Lessons Learned from promoting and using Social Marketing to Promote Healthy lifestyles in Mexico.

Florence Théodore, Anabelle Bonvecchio, Angela Carriedo, Laura Irizarry.

Clearwater, June 17, 2011.

Goals of this presentation

1. Sharing our experience in relation to:
   - Designing and evaluating SM programs
   - SM Training of health professionals in Latin America
2. Discussing the lessons we have learnt
   - Does it work in the Latin American context? (changing behavior)
   - Success and challenges?
Plan

I. Introducing ourselves
   - INSP
   - Our team
   - Mexican Nutrition challenges

II. Designing and evaluating interventions
   - Examples with under-nutrition projects
   - Examples with healthy lifestyle projects in an obesity epidemic context
   - Lessons learnt

III. Training health professionals in SM

IV. Conclusion
National Public Health Institute of Mexico (INSP): Who are we?

Academic and research institution

1. Providing research results on relevant issues of public health to prevent and control diseases.
2. Educating health professionals to help promote healthy living conditions in different population groups.

Our team

- Nutrition Community Department (Research Center in Nutrition and Health)
- Multidisciplinary team (Nutritionist, Psychologist, Sociologist, Anthropologist, Health Educator, etc).
- Financial and academic support from Carmen Program (PAHO/WHO) & USF (4 members trained in SM).
Mexican Nutrition challenges: a double burden of malnutrition


Our Involvement with SM

Designing and evaluating interventions for a better nutrition and health lifestyle

Training health professionals in SM

II. DESIGNING AND EVALUATING INTERVENTIONS
Stages of our projects

1. Situational Analysis
2. Development of intervention & pilot testing
3. Implementation
4. Evaluation & Retro alimentation

Situational Analysis/ Formative Research/ Market Research

Helps to identify:

- Knowledge, beliefs, practices.
- Behavior to be promoted.
- Limitations and motivations for behavior change.
- Communication objectives.
- Approach and strategies.

Key aspects

Based on theories and model: Ecological Model

Carol Bryant presentation, USF.
Malnutrition context in southern Mexico

RCT project - Rural zone
- 2 communities in Chiapas (Tsotsil group)
- 2 communities in Veracruz (Mestizo population)

Scaling-up project - Rural zone
- 151 communities in Chiapas (Tsotsil group)
- 112 communities in Veracruz (Mestizo population)

Exploratory project - Urban zone
- 4 communities in Veracruz
- 4 communities in Yucatán

Oportunidades program

- Created in 1997.
- Objective. To contribute to breaking the intergenerational cycle of extreme poverty by promoting capacity building in education, health and nutrition of recipient families (Operating rules, 2009).
Under-nutrition project. Nutrisano

Situational analysis - Formative research/Market Research

- Mix Method research in the 3 projects

Qualitative Method
- Ethnographic study
- Depth interviews
- Focus group
- Observation

Quantitative Method
- Survey
- Anthropometric measurements
- Reminder 24 hrs

✓ Mother
✓ Health professionals (health center)
✓ Volunteers ("vocales") Oportunidades
Different populations but similar results

- Liquid preparation, instead of thick porridge (cultural context “empacho”).
- Intrafamily sharing (poverty context).
- Organizational (provision, distribution) & professional failures (unfamiliar product, poor communication & promotion).
- For mothers, important to see their children active and happy (hook). Association of sadness with under nutrition.

Mothers’ Marketing strategies

- To give Nutrisano at midday, every day prepared with 4 teaspoons of powder to the target children.
Mothers’ Marketing strategies

Place

- Reorganization provision, in order to guarantee the supplement availability in health centers.

Promotion

- Different channels according to actors and projects (interpersonal and personal communication channel - primary & secondary audiences, Mass Communication).
Interpersonal communication channels

- Training of health personnel
- Workshops with mothers (*Nutrisano* preparation)
- Home visits.

RURAL PROJECT

Mass comunication

RURAL PROJECT

- Radio messages by Megaphone
- Video for mothers and for health professionals
- Posters
Impact evaluation. Objective

To measure knowledge, attitudes, behavioral changes related to use and consumption of *Nutrisano* reported by a sub-sample of 200 mothers, after 4 months of intervention.

Methodology: Randomized Control Trials (pre & post intervention).


Main Results
Main Results

- Improvement in the 4 behaviors promoted.
- 3 of the 4 show a marked improvement.

Conclusion

- Efficient method for changing behavior related to under-nutrition.
- Efficient with different cultural groups (mestizo, indigenous).
- Importance of the formative research to tailor the intervention to the target population.
Our healthy lifestyle projects

Promoting healthy food and physical activities in primary public school of Mexico City (4th and 5th grade schoolchildren).
- 28 schools

Intervention aimed at changing the pattern of consumption of drinks in school children in Mexico City (4th and 5th grade schoolchildren). 4 schools
- 3 marketing Plans (Parents, children, school staff)

Situational analysis- beverage Consumption Project

- Mix Method research

Qualitative Method
- Depth interviews
- Focus groups
- Observation

Quantitative Method
- Beverage inventory
- Beverage diary (one week)
- Anthropometric measurements

✓ Children
✓ Parents
✓ School staff (teachers, sports teachers, school director)
Main results of the FR

- No drinking water available.
- Little water being drunk by children & teachers.
- High consumption of sweet beverages (SB) within and outside school.
- Children only drink water after physical exercise.
- Children are not used to drinking water and they dislike the taste.

3 marketing plans- Product

Children
- Drinking at least 750 ml of water every day in school, using a reusable water bottle provided by the project.

Teacher
- Drinking water in front of their pupils.
- Letting children drink water and go to the bathroom.
- Promoting drinking water and utilization of the reusable bottle.

Parents
- Drinking water in front of their children.
- Promoting the consumption of water in the family.
- Making sure that their children take the reusable bottle to school.
Children’s Marketing strategies

- **Real product.** Drinking at least 750 ml of water every day in school.
- **Central product.** Water:
  - has no limits for its consumption.
  - doesn’t harm health.
  - doesn’t cause tooth decay.

Children’s Marketing strategies

- **Tangible products.**
  - Reusable bottle.
  - Delivering safe water at schools (20 liter container).
Children’s Marketing strategies

**Price**

- Incentives on random days to those who brought the reusable bottle filled with water.

**Promotion**

- Asking them to bring to school every day the Reusable bottle full of water and drink it.
Material for children

- Video with message

Pipimaters

Reusable bottles.
Esta foto de las niñas tomando agua no es promoción, es precio

Anabelle Bonvecchio A, 6/14/2011
Material for children

Promotion

Pipimeter in toilets

Impact evaluation. Objective

To measure children’s water consumption (2 intervention schools and 2 control schools), after 3 months of intervention.

Methodology: Quasi-experimental design, pre and post intervention with control group. Not randomized.
Changing children’s water consumption in school

* Cambio significativo en el grupo de intervención en referencia al grupo control (p<0.05). Comparación del cambio en la media geométrica de consumo a partir de modelos lineales generalizados mixtos y latentes

Conclusions of the project

- Effectiveness in increasing water consumption.
- Brief intervention.
- Particularity of the Mexican context (unsatisfactory pipeline water infrastructures)
LESSONS LEARNT FROM THESE PROJECTS....

Lessons learnt

- Important role of field work (FR).
- Promotion “P” is the most visible but important to work with the other “P”s.
- Importance of a multidisciplinary team/researchers & creative professionals.
- Importance to look after the whole process (from FR up to evaluation)
Lessons learnt

- **Effectiveness** of interventions, despite
  - Different kinds of population (adult/child, Rural/urban, mestizo/indigenous, health professionals, school personnel)
  - Different behaviors.

- **Relatively easy to develop**: Non-experts learn quickly.

- **Flexibility** Methodology to integrate different sorts of theoretical frames and tools.

Our Challenges in SM

- To design interventions when first you have to face **infrastructural failures** or lack of access to basic necessities.

- How to answers government agencies needs (time and funding limitations)?:
  - Time constraint to conduct FR.
  - Needs to develop national strategies covering different target populations (rural, urban, indigenous).
  - Lack of time for pilot testing concepts and materials
  - Lack of funding for scaling up projects.
Our Challenges in SM

- Many needs, more than one behavior promoted.
- Making materials last (ex. ILSI poster).
- Scaling up strategies that were developed for small groups.

III. TRAINING HEALTH PROFESSIONALS IN SM IN LATIN AMERICA
Training health professionals in SM

5 day summer courses at INSP (July 2008). Carmen/USF/INSP.

4 days training in Antigua, Guatemala (December 2010). Carmen/USF/University of Galileo/INTA/INSP.

5 day social marketing hands on course in Ecuador. Consulting

Sonia Olivares, Guatemala 2010

Carol Bryant, Curso MS, DF

Curso MS, DF, México, 2008
Participants

- Students
- Health professionals
- Academics
- NGO members

About the Mexican SM course

- Do they use skills/knowledge learnt in the SM course? If yes, how?
- Short questionnaire to all the participants (n=28), but only 10 answered.
Following the Mexican SM summer course

- 1 participant was instrumental in including SM in a University program of Promotion of Healthy Lifestyles.
- Just 2 persons (MOH) design and evaluate interventions with the complete Social Marketing methodology.
- Most of the participants used their SM knowledge to design materials for different target populations (indigenous, poor populations, children, etc.).

What’s next? A suggestion

- Better selection of the participants of the summer course.
- Opening the SM course only to health professionals in charge of designing and evaluating interventions.
- Creating a course for materials designing and evaluating, open to all health professionals.
Conclusion

- SM is a very powerful methodology for changing behavior in LA countries.
- Can be taught to a wide public, but we have to focus on the type of course.
- Interventions designed with MS methodology are not frequent in LA countries.
- A big effort is needed to promote the use of the whole methodology, particularly among government agencies.
¡Gracias!

ftheodore@insp.mx
bonvecchio@insp.mx