

Moya Lynn Alfonso, BA

Food, Fellowship, & Fun

Results from Preliminary Formative Research
Conducted in Newtown Community, Sarasota,
Florida

Prepared for Liz Bumpus, Manager, Sarasota County Health Department

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Executive Summary



Sarasota County Health Department contracted for preliminary formative research for use in the enhancement and expansion of Shape Up Sarasota. The purpose of this research was to obtain consumer information to improve utilization and satisfaction, more effectively target audience segments, generate ideas for program expansion, and generate information relevant to social marketing principles and concepts. This report provides an overview of procedures used in this research, research objectives, and results and a preliminary application of data obtained from focus groups and interviews to a traditional social marketing plan.

Shape Up Sarasota staff members and an external consultant conducted two focus groups (n=4, n=6), one modified group discussion (n=2) and eight individual interviews with Newtown Community members. Individual interviews were conducted with three Pastors of local churches, three Shape Up Sarasota Advisory committee members, and two former Shape Up Sarasota participants. Twelve of the participants were female. All of the participants were African American. Focus group participants reported living and/or working an average of 28 years in Newtown Community.

Participants identified many health issues that face Newtown community including HIV/AIDS, heart disease, cancer, high cholesterol, diabetes, stroke, obesity, “bone problems,” and high blood pressure. Factors related to health outcomes in this community, as identified by participants, included community level factors, such as lack of community cohesion, lack of insurance and other services, poverty and environmental surroundings, and individual level factors, such as family influences, lack of self-determination, lack of initiative, lack of time, and a sole focus on meeting basic needs. Spirituality or religion is closely tied to health status in Newtown Community. Participants described a community of individuals who rely on the church for support, fellowship, information, entertainment, nourishment, and counsel.

Newtown Community has many strengths including local hospitals, recreation centers, and the health department, however, some participants mentioned an obvious lack of services. Community activities that are conducive to improving health included recreation facilities, senior’s group, gyms, walk groups, and walkways. Newtown Community has many needs. Specific needs mentioned included more health fairs, a full-service clinic or complex, blood pressure clinics, more outreach workers, greater awareness of services and how to access services, more activities, improved participation, and prayer.

Healthy community members possess a mindset that enables them to do things to take care of their health. They are active, fun loving, rely on fellowship and faith to carry them through difficult times, have strong and encouraging support systems, recognize the benefits of taking care of their health, are able to overcome barriers to taking care of their health, and “enjoy life.” Community members who are unhealthy are sedentary, overwhelmed by community and individual level factors that “block” their efforts to make lifestyle changes, focused on basic needs to the exclusion of fellowship and fun and other benefits of healthy lifestyles, and do not see taking care of their health as “the priority.”

Shape Up Sarasota is an important community resource that strives to enable community members to improve their physical health and wellbeing. Shape up Sarasota brings community members an understanding of their health and an awareness of African American health risks. Initial impressions of Shape Up Sarasota were primarily associated with exercise and physical fitness. This perception of Shape Up Sarasota may discourage interested community members from recognizing the program as a resource for non-exercise related needs. Recommendations for improving utilization of the program and “customer satisfaction” included increased advertisement, broadening the focus to community members who have not been screened, encouraging word of mouth and invitations to friends and family, increased follow-up, emphasizing Food, Fun, & Fellowship, hiring

more staff, and redefining the role of Shape Up Sarasota to include a focus on serving as consultants to community members and community organizations who would like to incorporate health information, classes, and exercise into existing groups or activities.

Key stakeholders and other participants expressed a desire for a comprehensive approach to promoting health and wellbeing in Sarasota that is driven by community-specific needs and desires. Participants were supportive of the addition of a full-service clinic, parish nurses, and community health fairs, and the incorporation of health information and exercise into existing church and community activities. Any activities offered should present health information or exercise within the context of food, fellowship and fun. Participants should be encouraged, complimented, and provided with incentives for continued participation.

Participants expressed a strong desire for programs or services to be driven by “blacks helping blacks” and to recognize the importance of church, food, fellowship, games, and music to Newtown Community members. Key stakeholders indicated that health outcomes in Newtown Community could be improved through prayer, individual effort, finding out “what the people want,” and encouraging members to help one another.

More extensive formative research should be conducted in Newtown Community prior to the implementation of major programmatic changes or additions. The social marketing plan presented in this report is based on a comparison of Newtown Community members who “do things to take care of their health” and those who “don’t do things to take care of their health.” Preliminary formative research results are presented in terms of social marketing principles and concepts such as the 4 Ps, benefits, barriers and motivators, and audience segmentation. The selection of a specific behavior and target audience and the identification of factors related to the behavior could significantly change the social marketing plan presented in this report.

Procedures

Sarasota County Health Department contracted for preliminary consumer research for use in the enhancement and expansion of Shape Up Sarasota. Shape Up Sarasota staff members and an external consultant conducted two focus groups (n=4, n=6), one modified group discussion (n=2) and eight individual interviews with Newtown Community members. Focus groups were conducted at institutions within the community (e.g., church, nursing home, and Shape Up Sarasota office). Individual interviews were conducted with three Pastors of local churches, three Shape Up Sarasota Advisory committee members, and two former Shape Up Sarasota participants. Twelve of the participants were female and all participants were African American. Focus group participants reported living and/or working an average of 28 years in Newtown community, with a range from 5 years to 68 years. Focus group participants and former Shape Up Sarasota interviewees were recruited from individuals previously screened by Shape Up Sarasota; thus, demographic data, such as income or education level, were not collected. Shape Up Sarasota’s program director at the time this research was conducted did not feel the collection of extensive demographic information was consistent with the purposes and scope of this research.

The following research objectives guided the research presented in this report:

Obtain Consumer Information to:

- Improve utilization;
- Improve customer satisfaction;
- More effectively target audience segments;
- Generate ideas for program expansion;
- Generate price, product, placement, and promotion strategies;
- Address consumer priorities, needs, and wants; and,
- Lower consumers’ program related costs and increase consumers’ program related benefits.

The following sections will discuss information learned in the focus groups and interviews conducted with Newtown Community members. Implications for using social marketing to improve and/or expand Shape Up Sarasota will be delineated.

Results

Health Issues in Newtown Community

- Participants identified a wide range of health issues faced by Newtown Community members. The following table provides a summary of issues identified during focus groups and interviews.

Health Issues	
HIV/AIDS	Stroke
Heart Disease	Obesity
Cancer	High Blood Pressure
High Cholesterol	"Bone Problems"
Diabetes	

- A number of community level factors affect health outcomes in Newtown Community. Those identified by participants include: lack of community cohesion, lack of insurance, low education levels, limited understanding of health and "body awareness," generational patterns, limited access to "good information on health," limited health services, poverty in the community, and environmental surroundings:

"A mindset. Once you're stuck in a rut and you can't see a way out, whatever you see around you you identify with. If the people around you are sitting around doing nothing getting fat and not going to the doctor taking care of themselves, this is the syndrome that you fall into. You're going to sit around and get fat." Male participant.

"Because you know what that's a strong issue...population is in flux in here roughly say 20,000 a month but the willingness for the state and local government to balance out that influx of people with the offering of services is not balanced at all. You know we're still running with one health department area and now they moved up the...for immunizations and family and stuff. You know they just don't have enough to meet the needs for the growth in Sarasota." Female participant.

- Participants identified many individual level factors that impact health outcomes in Newtown Community including: family influences, lack of self-determination, lack of initiative, lack of social support, lack of financial resources, stress, family responsibilities and other competing demands, failing to see (or care about) the long-term benefits of maintaining health, lack of time, and a sole focus on meeting day-to-day (basic) needs:

"My classmates- I've seen um they look like something the cat drug in and I'm sure they would take better care of themselves. But they just don't care about themselves anymore. They don't have any self-discipline. I don't understand it." Male participant.

“Busy...between work, family, other obligations outside of that, church and different things you may already be involved in, if that’s not something you’re already are doing, it’s hard to put that it, to fit it in.” Female Participant.

- Spirituality or religion is closely related to health status in Newtown Community. A strong belief in God, association with local churches, “keeping the right mind,” and knowing “God’s word” are all factors related to the health of Newtown Community and its members. Faith is what appears to get many of the participants through difficult times, including times when they no longer feel like exercising or doing other things to take care of their health. According to one male participant:

“God can help in the physical and emotional.”

Community Strengths

- Participants mentioned Shape Up Sarasota, hospital based blood pressure seminars, The Heart Center, Doctor’s Hospital, recreation centers, and the health department in response to, “What does your community have to help them deal with the health issues that face them?”
- Key stakeholders and advisory committee members were asked, “What does Newtown Community do to ensure health for its members?” While two participants indicated there was little in the community to ensure health for its members, other participants indicated that there were “programs to help others,” recreation centers and facilities, social services and child care was “well provided.” Key stakeholders were not familiar with mental health services located in the community. Stakeholders and advisory committee members mentioned the following activities in the community conducive to improving health: recreation facilities, senior’s groups, gyms, walk groups, and walkways.

Community Needs

- Participants were asked, “What does your community need to help them deal with the health issues that face them?” The following is a summary of their responses to this question:
 - ❑ More health fairs/community health fairs
 - ❑ A free “full-service” clinic in Newtown Community:
 - “Lot of people they can’t afford and they get to a clinic and they be crowded all the time and some of them don’t wanna stay so if they had more sources to go to...”*
 - ❑ Blood pressure clinics
 - ❑ More outreach workers
 - ❑ Awareness that services and information are available and how to access services and information
 - ❑ More activities
 - ❑ Improved/Increased participation
 - ❑ Prayer and “God in their lives”

The Healthy Community Member

Individuals who “do things to take care of their health”:

- are intrinsically motivated, self-determined, disciplined, and motivated by improved appearance, improved health, reduced stress, and long-term health benefits. These qualities makeup a “**mindset**” possessed by people who do things to take care of their health;

- are “active,” “stay focused,” “exercise, walk, [and] eat right.”
- are middle aged or older, professional, tend to work a 9 to 5 job, and are “progressive.” They are “career oriented” and recognize that their body “represents what they do”;¹
- are either married or single and are good at incorporating exercise into their daily activities;
- may have children or may not; however, if they have children they may use play time with their children as sources of physical activity (e.g., playing basketball, riding bicycles);
- have a support system or at least one individual who compliments them, encourages them, and enables them to exercise by taking over tasks that usually prevent them from having time to exercise (e.g., children’s baths, dishes, etc.);
- are surrounded by individuals who take care of their own health;
- are spiritual and rely on God and “communication with friends” to get them through temporary “slumps”;
- recognize the benefits of taking care of their health (e.g., feeling better, looking better, spending time with friends and children, “better at job and life,” and stress relief);
- are able to overcome things that make it difficult for them to do things to take care of their health (e.g., money, not being able to meet basic needs, responsibilities);
- possess things that make it easy for them to take care of their health such as a support system, money, access to care, and knowledge of services; and,
- “enjoy life” and “want to be healthy to spend money or be healthy for their children.”

The Unhealthy Community Member

Individuals who “don’t do things to take care of their health”:

- are sedentary and unmotivated, lack discipline, and see exercise as a “chore”;
- are easily bored and do not incorporate exercise into their day-to-day activities;
- are not “future-oriented” and focus on “eat[ing], sleep[ing], and go[ing] to work”;
- “don’t care about themselves” and are surrounded by others who do not care about themselves anymore after years of living in surrounding poverty;
- are highly stressed;
- have diets high in fat (fast-food is a favorite);
- are afraid to be screened and of hearing negative results;
- are unable to overcome things that make it difficult for them to do things to take care of their health (e.g., lack of time, generational patterns, lack of social support (particularly encouragement and compliments), tiredness, fear, lack of knowledge, inconsistent schedules, money, old age, irregular patterns of exercise, multiple responsibilities, and surrounding poverty);

- do not see taking care of their health as “the priority” and will abandon efforts to improve their lifestyles if “something better comes along” (e.g., good television show, shopping, etc.); and,
- could be motivated by: a diagnosis of disease or illness; physician recommendation, seeing someone close to them experience illness or disease; social support (i.e., encouragement, compliments, advice from friends), and positive role models.

Perceptions of Shape Up Sarasota

- Participants’ initial impressions of Shape Up Sarasota were primarily associated with exercise and physical fitness. Other definitions associated with the program included “cleaning up” and “taking better care of your body.” The name alone may discourage interested community members from recognizing the program as a resource for non-exercise related needs:

“When I thought of Shape Up Sarasota I thought “ok, exercise” but then as I became more familiar with it it gets into stress management, exercising, walking, support groups and all the things they offer, recipes and your cholesterol check – they’ll do a total check. It’s a complete program and it’s not just exercising.” Male participant.

- The majority of participants initially heard about the program through church, work, community functions, flyers, or personal contact with the former director.
- Reasons for being screened included convenience, “supporting a cause,” free checkup which ‘replaced’ the “need for annual doctor’s checkup, types of screening available, and wanting to know cholesterol level or general health status.
- Participants described Shape Up Sarasota as available to everyone, a positive community resource, educational, relaxing, and comprehensive.
- Participants frequently mentioned tae bo and yoga as classes that they were familiar with and/or enjoyed.
- There was a tendency for participants to be somewhat unfamiliar with the program and what it offers, however, those who were familiar with the program were very impressed with it.
- Participants mentioned several positive aspects of Shape Up Sarasota including: thoroughness; professional and kind nature of staff; free services; presence in the local churches; knowledge of limitations and ability to make referrals to other community services; and the amount of follow-up (e.g., birthday cards and phone calls).
- Participants mentioned four aspects of the program (or related to the program) that they did not like: being exposed, associated fear of finding out negative results, having to make lifestyle changes, and needles:

“You become exposed. Like if you know you have high blood pressure problem and someone’s taking your blood pressure and it’s public that you have a blood pressure problem you have to deal with. You have to do something about it. If it’s out of mind, you don’t think about it and maybe it will go away.” Female participant.

“I was kind of scared...I didn’t know what was going to happen as far as my cholesterol. I was frightened to death because I know I had mistreated my body for so many years and that’s what I didn’t like about it but then again I guess that’s the part I didn’t like about myself.” Female participant.

- Factors that encouraged participants to be screened or to take part in program activities included: convenience, nice staff, wanting to know health status, and being a member of a group being screened.

- Barriers mentioned to being screened or participating in program activities included: family responsibilities, lack of competitive program activities, lack of time, schedule conflicts, conflicting priorities, not having exercise as a “habit,” evening hours, lack of transportation, tiredness, and not knowing the program’s schedule.

Improving Utilization & Satisfaction

Participants offered many recommendations for improving attendance and making Shape Up Sarasota more attractive to Newtown Community members. The following is a brief overview of their recommendations.

- Advertise more.
- Do not focus solely on individuals who have been screened to the exclusion of other community members.
- Invite those who do participate to speak in the community about their experiences with the program.
- Follow-up on those who sign up and do not show up to be screened; Ask them why they did not show up and what the program could do to encourage them to participate.
- Encourage current members to invite their friends and family members.
- Label classes as something other than classes. Emphasize the three priorities within the community – **Food, Fellowship, and Fun.**
- Offer incentives for continued participation (similar to door prizes) and/or certificates of completion/participation.
- Focus on “things we know people respond to – music, free stuff, [and] games.”
- Make flyers more “keepable” (use magnets rather than standard flyers).
- Hire more staff and “get out into the community more”:

“People out in the field. Going into the neighborhoods, making sure the flyers are out. Not just in the churches. In the neighborhoods talking to people.”

- Serve as consultants to community members and community organizations who would like to incorporate health information, classes, and exercise into existing church groups, work sites, or neighborhood groups. Provide support (e.g., guidance, materials, and equipment) to established groups who would like to incorporate exercise into their established activities:

“Even offer something like a volunteer who would go to the family if they didn’t have transportation and they wanted to do something. Maybe a few people in the neighborhood that could come together at one person’s house and someone could go to them. Get that thing going for those people. On a case by case basis.”

Newtown Community Members’ Program Recommendations

Participants were asked to design a program in Newtown community that would be a resource for community members to improve their health and wellbeing. This information is useful in terms of looking for patterns in community members’ desires for services and for allowing their thoughts and opinions as consumers of public health information and services to drive programmatic changes and additions. The following is a brief overview of participants’ recommendations for addressing health and wellbeing in Newtown Community.

Location

The majority of participants agreed that any program or service offered to Newtown Community members should be centrally located to ensure access for elderly members of the community and those without transportation. Specific locations mentioned included the corner of Osprey and Martin Luther King Jr., the "Rec Center," "Senior Club," "Boys & Girls Club on 21st," and the "main gym."

Hours of Operation

Recommended hours of operation varied from 7 days a week from morning to evening to more specific time ranges based on work hours and family schedules. Participants mentioned that any program or service offered should be available both before and after traditional work hours (e.g., 6 a.m. to 8 a.m. and 5 p.m. to 11 p.m.). Weekend hours (e.g., Saturdays from 8 a.m. to 10 a.m. and 6 p.m. to 8a.m.) should be family oriented.

The Product

- The majority of participants indicated that a full-service complex or "a building that would incorporate the needs of the community" would be a much-needed addition to Newtown Community:

"I think it would be a full service business, a large complex, a gymnasium, a health care center, a day care center." Male participant.

"Shuttle transportation to pick you up at different pick up points and bring you there and take you back to the pick up point." Female participant.

- The complex would contain work out equipment and other recreational facilities (e.g., pool, basketball courts, tennis courts, racket ball courts, etc.).
- Classes on low-budget food preparation, sculpture, embroidery, and exercise should be offered and tailored to specific audiences based on age, life stage, and gender.
- Not only would classes on food preparation be offered, but opportunities for participants to share meals together and demonstrate what they have learned in terms of healthy food preparation techniques should occur on a regular basis:

"I think I would also offer food. Important thing to let them know what's healthy. Because a lot of people that have low incomes, a lot of low income families...they're not able to buy things that are healthy, that that more expensive like...another thing, they're not exposed to it. A lot of people aren't exposed to healthy food alternatives."

- Family days would be held at least once a month that would allow community members to come together, eat, and play:

"I have an idea I think would be good for Shape Up Sarasota too. Day camp, fun camp kind of environment for older people, but it would be like a family day on Saturday and then they could have a lot of stuff. Like when we were coming up we had jump rope for the children and that was our exercise, a sack hop thing, all of those things look like games, but they're exercise. Just create an environment were we can all come together and play." Female participant.

- Participants agreed that blood pressure screening, cholesterol screening, diabetes screening, stress management classes, walking groups, exercise classes, individualized dietary counseling, and child care were important components of any program targeted at improving health and wellbeing in their community.
- Classes or activities should last no longer than 60 minutes. Participants indicated that 30 to 45 minute time frames were the most attractive in terms of incorporating exercise and other health behaviors into their busy schedules:

*“Doesn’t have to take a lot of time. **Just a little fellowship.** Something they’re doing together.” Male participant.*

- Any product offered should focus on food, fellowship, and fun; build rapport and trust gradually; and avoid offering services or classes that are purely educational or health related:

“Game formats usually work with you and old people. If everyone comes in and knows it’s going to be in a playful, game format, I think that will take the burden off... Gradually when you get their interest, you can deal with more serious matter.” Male participant.

- The product should:
 - ✓ enable “self-gratification”;
 - ✓ offer almost “immediate results” (2 weeks to one month);
 - ✓ be “full-service” (e.g., health care, social services, pharmacy, classrooms, child care, recreation, etc.);
 - ✓ offer food;
 - ✓ be personalized and supportive;
 - ✓ be local;
 - ✓ offer opportunities for competition; and,
 - ✓ provide information through health fairs, games, fellowship and a variety of activities.
- Participation should be encouraged through incentive systems which reward and recognize participation and the attainment of personal goals:

“Sort of like taking karate; for each level you go up you get a little belt which causes you to work a little bit harder and takes you to the next step.” Male participant.

Tangible Products

Tangible products refer to those items that would be provided to individuals who use the product or service offered to Newtown Community members. Participants indicated that the following tangible products would be useful:

- Menus with affordable foods;
- Brochures with realistic guidelines;

“Realistic guidelines – something that’s realistic for them, like “park and walk.” Instead of doing a Saturday morning walk group just encourage them to park further away at the supermarket. You know, little ideas.”

- ❑ Progress reports that outline individual goals and progress;
- ❑ Incentives;
- ❑ Certificates of completion;
- ❑ Exercise and relaxation tapes; and,
- ❑ A hotline for information and advice.

Parish Nurse Program

- Overall, participants were enthusiastic about the placement of parish nurses in Newtown community, however, their conceptualization of a parish nurses’ roles and responsibilities may differ from that of program sponsors. For example, while some participants mentioned parish nurses could serve an important role in supporting the spiritual and physical health of community members through counseling, education, screening and referrals, others viewed parish nurses as a source of convenient, free medical care and advice:

“Be attentive of the headman in charge, take care of his needs first and if there are any other situations that occur be there. Physical needs. If someone needs their help, then they’re there for them.” Male participant

“Spiritually, physically and mentally. It would help because if it was somebody consistent, they would gain trust and then there would be more confidentiality shared, especially among black people, we tend to be so hush, hush about our vulnerabilities and insecurities and stuff like that.” Female participant.

- Parish nurses should be available before, during, and after church services on Sundays and during other times of church activities (e.g., women’s meetings, men’s meetings, etc.):

“Sunday mornings, overlapping Sunday school and church, also like if there’s another day in that church, like a lot of them have Wednesday services. Jjust check the schedule of the church.”

Incorporating Health into Day-to-Day Activities

Participants were asked about the feasibility of incorporating exercise and health related activities/information into their existing church and community activities. Some individuals were enthusiastic about the possibility of using healthy activities to increase fellowship and participation in existing church groups, however, preliminary results indicated that any activity or class would need to be “fit in” to existing activities rather than added on before or after each activity. Participants in general were not willing to add to the time they already spend in church related activities. They were, however, somewhat willing to occasionally incorporate playful exercise and food related information into their existing activities as long as their regular “business” was not “neglected.”

Payment

Future formative research should consider the possibility of charging a nominal fee for any product or service offered to the community.

- Participants agreed that many of Newtown community members may “expect things for free,” however, offering services free of charge may discourage community investment in the program and may imply that services offered are inferior to those that community members pay for:

“They don’t always patronize things that are free. They’ll get bored and think why bother.”

“If I have to pay for it, I’m truly getting something. A lot of times when I’ve gone to things that are free, I didn’t receive any self-worth; Like I was being slighted. They didn’t present the best item possible...For the most part you’re not getting the best.”

- Participants indicated some community members may not be willing to pay a fee for services, even if they can afford to pay a fee, while others may be willing to pay a fee but are unable to afford a fee.
- Any fee charged should be based on a sliding-scale system.

Key Stakeholders & Advisory Committee Members

- The following is a list of hopes for Newtown community reported by key stakeholders and advisory committee members:

- ❖ *“Come together as a group and work together.”*
- ❖ *“We need prayer.”*
- ❖ *“[To become a] place that’s safe and healthy.”*
- ❖ *“Belief in Jesus and knowing God.”*
- ❖ *“[That] the community sees seriousness of lifestyle changes in diet and exercise.”*
- ❖ *“[That] the community becomes more cohesive.”*

- **Participating key stakeholders and advisory committee members indicated that health outcomes in Newtown Community could be improved through prayer, individual effort, finding out “what the people want,” and encouraging members to help one another:**

*“I think **blacks helping blacks** talk about and doing would help.”*

- Key stakeholders and advisory committee members view Shape Up Sarasota as an important community resource that strives to enable community members to improve their physical health and wellbeing. Shape Up Sarasota brings community members an understanding of their health and an awareness of African American health risks.
- Suggestions for expanding Shape Up Sarasota included: adding an emphasis on youth health and fitness, advertising in other newspapers in the community, and offering the following components: blood pressure screening, cholesterol screening, stress management classes, yoga, walking groups, aerobics, diet advice, relaxation tapes, child care, parish nurse program, and working with church programs to incorporate health components during normally scheduled church activities.

The Social Marketing Plan

This section will provide a preliminary sketch of what a social marketing plan based on more extensive formative research in Newtown Community may resemble. Keep in mind that a specific behavior, factors related to the specific behavior, and a target audience have not been selected yet. Thus, this plan is based on a comparison of Newtown Community members who “do things to take care of their health” and those who “don’t do things to take care of their health.” A social marketing plan based on a more specific behavior such as diabetes screening may differ significantly from the following plan.

Product

Please refer to the subsection entitled “The Product” in the section “Newtown Community Members’ Program Recommendations” for a detailed description of the product/s recommended for Newtown community. In summary, participants indicated the product should be based on a redefined and expanded Shape Up Sarasota. Additions to Shape Up Sarasota would include a “full service” health, social service and recreation complex, parish nurses in the churches, and the following program components: blood pressure screening, cholesterol screening, diabetes screening, stress management class, walking groups, exercise classes, individualized dietary counseling, and child care.

Competition

Factors that would compete with lifestyle changes include rest, status quo, church activities, family responsibilities, work, relationships and “something better” (e.g., entertainment, fun, shopping, and television).

Price (including barriers)

Costs of lifestyle changes required to “do things to take care of their health” among Newtown Community members include time, fear, relationship changes, money, and changing their “mindset.” Barriers to making lifestyle changes include generational patterns, lack of access, lack of knowledge of health information and how to access services, being exposed, fear of finding out negative results, tiredness, inconsistent schedules, age, multiple demands and/or responsibilities, surrounding poverty and complacency, lack of social support (encouragement, compliments, and advice), lack of role models, a negative “mindset”, lack of competitive activities, conflicting priorities, lack of transportation, not have adequate information about program schedules and offerings, and not caring about themselves.

Benefits to Promote

Benefits to promote include Food, Fellowship, and Fun; time with children and friends; “blacks helping blacks”; feeling better; looking better; improved performance at work and in life; and stress relief.

Motivators

Factors that may motivate lifestyle changes among Newtown Community members include a personal diagnosis of disease or illness, physician recommendation, close friend or family member’s illness or diagnosis, social support (e.g., encouragement, compliments, and advice), and positive role models.

Place (locations and message delivery channels)

Locations include central Newtown (Osprey & Martin Luther King Jr. Blvd.), churches, recreation centers, senior centers, and neighborhoods. Message delivery channels include churches, recreation centers, senior centers, neighborhoods, flyers, and television.

Promotion

Word of mouth, community health fairs, physicians, and television are all means of promoting a product or service to Newtown Community members. Possible spokespersons include community members who are successful users of the product and Fred Atkins (former Mayor):

“Somebody who is part of the program. Somebody they would consider just like me, not that they hold any special role in the community, just somebody to say “I joined and I participate and this how I like it,” rather than somebody who’s talking up the program because they just want you to come.”

“Fred Atkins. He’s the voice of the community around here. He was our first black mayor. He’s involved in quite a few projects in the community. Both the old and the young listen to what he says. If he should start talking it up, people would listen and they would come to see...Yeah and if they see it’s working for him...Yeah...He’s a big guy.”

Segmentation

Possible segmentation variables include gender, single versus married parental status, life stage, and church involvement.