke and read English. However, the group suggested providing campaign information in Spanish, Chinese, Ethiopian, and Vietnamese to accommodate the multi-lingual student body.
- ***If more fruit was available in the cafeteria, how would you like it available?***
What types of fruit? Students would prefer to sample exotic and fun fruit, including cherries, strawberries, mangoes, grapes, peaches, and papaya in smoothies, parfaits, yogurt, fresh fruit cups, and fruit salads.
- ***What suggestions do you have for campaign posters and materials?*** Students were given a list of campaign slogans and chose “Fruit does a body good,” and “Get wild! Stay Healthy! Eat more fruits and vegetables.” However, the most popular choice for the campaign slogan was “Eat Me” using pictures of real fruit and fellow

students. However, since this message could be interpreted as vulgar, it was uncertain if it could be adopted as the campaign message. A derivative message, “Bite Me,” was suggested and accepted by the group.

The poster that was developed for the 2001-02 campaign featured a large, bright, whole strawberry with the message “Bite Me! Fruit. Eat More. Everyday.” This combination of image and message incorporated the students’ preference for a simple, provocative message. Approximately 50 posters were distributed on the campus, yet the project coordinator was informed of posters disappearing from campus common places and reappearing in student rooms.

Step 6: Strategy Development

At this step, the formative research has been reviewed and a marketing plan is developed based on the constructs of the marketing framework. This plan includes a clear statement of the project’s overall goals, a description of the segmented target audience and the specific behavior(s) that will be promoted. In addition, strategies planned to address critical factors associated with the target health behaviors are determined.

Notes from the field:

Central Valley Project LEAN developed a marketing plan for promoting 1% milk to the target population based on findings from their formative research. English and Spanish-speaking Latino women with school-age children, living in two specific areas of Fresno were targeted to drink 1% milk instead of whole or 2% milk. The formative research indicated that the target population held a strong belief that lower-fat milk was a bad-tasting, watered-down, inferior version of whole milk; that whole milk was the most commonly consumed type of milk in the household; and that whole milk was the “default” type of milk served on the lunch trays in the Fresno Unified School District. Research also found that the target population considered health professionals, the WIC clinics, and schools to be authoritative sources of health and nutrition information.

Strategies developed to move the target audience to 1% low-fat milk included (1) offering taste tests to overcome the belief that 1% milk tastes bad, (2) providing educational classes and materials to combat the misinformation that 1% milk is nutritionally inferior to whole milk, (3) continued collaboration with the Fresno Unified School District to maintain the policy of serving 1% milk on the lunch tray, and (4) retail and media promotions to counteract the “remembering to purchase” barrier and to

“The most critical piece that we got from the formative research was that our target audience of bilingual Latino moms looked to the schools and health professionals as the most credible source of information for health practices, health choices, and health information for their families. If we didn’t know this we would have promoted 1% milk while the schools were serving whole milk. Instead, we worked with the schools to make an organizational change. We would have been a voice that they discounted when a voice that was totally credible to them (the schools) told them something different.” —Patty Minami, Central Valley Project LEAN Regional Coordinator

reinforce the campaign message. The message *1% Milk...Healthy & Delicious!* was translated into Spanish as *¡Leche 1%, Saludable y Deliciosa!*

Central Valley Project LEAN used the Spectrum of Prevention framework to address strategies for greater success and impact:

Spectrum of Prevention Level 1: Strengthening Individual Knowledge and Skills

Parent education classes, posters, brochures, recipe books, and “shelf-talkers” for the grocery store dairy case were developed and provided to reinforce the campaign message about the good taste and nutritional benefits of 1% milk.

Spectrum of Prevention Level 2: Promoting Community Education

Radio and television commercials were developed and broadcast on media stations familiar to the target audience. Placement was both paid and leveraged.

Spectrum of Prevention Level 3: Training Providers

Health care providers, Head Start, and WIC clinic staff were trained to provide accurate information on the benefits of 1% milk to the target audience and to reinforce the campaign messages.

Spectrum of Prevention Level 4: Fostering Coalitions and Networks

The Central Valley Project LEAN Coalition was kept informed of the CBSM campaign activities and provided feedback on tactics and educational materials. A smaller advisory group from the coalition directed the overall CBSM process and was more involved in directing and advising on campaign tactics and educational materials.

Spectrum of Prevention Level 5: Changing Organizational Practices

The national WIC program permits its participants to purchase all types of milk. However, some grocery stores in the target communities placed the “WIC Approved Item” shelf labels only in front of whole milk. It was determined that the project should work with the grocery vendors and the state WIC office to get the shelf labels placed in front of the 1% low-fat milk in addition to the other types of milk.

Spectrum of Prevention Level 6: Influencing Policy and Legislation

The policy of providing 1% milk on the lunch trays of children in the Fresno Unified School District was instituted. This policy change would potentially impact 70,000 students in the state’s fourth largest school district.

Step 7: Campaign Development

Before progressing to implementation, all materials and planned campaign tactics are pre-tested with the target audience. The community coalition helps mobilize resources needed for program activities, and strives to strengthen the institutional foundation upon which the campaign must be sustained.

Notes from the field:

North Central Coast Project LEAN's community-based social marketing plan focused on increasing fruit and vegetable consumption among Spanish-speaking Latino mothers living in low-income households, currently not eating five servings of fruits and vegetables a day. These mothers had children six to ten years old, a high-school education or less, and lived in three specific communities in the region's three-county area. The campaign message *"Eat 5 servings of fruits and vegetables every day for good health!"* was delivered in both Spanish and English.

The region developed interventions based on tactics identified by focus groups to be effective at reaching the target audience, including taste tests at grocery stores and nutrition classes at community centers. It was agreed that "real people," rather than celebrities, were more credible as role models and spokespersons. Patient appointment cards, emery boards, and grocery bags were tested in the focus groups and found to be credible ways to convey the campaign message. Although television ads and billboards were agreed upon in focus groups to be a good method to reach the audience, they were not used because of their expense.

Interventions were planned to reach the target audience through routine, "every day" encounters with health care providers, grocery stores, schools, community centers, child care centers, and social service agencies. Interventions were pre-tested with the target population, and feedback from grocers and health care providers was solicited. Subsequently, materials were re-evaluated and refinements were made when indicated.

The process of pre-testing and revision of program materials is described. Four 90-120 minute classes, titled "Eat More Fruits," "Eat More Vegetables," "Eat More Beans and Rice," and "Get More Exercise," were reduced to one hour based on feedback from the target audience. Evaluations from class participants and feedback from agency staff helped to refine teaching techniques and content of the classes. For example, many clients lacked proper food storage facilities and functional refrigerators and stoves. Therefore, it was suggested that different recipes and safe food handling information be added to the classes. In addition, limited reading skills of many class participants required the use of more visual aids and less complex technical information to convey the message.

Three radio spots were developed from scripts provided by the state 5 a Day program office. These scripts were shown to target audience members to assess the appropriateness of language and content. Based on their feedback, slight revisions to

the scripts were made. The radio spots were recorded at the Spanish radio station most popular with the target audience, using local radio personalities.

Community health promoters, or *promotores/as*, have been used successfully in Latino communities to provide health information to their peers, such as in California Project LEAN's *California Bone Health Campaign*. The *Promotores de Salud* curriculum was developed in response to formative research indicating that the target audience wanted to learn nutrition information from friends and neighbors. As in the four-class nutrition curriculum, feedback from the *promotores* was used to refine and improve the training.

Paper grocery bags were printed with the campaign message in English and Spanish for distribution by grocers serving the target communities. Bags were developed with client and grocer input for ease of use, distribution, and durability in storage. After one year, customer feedback indicated that a sturdy, reusable bag with handles was a needed improvement, as many customers walked home with their groceries. Grocers stated that plastic bags were stored more compactly, and were less fragile to moisture and warehouse pests than the paper bags. The switch to plastic grocery bags was made in the campaign's second year. Subsequent evaluation supported this refinement.

The focus group participants liked the idea of emery boards printed with the program message in English and Spanish. This item combined durability, high usability by the target audience, low cost and easy storage. The printing and distribution of the emery boards reinforced the program message at nutrition classes, in-store taste tests, and community events. Response to this campaign item was universally positive and no refinement was needed.

Focus group participants acknowledged that their health care providers were a trusted source of credible health information. Initially, health care providers were surveyed by phone to determine what they thought would be effective methods to disseminate the campaign message to their patients. Patient appointment cards were developed based upon these phone interviews and proved to be a mutually-beneficial campaign product. The cards were printed according to the specifications of the health care provider, with his or her information on the front, and the campaign message in English and Spanish on the back. A one-year's supply of cards was printed and provided to the medical offices.

A series of ten Nutrition Tip Sheets in English and Spanish was developed with at-a-glance tips for healthy eating and exercise. Each fact sheet discussed physical activity or a group from the Food Guide Pyramid. The sheets were tested with focus group participants, refined, and distributed to clients in the nutrition classes and at other events.

Step 8: Program Implementation

The local project coordinator works closely with members of the advisory committee to ensure that program components are coordinated and conducted in the proper sequence. Components may include professional training, materials distribution, public relations, legislative advocacy, and instituting systems and environmental changes.

Notes from the field:

Bay Area Project LEAN worked with staff and campus officials at the San Jose Job Corps to increase the intake of fruit with the young adult students during a six-week campaign. Key partners in the implementation of the project included the American Cancer Society, the American Diabetes Association, Second Harvest Food Bank, local grocery stores, a kiwi producer, the students, administrators and staff on the campus. The project coordinator and staff from the Project LEAN region directed all phases of the program implementation, from convening the advisory committee to working with the campus food service director to provide additional fruit in the cafeteria. Students were trained to assist with data collection. Posters were distributed throughout the campus on dormitory bulletin boards, inside the cafeteria, on cafeteria windows, in the Health Center, on outside bulletin boards, in the recreation center, and inside the main office. A 60-second radio spot was developed and aired 20 times as a paid spot and 15 times as a Public Service Announcement with a total of 420,000 media impressions. Cafeteria staff implemented an informal policy to purchase more fruit during the campaign period. Through the process, the project director from the Project LEAN region solicited direction and feedback from key partners on all phases of the CBSM. Especially valuable was advice and feedback given by campus staff and students on program materials and implementation strategies.

Step 9: Tracking and Evaluation

Program evaluation is conducted by tracking process and measuring program outcomes. Feedback is provided to direct changes mid-course or for subsequent campaigns.

California Project LEAN placed an emphasis on evaluation as essential to documenting the process and outcome of the regional projects. Regional coordinators were instructed and guided through the process of gathering, analyzing, and interpreting data needed for formative and summative evaluation. In some cases, regions hired outside consultants to conduct evaluation activities and to produce necessary reports.

Types of Program Evaluation

Formative evaluation attempts to address the question of what the program should do. Campaign strategy, strengths and weaknesses of materials, and campaign components and tactics are assessed, allowing for revisions and adjustments before the program is implemented. Formative research shapes the overall program strategy.

Process evaluation tracks and monitors the procedures, tasks, and activities related to implementation of the program. This type of evaluation determines what and to whom information and services were delivered as a result of the program and is essential for understanding what actually happened, as opposed to what was supposed to occur.⁷

Summative evaluation encompasses outcome and impact evaluation to determine if the program accomplished what it was originally designed to do.

- **Outcome evaluation** measures achievement of the campaign behavioral objective in relation to the campaign activities. In the LEAN projects, pre- and post- campaign surveys were commonly used to measure changes in consumption, knowledge, and attitude related to fruit and vegetables or lowfat milk.
- **Impact evaluation** measures changes in health status. Indicators such as incidence of heart disease, cancer, or diabetes are examined to determine if the campaign resulted in any change in morbidity or mortality in the target population. Impact evaluations are costly and often cannot be directly related to the program activities because of external, confounding factors which influence the target audience. Health outcomes related to nutrition education efforts would normally be captured many years after program implementation, if seen at all. Therefore, Project LEAN regions were not expected to conduct an impact evaluation.

To evaluate whether CBSM campaigns had an effect on the target audience's consumption of fruits and vegetables, a dietary assessment (see "Nutrition Questionnaire" in Appendix G, H) including fruit and vegetable consumption questions was a required component of regional CBSM pre/post outcome surveys. The 14 questions (English/Spanish) were adopted from the *California Nutrition Network's* California Dietary Practices Survey. In 2000-01, seven Project LEAN regions collected both pre- and post-data from a total of 1,648 low-income individuals. Data from these regions was analyzed in 2001-02 and indicated a change in the mean number of combined servings of fruits and vegetables for six regions. This mean change ranged from +.68 to +4.68 servings per day. The mean change seen in three of these regions was statistically significant and ranged from +1.79 to +4.68 servings per day. Data collection methods, dates and targeted interventions varied across regions; therefore an analysis of combined regional data could not be completed.

Notes from the field:

North Central Coast primarily used a computerized database of activity logs to track intervention activities as they were implemented. The activity logs recorded the date, description, and location of the activity, how many people were reached, who was reached, who implemented the activity, and the results of the activity. Activity logs were

⁷ Weinrich, N.K. (1999) Hands- on social marketing (pp. 205). Thousand Oaks, CA. Sage Publications.

also used to record information from contact with individuals or organizations. The following evaluation data were also collected:

- Attendance sheets for classes and a short class evaluation form completed by participants
- Distribution lists for the grocery bags and follow-up telephone surveys conducted with grocery store owners/managers
- Distribution lists of the patient reminder cards and telephone follow-up surveys conducted with doctors and clinics
- Sample copies of educational materials and distribution lists of how and where the materials were distributed
- Video and photographs documenting community events
- Copies of signed policies collected
- Written scripts, audio recordings, and schedules of radio advertisements

Outcome evaluation was conducted to determine if the number of low-income Hispanic mothers, with children 6-10 years of age, who reported eating five or more servings of fruits and vegetables a day was impacted by the social marketing campaign. The “Nutrition Questionnaire” (Appendix G, H) was administered in English and Spanish to assess fruit and vegetable intake. Trained bilingual Hispanic female data collectors conducted face-to-face intercept interviews outside of grocery stores, post offices, bus stations, bakeries, churches, and in laundromats with 252 members of the target audience in the morning, afternoon, and evening. The intercept survey also asked where respondents saw or heard the campaign message, allowing the program planners to evaluate the effectiveness of the intervention strategy.

Additional evaluation results were used to determine what program aspects would be carried over to the following year’s campaign. For example, survey participants did not acknowledge seeing the campaign message on the grocery bags; therefore, the bags were not reprinted for the campaign’s third year.

3.1 Job Corps Students Eat More Fruit After A “Bite me” Challenge

Bay Area Project LEAN

Project Accomplishments

Students in the San Jose Job Corps increased their intake of fruits after sampling fresh fruit and seeing promotional materials in campus hallways and in the cafeteria.

Background

The San Jose Job Corps Center, in Santa Clara County, offers vocational and academic training programs for economically disadvantaged young adults. Basic demographic data revealed that the 447 students indicated English as their primary language, were between 16-25 years of age, were 50 percent Hispanic, 17 percent white, and 17 percent Black, and had a nearly equal gender distribution between males and females. All students met the low-income criteria required by the program’s funder. The neighborhood surrounding the campus had the highest rate of food stamp recipients per square mile and the highest death rate from cerebrovascular disease in Santa Clara County.

Focus/Goal/Behavioral Objective:

San Jose Job Corps students will increase their intake of fruit and/or vegetables by at least one serving daily.

Campaign Slogan/Tagline/Message: Bite Me! Fruit. Eat more. Everyday.

Strategy/Core Components:

Campaign intervention occurred for six weeks in August and September 2002. Formative research conducted from January to July 2002 assessed students’ fruit and vegetable intake, television viewing and radio-listening habits, vending machine choices, cafeteria choices, and preferred means of receiving nutrition education.

Product: Eat one more serving of a fruit or vegetable per day.

Price (Barriers): Competition from convenience foods and vending machines.

Place: The target population was reached through sites on the San Jose Job Corps campus where the campaign messages were likely to be received, such as the cafeteria, the dormitories, and the health center.

Promotion: The marketing mix consisted of weekly sampling of either fresh or dried fruit, 100% juice, or a fruit parfait. “Bite Me” posters were strategically placed in the cafeteria and in the school hallways, on dormitory bulletin boards, in the Campus Health Center, in the recreation center and inside the main office. Fruit information cards were posted on the cafeteria food bar. Radio spots ran on the students’ preferred radio station for one week (during National 5 a Day week) during the six-week campaign.

Policy: Worked with the campus cafeteria food service director to offer an increased variety and quantity of fruits and vegetables during the meal periods.

Results and Levels of Success:

An intercept survey conducted with over 200 students before and after the campaign showed an increased intake of fruit and vegetables by one serving per day. The campus cafeteria provided more fruits and vegetables during the campaign, with a corresponding increase in produce purchasing costs from \$242 to \$629 during the six-week campaign period.

Numbers reached through campaign interventions:

213,250 people, including an estimated 212,600 impressions from radio spots.

Educational materials developed

“Bite me” poster

Laminated cards (4” X 5”) with information about specific fruits or vegetables

Fruit “fact sheets”

60-second radio commercial

What the project would do differently next time:

Paid radio time would not be used for promoting future campaign messages. Although formative research indicated that listening to the radio was very popular and promotional spots would be valuable to the target audience, evaluation results revealed that this campaign component did not contribute to behavior change in the target audience.

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3.2 Switch to 1% Milk—A Healthy and Delicious Choice for the Central Valley

Central Valley Project LEAN

Project Accomplishments

Students in the Fresno Unified School District and Latino mothers increased their intake of 1% lowfat milk after the school district replaced it for whole milk on the lunch tray and mothers learned about the health benefits from community classes and radio and television spots.

Background

Central Valley Project LEAN encompasses a seven-county region in the California's agricultural bread basket. A large community of farm workers, high unemployment and poverty rates characterize the region. Assessment of the low-income, at risk population in the city of Fresno determined that Latinos consumed more whole milk than non-Latinos.

Focus/Goal/Behavioral objective:

English and Spanish-speaking Latino mothers of 5-10 year olds in the 93703 and 93705 Fresno zip codes will purchase, serve and drink 1% milk instead of whole or 2% milk.

Campaign Slogan/Tag line/Message:

1% Milk—Healthy and Delicious

Leche 1%—¡Saludable y Deliciosa!

Strategy/Core components:

Campaign interventions occurred between April and August 2001. Community classes, posters, brochures, taste tests using milk in licuados (fresh fruit shakes), and placement of paid media spots were used to educate and reinforce the campaign message. The campaign was kicked off at a school event on April 18, 2001, with participation by a local city council member and ended with a media-covered school event on August 22, 2001. Primary target audience channel activities used were:

- Schools: parent education classes, taste tests, posters, brochures, loteria (bingo) game
- Supermarkets: taste tests, brochures, posters, shelf-talkers, radio remotes
- Health providers: posters, brochures
- WIC: posters, brochures, event outreach

- Media: 30-second television and radio commercials (paid); English and Spanish newspaper articles and paid advertisements

Other activities included:

- “Train the trainers” workshop for seven community health mentors of Fresno County Community Health Department’s Healthy Living Project
- In-service training for 35 Head Start educators
- Puppet show for elementary school children developed in partnership with the California Mini-Corps at California State University, Fresno
- Taste test booth at a Cinco de Mayo event, the Great Taco Festival (Fresno), and Dia de la Familia (Selma)

Product: Drink 1% milk instead of whole or 2% milk.

Price: Commonly-held perceptions in the Latino community are that 1% milk is watered-down whole milk, nutritionally inferior to whole milk; the belief that 1% milk tastes bad; and force of habit to purchase whole milk at the grocery store.

Place: Formative research indicated important channels to reach the target audience were schools of their children, grocery stores, health provider offices, WIC clinics, and mass media television, radio and newspaper.

Promotion: The marketing mix consisted of a kick-off media event at a local elementary school involving students and members of the city council and the community. Throughout the campaign, staff training and parent education classes were conducted at WIC clinics, Head Start, and elementary schools. Taste tests with 1% milk were done in schools and grocery stores frequented by the target audience. Media included paid radio and television commercials, a radio remote at a grocery store, and an article in the region’s major newspaper.

Policy: Fresno Unified School District, the fourth largest district in the State with 70,000 students, was targeted to change its policy to provide 1% lowfat milk on the lunch tray instead of the usual whole milk.

Results and Levels of Success:

Regional partners were united for a common cause, enabling trust and collaboration. An overall shift toward 1% milk consumption was indicated by comparison of milk sales data before and after the campaign. Evaluation of campaign was conducted pre- and post-intervention intercept using surveys and milk sales data tracking. Sales data revealed a significant shift toward purchase of lower fat milks, away from whole milk, with a 43.8 percent increase in the sales of 1% milk. After the campaign, 29 percent of the women surveyed reported “usually purchasing” 1% milk compared to less than one

percent of survey respondents before the campaign. In addition, Fresno Unified School District adopted the policy of serving 1% milk on all school lunch trays.

Numbers reached through campaign interventions:

597,630 including an estimated 500,900 impressions from newspaper and radio exposure.

Educational materials developed

- 1% Milk... Healthy and Delicious brochure and poster in English and Spanish
- Shelf tags for retail promotions
- Television commercials in Spanish and English and radio commercials in Spanish
- Loteria (bingo) game
- Magnets and keychains with campaign logo

What the project would do differently next time: The campaign would involve the media more in highlighting the children in school-based activities and assist partners early on to be more assertive in determining ways to participate in the process.

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3.3 The Snack Party: Fun Nutrition Education Classes Increased Fruit and Vegetable Intake for Low-Income Latinas

Gold Coast Project LEAN

Project Accomplishments

Young Latino mothers in Santa Maria and Oxnard increased their intake of fruits and vegetables and improved their knowledge, attitude, and motivation toward consuming fruits and vegetables after attending a “Snack Party,” hearing paid radio spots on their favorite stations, and seeing posters in the places they frequent.

Background

Gold Coast Project LEAN region consists of Santa Barbara, Ventura, and San Luis Obispo counties in California’s central coast. The population of 1,399,225 persons (2000 census data) includes the primary labor force of Hispanic origin in the agriculture, retail and service industries. Heart disease, cancer, and diabetes were the leading causes of death. An average of at least one third of the population is currently overweight with almost 20 percent being obese.

In 2000, Gold Coast Project LEAN developed the Snack Party concept with significant input from the target audience, low-income Latinas under the age of 26. Initially, WIC program participants waiting in a clinic near the Project LEAN office were interviewed to determine the feasibility of this concept. The young Latino mothers wanted a social occasion for their preferred method of nutrition education. A hands-on tasting party concept was drafted and was tested and re-tested for acceptance. Concerns related to knife handling and food safety made it necessary to hire a commercially licensed vendor to prepare pre-cut fruit and vegetables for the classes.

Focus/Goal/Behavioral objective:

Increase the intake of fruit and vegetable snacks by one serving per day in young (under age 26) Latino, English-speaking mothers residing in the cities of Santa Maria and Oxnard.

Campaign Slogan/Tag line/Message: Eat fruit and veggie snacks for health and beauty.

Strategy/Core components:

Between March and June 2002, 38 nutrition education classes (Snack Parties) were given to 353 people, including 264 low-income, Latinas of less than 26 years of age residing in Santa Maria and Oxnard.

Product: Eat one more serving of fruits and vegetables per day as a snack for increased health, weight control, better skin and hair.

Price (Barriers): Replacing a high fat or high sugar snack with fresh, frozen, canned or dried fruit or vegetable.

Place: Snack parties were held in community locations convenient to the target audience; promotional materials were placed at points of purchase for fruits and vegetables, and commercials were aired on radio stations identified by the target audience.

Promotion: The marketing mix consisted of small group interactive classes with skill-building activities, paid radio promotional messages, and strategic placement of the campaign poster in locations indicated by the target audience to be effective, such as pediatrician offices, medical clinics, and laundromats.

Policy: The Santa Barbara County Health Department and other agencies serving the target population will provide healthy food choices at staff and client meetings.

Results and Levels of Success:

Snack party participants completed a written survey pre-intervention and three weeks post-intervention. At post-test, 95 percent of respondents reported eating more fruits and vegetables as snacks. The daily average number of fruits and vegetables consumed increased from 5.03 servings before to 7.07 servings after participating in a snack party. In addition, improvement was seen in attitude, motivation, and knowledge about fruits and vegetables. Participants indicated a high satisfaction with the Snack Party intervention, with 79 percent indicating that they would “definitely recommend” a snack party to a friend.

Numbers reached through campaign interventions:

30,452, including an estimated 25,000 impressions from radio ads.

Educational materials developed

- Full-color 36-page table-top flip chart teaching tool with photographs of target audience members
- Flexible cutting board/chopping mat with fruit and vegetable portion size guide
- Ink pens with rotating nutrition education message line
- “Share the Gifts. Eat Fruit and Veggie Snacks for Health and Beauty” poster with photograph of mother and baby sharing a mango
- Paid radio advertisements
- Fact sheets on where to find fruit and vegetables within small convenience markets and supermarkets in targeted areas

- “What Does it Matter?” handout reinforcing the health and beauty message
- Phone cards with campaign message and a 1-800 call in number for a reminder message

What the project would do differently next time:

Develop the snack party class and materials in Spanish and add music to the curriculum to enhance the learning experience.

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3.4 5 a Day the North Central Coast Way

North Central Coast Project LEAN

Project Accomplishments

More low-income Latina mothers in the North Central Coast Project LEAN Region reported eating five servings of fruits and vegetables per day after attending community classes, tasting fruits and vegetables at their grocery stores, seeing the 5 a Day message on appointment cards from their doctors, and hearing local radio personalities promote the message on their favorite radio stations.

Background

The leading causes of death in the North Central Coast Region in 2000 were heart disease, cancer, stroke, and diabetes. Pediatric Nutrition Surveillance data indicated a high incidence of childhood obesity with Hispanic children having the highest rate of overweight. A large percentage of Hispanic adults in the region did not engage in leisure time physical activity.

<p>In 2000, data also showed that 65 percent of Hispanic Californians do not eat the recommended five servings of fruits and vegetables daily.</p>

Spanish-speaking Latinas living in the cities of Pajaro in Monterey County, Watsonville in Santa Cruz County, and Hollister in San Benito County, who are not eating five servings of fruits and vegetables per day and who have children six to ten years old were targeted for North Central Coast’s Community Based Social Marketing Plan.

Campaign Slogan/Tag Line/Message

“Eat 5 Servings of Fruits and Vegetables Every Day for Good Health!” in Spanish and English.

Focus/Goal/Behavioral objective:

Low-income Hispanic mothers with children six to ten years of age who report eating five or more servings of fruits and vegetables a day will increase from 58 percent to 64 percent.

Strategy/Core components:

Formative research conducted in the region showed that the marketing strategies and interventions needed to focus on:

1. Eating fruits and vegetables with meals, especially for breakfast.
2. Eating fruits and vegetables instead of cookies, chips, crackers, and other high calorie foods for snacks.
3. Reinforcing eating five servings of fruits and vegetables a day for good health.

Interventions were designed to impact the target population through contact with institutions that are part of their everyday lives, such as health care providers, grocery stores, schools, community centers, child care centers, and social service agencies.

The North Central Coast Region developed interventions that focus group members said would be effective at reaching the target audience and included:

- Nutrition classes offered through organizations in the community.
- Training “promotores” to spread the message to friends, neighbors, and family.
- Printing the campaign message on grocery bags in markets used by the target audience.
- Providing taste tests of fruits and vegetables in grocery stores.
- Printing the message on patient reminder/appointment cards used by health care providers who serve the target audience.

Product: *More people from the target audience will eat five servings of fruits and vegetables daily and will benefit from eating fruits and vegetables through decreased weight and improved overall health.*

Price: *The target audience will have to change some dietary habits, such as not eating breakfast and they will have to eat less of the high calorie foods they like. They will have to spend time learning new recipes and different ways of preparing meals.*

Place: *Health care providers, grocery stores, convenience stores, schools, churches, community centers, child care centers, youth organizations, apartment buildings, and social service agencies accessed by the target population were enlisted to promote the campaign message. Radio commercials reached the target audience in their homes where they prepare food. Interventions promoted fruits and vegetables grown in the region. Media messages and community education activities promoted fresh produce that was cheapest and most available for the target audience.*

Promotion: *The marketing mix included interventions from strengthening individual knowledge and skills to influencing organizational practices. The Eat 5 Servings of Fruits and Vegetables a Day message was printed on grocery bags in English and Spanish. Taste tests with free samples of fruits and vegetables were held in the produce section of grocery stores. Shoppers were given brochures with recipes for new ways to prepare fruits and vegetables.*

“Promotores de Salud” or health promoters were trained to teach four short classes at community locations. Participants learned simple, practical methods for incorporating more fruits and vegetables into meals, and received recipes and tip sheets to facilitate the desired behavior change. Three Spanish language radio spots were read by local on-air talent and ran as paid advertisements.

Health care providers were given Patient Appointment Cards with the campaign message. Agencies serving the target population were encouraged to adopt the following “Healthy Meeting” proclamation to promote policy change.

“At all meetings and events hosted by agencies serving the CBSM target population where refreshments are served, healthy options, featuring fruits and vegetables, will be available and encouraged.”

Results and Levels of Success:

(1) The behavior change goal was accomplished. The percentage of the target population reported eating five or more servings of fruits and vegetables per day increased from 58 percent to 78 percent.

(2) Sustainability in the community was enhanced. The health promoters spread the good nutrition message to friends and family and shared their knowledge and skills in an informal manner. Members of the target audience increased their knowledge and skills, in turn passing on the message to friends and family, thus making eating fruits and vegetables the social norm.

(3) The paid radio spots and the patient reminder appointment cards were evaluated to be the more effective channels for conveying the campaign message.

Numbers reached through campaign interventions:

230,909 including 136,000 impressions from distribution of grocery bags.

Collateral materials developed

- Nutrition Tip Sheets (10) covering each level of the Food Pyramid, with at-a-glance tips for healthy eating and exercise.
- Four curricula, covering “Eat More Fruits,” “Eat More Vegetables,” “Eat More Beans and Rice,” and “Get More Exercise.”
- A curriculum for training Promotores de Salud to teach a basic nutrition class and/or talk to their friends and family about eating fruits and vegetables.
- Patient reminder/appointment cards used by health care providers who serve the target audience.
- Three Spanish radio spots.
- Grocery Bags (paper 2000-01, plastic with handles 2001-02) printed with the program message in English and Spanish, for distribution by grocers serving the targeted communities.
- Emery boards printed with the campaign message in English and Spanish.

What the project would do differently next time:

Start all activities earlier to allow for unexpected delays and increase the number of partners.

Contact information:

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3.5 Campus Promotion Increased Fruit Consumption in Community College Women

Sierra-Cascade Project LEAN

Project Accomplishments

Students in Butte College's Extended Opportunities Program and Services (EOPS) increased their intake of fruits after tasting smoothies, seeing table tents in the cafeteria, and brochures and posters in the places on campus they frequent.

Background

The EOPS supports educationally and economically disadvantaged students at Butte College and Shasta Community College. Students surveyed on both campuses indicated that the majority were consuming less fruit than the recommended number per day.

Focus/Goal/Behavioral objective:

Increase by ten percent the reported intake of fruit among students in the EOPS on the Butte College campus.

Campaign Slogan/Tag line/Message: Energize Your Life! Eat More Fruit!

Strategy/Core components:

Sierra-Cascade Project LEAN conducted a series of focus groups with the target audience, students in the EOPS. The purpose of the discussions was to gather information about the barriers to eating fruits and to solicit input on campaign messages directly from the target audience. From these focus group discussions, messages appropriate to the target audience for promoting fruit intake were determined. Key informant interviews were done with EOPS staff and with the campus food service directors and with the president of the college. EOPS students also completed a written survey to assess fruit and vegetable intake.

Key Strategies

- The second year of implementation included an intervention and control site in order to compare the effects of the intervention. Pre-tests were given to 550 students.
- Materials were updated, distributed, and displayed throughout the college campus.
- Brochures were mailed to EOPS students.
- Eight fruit smoothie days were conducted on the intervention campus to promote fruit consumption and distribute materials.

- College professors gave “Energize your Life Campaign” brochures to students in their classes to help promote the campaign message and policy change (substitution of fruit for fries in combo meals) that occurred in the cafeteria.

Product: *Consume one additional serving of fruit during the day.*

Price (Barriers): *Fruit is expensive out of season; the cost of fruit versus other snack foods; fruit is difficult to obtain at school.*

Place: *Access points utilized to reach the target population were the cafeteria and bulletin boards and kiosks around the campus.*

Promotion: *The marketing mix consisted of promotional materials strategically placed in the cafeteria and in the school hallways. Smoothies were made and given away to members of the target audience during special events on campus. A brochure was mailed to each EOPS student.*

Policy: *The campus cafeteria changed its menu to allow the customer the option of a fruit cup instead of French fries.*

Results and Levels of Success

- Post-campaign surveys indicated a significant increase in the typical amount of fruit reported to be consumed, from 1.7 to 2.0 servings per day.
- Cafeteria policy was enacted to allow the substitution of a fruit cup for French fries. Fruit was added to the selections of the vending machine in the gym.
- A presentation of findings from the previous year’s CBSM was given at the Annual Meeting of Experimental Biology.
- An article on CBSM work was submitted to the Journal of College Health and to the Journal of the American Dietetic Association.

Numbers Reached:

Approximately 12,650 students (repeated exposures).

Educational materials developed

Energize Your Life! poster, brochure, and cafeteria table tents.

Campaign incentive items (waist bags, clocks, lunch bag coolers, umbrellas, water bottles, and mouse pads).

Radio PSAs.

Contact information:

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3.6 It's Easy to Eat Fruits and Vegetables in LA

Los Angeles Project LEAN

Project Accomplishments

The "It's Easy!" (¡Es Fácil!) campaign produced a popular cookbook in English and Spanish. Recipes came from the target community, were modified by project staff, and then tested by the project's community health workers and their families for final approval. Head Start schools, churches, medical offices, and grocery stores in the target area collaborated to promote the campaign message.

Background: Various health status surveys report that Latinos in Los Angeles County are at increased risk for chronic disease and obesity. The Northeast Health District, in Service Planning Area 4 of Los Angeles County, is 76 percent Latino. The county is in the top five in the state for high childhood obesity rates. The Los Angeles County Health Survey indicated that 87 percent of county residents reported eating less than five servings of fruits and vegetables per day.

Focus/Goal/Behavioral objective:

Spanish-speaking Latino women with school-aged children living in the Northeast Health District Service Planning Area 4 of Los Angeles County will increase their intake of fruits or vegetables by one serving per day at the family meal.

Campaign Slogan/Tag line/Message: It's Easy! (¡Es Fácil!)

Strategy/Core components:

Product: Add one more serving of fruit or vegetables per day at family meal times.

Price (Barriers): Lack of knowledge and awareness, time and convenience, cooking and preparation skills, taste, literacy, and language.

Place: Promotora-led nutrition classes conducted at Head Start sites, grocery stores near the Head Start sites, medical provider offices, churches and a farmers' market near the target area.

Promotion:

- *Media Component: It's Easy! (¡Es Fácil!) campaign kickoff event with "Adivina Cuanto Cuesta" (Guess the Right Price) held at Garvanza Elementary School during a community event in the Northeast Health District celebrating Cesar Chavez.*
- *Promotora/Education Component: Promotoras from Hathaway Family Resource Center taught 29 parent classes at 14 different Head Start Sites in the targeted area. The classes centered on a one-hour curriculum on how to add one more fruit and vegetable to the family meal. The ¡Es Fácil! Cookbook, as well as various cooking utensils (cooking starter-kit) was given to each participant. The ¡Es Fácil! Cookbook was developed from recipes submitted from residents of the Northeast Health District target community. The recipes were modified by regional staff to be more nutritious and then taste tested by the Promotora families.*
- *Retail Component: Markets within a two-mile radius of the Head Start Sites were approached for placement of posters and a supply of recipe cards as well as a special edition of a fruit and vegetable edition of "The Good Food News," created by the Los Angeles Project LEAN. Twenty-five grocery stores agreed to place posters and copies of "The Good Food News" in their stores.*
- *Community Outreach Component:*
 - *Medical Offices: Posters and newsletters were distributed to 200 providers in the targeted zip codes.*
 - *Farmers' Markets: Posters, newsletters, and recipe cards were offered to the only Farmers' Market in the area.*
 - *Schools: Twenty-five schools in the Los Angeles Unified School District requested campaign materials for use in the target area.*
 - *Head Start: Distributed campaign materials in target area.*
 - *Churches: Twenty-five Faith organizations were identified for placement of campaign materials.*
 - *¡Es Fácil! Cookbook.*

Policies: (1) Advocate for a Farmers' Market within the Northeast Health District to provide low-cost, seasonal fruits and vegetables. (2) Incorporate the CBSM campaign message into the Los Angeles County Department of Health Services nutrition education programs offered to parents of other populations within Los Angeles County. (3) Advocate for a larger grocery store within the Northeast Health District. (4) Add a question on the Los Angeles County Health survey to determine how many daily fruit and vegetable servings are recommended.

Results and Levels of Success:

Promotora class participants were surveyed before the start of a promotora education session and again one month after the conclusion of the promotora education session. These matched surveys indicated that at pre-test, respondents reported consuming an average of four servings of fruits and vegetables per day and at post test an average of 4.68 serving per day, resulting in a change of +.68 servings of fruits and vegetables per day. Additional evaluation results from the target audience members were not collected due to a partner agency failing to administer post-intervention surveys.

Numbers reached through campaign interventions:

Approximately 1,000 were reached—250 parents attended the classes conducted by promotoras, and 750 were reached through medical providers, the farmers' market, and grocery stores.

Educational materials developed:

1. ¡Es Facil! Cookbook (¡Es Facil! Libro de Recetas)
2. Poster
3. Recipe cards
4. Special Edition of *The Good Food News* newsletter
5. Measuring cups, spoons, kitchen towel, cutting board with campaign logo
6. Tote Bag with campaign logo
7. Formative Research Guide
8. ¡Es Facil! curriculum
9. "Adivina Cuanto Cuesta" (Guess the Right Price) Kick off game.
10. Campaign fact sheet and press release

What the project would do differently next time:

Promote the campaign message and the program more by using the Spanish-language radio market.

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Chapter 4. Conclusion and Recommendations

4.1 Conclusion

Overall, it is clear that using the CBSM approach provides multiple opportunities for success in the community. Some projects were able to measure behavior change in the target communities, while other projects realized other positive effects.

A consistent finding that emerged from the regional projects was the strengthening of community partnerships among those involved in the CBSM process. Enhanced relationships between coalition members, working toward mutual goals, spawned new coalitions such as the Children and Weight Coalition in the Gold Coast region.

Regions that used the target audience or community health educators, such as promotoras, in key roles in campaign implementation also found success in the feelings of empowerment expressed as they created new networks of social support and took responsibility for the health of their families and themselves.

4.2 Lessons learned and recommendations from the state perspective:

Issue #1:

The shift from an expert-driven, top-down program planning approach to one based on the perspective and needs of the target audience was new and not comfortable for everyone. The process of gathering data on the target population and testing campaign materials took longer than expected for many regions.

Recommendation:

- Prior to conducting a CBSM campaign, program planners should receive thorough training on the steps of the process and time required to complete each step. It should be stressed that social marketing campaigns differ from other types of programs in the research needed “upfront” on the target audience. State staff developed a training session for regions and provided technical assistance through monthly group conference calls with regional staff.

Issue #2:

Regional project staff did not always have the expertise to complete all components of the CBSM process. In some cases, gathering of formative research, analyzing data, conducting evaluation, and graphic design was beyond their capacity. Hiring of additional staff and/or local consultants was delayed or not possible because of lack of suitable applicants in the region, local agency hiring freezes, labor contracting issues, and other general state and local government bureaucracy issues.

Recommendations:

- Provide staff with ongoing training, technical assistance, and monitoring in steps of the social marketing process. Experts in the field, such as consultants from the Florida Prevention Research Center, can be hired to conduct training. While training of regional staff proceeded in a linear fashion, the work in the community did not need to progress in a linear fashion and steps in the process often overlap. Regions need guidance and assistance in making decisions to move forward with the process, using existing data when available.
- Provide thorough training on using appropriate types of formative research tools to minimize expenses. Training should review the respective value of gathering qualitative and quantitative data, types of information gained from the data, and when each type is used.
- Allocate adequate funding to provide for evaluation, marketing, and graphic design services.
- Partner with local universities to obtain necessary expertise and consultation in research methods, study design, and evaluation.

Issue #3:

Regions proceeded differently through the CBSM process. It was expected that certain activities would occur within specific timeframes. However, regions sometimes were not able to adhere to these guidelines due to various reasons such as delays in hiring personnel and training.

Recommendation:

- Be flexible with the process. The steps in the Community-Based Prevention Marketing model often overlap, and community work does not progress in a linear fashion.

Issue #4:

Community partners were not engaged and unable to follow through with tasks as expected. In the case of the Los Angeles region, outcome evaluation of the campaign was entrusted to a partner agency that did not follow through with administering the post-intervention surveys. While the region learned an invaluable lesson from this experience, the unfortunate loss of the outcome data cannot be minimized.

Recommendations:

- A key component of working in the community is enlisting support and buy-in from partners who are important to the success of the project. Stakeholders need to be identified and engaged in the process early on. The lead agency and project coordinator have the most invested in the project, and it should be recognized that sufficient time and energy is required on their part to maintain member interest in continued participation in the community coalition and the CBSM project. Close monitoring of activities integral to completion of the CBSM project is necessary, whether those activities are conducted by support staff, volunteers, or partners in the community.

Chapter 5: Resources To Get Started As A Social Marketer

For an Overview of Social Marketing:

Andreason, A. (1995). *Marketing social change*. San Francisco: Jossey-Bass.

Kotler, P. & Andreason A (1991). *Developing a marketing mind-set*. In P, Kotler & A. Andreason, *Strategic marketing for nonprofit organizations* (pp. 35-65). Englewood Cliffs, NJ: Prentice-Hall.

Lefevre, C. & Flora J.A. (1988). *Social marketing and public health intervention*. *Health Education Quarterly*, 15 (3) 299-315.

Novartis Foundation. *A short course in social marketing at*
http://foundationnovartis.com/social_marketing.htm

Weinrich, N.K. (1999). *Hands-on social marketing* (pp. 1-78). Thousand Oaks, CA. Sage Publications.

Pretesting/ Materials Development

Weinrich, N.K. (1999). *Hands-on social marketing* (pp. 79-156). Thousand Oaks, CA. Sage Publications.

Journals

Social Marketing Quarterly
Best Start Social Marketing
4809 East Busch Boulevard, Suite 104
Tampa, FL 33617
www.beststartinc.org

Organizations, Associations, and Websites

The Center for Advanced Studies in Nutrition and Social Marketing
One Shields Avenue, Epidemiology and Preventive Medicine, TB 168,
Davis, CA 95616
<http://socialmarketing-nutrition.ucdavis.edu>

Social Marketing National Excellence Collaborative

Turning Point Initiative
Sylvia Pirani, Director, NY Turning Point Initiative
New York State Department of Health
Corning Tower, Rm. 821 ESP
Albany, NY 12237
<http://turningpointprogram.org>

Social Marketing Institute
1825 Connecticut Avenue NW
Suite S-852
Washington, D.C. 2009
<http://social-marketing.org>

Appendix



CALIFORNIA PROJECT LEAN

VISION

Californians are physically active, eating healthy foods, and living in communities that support healthy lifestyles.

MISSION

To increase healthy eating and physical activity to reduce the prevalence of obesity and chronic diseases such as heart disease, cancer, stroke, osteoporosis, and diabetes.

GOALS

- To serve as leaders coordinating state and local efforts promoting nutrition and physical activity.
- To create healthier communities through policy and environmental changes that support healthy eating and physical activity.
- To conduct research-based, consumer-driven nutrition and physical activity campaigns.
- To educate Californians to choose healthier foods and be more physically active.

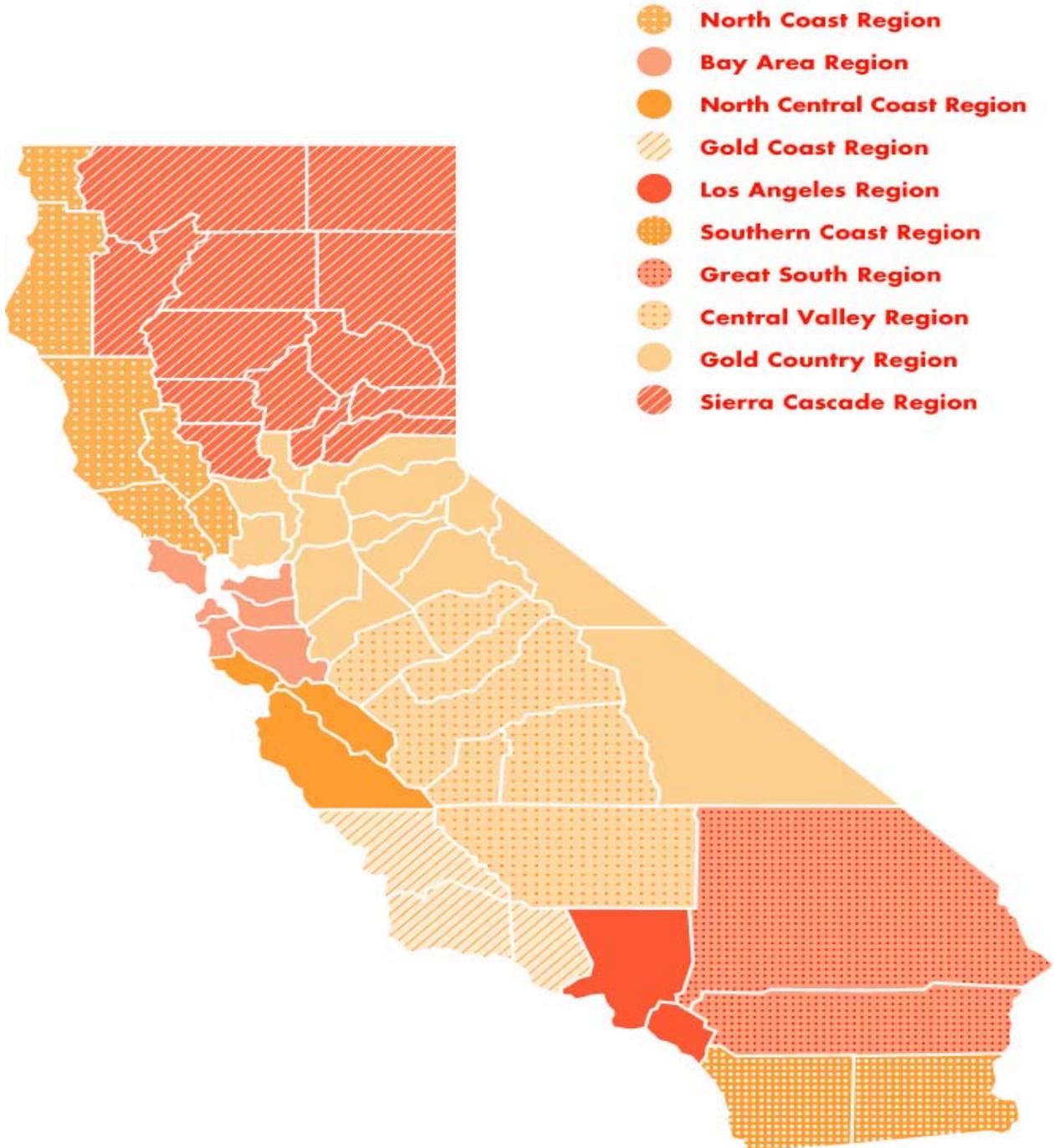


ABOUT CALIFORNIA PROJECT LEAN

California Project LEAN (Leaders Encouraging Activity and Nutrition) works with state and local physical activity and nutrition leaders to conduct programs in communities throughout California. California Project LEAN's Statewide Steering Committee includes health, university, and non-profit representatives who serve in an advisory capacity.

Appendix B


CALIFORNIA PROJECT LEAN REGIONS



A Collaborative Effort of the California Department of Health Services and Project LEAN Regions


CALIFORNIA PROJECT LEAN REGIONS

California Project LEAN works in partnership with ten regional coordinators to conduct local programs throughout the state. Below is a listing of the regions and the counties they serve.

BAY AREA

Alameda
Contra Costa
Marin
San Francisco
San Mateo
Santa Clara

CENTRAL VALLEY

Fresno
Kern
Kings
Madera
Mariposa
Merced
Tulare

GOLD COAST

San Luis Obispo
Santa Barbara
Ventura

GOLD COUNTRY

Alpine
Amador
Calaveras
El Dorado
Inyo
Mono
Placer
Sacramento
San Joaquin
Stanislaus
Solano
Sutter
Tuolumne
Yolo

GREAT SOUTH

Riverside
San Bernardino

LOS ANGELES

Los Angeles
Orange

NORTH CENTRAL COAST

Monterey
San Benito
Santa Cruz

NORTH COAST

Del Norte
Humboldt
Lake
Mendocino
Napa
Sonoma

SOUTHERN COAST

Imperial
San Diego

SIERRA CASCADE

Butte
Colusa
Glenn
Lassen
Modoc
Nevada
Plumas
Shasta
Sierra
Siskiyou
Tahama
Trinity
Yuba

For regional contacts, visit the California Project LEAN website at www.CaliforniaProjectLEAN.org, or call 916.552.9907.

Map on Back.

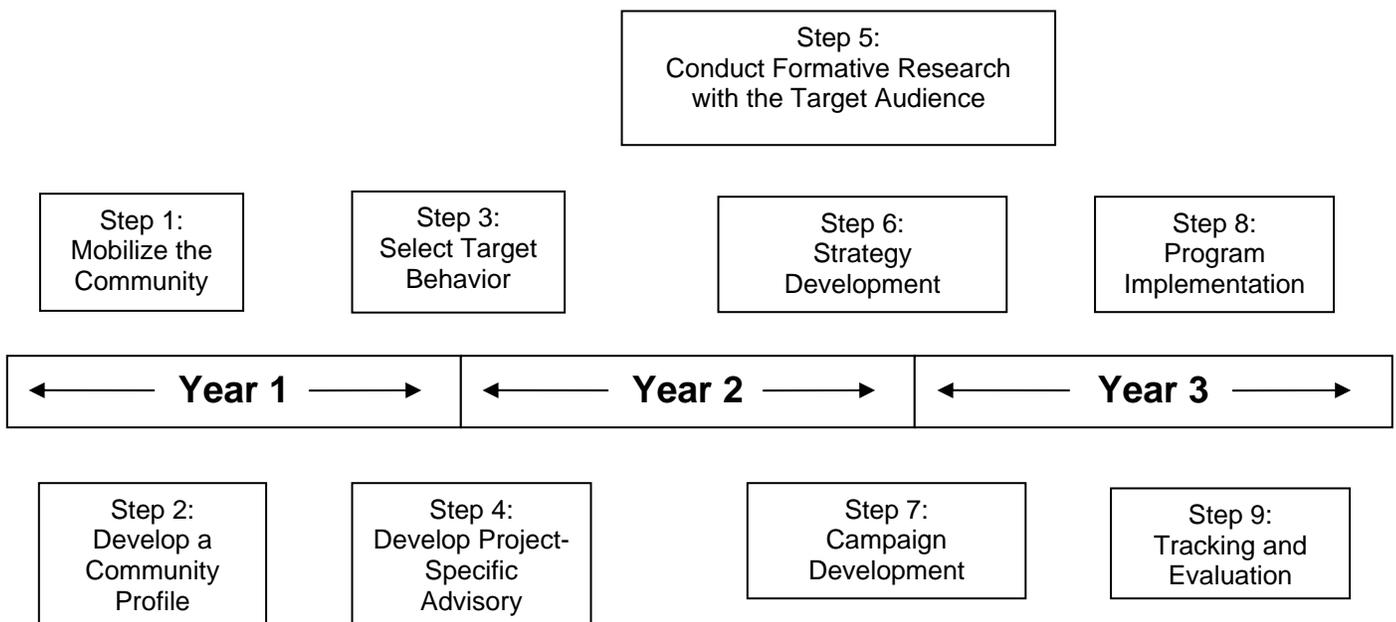


CALIFORNIA PROJECT LEAN
CALIFORNIA DEPARTMENT OF HEALTH SERVICES
P.O. Box 997413, MS•7211, Sacramento, CA 95899-7413
General Number: 916.552.9907, Fax Number: 916.552.9909
Web Address: www.CaliforniaProjectLEAN.org
Teen Web Address: www.CaProjectLEAN.org

Timeline to Implement A Community-Based Social Marketing (CBSM) Project

California Project LEAN's regional coordinators planned, implemented, and evaluated a community-based social marketing project based on the Community-Based Prevention Marketing model (Chapter 2.1). Below is a timeline highlighting the nine steps in the CBSM process and the typical order in which they are implemented.

In California Project LEAN's experience these steps are not necessarily implemented in a linear manner and steps often overlap each other.



**California Project LEAN
(Name of Region)**

Community-Based Social Marketing Plan (Template)

I. Introduction

A. Define the health problem.

Questions to consider include

- What are the morbidity and mortality levels associated with the health problem?
- What are the trends?
- What are the risk factors?

B. Describe your Region's Community Profile.

Profile should include

- Basic demographic information
- Mortality and morbidity data
- Behavioral data
- Assessment of community's capacity, including internal and external resources to help meet your goals.

II. Summarize formative research findings conducted in your region.

- Include data sources utilized
- Research methods utilized
- Data analysis
- Your findings as related to the health problem identified above

III. Systematic Planning Model

A. Target Audience

- Describe target audience (i.e. age, ethnicity, education, geographic location, risk factors, social/cultural factors)
- How was audience segmented? i.e., based on
 - Desired benefits
 - Perceived barriers or costs
 - Readiness to change
 - Psychographics
 - Lifestyle
 - Demographics
 - Media habits
- If applicable, who is the secondary audience?

B. What is the behavioral objective?

- The behavior should be specific, measurable, and reasonable.

C. What factors must be addressed to change the behavior?

- Know what influences the behavior
- Internal determinants. For example:
 - knowledge
 - beliefs

- concern, fear
- motivation
- skills
- perceived self-efficacy
- perceived social norms
- External determinants. For example:
 - environment
 - culture
 - access to key products
 - access to key services
 - social support or pressure
 - policy

IV. Marketing Strategy—Interventions

A. Product (benefits to promote)

- Describe the behavior that you want your audience to do including the key benefits that will have meaning to your target audience.
- If applicable, describe the competing product(s). How can you make your product more appealing?

B. Price

- The price can be monetary, psychological, social, or time.
- Describe how you can lower the price and other barriers.
- What might encourage people to adopt the new behavior?
- What is the reward for the target audiences' adoption of the behavior?
- How can you make the reward credible?

C. Place

- Place refers to the locations where the target audience engages in the behavior you are trying to influence, including the times, places and circumstances under which the consumer would be most receptive to the behavior being promoted.
- What effects do these places have on their behavior? Describe access points to your target audience (i.e., malls, clinics, retail stores, food stamp distribution sites).

D. Promotion

- This is where you describe the strategies to support your product (behavior change) with the target audience. You are encouraged to use the Spectrum of Prevention as a basis for identifying the channels.
- Strategies may include:
 - Service/support strategy (i.e., community health workers delivering the service, promoting the product).
 - Training strategy (i.e., training partners to deliver/promote the product).
 - Consumer education (the information should promote your product and its benefits in the language tested with your target audience).

Appendix D

- Media strategy (if applicable)—includes media advocacy. NOTE: You are not required to have a media component in your intervention.
- Community and other outreach activities.
- Coordination. Describe how your intervention activities will be timed and coordinated to maximize the impact on the target audience.

E. Policy (often termed the 5th "P" in Social Marketing)

A policy strategy may be essential to support your program goals and objectives.

F. Evaluation

Describe how you plan to assess process, outcome, and impact evaluation.

Process Evaluation: Examines the procedures and tasks involved in the implementation. This information should be used to make mid-course revisions in the activities implemented.

Outcome Evaluation: Examines the effect of the intervention immediately following implementation. Information that can result from an outcome evaluation includes:

- knowledge and attitude changes.
- expressed intentions of the target audience.
- short-term or intermediate behavior shifts (i.e. buying, fruits and vegetables).
- policies initiated or other institutional changes made.

Impact Evaluation: Examines long term effects on health status, attitudes, behavior, morbidity, mortality, etc. Information collected from impact evaluation may include:

- changes in morbidity and mortality.
- changes in eating habits.
- long-term maintenance of the behavior being promoted.

V. References

List references cited

VI. Attachments:

- A. List of local partners involved in developing your CBSM plan. List name, position, and organization represented.
- B. Formative Research Instruments used to collect data (if applicable). If reports were produced based on your formative research, include a copy.
- C. Local partners supporting your efforts to implement your CBSM plan, including Network Local Incentive Awardees in your Region. Include letters of support or MOUs outlining resources or in-kind funds being contributed to your CBSM plan.
- D. Other attachments that support your CBSM plan.

REGIONAL SCOPE OF WORK ACTIVITIES TO CONDUCT A COMMUNITY-BASED SOCIAL MARKETING CAMPAIGN

YEAR 1:
OCTOBER 1999-SEPTEMBER 2000
Goal 1: Develop and maintain a customer-based regional coalition

Regional Responsibilities

Objective 1: *Establish a mechanism for seeking input from target consumers.*
 (Oct–Dec) Regions determined methods for listening to consumers regarding wants and needs and identified resources and methods for collecting qualitative and quantitative data from and about the target audience.

Objective 2: *Expand and maintain the regional coalition to advise, support and develop a community-based social marketing (CBSM) plan.*

Regions increased coalition representation from organizations focused on physical activity, social services, food security, faith-based outreach, and commercial retail/food to ultimately provide guidance to the CBSM plan.

State training and technical assistance

Regions were trained on the CBPM model. Faculty from the University of South Florida provided training to regional representatives during the semi-annual Project LEAN regional training.

Goal 2: Design and implement a customer-centered, community-based social marketing plan promoting nutrition and physical activity.

Regional Responsibilities

Objective 1: *Develop a CBSM plan based on formative research, including input from target customers and coalition members.*
 (Oct–Mar) Regions trained coalition members on community-based social marketing principles and recruited a core group from the coalition to develop the CBSM plan.

(April–May) Regions pre-tested plan components with target audience to determine appropriateness of plan, and revised with target audience feedback.
 (July–Sept) Coalition developed an implementation plan for the CBSM, mobilizing their agency and community resources needed for program activities.

Objective 2: *Monitor CBSM plan and implementation of activities.*

(Ongoing) Regional staff coordinated and were charged with the oversight of activities related to the social marketing plan and continued to solicit input from target audience members through interviews, focus groups, and intercept surveys.

YEAR 2:

OCTOBER 2000-SEPTEMBER 2001
Goal 1: Implement a Community-Based Social Marketing Plan

Regional Responsibilities

Objective 1: *Maintain Project LEAN coalition to advise and support the implementation and evaluation of the community intervention plan.*
 Coalition members participated in the CBSM plan's development, implementation, and evaluation, providing in-kind contributions, financial assistance, co-sponsorship, and participation in campaign events. The core group recruited in Year 1 continued to strategize, advise, and direct the CBSM plan.

Objective 2: *Develop regional campaign according to CBSM plan.*

(Ongoing) Regions provided a detailed plan of action based on formative research conducted on the target audience. The plan of action stated where the program implementation would occur, who was the segmented target audience, the expected reach of campaign activities, names of staff conducting activities, and the intervention strategy based on the 5 P's (product, price, place, promotion, and policy.)

Objective 3: *Adopt/develop, pretest, and evaluate collateral materials used with region's CBSM plan.*

(Ongoing) Prototypes of collateral materials were tested with target audience members, revised accordingly, printed, and shared with partners.

Objective 4: *Design and implement the evaluation of the CBSM plan.*

(Oct–Dec 2000) Regions developed and submitted a plan describing methods and the timeline for evaluating the process, outcome, and impact of campaign components.

Objective 5: *Seek funding to support the CBSM plan.*

(Ongoing) Additional funding was solicited through submitting grant proposals to outside agencies, foundations, or other entities supportive of community nutrition interventions.

State training and technical assistance

State staff provided ongoing technical assistance via email, phone, and monthly conference calls with regions to monitor progress of work plan activities. Regional staff received training on developing a creative brief and crafting messages based on formative research during the Project LEAN regional training in March, 2001.

YEAR 3:

OCTOBER 2001-SEPTEMBER 2002
Goal 1: Evaluate and Implement Community-Based Social Marketing Plan

Regional Responsibilities

Objective 1: *Involve a core group of Project LEAN Coalition members in the campaign strategy and implementation of core CBSM plan components.*

Regions described how the core group would be involved in directing the CBSM strategy.

Objective 2: *Identify at least one policy change to improve nutrition or healthy eating choices related to the CBSM plan.*

Regions submitted an action plan describing steps to address a nutrition-related policy issue, involving coalition and core-group input and involvement.

Objective 3: *Analyze findings from evaluation of the 2000-01 CBSM campaign.*

Regions submitted a report summarizing lessons learned and results of process and outcome data related to the previous year's campaign. Regions presented campaign results and findings to professional groups at meetings and conferences to promote the use of the social marketing process for community nutrition programs.

Objective 4: *Based on 2000-01 CBSM campaign evaluation results expand or modify campaign materials and/or investigate an additional intervention site for implementation.*

Regions submitted a detailed action plan for the 2001-02 campaign, describing activities, target audience, expected reach, channels for implementation, and tracking and evaluation measures with timeline and staff assigned to activities.

Objective 5: *Seek additional funding to support CBSM plan.*

(Ongoing) As in the previous year's work plan, additional funding was solicited through submitting grant proposals to outside agencies, foundations, or other entities supportive of community nutrition interventions.

State training and technical assistance

Regions were trained on program evaluation methods. Faculty from the University of South Florida provided training to regional representatives during the semi-annual LEAN regional training.

**California Project LEAN
Survey of Community Coalition Members
2002**

1. When did you first become involved with this coalition? Date (year):

Choose one:

- 1996 or before
 1997
 1998
 1999

- 2000
 2001
 2002

2. Compared to other members, how would you rate your involvement in the coalition?

- 1 I am not very involved at all.
 2 I am involved a little bit.
 3 I am somewhat involved.
 4 I am extremely involved.

We'd like to know the way things run on the coalition as a whole. Please check the box to the right of each statement to indicate the degree to which you feel the coalition works. If you have trouble deciding, choose the answer that describes your feelings most of the time.

<i>Statement</i>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	2	3	4	5
1. The coalition has a feeling of cohesiveness and team spirit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Everyone is involved in discussions, not just a few.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The purpose of agenda items is defined and kept in mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The coalition is disorganized and inefficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The coalition is tolerant of differences and disagreements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The coalition uses the abilities of all, not just a few.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The coalition needs more formalization and structure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The leader is too "laissez faire" and not in control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. There is too much talking and not enough doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How satisfied are you with each of these aspects of the coalition as a whole?
Indicate how you feel by checking the box beside the statement that most closely describes your experience.**

How satisfied are you with...	Very Dissatisfied	Dissatisfied	Neither Satisfied or Dissatisfied	Satisfied	Very Satisfied
	1	2	3	4	5
1. The planning process used by the coalition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The written plan developed by the coalition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The efforts taken so far to meet the coalition's objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The degree of member involvement with program implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The overall coalition functioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your personal experience as a coalition participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below is a list of activities in which you might engage as a member of the coalition. Indicate how likely you have been to engage in the following activities by checking the appropriate box beside each statement.

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	2	3	4	5
1. I attend general coalition meetings regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I devote time outside of meetings to the coalition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I attempt to influence my agency or organization to devote resources to increase community nutrition activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I attempt to increase linkages between my organization and other organizations to increase community nutrition activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how much influence each of the four groups of participants has at the present time for each part of the project described below. Please indicate your best judgment for all groups, even if you are not sure.

How much influence would you say that each of the following groups has had on the *Community-Based Social Marketing Project* in the specific areas mentioned below?

1. On defining the overall goals?	None	A little	Moderate	A lot
California Project LEAN (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>California Nutrition Network</i> (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Project LEAN Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Community Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. On ways to measure the effectiveness?	None	A little	Moderate	A lot
California Project LEAN (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>California Nutrition Network</i> (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Project LEAN Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Community Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. On designing the prevention marketing campaign?	None	A little	Moderate	A lot
California Project LEAN (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>California Nutrition Network</i> (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Project LEAN Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Community Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. On deciding how the prevention marketing campaign will be conducted?	None	A little	Moderate	A lot
California Project LEAN (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>California Nutrition Network</i> (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Project LEAN Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Community Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix F

5.	On selecting the leadership of <INSERT COALITION NAME HERE>?	None	A little	Moderate	A lot
	California Project LEAN (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	California Nutrition Network (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Regional Project LEAN Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Our Community Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	On setting the schedule for meetings of the <INSERT COALITION NAME HERE>?	None	A little	Moderate	A lot
	California Project LEAN (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	California Nutrition Network (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Regional Project LEAN Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Our Community Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	On setting the agenda for meetings of the <INSERT COALITION NAME HERE>?	None	A little	Moderate	A lot
	California Project LEAN (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	California Nutrition Network (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Regional Project LEAN Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Our Community Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	On leading the meetings of the <INSERT COALITION NAME HERE>?	None	A little	Moderate	A lot
	California Project LEAN (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	California Nutrition Network (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Regional Project LEAN Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Our Community Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	On deciding how the project staff of the <INSERT COALITION NAME HERE> is organized?	None	A little	Moderate	A lot
	California Project LEAN (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	California Nutrition Network (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Regional Project LEAN Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Our Community Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix F

10. On developing the project budget of the <INSERT COALITION NAME HERE>?	None	A little	Moderate	A lot
California Project LEAN (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
California Nutrition Network (State)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Project LEAN Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Community Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions is designed to help us understand the feelings that the members of the coalition have about working together. In this survey, the term *members of the coalition* refers to anyone who has attended a meeting.

For each item on the survey, please check the box under the statement that best describes the extent to which you agree or disagree with each statement. The response options range from *strongly agree* to *strongly disagree*.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	1	2	3	4	5
1. In general, the members of the coalition share similar values.	<input type="checkbox"/>				
2. In general, the members of the coalition have concerns similar to my own.	<input type="checkbox"/>				
3. In general, the members of the coalition care about one another.	<input type="checkbox"/>				
4. The coalition is successful at changing local policies and programs.	<input type="checkbox"/>				
5. The coalition creates change that will positively influence future generations in our community.	<input type="checkbox"/>				
6. The coalition usually keeps trying to make change, even if initial attempts don't produce visible results.	<input type="checkbox"/>				
7. The coalition is successful at changing state policies and programs.	<input type="checkbox"/>				
8. In general, the members of the coalition place the concerns of the group ahead of individual goals and agendas.	<input type="checkbox"/>				
9. By working together, members of the coalition improve the quality of life in our community.	<input type="checkbox"/>				

The following questions refer specifically to the coalition's actions regarding promoting efforts to increase fruit and vegetable consumption in our community.

	1	2	3	4	5
10. The coalition has the ability to promote efforts that increase fruit and vegetable consumption.	<input type="checkbox"/>				
11. The members of the coalition have difficulty working together when promoting efforts that increase fruit and vegetable consumption.	<input type="checkbox"/>				

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
12. In general, the coalition has the resources needed to promote efforts that increase fruit and vegetable consumption.	<input type="checkbox"/>				
13. In the coalition, an individual can make a difference in changing the process used to promote efforts that increase fruit and vegetable consumption.	<input type="checkbox"/>				
14. The coalition is more effective in promoting efforts that increase fruit and vegetable consumption by working together than by working as individuals.	<input type="checkbox"/>				
15. Even if the initial actions of the coalition fail to promote efforts that increase fruit and vegetable consumption, it usually tries again.	<input type="checkbox"/>				
16. The coalition uses its resources effectively to promote efforts that increase fruit and vegetable consumption.	<input type="checkbox"/>				
The following questions refer to your attitudes about <i>groups in general</i>.					
17. People who are involved in group efforts are wasting their time.	<input type="checkbox"/>				
18. A diverse group of people can work together successfully toward a common goal.	<input type="checkbox"/>				

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Thank you for your participation!

Nutrition Questionnaire—English

The following questions ask about what you ate for your meals and in-between meals yesterday. If yesterday was not a typical day, think of how you eat on a typical day.

Fruits and vegetable include all kinds—**fresh, frozen, canned** and **dried**, as well as **100% juice**. Also consider fruit, vegetables and potatoes in salsa, soup, casseroles, stews, salads or licuados.

A **serving** is whatever you think of as a normal portion for yourself.

	None or less than 1	1	2	3	4	5 or more
1. Yesterday, how many servings of <i>fruit or 100% fruit juice</i> did you eat at your morning meal (breakfast)?						
2. Yesterday, how many servings of <i>vegetables or 100% vegetable juice</i> did you eat at your morning meal (breakfast)?						
3. Yesterday, How many servings of <i>fruit or 100% fruit juice</i> did you eat at your midday (lunch) meal?						
4. Yesterday, how many servings of <i>vegetables or 100% vegetable juice</i> did you eat for your midday meal (lunch)?						
5. Yesterday, how many servings of <i>fruit or 100% fruit juice</i> did you eat in the evening meal (dinner)?						
6. Yesterday, how many servings of <i>vegetables or 100% vegetable juice</i> did you eat in the evening meal (dinner)?						
7. Yesterday, how many servings of <i>fruit or 100% fruit juice</i> did you eat between meals or for a snack?						
8. Yesterday, how many servings of <i>vegetables or 100% vegetable juice</i> did you eat between meals or for a snack?						

Thank you!

Cuestionario de Nutrición

Estas preguntas son acerca de lo que usted comió en sus comidas y entre las comidas (bocadillos) el día de ayer, o de lo que usted come en un día normal.

Incluya todo tipo de frutas y vegetales—**frescos, congelados, enlatados, secos y jugo 100% puro**. Incluya también las frutas y vegetales en salsas, sopas, caldos, caserolas, ensaladas, y licuados.

Una porción es la cantidad que considera normal para usted.

	Ninguna o menos de una	Una	Dos	Tres	Cuatro	Cinco o más
1. ¿Cuántas porciones de frutas o jugo de frutas 100% puro comió ayer en la mañana (desayuno)?						
2. ¿Cuántas porciones de vegetales o jugo de vegetales 100% puro comió ayer en la mañana (desayuno)?						
3. ¿Cuántas porciones de frutas o jugo de frutas 100% puro comió ayer al mediodía (comida)?						
4. ¿Cuántas porciones de vegetales o jugo de vegetales 100% puro comió ayer al mediodía (comida)?						
5. ¿Cuántas porciones de frutas o jugo de frutas 100% puro comió ayer en la noche (cena)?						
6. ¿Cuántas porciones de vegetales o jugo de vegetales 100% puro comió ayer en la noche (cena)?						
7. ¿Cuántas porciones de fruta o jugo de frutas 100% puro comió entre comidas o como bocadillos ayer?						
8. ¿Cuántas porciones de vegetales o jugo de vegetales 100% puro comió entre comidas o como bocadillos ayer?						

Summary of Regional Community-Based Social Marketing Campaigns

	Bay Area (Santa Clara/San Jose)	Central Valley (Fresno)	Gold Coast (Santa Barbara)
Target Audience	San Jose Job Corps students aged 16–25	English and Spanish speaking Latinas with school-aged children	Acculturated Latino mothers under age 25
Behavioral Objective	Increase intake of fruit and/or vegetable servings by at least one serving daily	Drink and serve 1% milk instead of whole or 2% milk <i>“1% Milk—Healthy and Delicious”</i>	Increase intake of fruits and vegetables as snacks by at least one serving per day
Formative Research Conducted	<ul style="list-style-type: none"> • 1:1 interviews • Focus groups • Intercept surveys • Key informant interviews • Secondary data review 	<ul style="list-style-type: none"> • Milk sales data • Environmental scan • Survey • Focus groups • Developed a creative brief • Secondary data review 	<ul style="list-style-type: none"> • Surveys of intervention place and preferences • Focus groups • Media preference survey • Secondary data review
Intervention Components	<ul style="list-style-type: none"> • Taste tests • Educational materials • Educate providers • Media communications • Fruit and vegetable policy in the cafeteria 	<ul style="list-style-type: none"> • 1% milk taste tests • Printed materials in retail dairy case, schools, health clinics, and WIC sites • Paid radio and television commercials 	<ul style="list-style-type: none"> • Snack parties • WIC class topic of the month • Newsletter • Posters • Paid radio advertisements
Evaluation Measures	<ul style="list-style-type: none"> • Pre and post intercept surveys • Produce orders 	<ul style="list-style-type: none"> • Pre and post intercept surveys • Milk sales data 	<ul style="list-style-type: none"> • Pre and post matched surveys • Snack party critiques
Brief Outcomes*	<ul style="list-style-type: none"> • Fruit and vegetable intake combined increased by 1.07 servings/day • Instituted an informal policy to purchase more fruit • Produce purchases increased from \$242 to \$629 during the six week campaign period 	<ul style="list-style-type: none"> • Sales of 1% milk increased by 43.8 percent at participating grocery stores • Respondents who reported “usually purchasing” 1% milk increased from 1 percent to 29 percent • Fresno Unified School District committed to serving 1% milk to all students 	<ul style="list-style-type: none"> • At post-test 95 percent reported eating more fruits and vegetables as snacks • Daily consumption of fruit and vegetables increased from 5.02 to 7.07 servings after participation in a snack party

*Bold Shading indicates a policy/environmental outcome

Summary of Regional Community-Based Social Marketing Campaigns

	Gold Country (Sacramento)	Great South (San Bernardino)	Los Angeles
Target Audience	Mothers in WIC program in outlying counties	Spanish speaking, non-breastfeeding, one year postpartum women with children attending Monterey Elementary School	Spanish speaking Latino women with school-aged children in the Northeast Health District of Service Planning Area 4
Behavioral Objective	Increase intake of fruits and vegetables by one serving per day	Increase vegetable intake by one serving per day	Increase fruit or vegetable intake by one serving per day at the family meal
Formative Research Conducted	<ul style="list-style-type: none"> • Surveys • Focus groups • Key informant interviews • Group interviews • Secondary data review 	<ul style="list-style-type: none"> • Survey • Focus groups • Key informant interviews • Developed a creative brief • Secondary data review 	<ul style="list-style-type: none"> • Community input groups • Focus groups • Survey • Mortality and county-wide Health Survey data reviewed
Intervention Components	<ul style="list-style-type: none"> • Newsletter • Posters • Skill building demonstrations 	<ul style="list-style-type: none"> • Radio/retail campaign • Promotora-taught Gardening and Nutrition classes • Healthy food policy option at intervention school 	<ul style="list-style-type: none"> • Promotora led Nutrition classes including the ¡Es Fácil! Cookbook • Newsletter • Latino mass media • Strategic message placement
Evaluation Measures	<ul style="list-style-type: none"> • Newsletter surveys • Mail surveys (matched) • Post skill building demonstration surveys 	<ul style="list-style-type: none"> • Pre and post intercept surveys • Pre and post surveys of class participants • Copy of interviews 	<ul style="list-style-type: none"> • Pre and post matched surveys • Phone survey of Good Food News readers who requested a copy of the cookbook
Brief Outcomes*	<ul style="list-style-type: none"> • Over 90 percent of survey respondents read the newsletter and over 40 percent reported trying at least one recipe • 56 percent of those responding to the mail survey reported eating more fruits and vegetables due to information they received in the newsletters and skill building demonstrations 	<ul style="list-style-type: none"> • At post test a 5.7 percent increase in the number of intercept survey respondents who reported eating five or more servings of vegetables per day • Class participants reported increased vegetable consumption at post test • Healthy Food Policy signed by principal 	<ul style="list-style-type: none"> • Matched survey results unavailable due to mix-up with partnering agency charged with collecting the post data • 88 percent of the phone survey respondents positively rated the cookbook as a 4 or 5 on a 1-5 scale

*Bold Shading indicates a policy/environmental outcome

Summary of Regional Community-Based Social Marketing Campaigns

	North Central Coast (Monterey)	North Coast (Humboldt)
Target Audience	Latinas who are not eating five servings of fruit and vegetables daily and who have children 6-10 years of age	Caucasian mothers including WIC and Head Start participants
Behavioral Objective	Increase proportion of target audience members who report eating five a day from 58 percent to 64 percent	Increase vegetable intake, emphasizing frozen and canned, by one serving per day
Formative Research Conducted	<ul style="list-style-type: none"> •Mail survey •Intercept surveys •Focus groups •Secondary data review 	<ul style="list-style-type: none"> •Focus groups •Survey •Secondary data review
Intervention Components	<ul style="list-style-type: none"> •Messages on grocery bags •Community Classes •Taste tests •Patient reminder cards •Promotoras •Paid radio spots •Agency policies 	<ul style="list-style-type: none"> •Radio and TV spots •Nutrition classes taught by child care providers •Newsletters •Bulletin board display •Nutrition Fair •Lightening Meals video
Evaluation Measures	<ul style="list-style-type: none"> •Yearly Intercept survey 	<ul style="list-style-type: none"> •Random surveys of WIC and Head Start participants •Survey of child care providers
Brief Outcomes*	<ul style="list-style-type: none"> •78 percent of the 2002 survey respondents report eating five or more servings of fruits and vegetables a day compared to 58 percent in 2001 •50 percent of the 2002 survey respondents reporting hearing the radio advertisement •72 percent of the 2002 respondents who had been to a doctor or clinic had received a patient appointment reminder card 	<ul style="list-style-type: none"> •Of those who saw the commercial 45 percent stated they added more vegetables to dinner

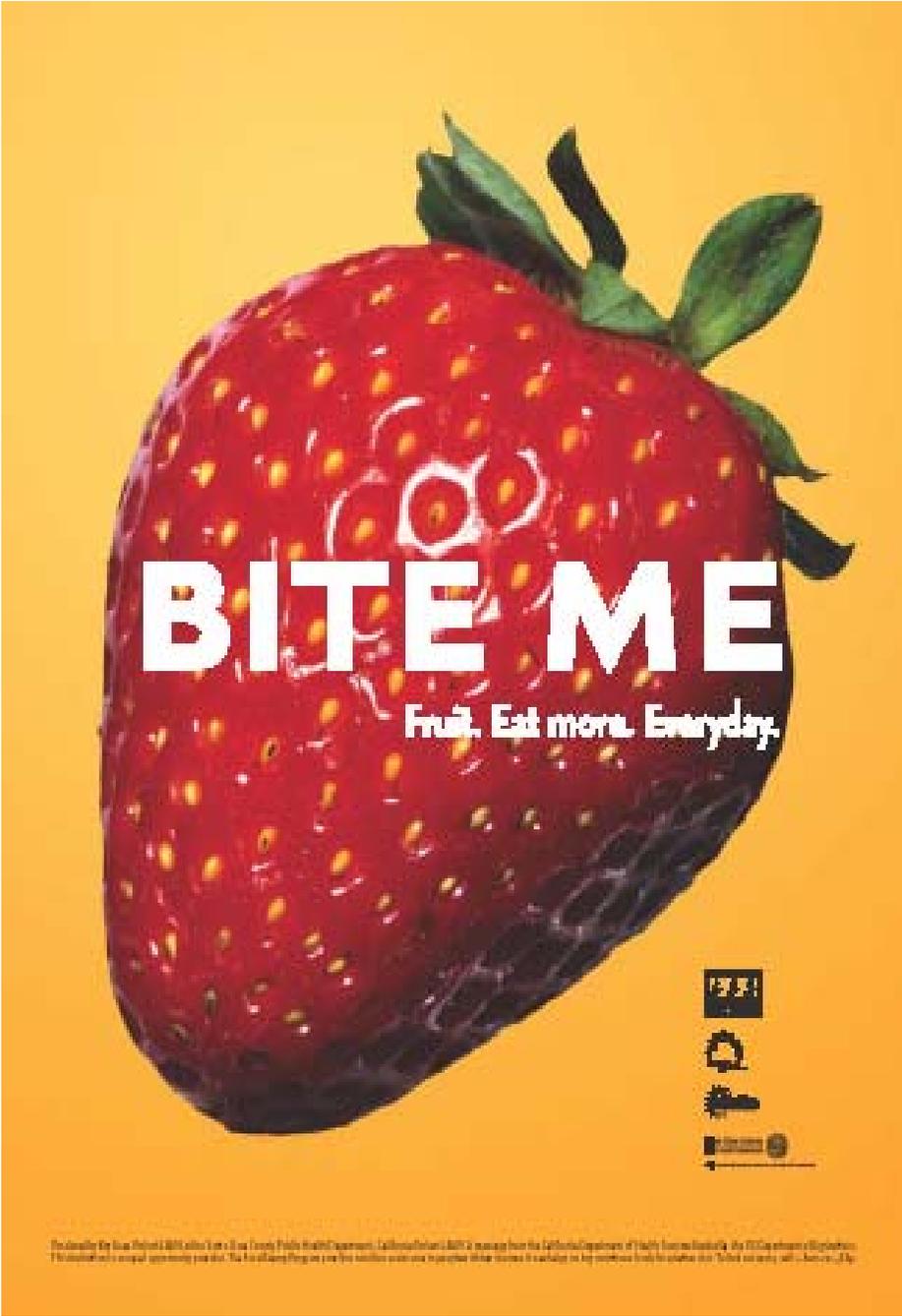
*Bold Shading indicates a policy/environmental outcome

Summary of Regional Community-Based Social Marketing Campaigns

	Sierra Cascade (Redding)	Southern Coast (San Diego)
Target Audience	Female EOPS Community College students	Latinos in San Diego county (in specified zip codes)
Behavioral Objective	Increase fruit intake by one serving per day	Increase intake of fruit and/or vegetable servings by at least one serving daily
Formative Research Conducted	<ul style="list-style-type: none"> •Survey •Focus groups •Key informant interviews 	<ul style="list-style-type: none"> •Survey •Secondary data review •Focus groups
Intervention Components	<ul style="list-style-type: none"> •Fruit fairs on campus •Messages in campus cafeteria •Radio PSAs •Newsletter articles •Policy change in school food service 	<ul style="list-style-type: none"> •Healthy cooking classes taught by promotoras •Mass media
Evaluation Measures	•Pre and post surveys	•Pre and post surveys
Brief Outcomes*	<ul style="list-style-type: none"> •At post test a significant increase in the typical amount of fruit, respondents reported consuming, from 1.7 to 2.0 servings •Cafeteria policy changed to include option of a fruit cup in lieu of French fries •Refrigerated vending machine established in the gym which included the sale of fruit 	•Combined fruit and vegetable intake significantly increased from 5.89 to 8.16 servings per day at post test

*Bold Shading indicates a policy/environmental outcome

Bay Area's "Bite Me" Poster





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