Social Media Campaign

# Response B

The community nursing diagnosis includes; insufficient nutritious diet, overconsumption of fast food, and amplified proportions of obesity, diabetes, and obesity-related diseases. The focus of the nursing diagnosis intervention was to eliminate risk factors that cause obesity, education of communities and to reduce the number of detrimental effects of obesity from communities (Kite et al., 2018). The community health nursing diagnosis intervention was placed by the National Institute of health's recommendation: intake of low fat and low-calorie diet for obese patients.

# Response B (1)

Healthy People 2020 describes health equity as the accomplishment of the uppermost level of well-being for all individuals. Attaining health equity needs respecting everybody alike with intensive and continuing societal struggles to address preventable disparities, ancient and modern prejudices, and the removal of health and health care inequalities (“Promoting Health for Adults | CDC,” 2019). Various studies have suggested that sociodemographic changes exist among the different populations and health disparities also exist (“Obesity and Health Disparities,” n.d.). Obesity is more prevalent among African Americans as compared to other population such as non-Hispanic Whites and Caribbean Blacks (Lincoln, Abdou, & Lloyd, 2014). Impaired dietary and physical activity habits along with the obesogenic environment are associated with overweight and obese individuals in the community (Lincoln et al., 2014). Rendering to the U.S. Department of Agriculture and the U.S. Department of Health and Human Services’ Dietary Guidelines for Americans, 2010, the chief nutrition-linked risk elements are extraordinary blood cholesterol, high blood pressure, overweight and obesity (Lincoln et al., 2014). The consumption of food is not following Dietary Guidelines that is to consume minimum sodium, dense fats, cholesterol, extra sugars, and refined grains. The guidelines suggested foods to take more vegetables, fruits, raw grains, and fat-free milk. The consumption of more and more unhealthy diet is the major cause of obesity among communities. Access to a healthy diet and nutrition is significantly associated with an increase in obesity and obesity-related diseases.

# Response B (1a)

For the awareness of the communities, Physical Activity and Health, an article of the Surgeon General, added suggestions for the health remunerations of physical exercise has been published. To inform the discipline in this space, an eminent recommended group revised the novel research outcomes and valued the forte of the suggestion for health remunerations from physical exercise. Consequences were published in the 2008 Physical Activity Guidelines for Americans (George et al., 2016). These guidelines specify that health remunerations of physical exercise comprise of anticipation of illness and decreases in risk elements connected with a variety of illnesses and disorders. Physical exercise is unique to the fundamentals of suggested management for obesity and additional chronic disorders. Other related programs in communities are CDC's State-based Nutrition and Physical Activity Program to Prevent Chronic Diseases, Including Obesity. Prevention and anticipation of obesity programs including Northwest Obesity Prevention Project, Sisters Together: Move More, Eat Better and California's Project Lean. Various methods are also in development to be pragmatic by centers for disease control and prevention. Though, the occurrence of obesity in the United States is uncommon, recognizing roughly one-third of adults. Further investigation of these subjects may have worldwide influences to prevent obesity. Health education and promotion can significantly reduce the risk of obesity among females. Certain other primary resources are North Carolina's Eat Smart, Move More Campaign and New York State Physical Activity Coalition (So et al., 2016). All of these programs are intended to promote a healthy eating, healthy lifestyle and discouraging unhealthy diet and physical inactivity (Kite et al., 2018). US departments for agriculture and world health organization are the major primary community-based resources that help and assist communities and healthcare providers to reduce obesity and obesity-related diseases.

# Response B (1b)

Impaired nutrition, diet and decreased physical activity habits along with the obesogenic environment are linked with the overweight and obese individuals in the community (Lincoln et al., 2014). Rendering to the U.S. Department of Agriculture and the U.S. Department of Health and Human Services' Dietary Guidelines for Americans, 2010, the chief nutrition-linked risk elements comprise of extraordinary blood cholesterol, high blood pressure, overweight and obesity. The consumption of diet is not in accord with Dietary Guidelines that is to take a minimum of sodium, dense fats, cholesterol, extra sugars, and refined grains (Commissioner, 2019). The diet and food lacking vegetables, fruits, raw grains, and fat-free milk are other significant factors that cause obesity. The consumption of unhealthy diet, junk food, and processed food is the utmost cause of obesity among societies and communities (Bäck, Bäck, Altermark, & Knapton, 2018). Physical inactivity, sedentary lifestyle and access to unhealthy diet and nutrition such as fast food centers, junk, and oily food availability are significantly associated with an increase in obesity and obesity-related diseases among communities.

# Response B (2)

According to the Centers for Disease Control and Prevention 2018, around one-third of American grownups are reported to be obese (“Adult Obesity Facts | Overweight & Obesity | CDC,” 2019). Obesity can lead to other health problems such as cardiovascular illness, stroke, and diabetes. Evidence-based practices among communities include several dietary and nutrition modifications and physical activity programs. For example, Blair Center Hampton introduced assessment of the opportunity for outpatients' weight loss support groups, education for nutrition to community and supportive therapy to maintain a healthy lifestyle. Sentara Careplex Hospital have practices such as assessing support groups of mainly type II diabetic patients on making nutritious food convenient and easy to prepare and observing community feedback and evidence of learning for healthier food options. Waller mill Elementary School has processed food for faculty and students. Assessment of food and nutrition to promoted healthy eating was assured. Healthy eating among the school community was promoted. Peninsula Town Center Hampton is specifically raising awareness in communities regarding obesity and providing education to communities and societies for fighting heart disease and stroke. Sentara Careplex hospital was involved in the assessment of nutrition of communities and experts were specifically focused on providing education to communities regarding nutrition and physical activity to reduce obesity and obesity-related diseases. Markets and heavily crowded places were fast food centers and junk food restaurants. Farmers' markets and roads were crowded and communities were assessed with their weights and body mass indexes.

# Response B (2a)

Around 93.3% of adults in the United States are affected by obesity. The rate of prevalence is reported to be 39.8% (“Adult Obesity Facts | Overweight & Obesity | CDC,” 2019). Hispanics (47.0%) and non-Hispanic blacks (46.8%) had the highest age-adjusted prevalence of obesity, followed by non-Hispanic whites (37.9%) and non-Hispanic Asians (12.7%) (“Promoting Health for Adults | CDC,” 2019). The obesity was 35.7% prevalent among young grownups aged 20 to 39 years, 42.8% among middle-aged adults aged 40 to 59 years, and 41.0% among older adults aged 60 and older (“Adult Obesity Facts | Overweight & Obesity | CDC,” 2019).

# Response C (1)

The objective of obesity prevention is to generate, via focused societal modification, utilizing social media platforms, ecological-behavioral cooperation to raise the accomplishment and conservation of healthy weight amongst persons and in the communities (George et al., 2016). This objective imitates an emphasis on primary prevention through social media platforms in the target population. Primary anticipation highlights approaches that upsurge the probability of increasing physical activity, intake of appropriate diet, and weight control mechanisms and energy balance in the populace as a whole.

# Response C (2)

1. It is not a diet; it is your future.
2. Rest awhile and run a mile.

Lifestyle change is required to be maintained to preserve a healthy weight. Rendering to the U.S. Department of Agriculture and the U.S. Department of Health and Human Services' Dietary Guidelines for Americans, 2010, the principal nutrition-linked risk elements are extraordinary blood cholesterol, high blood pressure, overweight and obesity. The consumption of food is by Dietary Guidelines that is to consume minimum sodium, dense fats, cholesterol, extra sugars, and refined grains (Commissioner, 2019). The guidelines suggested foods to take more vegetables, fruits, raw grains, and fat-free milk. The consumption of a healthy diet can significantly help in the prevention of obesity and obesity-related diseases from communities.

Physical Activity Guidelines for Americans have suggested that regular exercise or physical activity can significantly reduce weight. These guidelines specify that health remunerations of physical exercise help in anticipation of illness and decreases risk elements connected with a variety of illnesses and disorders. Regular physical exercise can significantly help in the prevention of obesity.

# Response C (3)

Currently, people have many options and choices to join social media platforms. Almost everyone has facilities and access to internet services. Social media is an active, smart and interactive media that can play a major role in the prevention of obesity as the target population is available on it (Kite et al., 2018). Our target population is adults and young individuals. Facebook, YouTube Instagram, and twitter are available and out of which Instagram we will choose to deliver our prevention message to the target population.

# Response C (3a)

Although the custom of social media for health prevention is a developing arena of examination, the preliminary study proposes that it upsurges participant assignation, and can act as a cost-effective device to offer community provision for persons sharing weight controlling programs. With rigorous and interactive sections such as videos, pictures, and snapshots, social media can provide useful and cost-effective ways to deliver health messages to the target population. Weight management and diet plans can be shared through videos and pictures (Simpson, Griffin, & Mazzeo, 2019). Obesity control prevention tips and the effects of obesity can be shared that can create awareness among the population. The promotion of exercises and physical activity benefits can be shared in one click. Awareness regarding obesity and obesity-related diseases can be shared to create wakefulness among communities. Multiple pictures, attractive messages and creative graphics on Instagram can deliver health-related prevention messages to the adults.

# Response C (4)

Population-based interferences to avert and manage obesity emphasis shifting the unhealthy behaviors such as poor diet and nutritious diet along with no physical activity that is connected with the amplified risk of obesity. Utilizing the promotion of pictures that inspire healthy eating and videos that encourage regular physical activity and its benefits to make people aware (George et al., 2016). Such interferences will help people adapt modified behaviors depending on several strategies such as videos and graphics. Awareness of people would be accomplished regarding obesity and obesity-related disease aimed at shifting behaviors. Utilizing social media such as Instagram to send messages to a vulnerable population as well as a low socio-economic population that cannot afford costly diet plans and nutritionists' visits can benefit from Instagram messages. Promoting awareness regarding healthy behaviors on Instagram to achieve the Ottawa Charter for Health.

# Response D

CDC customs social media to deliver customers with accessibility to trustworthy, knowledge-based health material when, where and how consumers need it. A range of social media tools can be used to deliver messages to target markets such as personalize messages, range to new viewers, and form a message organization grounded on exposed and accessible information interchange. Major three significant characteristics of social media and Instagram channels can make the campaign effective such as personalization, participation, and presentation (Bäck et al., 2018). Additionally, a social media sharing platform can effectively deliver messages and information to the target population. Utilizing buttons, content syndication, image sharing, podcasts, and video sharing will ultimately deliver messages to an enormous number of persons. Blogs, mobile health, and widgets can effectively help in sharing information with the target population.

# Response E (1)

Most stakeholders will have responsibilities and duties to productions that contain teaching creators, financing projects such as social media campaigns, generating scheduling constraints and setting milestone dates to accomplish the projects. Major stakeholders in social media campaigns would be the blog creators, managers, admins, graphic designers, and advertising experts. The stakeholders would have diverse duties such as the organization of the team and its management along with that the networking, editing and writing (George et al., 2016). Development of info, graphics and videos, and monitoring of social media campaign is also the stakeholder’s duty. Stakeholders will generate authentic and accurate information platforms such as healthcare organizations to deliver it to the target population for the prevention of obesity. Above all stakeholder have to sponsor social media campaigns to accomplish the objectives of the project effectively and successfully.

# Response E (2)

An important feature of the social media campaign and obesity prevention program is constructing capacity through the public and private subdivisions to assemble a synchronized strength to modify the atmosphere that compels healthy behaviors, for example, vigorous diet and physical exercise. It needs public health collaboration not only with the administration of government entities but also with community coalitions, universities, mass media and food authorities and organizations (“Promoting Health for Adults | CDC,” 2019). Collaboration with Department of Agriculture and the U.S. Department of Health and Human Services’ Dietary Guidelines for Americans, Physical Activity Guidelines for Americans, food and drug association, American nursing association, academics, universities and nutrition departments can collaborate to implement social media campaign in synchronization to target vulnerable groups among communities to reduce obesity and obesity-linked diseases.

# Response E (3)

The timeline would include the entire marketing and managing team to develop blogs, projects, events and media that will be happened throughout the campaign to run this campaign successfully. The campaign launch brief details would be planned such as healthy lifestyle changes required to be implemented in the communities and why these changes are essential for the community. Brief details of the campaign including objectives, goals, and aims would be displayed to aware of the communities that this campaign is about. Page and group designing, signup and joining page options and sharing options that can influence marketing goals would be pipelined. Healthy activities, projects, videos, media, and graphics would be designed and planned according to the requirement of the campaign. Workshops, online access, and web pages would be needed (George et al., 2016). Planning of the project, promotion of the project, final preparation and launch of the campaign would be the specific timeline for the project.

# Response E (4)

Social media campaigns have built-in options for the valuation and assessment of a project, for example, google analytics and social media analytics would be available to measure the effectiveness of the campaign. Certain other evaluation tools can also be used such as Facebook page managers and Instagram managers and rapid miner (George et al., 2016). It is vital that the use of analytical promotion tools that are accessible to collect data and information regarding the effectiveness of the campaigns. This can also help to form and shape frequently future marketing operations to being extremely effective ones. For example, more likes would help in identifying that people are getting more aware of the information and more information is shared among communities. Additionally, by generating comments and sharing options people would share their perceptions, knowledge, and experiences regarding campaigns. Collecting this information and analytics would help in identifying the effectiveness of the obesity prevention campaign.

# Response E (5)

The specific cost for the campaign would be required such as for how long the campaign would be run, and which platforms it would use. For Instagram campaigns, it is important to note how long the posts and videos would be promoting through the campaign (George et al., 2016). After this, collaboration with private and public sectors, hiring of staff and management team along with marketing expenditures would be included in costs. The minimum cost of around $4000 to $7000 would be the cost of a one-month campaign.

# Response F

The community health nurses’ efforts for the promotion of healthier behaviors by delivering messages and getting the information out through advertisement. Thousands of people use social media platforms to read messages and information and to get aware of the facts and figures (George et al., 2016). Nurses would share information and knowledge for the awareness of people regarding obesity and obesity-related diseases aimed at shifting and modifying behaviors. Using social media such as Instagram to drive messages, pictures, and videos to the vulnerable population as well as a low socio-economic population that cannot have enough money to afford costly diet plans and appointments of physicians can benefit from Instagram messages (Bäck et al., 2018). Promoting awareness regarding healthy behaviors on Instagram to accomplish the Ottawa Charter for Health for all.

# Response F (1)

Social media campaign would apply to my future practices by making me an advocate and supporter to deliver information to the people in need. The social media campaign would help me to contact the most at-risk population to help them prevent obesity and obesity-related diseases (“Adult Obesity Facts | Overweight & Obesity | CDC,” 2019). This campaign can be beneficial in a way that would direct various healthy behaviors among communities and I would be the part of that campaign (George et al., 2016). Through social media campaigns, I will know what extent we need to help people to protect them from obesity and what behaviors we need to target in the future to decline the disease burden.

References

Adult Obesity Facts | Overweight & Obesity | CDC. (2019, January 31). Retrieved November 16, 2019, from https://www.cdc.gov/obesity/data/adult.html

Bäck, E. A., Bäck, H., Altermark, N., & Knapton, H. (2018). The quest for significance: Attitude adaption to a radical group following social exclusion. *International Journal of Developmental Science*, (Preprint), 1–12.

Commissioner, O. of the. (2019). Nutrition. *FDA*. Retrieved from http://www.fda.gov/consumers/consumer-updates/nutrition

George, K. S., Roberts, C. B., Beasley, S., Fox, M., Rashied-Henry, K., & Diabetes (BP3D), B. P. to D. D. (2016). Our health is in our hands: A social marketing campaign to combat obesity and diabetes. *American Journal of Health Promotion*, *30*(4), 283–286.

Kite, J., Grunseit, A., Bohn-Goldbaum, E., Bellew, B., Carroll, T., & Bauman, A. (2018). A systematic search and review of adult-targeted overweight and obesity prevention mass media campaigns and their evaluation: 2000–2017. *Journal of Health Communication*, *23*(2), 207–232.

Lincoln, K. D., Abdou, C. M., & Lloyd, D. (2014). Race and socioeconomic differences in obesity and depression among Black and non-Hispanic White Americans. *Journal of Health Care for the Poor and Underserved*, *25*(1), 257.

Obesity and Health Disparities. (n.d.). Retrieved November 16, 2019, from Https://www.apa.org website: https://www.apa.org/pi/health-disparities/resources/obesity

Promoting Health for Adults | CDC. (2019, June 11). Retrieved November 16, 2019, from https://www.cdc.gov/chronicdisease/resources/publications/factsheets/promoting-health-for-adults.htm

So, J., Prestin, A., Lee, L., Wang, Y., Yen, J., & Chou, W.-Y. S. (2016). What do people like to “share” about obesity? A content analysis of frequent retweets about obesity on Twitter. *Health Communication*, *31*(2), 193–206.