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# The critical role of communications in a multilevel obesity-prevention intervention: Lessons learned for alcohol educators

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### ABSTRACT

**Objective:** Multilevel interventions to prevent underage drinking are more effective than individual-level strategies, and messaging campaigns are key to such approaches. Recognizing the benefits of translating best practices across public health domains, this paper details the communications campaign from Shape Up Somerville (SUS), an exemplar for multilevel community-based approaches to address pediatric obesity, highlighting lessons learned for alcohol educators.

**Methods:** All elements of SUS, including the communications strategy, were developed collaboratively with local partners. Communication initiatives included community-engaged brand development to unify diverse intervention components; school-based communications to promote new opportunities for healthy eating and physical activity; and media partnerships to promote healthy behaviors community-wide.

**Results:** The overall SUS intervention was effective in reducing prevalence of overweight/obesity among first- to third-graders in Somerville relative to control communities. Process evaluation showed that communications successfully reached diverse community segments and raised awareness of and receptivity to changes.

**Conclusions and practice implications:** Communications campaigns are essential components of multilevel interventions addressing public health challenges including obesity and underage drinking. Such communications should be developed collaboratively with the target audience and stakeholders, designed to engage community members at multiple levels through multiple channels within a systems framework, and sustained through local partnerships.

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## 1. Introduction

### 1.1. Underage drinking in the United States

Underage drinking is a major public health concern in the United States [1]. Although purchase and possession of alcoholic beverages by individuals under age 21 is illegal in all 50 U.S. states, alcohol consumption among minors is commonplace. For example, among high school students responding to the 2013 Youth Risk

Behavior Survey, 35% reported drinking some alcohol and 21% reported binge drinking in the prior 30 days [2]. The consequences of underage drinking include absences at school and poor academic performance; social disengagement; unwanted sexual activity; legal problems, including arrests for drunk driving; changes in brain function and cognitive deficits; disruption of normal physical growth and development; and risk of injury and death [1,3]. Decreasing underage drinking was identified as a key public health priority in Healthy People 2020 [4].

While interventions to prevent underage drinking have had limited success overall, review studies and major policy reports have suggested that multilevel, whole-of-community models—which address not just individual-level behavior modification but also social, physical, and policy environments—show greater promise than those that target only individual youth or their families [5,6]. Such findings are consistent with social-ecological models of behavior change, which stress the importance of

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environmental determinants of health behaviors [7]. Multilevel approaches have also been recommended to address other public health challenges, including pediatric obesity. For example, in its 2012 consensus report of evidence-based recommendations for slowing or reversing obesity rates, the Institute of Medicine (IOM) promoted multilevel changes including schools, worksites/health-care settings, food/beverage and physical activity environments, and messaging environments [8].

1.2. Translating strategies across public health domains

Past and ongoing studies on the effectiveness of multilevel approaches to prevent underage drinking and other substance-abuse concerns provide important insight to inform future public health practice [6,9]. However, there is also tremendous potential in identifying and translating best practices from other public health contexts [10]. Evidence suggests that successful strategies may be particularly transferable between substance-abuse-prevention and obesity-prevention domains [11], in part due to their common challenges and priorities. For example, both alcohol abuse and obesity involve complex interactions among individual/biological and environmental factors; underage drinking and eating and physical activity behaviors are influenced by powerful social norms, which are themselves shaped by commercial marketing; and alcohol and food have potential addictive properties and are sometimes used as coping mechanisms. Furthermore, both alcohol educators and obesity-prevention leaders target young people as a particularly high-priority population. While alcohol-education efforts often are not initiated until adolescence or early adulthood, observational studies have found that childhood exposures (e.g., sipping alcohol or being exposed to alcohol advertising) are associated with subsequent underage drinking [12]. Intervention research has shown that education for elementary-aged children (e.g., media literacy training related to alcohol advertisements) may help prevent later substance abuse [13].

Recognizing the potential for transdisciplinary exchange of best practices, another paper in this supplement discusses lessons learned from three obesity-prevention interventions and their

implications for alcohol educators [14]. This paper expands on one of those case examples, Shape Up Somerville (SUS), a multilevel environmental-change intervention that has been cited by the IOM and others as an exemplar for systems-based obesity-prevention work [8,15–17]. In particular, it explores in depth the communications campaign that played a critical role in promoting uptake of healthy nutrition and physical activity behaviors enabled by other changes to the community’s physical and policy environments. For both alcohol educators and obesity-prevention interventionists, mutual reinforcement between communications and other environmental changes is critical: messaging can promote responsiveness to changes to physical/policy environments (e.g., increased availability of fruit/vegetable or alcohol-free activity options), and environmental supports are critical for messaging campaigns to shift not only intentions but also behavior [18,19].

This case study [20] highlights key principles for developing and implementing successful communications campaigns in the context of multilevel interventions to address obesity, underage drinking, or other public-health challenges. These principles include ensuring alignment between messaging and other environmental supports, tailoring messages based on formative research with the target audience and key stakeholders, reaching community members at multiple levels through multiple channels, and building local partnerships that can support and sustain communications efforts. While there have been substantial changes in the channels used for health communication in the intervening decade since the SUS campaign was designed, these principles remain consistent with more recent recommendations for health communication campaigns [21] and have been applied in campaigns using contemporary channels like social media [22].

2. Methods

2.1. Intervention context and overview

The overall purpose of Shape Up Somerville (SUS), a quasi-experimental study, was to prevent undesirable weight gain among first- to third-graders in Somerville, Massachusetts. To evaluate this outcome, BMI z-scores were measured in children in

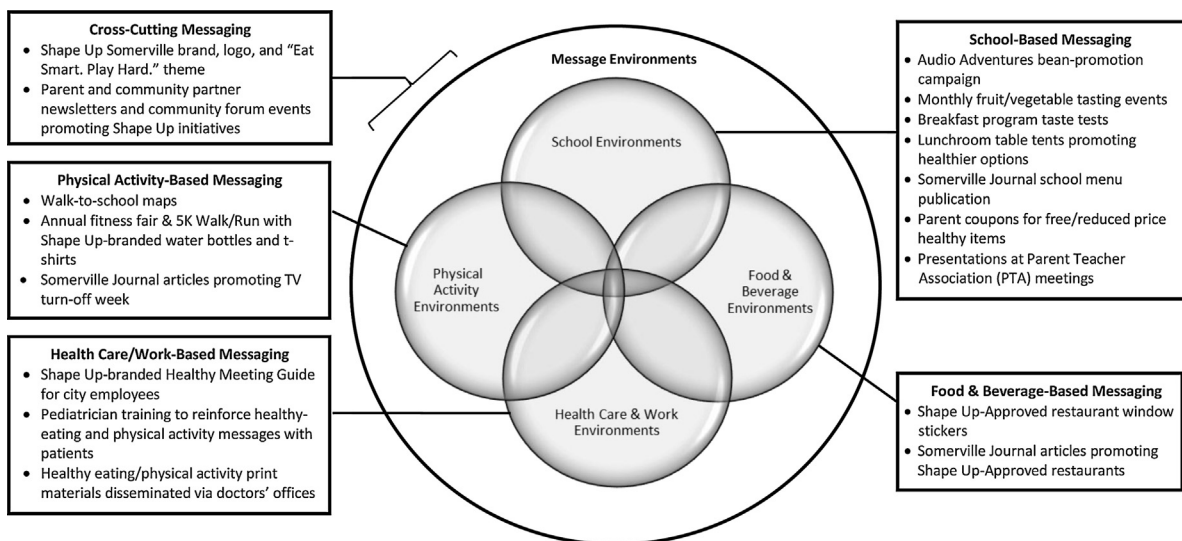


Fig. 1. Overview of Shape Up Somerville’s multilevel communications strategy to promote healthy eating and physical activity, Somerville, Massachusetts, 2003–2005. Note: Framework adapted with permission from *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*, 2012, by the National Academy of Sciences, Courtesy of the National Academies Press, Washington, D.C.

The Shape Up Somerville communications campaign, designed with community partners during a one-year planning period prior to the intervention’s launch, permeated multiple environments, promoting healthy changes in physical settings (e.g., healthier school foods). Here, the components are set within a systems framework to highlight their interconnectedness and mutual reinforcement.

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