

A1: Community Health Nursing Diagnostic Statement

The community nursing diagnosis for Dakota County is characterized by impaired nutrition among people from all demographics. The widespread nutritional impairment within the community is attributable to the consumption of fast food which is available in different options. The correlation between the high rate of impaired nutrition and overutilization of fast food is evidenced by high traffic through fast food eateries, diabetic statics, the incidence of obesity, and hypertension. The abundance of fast food and a sedentary lifestyle are some of the most observable causative factors for the increased incidence of the diseases noted above in the community.

The main fast food outlets within the community include Burger King, Jimmy Johns, Five Guys, Dairy Queen, McDonald's, Subway, and Boston Market. The main weakness witnessed in the community is the high number of fast food outlets compared to health food stores and sit down restaurants. The ease of access to fast food outlets within the neighborhoods contributes to the excessive consumption of unhealthy diet. As such, the community experiences high rates of overweight and obesity. The symptoms for overweight and obesity in the community include high rates of hypertension, diabetics, stroke, arthritis, asthma, coronary heart disease, and hypercholesterolemia.

B1: Health Inequity or Disparity

Health disparities or inequities refer to factors that create differences in the health of individuals across the diverse population and social groups. The health disparity experienced by the overweight and obese population in the community can be attributed to neighbor context and developmental perspectives (Krueger & Reither, 2015). The availability of fast food and limited

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access to healthy food (fresh greens and fruits and whole grain foods) within the neighborhoods promotes a poor dietary lifestyle which contributes to high incidence of overweight and obesity.

The excessive consumption of fast food rich in calories increases the level of energy intake which leads to overweight and subsequently obesity. On the aspect of developmental perspectives, the prenatal and early childhood exposure to fast food within the community promotes a culture of poor dietary practices which creates a vicious cycle of overweight and obesity (Krueger & Reither, 2015). As such, poor dietary lifestyle and maternal obesity increase significantly the odds of newborns being obese at birth as well as throughout their lives.

B1a: Primary Community and Prevention Resources

Primary prevention is an essential public health initiative that targets a particular population to alleviate or decrease the incidence of a health problem. The overweight and obesity health issues within the community are being addressed by promoting a healthy dietary lifestyle and lifestyle physical activity (Hoelscher et al., 2015). The implementation of the primary prevention efforts to alleviate the incidence of obesity and overweight within the community is being facilitated by several resources which include healthcare clinics (promotes the assessment of risks posed by obesity) and referral systems.

Other resources put in place include farmers markets, several mini-sized supermarkets, fast food and restaurant menus labelled with nutritional calorie values for each food item, and nutritional programs for worksites, hospitals, schools, and childcare (Hoelscher et al., 2015). The promotion of physical activity is considered a key interventional strategy for reducing the incidence of overweight and obesity. As such, several community prevention resources including walking trails, fitness facilities, playgrounds, and physical education program (initiated in all learning institutions) have been put in place to facilitate the management of the identified health issue.

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B1b: Underlying Causes

The pervasiveness of overweight and obesity within the community is directly related to socioeconomic problems and low physical activities. The Dakota County community is characterized by average socioeconomic status which is marked by a significant rate of underemployment and relatively low education levels. The socioeconomic constraints within the community make it impossible for the majority of individuals to afford nutritious food which is often expensive. The limited number of flourishing groceries, supermarkets, and sit down restaurants in the neighborhoods is a statement that most people in the area cannot afford healthy food due to financial constraints.

The socioeconomic challenges faced by the community forces the majority of the residents to revert to the consumption of cheap, less nutritious, and calorie dense foods. The community's popularity with fast food is evidenced by the flourishing fast food outlets within the neighborhoods. The health problem faced by the community is also attributed to the general lack of recreational facilities within the neighborhoods. The majority of the members of the community are (those who cannot afford to enroll in the few available fitness clubs) thus forced to adopt a sedentary lifestyle which exposes them to the risk of overweight and obesity.

B2: Evidence-based Practice

The pervasiveness of overweight and obesity in the United States is increasingly making the two conditions a significant source of public health concern (Pavela, Lewis, Locher & Allison, 2016). The high incidence rate of obesity exposes individuals to mortality and health risks, overweight-related discrimination, and high health care costs. The global epidemic of overweight and obesity is being addressed using a raft of preventive interventions which generate different results. The promotion of nutritional and lifestyle physical activity is increasingly being viewed

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as the most effective primary intervention strategies for alleviating or taming the high incidence of overweight and obesity.

Several studies note that the combination of good nutrition and regular activity is crucial for supporting a healthy weight. Xu et al. (2017) in their research noted that the administration of physical activity and a healthy diet among obese populations significantly lowers the risks posed by the condition. The findings of the study observed that the combination of physical activity and nutritious diets lowered the sodium intake, saturated fat, carbohydrate, fat, and energy of the participants.

Additionally, it was further observed that both the physical activity and healthy nutrition had a significant impact on body strength and endurance of the participants throughout the intervention period. Hong, Coker-Bolt, Anderson, Lee, and Velozo (2016) note that increasing access to fresh nutritious food and regular physical activities (minimum of 75 min/ week for adults and 60 min/ day for children) reduces the risk of contracting overweight and obesity. The evidence presented above leads to the conclusion that both the physical activity and nutritional interventions present the most effective primary prevention against obesity and overweight.

B2a: Identification of Data

Dakota County in Minnesota experiences a significant level of incidences of overweight and obesity (Jou et al., 2017). Current statistics show that 35% of the adult (25 years and above) population is overweight while 28% are obese (have a body mass index of equal or greater than 30kg/m²). The prevalence of obesity among children (ages between 6 to 17 years) stands at approximately 12%. The obesity and overweight statistics in Dakota County is significantly lower (especially for adults) compared to the state and national figures. Retrospectively, the average adult and childhood obesity rate in the State of Minnesota is approximately 38% and

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10.4% respectively (Jou et al., 2017). On the other hand, the national statistics for adults and children obesity stands at 39.8% and 15.8% respectively.

C1: Social Media Campaign Objective

Social media campaign (in the context of the community health problem identified this report) will be crucial in making use of the marketing concepts to influence the behavior of the patient population and the community. The general objective of the social media campaign is to reduce the vagaries of overweight and obesity within Dakota County by eliminating the risk factors of the two conditions. The specific objectives of the social media campaign include the promotion of healthy eating (including the adoption of a healthy dietary lifestyle) and regular physical activity.

C2: Social Marketing Interventions

Social marketing interventions provide an effective tool for promoting the behavioral change required to achieve the set healthcare objectives. The interventions can be targeted at individuals or a community. The individual-level intervention nudges them to review their behavior or habits as a strategy for increasing their health outcome. A community-level intervention promotes a community-wide change of behavior to rectify or tame a public health issue. In the context of this paper, I recommend the use the multiple outreach channels and the relevant social models as the most effective population-focused strategies for promoting healthy dietary lifestyle and physical activity in the community.

The multiple outreach channels strategy will enhance the dissemination of the intended message to the community by making use of co-branding with popular community venues, initiatives, and events. The use of community outreach will be crucial in targeting each segment of the community (youth, adolescents, adults, men, and women) from different perspectives. On the

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other hand, the use of relevant social models (such as actors, musicians, and influential opinion leaders) that resonant with each segment of the community will aid in motivating them to adopt a healthy dietary lifestyle and regular physical activities as the panacea for alleviating the high incidence of overweight and obesity.

C3: Social Media Platforms

The success of the social media campaign is dependent on the popularity of the social media platform used among the targeted population. A 2018 report by the Minnesota Department of Transportation showed that there is a wide scale use of social media among all demographics in the state (Schneider & Quick, 2019). The report noted that Facebook, Twitter, and Youtube (in that order) are the most popular social media platforms in the state. The media campaign presented here will make use Facebook platform due to its wide-scale appeal to people from all demographics in Minnesota.

C3a: Benefits of Social Media Platform

Facebook provides a robust and flexible community building and communication tool which is essential for facilitating promotion of healthcare interventions in a variety of environments. The popularity of the platform allows health care providers to make use of health-related Facebook interventions to address a targeted community issue. Naslund, Aschbrenner, Marsch, Bartels (2016) observe that the use of Facebook has the potential to promote behavioural loss of weight (including the modification of health-related behaviors such as diet and physical activity) among obesity and overweight populations including those with acute mental illnesses.

C4: Benefit to the Target Population

The health message that will be relayed using the Facebook platform will be crucial in providing the community with essential information on different aspects (causes, effects, and preventive

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measures) of overweight and obesity. The community will specifically be educated on the role played by the excessive consumption of fast food and the adoption of sedentary life in promoting the incidence of overweight and obesity. The community will further gain crucial insight into the impact of health-related behavioral changes in alleviating the occurrence of the two conditions.

D: Best Practices for Social Media

Social media platforms provide users with an optimal avenue for directly sharing information, opinions, and ideas with other people. The utilization of reliable and optimal healthcare search engine optimization (SEO) helps healthcare marketers achieve their social media market goals effectively. The best practices in the implementation of the social health marketing involves a series of seven major steps which include launching preparations, development of the program materials, issuing requests for proposal, training and hiring of staff, planning the launching program, executing the intervention components, and managing the evaluation plans (CDC, 2010).

The first step involves the acquisition of the clearance for the program materials and the production of print and audiovisual materials to be used in the campaign. The second step includes the issuance of the request for proposal and conducting price analysis for each procurement action. The third step involves recruiting staff and updating the job description of each employee. The fourth step includes the identification of the launch method and the audience. The fifth step involves the coordination of personnel to increase the chances of meeting the intended objectives. The sixth step involves the execution of the intervention and the simultaneous monitoring of the process. The seventh step involves the correction of the intervention based on the received feedback.

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E1: Stakeholder Roles and Responsibilities

The main stakeholders that will be involved in the implementation of the social media healthcare campaign include the social media manager, the content creator, the content curator, and the community manager. Other stakeholders will include the social media monitor, the influencer manager, and the social media advertiser. The social media manager will be in charge of carrying out critical decisions such as deciding the platform to use, the content to create, the frequency of sharing the post to each platform, and the analysis and adjustment of the strategy. The Content creator will be responsible for designing and creating marketing content such as blog posts, infographics, video content, quote cards, Memes, and GIFs. The content curator will be in charge of monitoring online trending topics, blogs (including blog aggregation), and group discussions. The community manager will be responsible for engaging the targeted audience to build rapport and long-lasting relationship online. The social media monitor will be responsible for managing queries and complaints from the audience. The influencer manager will be responsible for engaging community heroes, celebrities, and other influential individuals to recommend the adoption of the interventions promoted to regulate overweight and obesity. The social media advertiser will be in charge of identifying the target groups of interest and the content to promote in each group.

E2: Potential Partnerships

The successful implementation of any social media campaign is dependent on the ability to develop strategic partnerships with the public and private entities. Strategic partnerships relevant to the campaign could be developed with the state and federal governments, community agencies, insurance companies promoting preventive healthcare, and professional and voluntary organizations. Additionally, further strategic partnerships may be formed with religious

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organizations, education institutions, healthcare providers (nurses, doctors, hospitals, and home care organizations within the county), and pharmaceutical companies. The formation of strategic partnerships with individuals and organizations enumerated above through co-branding and prize donation will accelerate the spread of the healthcare campaign within the targeted community.

E3: Implementation Timeline

The implementation of the social campaign plan (development to evaluation process) will take six months to complete. The Gantt chart below provides a detailed implementation plan of the social media healthcare campaign.

Milestones	Timeline in Months					
	1	2	3	4	5	6
Preparation	■					
Development of Program Materials	■	■				
Issuance of Request for Proposal		■	■			
Hiring and Training of Staff		■	■	■		
Planning of Launching Program				■		

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Execution of Intervention						
Managing the Evaluation Plans						
Modifying Intervention Activ.						

E4: How to Evaluate the Effectiveness

The effectiveness of the campaign will be evaluated by assessing the overall behavioral change of the community (adoption of healthy dietary lifestyle and lifestyle physical activity) and changes on average body mass index among the obesity and overweight population (Allom et al., 2018). The individual and community-wide health-related behavioral change will be marked by increased traffic through major sources of fresh and nutritious food such as farmers markets, supermarkets, and groceries. Additionally, the widespread adoption of lifestyle physical activities (marked by increased morning and evening jog in the streets and increase in the number of physical fitness facilities in the neighborhoods) will be indicative of the successful reception of social media campaign (Allom et al., 2018). The reduction of BMI values in the obesity and overweight population from 30kg/m² to values between 18.5 to 24.9 kg/m² will be an indication of the successful implementation of the campaign.

E5: Cost of Implementation

The preparation and running of the social media campaign is expected to cost an average of \$ 4000 to \$7000 each month. The recruitment of the requisite staff and consultants to set up the Facebook account is expected to cost \$ 2,500 while the running of the campaign will cost \$5000

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per month. The monthly running cost for the campaign will cater for activities such as the management of pages, writing multiple blog posts, managing hashtag alerts, monitoring keywords, and attracting relevant followers. The monthly cost of running and upgrading the campaign is expected to rise to \$ 10,000 and above as the number of followers increases.

F: Reflection on Social Media Marketing

Social media marketing enhances nursing efforts towards the achievement of healthier populations by facilitating the collection and dissemination of information both cheaply and effectively. In essence, social media marketing enhances nursing efforts by influencing behavioral changes that lead to a better health-related quality of life. Social media marketing enables nurses to make use of different modes of communication, such as interpersonal and mediated communications, which facilitates the individual and community outreach programs geared towards promoting healthy living.

F1: Reflection on Future Nursing

The social media campaign presented here will have a significant impact on the future of my practice. The lessons learnt in the roll-out of the campaign will go a long way in reinforcing my attitude toward the execution of interventions to address public health concerns. The campaign has specifically provided me with an insight into the utility of properly managing stakeholders and strategic partnerships while rolling-out health care interventions.

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