The Healthy Plate
A Social Marketing Campaign for the Hmong Community

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Overview

- Background on the problem:
  - literature review
  - consultation with experts in nutrition, diabetes, social marketing and Hmong culture
- Formative research methods
- Key formative research findings
- Campaign messages and delivery methods
- Evaluation plan
- Next steps, lessons learned and conclusion
Background – Hmong, rice and diabetes

- Hmong adults are at high risk for obesity and type 2 diabetes
- High consumption of white rice is associated with a higher risk of type 2 diabetes, and reducing rice consumption reduces that risk
- White rice is central in the Hmong diet, eaten in large quantities, and reducing rice intake is the diet change that would have the greatest impact on diabetes risk
- RD/CDE consultant defined dietary goals:
  - ≤ 2 cups of rice/day
  - Substitute more vegetables
The Not-So-Healthy Plate

Current

Ideal

The Healthy Plate
Background - Social Marketing

- Social marketing has produced dietary changes, including decrease in rice consumption, in other populations.
- Social marketing is “a program planning process that applies commercial marketing concepts and techniques to promote voluntary behavior change.”
Rice Campaign formative research – 2 phases

1. Key informant surveys 20 individuals surveyed

2. Focus groups in the 3 Hmong neighborhoods
   - 15 women
   - Conducted in Hmong language
Formative research - key findings

About the diet:
- Rice intake is more than the recommended 2 cups/day in most young and middle aged adults; 3+ cups/day is common
- Usual proportions: Rice > Meat > Vegetables (1/2 plate of rice)
Formative research - key findings

About the diet:

• People cook and eat 2 large meals a day
• People eat until they feel full; take second helpings
• Rice is served from a communal bowl on the table, people must serve themselves at least 2 scoops
• Vegetable intake is fairly good but less than the recommended 5 servings a day
Formative research - key findings

Benefits of their current dietary behavior (high rice intake):

- Rice is the most important and valued element of the diet because it is perceived as:
  - filling and satisfying
  - giving energy
  - traditional
Formative research - key findings

Barriers to changing their dietary behavior

- Rice is highly valued
- Accustomed to eating until full and value feeling full
- Belief that if you eat less rice you will lack energy and strength, and feel hungry
- When they ate more rice in Laos they were also healthier with less disease
- Cultural beliefs require serving 2-3 scoops of rice
- Easier access to food in the U.S. so they eat more
Formative research - key findings

**Barriers to changing their dietary behavior**

- Vegetables are expensive
- Lack of access to fresh vegetables in the winter (grow their own vegetables in the summer)
- Resistant to buying vegetables at the grocery store because of concerns about chemicals/pesticides
- Mother can’t ask children to change until she does
- Parents don’t want to ask overweight children to eat less or differently because it makes the children feel bad
Formative research - key findings

Motivators for dietary change (behavior exchange)

• Value tradition/traditional diet
• Want to feel full, but willing to fill up on vegetables instead of rice
• Want to have energy and be strong

  • Know that it’s the healthier way to eat and want to be healthy, live long, prevent disease
  • Mothers want to influence their children to have good health habits

  • Parents value their children’s educational success
Formative research – key findings

Channels and methods to reach the target audience

- Favored ways to get information
  - M.D. or other expert
  - Video (Hmong satellite TV, YouTube, DVDs)
  - Hmong radio for elders
  - In Hmong language
  - Entertaining stories
  - Hands on learning (cooking lessons or demo)

- Most people don’t read English or Hmong, but any written materials should be in both languages

- The women said that prompts to remind them of the campaign messages (signs, refrigerator magnets, divided plates, measuring cups, smaller scoops, etc.) would not be effective for very long
Desired behavior change

A shift in diet that would lower risk of obesity and subsequent diabetes, and also be an attainable change from baseline:

- Decrease to \( \leq 2 \) cups of cooked rice per day
- Substitute/increase vegetables to at least 2 cups per day (4 servings)
- Adopt desired plate proportions: ideally \( \frac{1}{2} \) the plate of vegetables, \( \frac{1}{4} \) rice and \( \frac{1}{4} \) meat

These were incorporated into one visual image of the healthy plate
Key campaign messages

The lower rice, higher vegetable diet will:
- Make you stronger
- Give you more energy
- Make you feel healthier
- Help you live a long healthy life
- Help youth do well in school and sports
- Still be traditional
- Still make you feel satisfied

Used a catchy, traditional Hmong slogan
- “Tsis txwaj noj ces tau mob, txawj noj ces tau zoo nyob”
- “If you don’t know how to eat you’ll get sick, if you do know how to eat, you’ll live well/without worries”
The Rice Campaign Intervention - Delivering the messages

Production of a short, entertaining video DVD using Hmong community members as actors, with testimony from Hmong health experts

- 3 vignettes
- 2 experts: Kazoua Moua and Kevin Thao, MD
Next steps

• Distribution of 50 DVDs in 3 Hmong neighborhoods
  ▸ Posters of the plate image and Hmong slogan posted in the neighborhoods to reinforce the video messages
  ▸ Evaluation and report of results
  ▸ Wider distribution of the video to reach the larger Hmong community
Evaluation

Outcomes will be measured to answer these questions...

- Did they watch the video and share it?
- Do they remember the key messages of the campaign?
- Did the campaign (video/poster) cause them to adopt the desired diet change or change their diet in any way?
Lessons Learned so far

- Confirmed that rice is central to the Hmong diet, intake is too high and it is an important contributor to obesity and type 2 diabetes
- Mothers have the greatest influence over the family diet and are open to change
- Strong cultural beliefs and traditions influence the diet but there seems to be things that will motivate dietary change
- Entertaining and expert testimony, delivered in Hmong language via video, are preferred by the Hmong community
- Collaboration with community partners is vital but it often can’t be rushed
Conclusion

- The project’s expected outcome is to decrease white rice consumption and future diabetes risk for the Hmong families who are reached by the campaign, and then the wider community.

- Social marketing seeks to understand the audience and use that information to develop campaign messages and delivery methods that will work.

- Lessons gleaned from the project will inform future campaigns to motivate other behavior change in the Hmong people.
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- Madison Hmong Community/ Neighborhood Centers
Questions?
References

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