

WHO'S CALLING ME FAT?

Or How Columbia Got Its Obesity Prevention Campaign Back on Track

**A Teaching Case From the Strategic Training Initiative
for the Prevention of Eating Disorders**

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SYNOPSIS

“Who’s Calling Me Fat?” tells the story of a hard-hitting public health campaign in the fictional U.S. state of Columbia that gets off to a dismal start and urgently needs the kind of adjustment that comes from fresh thinking. We peer into the inner workings of the campaign planning team, charged with devising a fresh approach to the problem of childhood obesity. Consisting of state public health officials working together with a for-profit marketing company, the team is professional, knowledgeable and creative, but has made some mistakes and had failures in oversight that, all now agree, are worth studying and quickly correcting so that the campaign’s worthy aim—addressing the problem of childhood obesity—is preserved and even enhanced.

The protagonist is Gisele Rodriguez, a young state health official who is also a native of Hamilton, the capital of Columbia. Ellen Michelson and Barbara Ulm are local experts and activists who work in the field of eating disorders and frankly are stunned to see this aggressive campaign unfold, without foreknowledge, in front of them. Other state officials and a marketing expert from the professional agency hired by the state have key roles to play throughout this story of campaign planning and crisis management.

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DRAMATIS PERSONAE

In order of appearance

Ellen Michelson – *Hamilton psychotherapist in private practice, specializing in eating disorders in children and adolescents. Recent past president of Hamilton Healthy Eaters, a community-based advocacy group dedicated to the prevention and treatment of both obesity and eating disorders.*

Barbara Ulm – *Same as Michelson, except currently president of Hamilton Healthy Eaters.*

Joanne Luo – *Newly installed as public affairs spokesperson at Columbia Department of Public Health (CDPH), responsible for “NoFatKids” campaign-damage control.*

Emily Tucker – *Program manager at the Carter-Spencer Agency, responsible for driving “NoFatKids” campaign.*

Gisele Rodriguez – *East Point native and newly minted MPH, now in her second year at CDPH as program officer for Campaigns and Strategy.*

Also appearing or mentioned in smaller, usually nonrecurring roles:

Dennis Lamm – *Initial CDPH spokesperson for “NoFatKids,” until transferred in the campaign’s opening week.*

Jonathan Carter Buck – *Vice president for government relations at the Carter-Spencer Agency.*

Jon Landau – *Pediatrician at Children’s Hospital of Hamilton and member of the campaign-planning team for “NoFatKids.”*

Tamara Haddad – *Program officer at CDPH, in Research and Evaluation.*

Martin Dibinga – *Mid-level official at CDPH, directing Campaigns and Strategy (and Gisele Rodriguez’s boss).*

Also: *the deputy commissioner at CDPH (a.k.a. the highest-ranking state official in the case); and a program assistant for CDPH in Campaigns and Strategy, reporting to Gisele Rodriguez.*

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WHO'S CALLING ME FAT?

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"TOUGH LOVE"?

For her it began with a surprise, her husband saying that he had seen a billboard on the freeway outside Hamilton with an image of, well, an unmistakably large — call him 'fat' — teenage boy, standing on a city stoop. Underneath it was a legend, which he recalled as: "They say I'm big-hearted with big ideas, but most of all I'm big."

"A public health campaign of some kind," her husband said. "There was a logo at the bottom."

"That's impossible," Ellen said. "No health campaign would have a script like that. Or a picture like that. Are you sure it wasn't something for Nike or Coke?"

"Definitely health," said her husband. "I kind of liked it. It was honest. Boy knows he's fat—well, he's big—and he's going to do something about it."

"I see. And how do you know that?"

"Well," he paused. "He looks very *determined*."

"And that's what it takes, right?"

"It's tough love, right? The first step in making positive change. Or something like that. I don't really know how it works."

"I still don't believe it," Ellen said. "An ad like that. I'll need to make some calls. Though with that exit it's always something." Billboards about abortion, teen smoking, teen drinking, having a friend in Jesus — Ellen had seen them all right where the interstate flew over State Road 11 to East Point, the poorest Hamilton suburb, where most of the city's Latino population, many recent immigrants, lived. But as she picked up her phone, she turned back to her husband.

"By the way, Mike, I like that line of yours. About looking so determined. It may change the whole field of public health," she said, but she kind of laughed as she said it.

*

The woman Ellen Michelson intended to call was, she thought now, more easily reached by text. *“Barbara,”* she tapped out on her phone. *“Heard something about ‘big’ i.e. fat kid billboard on 95. What is this?”*

The answer, which migrated to email and took several messages from a growing chain of correspondents to unfold, disturbed her more. Apparently there were three billboards on flyovers surrounding Hamilton, each with an obviously overweight child – a teenage girl; a boy under 10; an overweight mother and son – in starkest black and white, and something unkind, or deflating, written underneath: e.g., *“Mom, am I fat because you are, too?”* or, *“Fat may be funny to you but it’s killing me.”*

The billboards bore the logo of the Columbia Department of Public Health (CDPH), but since the red seal wouldn’t resonate with most viewers, the campaign was possessed of another name: NoFatKids.com. None of the people, women mostly, in Ellen’s circle knew this was coming. Which was the first sign that something was off — the 30 names on her email list were counselors, therapists, school psychologists, academic researchers, lab scientists, and dietitians throughout the state of Columbia, one of the smallest in the United States; and Ellen Michelson, for 18 years a licensed psychologist in private practice in the state capital, was the recent head of Hamilton’s Healthy Eaters (HHE), a community-based advocacy group dedicated to preventing and treating both obesity and eating disorders — an organization begun earlier in the decade with adults in mind but, since 2008, one that had refocused on children and adolescents. Barbara Ulm, whom Ellen immediately texted, had succeeded her. Their names, and many others on the list, were known to officials in CDPH. Yet as far as they knew, no one had thought to call any one of them for advice or comments, or even to let them know this was happening. Among other things, Ellen felt hurt. She tried to distance herself from the feeling — a kind of self-analysis to eliminate the possibility that it was just wounded ego— but she believed it was more than that. A confrontation was brewing, she felt, certainly with CDPH and perhaps within her own community, and the thought made her nervous. One reason she had stepped down from HHE was because she didn’t want to run a group of mostly independent counselors and therapists anymore, wishing to save her energy for her patients and their families alone. Barbara seemed more steeled for a fight. The fierce questions were coming from Barbara, in the voice of HHE, as the campaign, obviously an expensive production, began rolling out statewide. Whose idea was it? What kind of research had they done — which agency had selected the photos and written the captions or registered a website named “NoFatKids”? What public affairs team overlooked contacting the local experts and practitioners, leaving them to learn about the campaign for the first time while driving on the freeway?

Three days later, the department's misfire was a national story, with furious emails whipping around between colleagues, mentors, and friends active in eating-disorder research, now reaching well beyond the East Coast. Being picked up on the *Huffington Post* and Gawker was enough to make it go viral. There had been a brief clip and 30-second news item on CBS and ABC News, but each of the Hamilton affiliates had led with the story two days in a row. A Hamilton pediatrician, identified as a member of the task force behind NoFatKids.com, appeared in his white coat to say, "If you could see these kids and their parents who come into my office, you'd know the urgency we're faced with." The first night, no one from CDPH appeared on camera, and no statement was offered. The second night, a spokesman named Dennis Lamm came out to read a brief paragraph but began improvising:

We're not here to shock people, but sometimes a shock to the system produces good outcomes. This was discussed at length. Columbia needs a wake-up call. Our kids aren't healthy, they aren't active. We're trying to empower parents, the ones caring for kids day in, day out, all the meals and rides to practice. We're showing our support for their difficult task. This is going to help. People will see the images and say, "That's not me. Not anymore."

To Barbara and Ellen, and evidently a great many others, Lamm's remarks were infuriating and naïve, a backhanded salute to parents' "difficult task" that veiled criticism of their alleged failures. A "shock to the system" wasn't a health initiative. It didn't get people, adults or children, to behave differently or even know what to do to improve their health. It made people – children, their parents – feel terrible. Which research showed was no spur to action: if anything, a license for withdrawal and lassitude. Anybody speaking off the cuff could, naturally, misspeak, but how was Hamilton's public health community meant to retain confidence in the state's public health spokesman?

As if echoing their thoughts, a newspaper article in the *Hamilton Daily Caller* on day three mentioned, in its 10th paragraph, that one Joanne Luo was the new departmental spokesperson, replacing Lamm who had been reassigned by the governor's executive office to transportation affairs. And then, 24 hours later, a voicemail on Barbara's phone announced itself as coming from the office of CDPH public affairs, Joanne Luo speaking, and would she and perhaps a colleague or two of her choosing have time the next day for a chat — on the phone, or in her office?

*

It would come out much later, when moods were calmer. Someone from East Point had seen the billboard project in the works; had in fact been part of the task force or working group that devised the campaign six months ago. That person's name was Gisele Rodriguez. With an MPH from out of state and only recently returned to Hamilton after a decade away – college, first job, grad school – Gisele had had to reacquaint herself with her state, city, and

neighborhood, which is perhaps why she hadn't thought to contact women like Ellen and Barbara; she didn't know them, or their organization. Her father, an ex-carpenter on disability, needed help that her mother alone couldn't provide, so she had moved home. Her fiancé, now former fiancé, had announced at the last minute that he wasn't moving to East Point. What about Hamilton city center, she said, one of those nice apartment towers on the Alexander River near Founder's Park? Well, not there either, it came out. Plus she had just started her first managerial job, at CDPH — not a role she was expecting to fill right away, but her boss Martin Dibinga had warned her that recent staff cuts had left him with too many projects to keep his eye on, so could she handle this for him? It could be said that, her first year back home, she was feeling overwhelmed.

“AN OLD, IMPRESSIVE AGENCY”

CDPH's involvement with the Carter-Spencer Agency predated Gisele's arrival in late summer: an old Hamilton advertising firm that now, as they all did, sold itself as a multi-faceted communications firm especially adept at Internet marketing. They still did billboards in the old-fashioned style, but some of their new hires saw potential in aggressive, in-your-face Web campaigns with stark names (“NoFatKids,” in their scale of provocation, might rank about medium); stark images; terse, troubling taglines that, they said, “left a lingering feeling of ill ease, restlessness, determination to overcome... anything.” The combination of longevity and up-to-dateness meant Carter-Spencer was well stuck into most of the state government agencies in Hamilton, and it didn't take much thought when a new client — for example, public health — while starting to cast about for a marketing or communications partner, found itself signing contracts with the firm's vice president for government relations, Jonathan Carter Buck, a grandson of the founder. When, six months ago, 10 people sat down at a table in a conference room overlooking the state capitol dome, or Gem, to start plotting a campaign budgeted at \$1.125 million on childhood obesity, it was quite possible that they thought they had all the expertise, in one room, they would possibly need.

Gisele Rodriguez was in the room. So was Jonathan Carter Buck and a young woman, Emily Tucker, who worked for him, and gave a presentation. Some of the images eventually used on the billboards came up in the slides, and at one of them Gisele raised her hand. “You want to be careful with something like that, what looks like a Latina mother and son,” she said. “There's a term for it, *mala madre* or bad mother, and it's the kind of thing that gets the old folks whispering in the pews at Mass. The failed mother, the neglectful mother — it might give the wrong idea.”

“Actually, Gillian,” said Emily from Carter-Spencer, “it's kind of what we want to be getting at. We want to empower and motivate parents to feel they can take control of what their kids eat. The children want candy, soda, ice cream, a second piece of cake — we all know

what that's like, hearing it each day, usually several times a day. Mom gets tired, it's hard to keep saying No. We did a campaign in Appalachia on saying No to tobacco, smoking or chewing it... not quite the same thing but you know what I'm saying – our metrics when we ran it were off the charts.”

At that Gisele, or Gillian as she now appeared to be, paused. (When Emily finished, she bent down to hear something Jonathan Carter Buck whispered in her ear; she would approach Gisele after the meeting and apologize for getting her name wrong.) Gisele was new to all this, and her grad school mentor had said CDPH was a place where she could learn. Now, driving on State Road 11 to her parents' home on day two of the campaign, about a mile from the shipyard where her dad had worked for 22 years before his fall, she was kicking herself. Passing her old school, East Point High, she couldn't believe she hadn't gone inside once in the last year, talked to some of her old teachers and principal and perhaps asked to meet some of the students to talk about healthy habits. Same too with the staff at the Maria Duarte Youth Center a mile up the road, where her brother started playing basketball as a first grader and where she learned to swim. She had, quite literally, lost her bearings. A campaign had taken shape and gone up around her for months, and she had knowledge no one else in the room had, yet she hadn't stepped up enough. With everything going on at work and home, she hadn't paid enough attention; obviously not. The *mala madre* moment, if she was honest, was nothing that came back to mind as the weeks went on and the campaign planning progressed.

But it wasn't that she'd kept totally quiet. Like that time Emily was reviewing taglines for the billboards — the most notorious element of the campaign, as it would turn out — and something like a bell rang in Gisele's head about a seminar in grad school on behavior change and health messaging. What formative research had been done to get to the startling, simple prose they all had apparently settled on? Or, as Gisele asked bluntly in the meeting, “What's the evidence these taglines work?”

“We have a pretty good feel for this stuff, as you can imagine,” Emily had replied, “You could say that's the heart of our trade.” As the evidence, Emily emailed around that evening a couple of marketers' articles from trade magazines. (One of them did have a table.) Another item Gisele was interested in learning more about was formal methods of evaluation once the campaign was underway. How would they know — how would they measure — if it was working? As she recalled, Emily said something about Facebook “likes” and page hits. That night, Gisele got more magazine articles.

Recalling that time, week in and week out with the Carter-Spencer staff, she remembered their strengths and what had impressed her. They were professional—always on time, always prepared, always wrapping a meeting at four on the dot with closing “action points” clearly shared with the group and distributed to individuals who knew their roles and

would be accountable. The multimedia presentations always worked, slides were ready on cue, when asked questions Emily's team never failed for answers, and they had spreadsheets keeping everything straight. Their pediatrician, Dr. Landau, was very confident and articulate presenting what he repeatedly called "the medical point of view." Carter-Spencer seemed to know about public service campaigns and agencies, going back a long time, in many other cities and states and even countries, even if they weren't their own. They were knowledgeable, informed, and worldly, and that was part of the package the department knew it was buying and more so, wanted. They were also human beings — moms and dads who spoke of their kids and, on breaks, would discuss some of the problems they were having, that all parents had — nothing drastic or terrible, just normal. No one could say their hearts weren't in the right place or that they didn't want to do right by the state's children. They were impressive people working for an old, impressive agency. But now on day three, the criticism from around the country was crushing. So what had gone wrong?

WHO'S MANAGING THE PROCESS?

It was, Gisele would come to think, a problem of communication. Carter-Spencer communicated very well to *them*. Had the public health professionals of the department, in which she numbered herself, communicated so well in return? Had they been as organized or prepared? After the initial meeting of 10 men and women, the standing meeting each Tuesday at 2 p.m. became eight, always the same three from Carter-Spencer but, now that she thought about it, never the same five from CDPH. She and her program assistant had been to all seven meetings, but Gisele's boss Martin Dibinga, director for Campaigns and Strategy and the titular campaign director, only to three. Numbers 4 and 5, for the department, tended to be whoever she could grab on her way to the meeting or via an email sent earlier in the day; sometimes that meant an intern or visiting researcher stopped in, and one time her and Martin's boss, the deputy commissioner. Carter-Spencer always sent their proposed meeting agenda the Monday night by five, which she and Martin were always invited to amend or return in the morning with suggestions; which Martin and she meant to alternate doing but somehow managed to stop doing altogether. He had warned her he was over-taxed, but somehow she always expected him to be there, and was surprised when he wasn't; perhaps that distracted her when it came time to start the meeting. What was beginning to dawn on her — and it was no crime — was that no one had been managing the process, or managing anybody. The meeting had come each Tuesday to CDPH, the client. But the energy and direction — the push-back that would make for a creative dynamic between real partners — tended only in one direction, and so fell the equilibrium or balance.

Consequently, it was clear, some vital information and expertise, certain alternate points of view, hadn't been brought to the table. Gisele's colleague Tamara Haddad, from

Research and Evaluation, was meant to brief the standing group about giant food companies and government oversight, because the one time Martin's and Gisele's boss the deputy commissioner attended, he had said afterward that he was nonplussed by an hour's talking about *parents*, as if the onus were on them alone. There were, it surely went without saying, a complex array of forces (e.g., political, corporate) that produced, and profited from, the toxic food environment in the United States. Tamara had prepared her slides and bullet-pointed her handouts, coming in the next Tuesday ready to speak. But the group had slipped off topic in its second hour and furthermore needed to end 10 minutes early, and Tamara was rescheduled. But the next Tuesday she was sick, and her program assistant couldn't find her slides; then there was the school vacation week and the group hadn't met, and somehow Tamara and her slides never made it back to the room. In the meantime the guiding strategy for the campaign — empower the parents, empower the child — had become more or less enshrined, and the messaging “products” Carter-Spencer was now bringing to the meetings, whether taglines for websites or billboards or fonts and color schemes, were all pushing this central idea along.

There was also, it couldn't be denied, a certain matter of *tone*. Perhaps it was a new trait in a venerable firm, but not everyone at Carter-Spencer was going to be unhappy with three days of nationwide condemnation and opprobrium: the thousands of angry emails and phone calls; the offhand, cutting remark by the Secretary of Health and Human Services in Washington; the jokes on Gawker; the skit on *Saturday Night Live*. What was that joke Letterman cracked in his monologue the night Tom Hanks and Aerosmith were on the show?

So there's those billboards down there in Hamilton, state of Columbia, that campaign NoFatKids or something like that. And I was a fat kid. You wouldn't believe it to look at me now, but it's true. Ma, how fat was I?

The screen turned to Letterman's elderly mother in her Indianapolis kitchen. “The kids used to call you Hamil-TON, honey,” she said on cue, and the audience erupted.

Looking back at six months of meetings and all the internal calls and emails, Gisele couldn't pinpoint any pivotal moment or turning point, any one place where Carter-Spencer tilted the campaign on its aggressive edge, even someone saying a throwaway line, like “Let's push it harder.” It was a mystery. It was in their DNA; they had mated with CDPH with its own, differing genetic material, and this was the child that resulted.

A NATIVE EAST POINTER

It was Friday, 10 a.m. — they couldn't all make it on day 4, Thursday, so now it was day 5 — Barbara Ulm and Ellen Michelson of HHE parked their cars in the underground garage a block from the Gem and rode the elevator up to the seventh floor of Government Office, where Joanne Luo and Gisele Rodriguez were waiting for them.

The greetings were friendly and even warm, or warmish – perhaps a little more effusive on the CDPH side – as the coffee was brought and soon they were all sitting down on couches around a coffee table. Emily from Carter-Spencer (“the wiz from the agency,” Joanne unselfconsciously called her) would come in about half an hour, although actually Joanne wasn’t so sure Emily would come at all. When the pressure hit, some of the recriminations had come from her. They weren’t entirely unfair. From the outset Carter-Spencer had asked for more time, but the department kept pushing the deadline closer. CDPH hadn’t been strong on oversight — was it Martin or Gisele who was in charge? — and while Emily was delighted Joanne had come into the picture and asserted herself, no one explained to her what happened with Dennis Lamm, who she’d been working with the whole time. Then there was the contract, which specified delivery of an “awareness campaign,” nothing so explicit about obesity prevention. Say what you like about the campaign, no one could argue they hadn’t dramatically increased awareness. Delivered on time and on budget, the campaign had met its aims, and it was personally and professionally disappointing for Emily to hear from Joanne that the department had invited in some of their critics to berate her. “Not berate, Emily,” Joanne said. “Just a chat. Please come.” .

Meanwhile Barbara was taking the measure of the place, thinking it strange that for the first time in her career she was finally visiting her state’s public health office. Some materials lay around the table near where she sat; it wasn’t clear if they were meant for general distribution, but picking them up anyway Barbara saw in the pile an angry letter from someone she knew in the field, the head of a group called Columbia Healthy Eating Movement or CHEM, making arguments she sensed she would shortly be offering herself.

“Well, what do you think went wrong?” Joanne asked after a few minutes. “We know you’re unhappy. You should have been part of the conversation we were having. You weren’t.”

“I take responsibility for that,” Gisele interjected.

She was from East Point, she said, born and raised. Living there now. Her brother, in fact, was someone she thought of when she saw kids struggling with weight. “And he was athletic, a basketball player. But he didn’t make the team in high school, and kind of just quit doing sports or anything active after that.”

“You’re from East Point,” one of the visitors murmured, as if disbelieving what she was hearing. Ellen and Barbara were stunned.

“You know, I just didn’t see it as an issue. I guess I was mad; I am mad. I’ve seen kids eating crap all my life, just out of shape couch potatoes. My brother’s friends more than him. I’d come to the house and they’d all be on the sofa with snacks and the TV on. I hated it, I went right back out again. To be honest, and it’s only this week that I’ve been really thinking hard about it, I was fine shaking everybody up a little.”

“Well. . .,” said Joanne the voice of public relations, but nothing after that. For what seemed a long while there was silence.

But now, Gisele said, she was thinking more analytically, less viscerally. From the backlash, came clarification. During Gisele’s rumination Ellen had at one point uttered the word *familismo*. And now Gisele seized it.

“This is the key. What you were saying, Ellen, you know it already. *Familismo*. The whole family is involved. Grandparents, aunts, uncles, grown-up cousins. They are spoken to respectfully. They may fight or bicker among themselves, but when a stranger enters the room they are a unit. It’s *Buenos Dias* and *Señor, Senora*, all round, and it goes both ways. In terms of what we’re doing here, on childhood obesity, the problem isn’t one kid or his mom, who might be a single mom, by the way, in East Point. It’s the family. Learning to eat right and exercise and guiding the kid in healthy directions.”

“This is what we want to talk about,” Barbara said. “Gisele, I can’t tell you how pleased I am there’s a native East Pointer in CDPH. I’m a little surprised! Because you know the cultural roles and cues. We knew something was off there. But Ellen and I have some other input, based on what we know from working with kids like these.”

Emily from Carter-Spencer had arrived and unobtrusively taken a seat, gently pulling it nearer the coffee table. With her was the oft-invisible Martin Dibinga, Gisele’s overcommitted, overworked, and understaffed boss and (on paper) campaign director. At one point even the deputy commissioner stuck his head in. He was the one who had offered a major insight at the sole meeting he attended, an insight that was superficially acted on but not fulfilled. A new round of introductions began and now it was Ellen’s turn.

“A LIST ON THE WHITEBOARD”

“I’d like to go around the room. Work with me a bit. You’re a kid, and you know you’re overweight. No one has to tell you because other kids in the playground, strangers on the street, are letting you know what they think all the time. But now I’m asking you a question: What do you like to do physically? What’s fun? Think back to gym at school.”

Going around the room, from Barbara, to Joanne, to Gisele even to Emily, who was surprised that she wasn't as angry as she expected to be, to the program assistant, finally to Martin, Ellen soon had a list on the whiteboard:

Being picked as team captain by a sympathetic PE teacher
Noticing I was really great at something if not everything (maybe trampoline, but not sit-ups)
Getting instruction in a physical skill that I got better at, with practice (e.g., shooting free throws)
Gear that fit me properly, no more blisters or sores or rawness
Seeing the different talents of different bodies, so we were all great at something
Great, rocking music during PE that got us all going wild

"Excellent," Ellen said. "I think you know what's coming. Barbara, what's something you *didn't* like at the same time?"

"Gym uniforms that didn't fit. Gear for smaller bodies, not mine."

Ellen wrote it down, but then the others began piping up unprompted, and she wrote those down, too, trying to keep up.

"Being picked for a team by jerks in the class who left me just standing there by myself."

"Being yelled at. Some kid's nasty remark in the showers."

"How I could never do a chin-up for 10 seconds but there was little Jolie Steinberg who could stay up for hours!"

Ellen drew a line under her scribbling. "A campaign like this shouldn't be about how much you *weigh*. It should be about activities that get the body moving, that are fun, not shaming or punishing. Why dwell on the bad stuff when the alternative feels so great? That's the way to better health, and everyone knows it."

"And we make it about families," Barbara said. "*Familismo*. What do families do together—what *can* they do together? Do they eat meals together? Where do they eat them? How about walks together, activities where everyone is moving around for a while? Gisele, what do you think?"

"I think... many things I'm thinking, really. I'm thinking of ways that families like mine got together, and still do, after church, and how we would stand, or sit, and eat; while the Italians in North Point always took these long family walks on Sundays usually later in the day, the *passeggiata*. I'm thinking about some of the letters we received, and this touches on the lists Ellen was just making on the whiteboard, about weight-related

bullying and stigma and prevention, and how we didn't do this but should right away be getting an expert on these issues to join us."

"It's probably too late for all of this," Ellen said, suddenly deflated.

"Actually, it isn't," Joanne Luo said. "The way these things work in CDPH, we keep about ten percent of our budget as a reserve fund. For the inevitable course corrections, unforeseen programmatic needs and cost overruns, all that. We knew we would be doing something here, after launch. We just didn't know what."

"That's \$125,000 in this case," Martin Dibinga helpfully added.

"And we think we have a foundation in town ready to match, which brings us to \$250,000," Joanne said. "We did the awareness, is how we pitched it. Now we do the prevention."

"Well, that is certainly good news!" Barbara exclaimed. "If we're rejiggering the campaign and we've got the extra bucks, can I say it might be worth pulling together a little more *research* on behavior change?" Barbara said.

"We were talking about that just before you came," Joanne said, with a gesture of the hand toward Martin, and the deputy commissioner sitting beside him. "About evaluation, how it has to be more than counting hits on our website or Facebook 'likes.' We need some rigor, and I've asked Tamara Haddad in Research and Eval. to draw up some real public health metrics for us. She's already working on it with a professor from Columbia State she's helped in the past."

"Does this mean a whole new RFP?" Emily asked.

"Yes," Joanne said. "Barbara said rejigger just now, but this is a whole new effort that under our rules has to go out as a new RFP." The term needed explaining to Ellen and Barbara, who hadn't known this was shorthand in the agency world for Request for Proposals, the formal mechanism by which the state solicited and paid for outside expertise in devising its projects and meeting its goals. The first RFP – the big one – had gone to Carter-Spencer. The new RFP for a media campaign on obesity prevention, meant new bids, probably new teams, and certainly new contracts — with much clearer language on goals, it went without saying.

"And we hope Carter-Spencer will be bidding, too," Joanne, ever the diplomat, added for Emily's benefit.

Barbara and Ellen could only admire Joanne’s mastery of the moment. As for her departmental colleagues, the admiration was palpable — you knew it when the bosses, in this case Martin Dibinga and the deputy commissioner, were happy to shoot out of the room as soon as Joanne finished. “What I’d like to do, in the time we have left, is sketch out the particulars of our low-budget but high-impact obesity prevention media campaign follow-up to our massively effective awareness campaign that has everyone talking about childhood obesity in our little part of the country. We have about an hour. Can everyone hang out a little longer?”

“Sure,” Barbara said. “I’m loving this.”

“Happy to hang out,” Ellen said.

“Can’t wait to get started,” Gisele said.

“Emily?” Joanne asked. “It’s not a conflict of interest to have you chip in for this organizing meeting. I checked with legal. Because you were the vendor for part one and this is part two the follow-up, it’s only natural to tap your expertise even if you bid on the new RFP.”

“Let me call my office,” Emily said, but she was in, the others knew, and when Emily got off her call, she was.

By the end of the week, the new RFP was out, published on the government page of the Hamilton *Daily Caller* and downloadable from the departmental website. Over the next weeks the bids would be coming in, and although it wasn’t quite what Ellen and Barbara or anyone else had expected when they walked in the door two hours before, they had to admit it was one of the more surprising and hopeful episodes of their professional lives. Despite – or maybe because of? – everything that had happened so far, this may just have turn out to be the best way to reach the greatest number of families and really accomplish something lasting for their children’s health and well-being.

* * *

PROJECT NAME: “No Fat Kids”

STAFF CONTACT: Emily Tucker

SPONSOR: Columbia Department of Public Health, Hamilton

(Campaign director: Martin Dibinga)

OVERALL PROJECT OBJECTIVES

Raise Awareness of Child and Adolescent Obesity within affected families and also general community.
(Long-term goal: Decrease Obesity)

PROJECT DEFINITION

Targeted Media Campaign as prelude to changing Social Norms (unhealthful behaviors) to lead ultimately to improved social policy (e.g., in schools) on health and healthy behaviors

COMMUNICATIONS OBJECTIVES

Raising awareness through hard-hitting social marketing campaign utilizing multiple media channels.
Encouraging youth and families to scrutinize their behavior for unhealthy actions and habits.
Encouraging parents and families to take responsibility for their health and wellness

TARGET AUDIENCE

Parents, Teenagers and Children 8+ throughout Greater Hamilton, with particular emphasis on city and suburban Black and Latino children and youths.

Generally children and youths and sometimes (younger) parents in this demographic (age, race, ethnicity) are not thinking long-term about their health, and thinking even less about the food and drink they consume. The invincibility of youth is an obstacle to be broken down as first measure toward better health for all.

KEY MESSAGES

If you are overweight, you will feel heavy, slow, unhealthy, unfocused, not as powerful or vital as you used to be. Others will know it too. Greatest danger is risk to your long-term health.

Tone. Hard-hitting and even “shocking to the system” so subjects want to take action and learn more.

COMMUNICATIONS MIX

Press release; Media Advisories (YES); Op-eds, Interview Availability (POSSIBLE)

Digital & video shorts for Facebook page(s) & other websites (YES); Facebook, Google Ads (POSSIBLE)

CDPH Facebook, Twitter, YouTube (YES)

Street Outreach, Branded Event(s) (POSSIBLE)

Outdoor/Billboard & Posters; Radio; Newspaper Print Ads; Brochures or Postcards (YES); Guerilla Advertising; Wrap Advertising on Hamilton buses/Metro (POSSIBLE)

BUDGET

\$1.125 million over 12 months, all phases

TIMELINE

Launch: September 2012

EVALUATING PROJECT SUCCESS

1. Visits to NoFatKids.com website (site launch will be D-Day minus 1 of Campaign), measured daily
2. Percentage of (a) Hamilton and (b) Columbia residents who indicate they have seen NoFatKids campaign (any iteration) using BRFSS sampling survey
3. Click-thru rates
4. Number of tweets, retweets (CDPH and other sites)
5. Number of hits (CDPH and related websites)
6. Number of inquiries (phone calls, emails, other communication direct to CDPH)
7. Number of Wall postings

The website of the *Hamilton Daily Caller*, Columbia's oldest daily newspaper (since 1799)

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- Opinion
- Markets
- Tech
- Politics
- TV
- HDC Video

Hamilton Pediatrician Fights Obesity in Kids

By Prudence DeWitt - December 18, 2012 16:28 EST



Dec. 18 (HDC) – He first noticed that the overweight children coming to his practice were getting younger. And then he noticed that their parents were overweight just like their kids. “It’s completely crazy,” said Dr. Jon Landau, a pediatrician at Children’s Hospital of Hamilton who practices from a CHH satellite clinic in South Hamilton. “These kids have no chance at all at a healthy life if they’re gaining weight like this even before they’re teenagers. It’s their moms and dads who need to be sure they’re eating correctly, getting outside and active, but when the parents themselves have poor diets and don’t exercise, it’s almost like they unwittingly doom their own kids.”

Strong language, perhaps, but Dr. Landau, a Hamilton native who has practiced locally since 1989 when he returned from medical school in New York, is a beloved figure in South Hamilton where he coaches youth baseball and has been known to pile kids in his SUV after a game for a ride to the waterfront and a

round of ice creams as the sun sets over West Rock. “I’m not an ascetic,” he said. “I love ice cream just like everyone else, and I don’t want to stop anyone from enjoying the occasional treat. The key word here is ‘occasional.’”

A FAMILY DOCTOR

All five children of Rhonda Barrett, 42, are, or have been, Dr. Landau’s patients. The youngest three have struggled with weight gain, she says, and she always appreciates Dr. Landau’s brand of tough love. “No one outside the family cares about my kids more,” she said. “He does his physical exams and other things, and he always spends twice the time afterwards talking to them. Just talking. Trying to get through about healthy living, healthy eating, what their friends are eating, all of it.”

Asked about the Barretts and other local families, Dr. Landau says he won’t talk about specific patients. “I prefer to talk generally. And what I can say, generally, after over 20 years of practice in one city, is that the problem has never been worse. Our kids have never been so heavy – call them fat. It’s true nationwide. It’s complicated how this happens, but I’d say it’s a general combination of a speeded-up life, where we don’t spend the time over meals, or even spend time properly preparing meals and before that buying foodstuffs. Plus we have all these distractions from the Internet and smartphones that keep us on our tush all day.”

“The last thing you want to hear from a guy my age is how it used to be back in the day. But it’s worth examining. When I grew up, there was one screen in the house, and that was the living room TV. There were a handful of channels. There weren’t 20 kinds of Oreos or sweetened cereals in the supermarket – we bought fresh greens from stands every other day. I was allowed a Coke on my birthday and the Fourth of July and that was it until high school. It isn’t the same now, and I don’t blame the kids.”

GETTING THE WORD OUT

When you’re outspoken and you’ve been around a long time, people take notice. Add his prestigious CHH affiliation, and Dr. Landau’s words strike home in a number of places outside South Hamilton. He’s been on the governor’s task force on child health since 2009, and does clinical rounds with medical students at Columbia State, many of whom are now in local practice as his colleagues. “People don’t pay attention to pediatricians,” says one of his former students, Dr. Jenna Harris, also at CHH. “People don’t pay attention to primary care doctors, period. But they listen to Jon. Imagine a doctor from a city clinic on the governor’s task force. That’s because Jon is a bellwether, always the first to see the next thing that’s coming along. Often it’s a bad thing, unfortunately, but that’s medical practice.”

To contact the reporter on this story: Prudence DeWitt in Hamilton at PDeWitt@hamdailycall.com;

To contact the editor responsible for this story: Jonathan Prince at JPrice@hamdailycall.com;

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COLUMBIA HEALTHY EATING MOVEMENT

Dr. Deirdre Harris, Commissioner
Columbia Department of Public Health
Government Building
Hamilton, CB 00009

Dear Commissioner Harris:

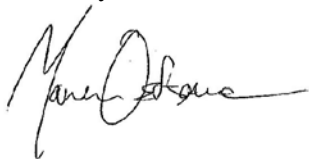
As president of the Columbia Healthy Eating Movement (CHEM), I'm writing on behalf of our 987 members to register our outrage and distress at the current "NoFatKids" campaign we are seeing throughout Greater Hamilton. The title of this campaign is itself offensive, stigmatizing overweight and obese children and suggesting they are unwanted and undesirable (what else are we to make of the command or plea for "no fat kids"?). But our greatest objection concerns the images you have chosen for your billboards, Internet, and TV advertisements. Here the stigmatizing is not just in labels - who might be called "fat" - but in body types we see around us every day: young boys and girls, teenagers, their mothers. I am sure that you will agree that your work in public health is not about bodies and body types but about healthy *behaviors*, like eating well and exercising. Calling kids and parents "fat" and showing pictures without this context does absolutely nothing to promote the kind of behavior we all desire for all citizens in our society. Your campaign and your ads run the very real risk of adding to the psychological affliction many of these individuals face in life, and contrary to all purposes of a public health campaign, risk worsening their physical health by deterring them from healthy behavior; as it is widely known from studies that when confronted with overpowering language and imagery like this, lassitude, shame, and paralysis are the more likely consequences than determination and success in treating eating disorders and achieving healthy behaviors.

It should be said that among our membership who have contacted us since this CDPH campaign began, almost all have expressed surprise as well as their dismay; surprise that, apparently, there appeared to be no outreach from CDPH concerning plans and preparations for this very prominent, and undoubtedly quite expensive, anti-obesity effort. We are the largest statewide organization dedicated to the cause of healthy eating and working against childhood obesity, and as president of CHEM, I can say no one from your office contacted our leadership or governing board for advice or notice of what was evidently planned to be the largest state-sponsored anti-obesity campaign in the past two decades. On the principle of "better late than never," I wish to offer our organization's services and expertise, and mine personally, to help CDPH right course on this crucial mission of lasting importance to the health and potential of our state, Columbia. Another excellent source of information and advice, with a more local bent, is our sister organization, Hamilton Healthy Eaters (HHE) whose president is Barbara Ulm.

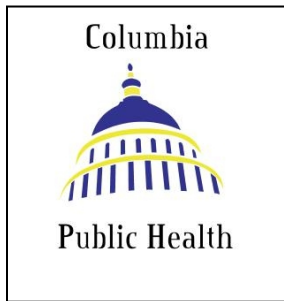
In the meantime, let me draw your attention to a website from Yale University's Rudd Center for Food Policy and Obesity that offers an excellent, multimedia overview on "Weight Bias and Stigma": http://www.yaleruddcenter.org/what_we_do.aspx?id=10. Any time spent on the resources contained in this site, which include an image gallery and online toolkit, will be extremely worthwhile.

I am happy to discuss any of these concerns or suggestions with you at any time that is convenient.

Sincerely,



Marina Oskamova, MS, MSW, MPH
President, Columbia Healthy Eating Movement (CHEM)



COLUMBIA DEPARTMENT of PUBLIC HEALTH Request for Proposals (RFP)

Reference Code:
CDPH 2013-1455

Purpose:

The purpose of the CDPH childhood obesity-prevention Grant is to publicize specific measures parents and families can take to encourage healthy eating and healthy living among children and adolescents. This is *not* an awareness campaign (although it follows after one).

Priorities:

Priority will be given to the applicant that best demonstrates to the Department that it has considered:

- 1. Strategies:** Which specific, practical, and easily explained “healthy living” or “healthy eating” strategies for children and families are to be encouraged in this campaign;
- 2. Dissemination:** Which specific, practical, widely accessible means of dissemination will be used for campaign messaging;
- 3. Target Audience:** Which specific demographics (e.g., urban, suburban or rural; also in regards to gender, income, race/ethnicity, immigrant community, etc.) characterize the campaign’s target audience;
- 4. Research Evidence:** What research evidence on behavior change best supports the campaign strategy;
- 5. Evaluation:** Which methods of formal evaluation will be used while the campaign is in progress and also afterward to assess intended and possible unintended effects.

Eligibility:

Non-profits and for-profit companies are eligible, although in case of the latter, a suitable non-profit agency partner will be required.

Funding:

A total of \$250,000 is anticipated to be available. Only one Grant will be made.

Fund Use:

Program costs are broken out into two categories, Operating and Administrative.

Operating Costs:

Operating costs are anticipated to be almost solely media production and distribution costs: the cost of materials (print, digital, audio, video) that inform the public about steps families can take for children and adolescents to eat better and live healthily. These are the documented expenses for preparing and implementing the childhood

obesity-prevention campaign, and include any necessary goods and services, properly itemized and tied to programmatic goals and achievements.

Administrative Costs:

Administrative costs are limited to 15 percent of the total grant. Administrative costs are the documented expenses you have for planning the program, managing the paperwork, obtaining the equipment needed, and all other aspects of the Grant that are not related to the production and dissemination of campaign materials. This would include all agency fees, stipends, and related expenses.

Project Duration:

Upon Approval – December 31st

Program Unit:

Campaigns and Strategy

Contacts:

Joanne Luo (111) 338-6493

Gisele Rodriguez (111) 338-6481

Date DUE:

May 30th. Competitive proposals must be received at the Department by 5:00 p.m. on the date due.

Required Forms:

These are available on the agency's RFP webpage (www.cdph-columbia.org), under the Reference Code marked at the top of this sheet.

Submission Instructions:

Submit 3 sets, each with original signatures, *by mail only* to:

**Joanne Luo, Campaigns and Strategy
Columbia Department of Public Health
Government Building
Hamilton, CB 00009**