

Community Brand for Behavior Change

Reducing obesity and tobacco use on one of the world's remotest islands

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Key messages

- > Taking a community-based marketing approach encouraged the local community to take ownership of the brand and subsequent behavior changes.
- > Understanding what residents loved most about living on the island helped to develop a brand that resonated and motivated.
- > The brand was accompanied by a range of strategies that enabled and supported positive behavior changes and the creation of a new social norm.

Introduction and country context

The island of St Helena is located in the South Atlantic Ocean and has a population of 4,534. St Helena is classified as a developing economy by the United Nations Conference on Trade and Development (UNCTADSTAT).¹ Local data indicate that more than one-fifth of the resident population are diabetic, that over 40 percent of registered patients have been assessed as hypertensive, and that up to 7 in 10 people are overweight or obese. Food and other imports reach the island mainly by freight ship from Cape Town, South Africa. The schedule is every 6 weeks.

Occasional disruption to the schedule or missed scheduling with ships that come to South Africa from the UK can often lead to significant supply shortages. Local food production is currently limited in nature and volume. Tobacco use is high, at 24.2 percent for men and women over 15 years; usage is particularly high among young men (50 percent) and women (46 percent) aged 20–29 years.²

“Community-directed social change is about spurring action by a community, for that community”

Taking a community-based social marketing approach

To support the development of a brand and help inform the development of a Health Promotion Strategic Framework (2018), a community-based prevention marketing approach was taken.³ Community-based prevention marketing 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 It is about working with the local communities as partners and active participants, thereby spurring action *by* a community, *for* that community.

Community-based prevention marketing focuses on developing a range of interventions (as opposed to focusing merely on advertising and communications). It addresses questions such as:

1. Whether any products or services need to be developed to *support* the desired behavior change.
2. Whether the physical environment (*design*) requires changing in any way to support the desired behavior change.
3. What are the *information and educational* needs of the target audience in relation to the desired behavior change.

4. Whether *control* can be used to incentivize the desired behavior change, or to disincentivize it. An example of control used in this way is smoke-free legislation.

The aims of the project were to:

- > reduce the consumption of high-sugar drinks, as well as high-fat, high-salt and high-sugar snack foods;
- > increase the ‘swapping’ of healthier food and drink options to replace the less healthy ones;
- > increase the number of smokers trying to quit; and
- > increase physical activity participation across the population.

Formative research findings

To support the development of the brand and to help inform the behavior change activities, formative research was conducted with representatives from the local population as well as key stakeholders. After the formative research had been conducted and analyzed, several interventions and brand ideas emerged. These were then presented at eight co-production workshops with local residents. Residents then supported the research team to refine and develop the ideas further.

In total, 87 residents were interviewed and involved in the co-production workshops, plus 17 stakeholders and frontline staff. Most of the local residents were female (60 percent). The age of the participants ranged from 11 to 61 years, and the average was 24 years.

Current knowledge

Most participants said they knew what a healthy diet and lifestyle looked like, even if they did not practice it themselves. This knowledge was irrespective of age or gender, and all the young people interviewed from the school also clearly articulated what a healthy diet and lifestyle involved.

“Participants alluded to the perceived scarcity of food as a reason for such large portion sizes and reliance on ‘too many carbs’”

When asked why people on the island may struggle with their own diets, they alluded to the perceived scarcity of food as a reason for such large portion sizes and reliance on ‘too many carbs.’ The older participants were asked about how health behaviors

have changed in the past 10 years. Many said knowledge concerning healthy diets and lifestyles has not changed, but people eat a poorer diet now because of the lack of access to fresh foods and an influx of inexpensive, unhealthy alternatives.

“I think well one of the main reasons for this generation [being unhealthy] is you can’t get the stuff. I think we’re more aware now that they have to eat this and have to eat that but there’s hardly ever stuff to eat on here.”

Additionally, people – especially young people – spend more time watching TV, playing video games or otherwise absorbed in their technology than they did a decade ago.

Perceptions concerning diabetes and cancer

Many participants, of all ages, said without being prompted that they were worried about their health or about developing diabetes. Despite their fear, participants appeared to push the prospect of diabetes to the back of their mind, and there was a sense of fatalism. This fatalism was brought about by participants thinking it was ‘in their genes.’ However, at the same time, all of the participants felt that the risk of developing diabetes was something they could mitigate with a healthy diet and lifestyle.

“Well, you know, my grannies and stuff got diabetes. Nanny died of diabetes but, you know, she said that she inherited it from her mum so my mum ain’t got it so like it is ... I thought, okay, if my mummy not got it maybe it will skip me but then I got as well so if it skipped me then ... But you’ve got to watch your lifestyles.”

Barriers to a healthy lifestyle

Many of the participants, when asked about the causes of obesity, talked about the lack of fruit and vegetables, unprompted. This was often given as the main reason for the high obesity rates on the island. In addition to the scarcity of fresh foods, many participants also mentioned cost as a barrier to eating healthily. They said it was cheaper to buy less nutritious foods than healthy ingredients.

“For me it is also here on the island, to be able to live healthier it costs much more, so the health food you have to pay like 20 percent through a customs board, whereas the junk food you pay 5 percent, where it should be the opposite way around.”

Lastly, some participants discussed that the culture on the island is to just ‘accept their fate’ instead of working to prevent chronic illness in the future.

“I think it’s a way of life here. It’s just a mentality. It’s a thing of ... I always say, and I always say to my colleagues as well, I do find Saints [i.e., inhabitants of St Helena] are extremely submissive and they always find me very domineering, perhaps I think but it’s just because I think where I come from you have to learn to speak up for yourself.”

Smokers and nonsmokers said they believed that smoking on the island was ‘too easy’ – being relatively inexpensive and socially ubiquitous. These factors were seen to make initiation easy and quitting difficult, and Saints who had worked elsewhere commented on what they perceived as the ease of smoking on St Helena relative to other countries and neighboring islands.

“I lived in the UK ... You don’t smoke there, you can’t afford to smoke there! But here it’s cheap.”

Island life

When asked what they liked the most about living on the island, all participants said ‘freedom.’ This had many meanings. First, they enjoyed the freedom of safety and security. They said they could go out without locking their doors and windows at night, and they could let their children play without supervision. Freedom also referred to ‘freedom from the rat race’ and the fast-paced lifestyle of other places, such as the UK. Participants said they had a more balanced lifestyle on the island than when they lived in other places.

“You know, it’s quite safe here and you do whatever so it is that as well, yeah. But then the children are free here.”

Other words that came up were ‘contentment,’ ‘tranquility’ and ‘community spirit.’

In terms of messaging and activities around staying healthy, many of the participants enjoyed doing such activities with family, friends and/or colleagues. They felt that it then became a more social event and that they could motivate each other. Most of the participants liked the idea of having group competitions to spur people on – trying as a team to drink more water or to do a set number of steps in a week.

Trusted sources

Participants said they would trust doctors, dieticians and family members when it came to health information and education. However, some of the participants felt they would trust someone who had successfully lost weight.

“Because they see, okay, they see [person’s name] as oh

she’s good. You know, she boosts herself up, pull her socks up and I’ve got to do this.”

Many of the participants felt that it was difficult to take health advice seriously if it came from someone who did ‘not look’ healthy themselves. They felt that some of the healthcare professionals on the island could not be ‘taken seriously’ because of their own lifestyle choices.

“I don’t know ... you know, when they are telling you do eat healthier and you are looking at them [the healthcare professional] ... it’s ... how can you take it seriously?”

Development of a community brand and strategic framework

Based on the findings, a community-focused brand was developed and acted as an umbrella brand for the strategic framework and behavior change activities. The brand was launched first (in May 2018), with all the other strategies coming under the brand and supporting the behavior change messages. As depicted in **Figure 1**, the brand name was ‘Saints Together’ – and campaign-specific sub-brands included ‘Saints active Together’ and ‘Saints smoke-free Together.’ The positioning of the brand was that Saints Together gives you the ultimate freedom

FIGURE 1: The ‘Saints Together’ brand



FIGURE 2: Poster with testimonial



– everywhere you see the brand is an opportunity to make a change to be ‘free’ from health problems and enjoy life on the island.

The brand promise was that small changes can make big differences and that everyone is making changes – Government, businesses and local communities. The branding was used as a stand-alone brand, as opposed to being coupled with other health or Government branding on the island. This was to help residents to take brand ownership. All the materials used testimonial-style wording in quotation marks, to make readers feel that another Saint is speaking directly to them, telling them how they have benefited from making the change (Figure 2).

Saints telling their own stories and speaking from personal experience featured in local media, including press, radio and social media. The application of the marketing linked directly to a range of behavior change interventions within the Health Promotion Strategic Framework⁵ that entailed environmental modifications to encourage a positive behavior or discourage a health-damaging one. For example, in parallel with partnership work with importing retailers aimed at improving the supply of healthier drinks options, ‘nudge marketing’ was provided to

help stores encourage customers to identify, and swap over to, healthier options. Marketing encouraging Government employees to fit more activity into their day was directly linked to the granting of 30 minutes ‘activity time’ per week that employees could opt to use. Marketing encouraging Saints to quit smoking was linked to the development of smoking cessation support and the creation of smoke-free public sites.

“Between April 2018 and May 2019, risk factors related to overweight and smoking had moved in a positive direction”

Discussion

The Saints Together branding was employed to support the full range of strategies in the Health Promotion Strategic Framework during 2018–2019. Evaluation of the framework using population survey data indicated that, between April 2018 and May 2019, risk factors related to overweight and smoking had moved in a positive direction.⁶ The social marketing approach was an embedded aspect of the wider Health Promotion Strategic Framework, and it is difficult to disentangle the role of the branding and marketing from the strategies to make the environment more supportive of healthier behaviors.

Nonetheless, in the 2019 survey, 72 percent of respondents said they were aware of the Saints Together campaign, indicating strong brand visibility and awareness among respondents. Of those who were aware, the majority (59 percent) believed that the campaign had helped to increase community awareness regarding health. Notably, community, media and policymaker discussions around aspects of the Health Promotion Strategic Framework that did not themselves directly use or reflect the brand – discussions relating to sugar taxation or tobacco legislation, for example – also referred to Saints Together, suggesting that the campaign was viewed as integral to the wider health strategy.

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