

WHO'S CALLING ME FAT?

Or How Columbia Got Its Obesity Prevention Campaign Back on Track

Case Study by Eric Weinberger for the Strategic Training Initiative
for the Prevention of Eating Disorders
www.hsph.harvard.edu/stripped

TEACHING NOTE by S. Bryn Austin

This teaching note is written for teachers to provide you with all the information and guidance needed to adopt this case in your classroom. The teaching note covers background material on the case, including synopsis, explanation of its real-world basis, teaching objectives, target audience, and a listing of case materials and required readings for students. It also includes a detailed lesson plan for the teacher that is designed with a 1 hour and 50 minute session in mind. Of course teachers can modify the lesson plan to accommodate a shorter or longer class period. At the end of this teaching note are a written homework assignment and in-class assignment instructions. The written homework assignment should be assigned to students along with the required reading one week before the class session in which the case will be discussed. The in-class assignment instructions should be handed out to students at the start of the class period dedicated to discussion of this case.

A. 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 new 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 a few major missteps. As a result, the initial campaign was received with opprobrium both locally and nationally, forcing the creators to take a deeper look at their own assumptions and ethics and recalibrate for a renewed attempt at the campaign.

For phase two of the campaign, state officials decide to release a request for proposals (RFP) to invite applications from community agencies to develop a new campaign that is both evidence-based and solicitous of community ideas and input, thus more likely to engender community-wide acceptance and support. The case story leaves off at the point the RFP is issued, passing the baton to the students to respond to the RFP through a homework assignment and in-class team activity, with a proposal to develop a new social marketing campaign that is informed by the evidence and attentive to ethical concerns in both its design and evaluation plan.

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.

B. Real-World Basis

Over the past decade, childhood obesity has skyrocketed to the top of the public health agenda both in the United States and globally, garnering massive attention from public health interventionists working with youth and families in a range of settings, from homes, schools, and neighborhoods to restaurants, grocery stores, and the mass media. When a campaign is well designed, social marketing through mass media has the distinct advantage of reaching large numbers of people with health promoting messages. But when a campaign's message misses the mark, for instance by failing to resonate with audiences or by undermining individuals' motivation for maintaining or changing a behavior, the error can be magnified manyfold by the enormous scale of mass media. In a recent study focused on obesity-related social marketing campaigns, Puhl and colleagues screened over 70 public health media campaigns from the United States, United Kingdom, Canada, and Australia to assess the audience's reaction to the images and messages (see Puhl, Peterson, and Luedicke [2012] in recommended supplemental readings below). The study discovered that many of the campaigns featured messaging that stigmatized overweight children and adults. Importantly, audiences reported that after watching these stigmatizing messages, they felt low motivation to engage in healthy weight-related behaviors and, in particular, felt less motivated than when they watched more positively framed campaign messages.

All too often, campaign designers may unintentionally undermine their own effectiveness when they veer into weight stigmatizing messaging and images. In some cases, these campaigns even have been challenged on ethical grounds. Given the questions raised about both effectiveness and ethics of past campaigns used in the United States and internationally, the stakes are high for public health campaign designers to come up with ways to address childhood obesity that are both effective and ethical. This teaching case, a fictionalized composite of real-world social marketing campaigns from a variety of communities, was borne of extensive background research and original reporting with public health practitioners with first-hand experience designing campaigns, some of which bore close similarity to those reviewed by Puhl and her colleagues. With realistic story elements and characters, the case allows students to step into the role of a campaign designer faced with the types of opportunities and pressures they are likely to see in the future as public health practitioners.

C. Learning Objectives and Target Audience

The learning objectives of this case include several that are specific to the topic of eating disorders prevention and several others that support core competencies for public health education promulgated by the U.S. Council on Linkages Between Academia and Public Health Practice (http://www.pfh.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx) and the Interprofessional Education Collaborative (IEC; <http://www.aacn.nche.edu/education-resources/ipecreport.pdf>). The learning objectives specific to eating disorders prevention are:

- 1) Identify the range of harmful effects of weight stigma and bias.
- 2) Describe the evidence documenting the association between weight-related teasing and harassment and subsequent increased risk of developing eating disorder symptoms in youth.
- 3) Describe evidence supporting the protective effects of body satisfaction on healthful nutritional and physical activity behaviors in youth; and 4) Demonstrate skills in evidence-based health communications by designing a social marketing campaign on childhood obesity that promotes healthful behaviors without stigmatizing messages.

The learning objectives addressing Council on Linkages Between Academia and Public Health Practice and IEC core competencies are:

- 1) Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)(Communication Skills competency #3B6 of Council on Linkages).
- 2) Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information (Analytical/Assessment Skills competency #1B3 of Council on Linkages).
- 3) Evaluates policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)(Policy Development/Program Planning Skills competency #2B11 of Council on Linkages).
- 4) Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among healthcare professionals and with patients and families (IEC Competency Domain 4: Teams and Teamwork).

The primary target audience for this teaching case is graduate students in public health, particularly those in courses focused on public health nutrition, obesity prevention, or health communications. The case is also suitable for graduate students in other disciplines, such as health psychology or communications and marketing and undergraduate students in similar courses. The case and assignments could be adapted for use with advanced high school students in a course on public health. The teaching case may have its greatest impact when reaching students who are likely to one day work in professional roles where they are involved in designing social marketing campaigns targeting nutrition, physical activity, obesity prevention, or other health-related issues.

D. Case Materials

The complete case study consists of the case study narrative with seven sections, a teaching note, which includes a lesson plan, homework assignment, and in-class activity instructions, plus one companion technical document that is available at no cost on the Internet.

Provided Teaching Case Narrative Document:

- 1) Cover page, plus table of contents, synopsis, and acknowledgments (3 pages)
- 2) Dramatis personae (1 page)
- 3) Case study narrative “Who’s Calling Me Fat? Or How Columbia Got Its Obesity Prevention Campaign Back on Track” (12 pages)

- 4) Campaign planning document from Carter-Spencer Agency (2 pages)
- 5) Newspaper profile of Hamilton pediatrician Dr. Jon Landau (2 pages)
- 6) Protest letter from Columbia Healthy Eating Movement president (1 page)
- 7) Request for proposals from Columbia Department of Public Health (2 pages)

Provided Teaching Note Document: Includes overview material, lesson plan, written homework assignment, and in-class assignment instructions (13 pages)

E. Required Reading for Students

- 1) Provided case study narrative document with 7 sections
- 2) Companion technical document: Office of Health Communications, National Cancer Institute. *Making Health Communication Programs Work: A Planner's Guide*. Bethesda, MD: U.S. Department of Health and Human Services. Required reading for homework assignment: Introduction, pp. 1-9; Overview, pp. 11-13; Stage 1: Planning & Strategy, pp. 15-51; and Stage 4: Assessing Effectiveness and Making Refinements, pp. 107-123. (Available at no cost at: http://www.cancer.gov/cancertopics/cancerlibrary/pinkbook/Pink_Book.pdf)
- 3) Peer-reviewed journal articles:
 - Austin SB. The blind spot in the drive for childhood obesity prevention: Bringing eating disorders prevention into focus as a public health priority. *American Journal of Public Health* 2011; 101(6):e1-4. Key teaching points from article:
 - Commonly held myths about eating disorders hinder public health efforts to address childhood obesity. These myths include the mistaken beliefs that: eating disorders affect only white, affluent, underweight females; focusing on eating disorders necessarily distracts from obesity prevention; and the activities of the weight-loss industry and the marketing and sale of its products are tangential to public health priorities.
 - Childhood obesity prevention efforts might be strengthened by increased attention to intersections between eating disorders and obesity.
 - Haines J, Neumark-Sztainer D. Prevention of obesity and eating disorders: A consideration of shared risk factors. *Health Education Research* 2006; 21 (6): 770-782. Key teaching points from article:
 - Weight-related teasing has been shown to be associated with both binge eating and other disordered eating behaviors (e.g., purging, restricting), suggesting that it may contribute to the development of both obesity and eating disorders.
 - Both cross-sectional and prospective research on the impact of teasing on dieting and disordered eating behaviors suggests that being teased about weight may function directly or indirectly through body/appearance dissatisfaction to increase dieting and disordered eating behaviors.

- MacLean L, Edwards N, Garrard M, Sims-Jones N, Clinton K, Ashley L. Obesity, stigma and public health planning. *Health Promotion International* 2009; 24(1): 88-93. Key teaching points from article:
 - With the high level of focus on obesity nationally and internationally, public health professionals have an ethical responsibility to ensure this heightened focus does not exacerbate weight stigma, bias, and discrimination.
 - A number of recommendations are offered to public health program planners to reduce weight stigma, including: formal evaluation of program effects on stigma; avoid singling out overweight children and adults when not clearly beneficial to do so; provide sensitivity and competency training to professionals; and involve overweight people and parents of overweight children as important stakeholders in program planning.

- Neumark-Sztainer D. Preventing the broad spectrum of weight-related problems: Working with parents to help teens achieve a healthy weight *and* a positive body image. *Journal of Nutrition Education and Behavior* 2005; 37: S133-S139. Key teaching points from article:
 - Families have a crucial role in promoting healthy nutritional and activity behavior in their children, including through: modeling healthful nutrition and physical activity; creating healthy food and activity environments at home; focusing on overall health and enjoyment rather than focusing narrowly on weight; and facilitating open and supportive communication about food, activity, and body image.
 - Public health programs and policies can enhance parents' efforts to help their children eat in a nutritious way, be physically active, and maintain a positive body image.

- Puhl R, Peterson JL, Luedicke J. Fighting obesity or obese persons? Public perceptions of obesity-related health messages. *International Journal of Obesity* 2012 (Epub ahead of print). Key teaching points from article:
 - Public health campaigns aim to promote health, but in some instances may inadvertently stigmatize the individuals they intend to help.
 - Unfortunately, as obesity rates have increased, so has bias and prejudice against obese persons. Weight stigma is highly prevalent in the United States and in health-related media and may also be present in some public health campaigns that address obesity.
 - By stigmatizing obesity or overweight people, campaigns could potentially alienate the audience they intend to motivate and hinder the behaviors they intend to encourage.

E. Acknowledgments and Funding

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F. Lesson Plan and Discussion Guide

Lesson Plan (1 hour 50 minutes)

1. Opening Whole Class Discussion (15 minutes)

a) Introduction to Case and Initial Discussion: In class today, we will be focusing on our case “Who’s Calling Me Fat?” about the fictitious Columbia Department of Public Health (CDPH) and its efforts to right course in its ill-fated social marketing campaign on childhood obesity. Your homework assignment was to begin the formative research to understand what went wrong in Columbia and what needs to be done to get the campaign back on track, with an eye toward responding to the state’s recently released request for proposals (RFP).

- **Q:** What do you think went wrong in Columbia?
- **Q:** Why do you think this happened? What were the different kinds of forces at play *at CDPH* that led to the outcome of the first campaign? How about *at Carter-Spencer*? And how about *in the community*?
- **Q:** What are a few of the beliefs or assumptions about the causes of childhood obesity and about motivators to behavior change that you think might underlie the messaging approach used in Columbia?
 - **Q:** Which do you think may have more to do with weight stigma and stereotypes about overweight people vs. which are well-supported by the research literature?
 - **Q:** If some of these assumptions are not well-supported in the research literature, why might public health professionals and health care providers still use them to guide their approach to social marketing campaigns and communicating with patients?
 - **Q:** What kinds of pressures or constraints are they working under that might lead them to use approaches that are based more on stereotypes or popular assumptions than evidence?

2. Communications Team Meeting (45 minutes)

a) Introduction to Communications Team Meeting (5 minutes): For your homework assignment, you did that initial work solo to prepare for class today. Now in class, you are going to join the rest of your communications team and together you will plan your proposal in response to the CDPH RFP and to design your media campaign strategy. *[PASS OUT IN-CLASS ACTIVITY TEAM ASSIGNMENT SHEET. NOTE: This in-class activity sheet could be distributed to students the day before class to give the students time to read through the instructions before arriving to class.]*

- You will have **40 MINUTES** to meet with your team to discuss the best approach for responding to the RFP. At the end of your team meeting, you will need to report back to the rest of the class on your plans. It is a lot to take on in under an hour, so feel free to get creative!
- For your homework, you focused on **Steps 1 through 4** from the National Cancer Institute's *Pink Book*. Now for our in-class activity, you and your team will focus on distilling the best of your collective ideas to address CDPH's **five priorities** in the RFP:

RFP Priorities: Priority will be given to the applicant that best demonstrates to the Columbia Department of Public Health 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.

For the next **40 minutes** with your team, you will develop your proposal describing what you think is the best strategy for the state's new social marketing campaign. In your discussion and proposal, you must address how *research evidence on behavior change* can be applied most judiciously to inform your campaign strategy. You must also address appropriate and informative ways to *evaluate* the success of the campaign in terms of both intended and possible unintended effects. **Be sure to choose a note taker and timekeeper** for your meeting and be prepared to report back to the class the strategy developed by your team.

- Recommended Meeting Agenda and Timeline (40 minutes):
 - **For the first 10 minutes:** Have a discussion where each person summarizes for the team the ideas you came up with in writing your media strategy background brief, specifically in terms of **Steps 1-4** that you wrote about in your brief (i.e., assessment of health problem, communication objective and its basis in research evidence on effective approaches to achieve healthful behavior change, intended audiences, and settings/channels/activities). Identify common threads in your team members' ideas and also identify particularly viable ones.
 - **For the next 15 minutes:** Design a communication strategy that melds the best of the ideas generated by your team to respond to the RFP. Pay attention to anticipated trade offs (i.e., pros and cons) of different ideas and possible tensions across priorities or

stakeholders in the community or at CDPH. Appendix A of *Making Health Communication Programs Work* (Strategy Statement/Creative Brief Template, p. 179) will be helpful in guiding your conversation.

- **For the next 10 minutes:** Discuss which methods may be most appropriate and informative for evaluating the success of the campaign in terms of both intended and possible unintended effects.
- **For the last 5 minutes:** Wrap up your team meeting, and write out your proposed communication strategy. We will want to hear from everyone on your team, so each of you should be prepared to help report back to the class on your strategy in an organized way specifically following CDPH's **five priorities** listed in the RFP.
- At the end of the meeting, each team will be responsible for presenting a communication strategy covering your ideas for how best to address the five priority areas in the RFP. Each team will have **SIX** minutes to present the team's ideas to the rest of the class. Please choose one team member to be the timekeeper and another to be the note taker. Everyone will need to help with reporting back to the class.
- **NOTE:** Assuming a class size of 20 students, have students count off by five now to create five teams of four students each. Team size and number of teams can be modified depending on class size.

3. Reconvene for Class Discussion (50 minutes)

- a) Teams Report Back (30 minutes): Each communications team reports back to the larger group on their proposal in response to the CDPH RFP. Have all members of team help report back rather than have only one student per team reporting back. While teams still in small group activity, write across top of board the 5 headings from the RFP: Strategies, Dissemination, Target Audience, Research Evidence, and Evaluation. Then as teams report back, write basic details of each team's proposal on the board under the corresponding headings for the 5 RFP priorities. **NOTE: SIX MINUTES PER TEAM ASSUMING FIVE TEAMS OF FOUR STUDENTS EACH.**
- **Q:** What behavioral strategies will you promote in your campaign?
 - **Q:** What means of dissemination will you propose?
 - **Q:** Who will be your target audience or audiences?
 - **Q:** What is the evidence from behavior change research on which you are basing your campaign approach?
 - **Q:** How will you evaluate your campaign for both intended and possible unintended effects?

- **Q:** What deliberations did your team have about trade offs (e.g., balancing ideas in terms of time they would take to implement vs. cost; or scope vs. getting buy-in from different stakeholders)?

b) Free Write (10 minutes)

- Have students take out piece of paper they can turn in at end of class, put their names on paper, and write their response to the following question (3 minutes):
 - **What do you think were the ethical issues, if any, in our case “Who’s Calling Me Fat?” Explain your reasoning.**
- Discuss Free Write responses together (7 minutes)
 - **Q:** What are some of the responses you came up with?
 - **Q:** Were there ethical issues related to: Weight and body size? Representation of different ethnic or SES groups? Professional standards to not cause harm, such as by exacerbating risk of eating disorders? Other ethical concerns?
 - **Q:** How would you distinguish between “unethical” vs. inadequately evidence- and theory-based?
 - **Q:** What’s there to gain by labeling the original CDPH campaign as “unethical”? What might be lost by labeling it in this way?

c) Whole Class Discussion and Wrap-up (10 minutes)

- **Q:** Looking forward, imagine yourself in Gisele Rodriguez’s shoes or in a position much like hers at CDPH. What kinds of procedures would you want to see put in place at your public health agency to avoid the problems Gisele faced from happening again with future campaigns?
- **Q:** What steps can be taken to make sure campaigns are not exacerbating eating disorders or weight stigma?

END CASE DISCUSSION

WHO'S CALLING ME FAT?

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WRITTEN HOMEWORK ASSIGNMENT: Media Strategy Background Brief

Due:

Length: 3 pages

Format: Typed, double-spaced, 12-point font, one-inch margins

When our case study ended, we were left with the release of a new request for proposals (RFP) to salvage the misfiring “NoFatKids” campaign initially launched by the Columbia Department of Public Health (CDPH) with its for-profit contractor, the Carter-Spencer Agency. On the day of our next session, each member of the class will be part of a four-person communications team from an outside agency pitching your ideas to CDPH’s Gisele Rodriguez for a new campaign approach. To prepare for class, each of you must work on your own to write a media strategy background brief on childhood obesity prevention, informed by your perspective and expertise in analyzing what has been going *wrong* with the current CDPH campaign and how you see it being put *right* with a new effort.

Requirements for Media Strategy Background Brief and Required Source Material

A valuable tool for any student or practitioner of public health is *Making Health Communication Programs Work*, a publication from the U.S. National Cancer Institute that is available for free online at: http://www.cancer.gov/cancertopics/cancerlibrary/pinkbook/Pink_Book.pdf. In this monograph, known as the *Pink Book*, you are required to read the following:

- Introduction, pp. 1-9
- Overview, pp. 11-13
- Stage 1: Planning & Strategy, pp. 15-51
- Stage 4: Assessing Effectiveness and Making Refinements, pp. 107-123

The chapter on Planning and Strategy Development is summarized in the box below:

“Planning Steps,” from *Making Health Communication Programs Work* (p. 16):

- 1. Assess the health issue or problem and identify all the components of a possible solution (e.g., communication as well as changes in policy, products, or services).**
- 2. Define communication objectives.**
- 3. Define and learn about intended audiences.**
- 4. Explore settings, channels, and activities best suited to reach intended audiences.**
5. Identify potential partners and develop partnering plans.
6. Develop a communication strategy for each intended audience.

For this written assignment, follow **Steps 1-4** above. Your written assignment must:

- a) Be clearly organized into these four subsections (you are not required to address Steps 5 and 6).
In responding to **Step 1**, please also include a brief assessment of the Columbia campaign launch that went awry. In responding to **Step 2**, you must refer to the research literature on effective approaches to achieve healthful behavior change (citations for this required) to provide justification for your communications objective. See the Introduction in the *Pink Book* for a discussion of planning frameworks, theories, and models of behavior change.
- b) Integrate at least three distinct key concepts from *Making Health Communication Programs Work* to support your brief (remember to cite this monograph); and,
- c) Include at least five references at the end of your written brief.

As you work on this assignment, also give some thought to appropriate and informative ways to evaluate your campaign, which will be an important part of the in-class activity. (While you do not need to directly address evaluation in your homework assignment, you must be prepared to discuss evaluation strategies in earnest with your team in the in-class activity because evaluation is clearly a top priority now for CDPH's Gisele Rodriguez.) **Your grade on this assignment** will be based on clarity, organization, and cogency of your argument in addressing **Steps 1-4** of the health communication planning process.

As a side note, it's worth mentioning that although the Columbia teaching case is fictional, its creation was very much informed by the experiences of real communities. *Also, chances are you may find yourself in shoes much like Gisele's one day!* So with this assignment, please be encouraged to make inference to Columbia based on epidemiologic and other scientific literature that you determine to be most relevant.

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WHO'S CALLING ME FAT?

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IN-CLASS ACTIVITY: Communications Team Meeting to Plan Response to RFP

With today's teaching case, we are taking on the challenge of getting the childhood obesity prevention media campaign from the Columbia Department of Public Health (CDPH) back on track after Gisele Rodriguez and her colleagues had to weather a rough initial reception in the community. In class, you will be working with your communications team to plan your response to the new request for proposals (RFP). By the end of your meeting, you and your team will report back to the class on your team's final proposal.

In preparation for today's class, each of you wrote a media strategy background brief, focusing on Steps 1-4 from the National Cancer Institute's *Making Health Communication Programs Work* monograph (available free online at: http://www.cancer.gov/cancertopics/cancerlibrary/pinkbook/Pink_Book.pdf). Now for our in-class activity, you and your team will distill the best of your collective ideas to address the CDPH's **five priorities** listed in the RFP:

RFP Priorities: Priority will be given to the applicant that best demonstrates to the Columbia Department of Public Health 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;
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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.

For the next **40 minutes**, you and your team will develop a proposal describing what you think is the best strategy for the state's new social marketing campaign. **Be sure to choose a note taker and timekeeper** for your meeting and be prepared to report back to the class the strategy developed by your team.

Recommended Meeting Agenda and Timeline (40 minutes):

- **For the first 10 minutes:** Have a discussion where each person summarizes for the team the ideas you came up with in writing your media strategy background brief, specifically in terms of **Steps 1-4** that you wrote about in your brief (i.e., assessment of health problem,

communication objective and its basis in research evidence on effective approaches to achieve healthful behavior change, intended audiences, and settings/channels/activities). Identify common threads in your team members' ideas and also identify particularly viable ones.

- **For the next 15 minutes:** Design a communication strategy that melds the best of the ideas generated by your team to respond to the RFP. Pay attention to anticipated trade offs (i.e., pros and cons) of different ideas and possible tensions across priorities or stakeholders in the community or at CDPH. Appendix A of *Making Health Communication Programs Work* (Strategy Statement/Creative Brief Template, p. 179) will be helpful in guiding your conversation.
- **For the next 10 minutes:** Discuss which methods may be most appropriate and informative for evaluating the success of the campaign in terms of both intended and possible unintended effects.
- **For the last 5 minutes:** Wrap up your team meeting, and write out your proposed communication strategy. We will want to hear from everyone on your team, so each of you should be prepared to help report back to the class on your strategy in an organized way specifically following CDPH's **five priorities** listed in the RFP.

Keep in mind that your proposal will be reviewed by CDPH's Gisele Rodriguez, who -- as you've probably gleaned from the case story by now -- learned the hard way that effective public health communications need to be grounded in theory and data and that evaluation is essential to monitor both intended and unintended effects. Convince Gisele that your team has the chops to get Columbia's obesity prevention campaign back on track.

Good luck and have fun!

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