

# **"A Health Communication Plan to Address Obesity in Texas"**

Submitted to the Texas Dept. of State Health Services  
by the  
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Dept. of Social and Behavioral Sciences

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## PHASE 1: DESCRIPTION OF OBESITY AS A HEALTH PROBLEM

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### ***The Obesity Problem:***

The rate of childhood obesity is increasing yearly. In fact, from NHANES II (1976-1980) to NHANES III (1988-1994), the prevalence of overweight children nearly doubled ([www.cdc.gov](http://www.cdc.gov) 2003). According to results from the 1999-2000 NHANES ([www.cdc.gov/nchs/nhanes.htm](http://www.cdc.gov/nchs/nhanes.htm)), an estimated 15 percent of children and adolescents between the ages of 6-19 are overweight. Studies have also shown that obese children are more likely to become obese adults (Power, 1997). The prevalence of overweight among non Hispanic black and Mexican American adolescents increased more than 10 percentage points between 1988-1994 and 1999-2000 (Ogden, Flegal, Carrol, and Johnson, 2002) There are numerous health consequences associated with pediatric obesity, including coronary heart disease, high blood cholesterol levels, high blood pressure, gallbladder disease and Type II diabetes ([www.cdc.gov](http://www.cdc.gov)).

### ***Relevance to Texas Dept. of Health Obesity Prevention and Control Efforts:***

Recently, greater national, state, and local efforts have been initiated focusing on controlling and decreasing the prevalence of obesity. Both the Healthy People 2010 National Health Objectives and The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity spotlight national efforts to address this issue. Other major efforts include comprehensive reports and recommendations/guidelines from the Institute of Medicine and the World Health Organization. Components of the federal government, such as the Department of Health and Human Services, have made great strides to provide impetus through separate efforts by the National Institutes of Health, the Food and Drug Administration, and the Centers for Disease Control and Prevention.

In 2000 the Texas Department of Health received initial funding from the Centers for Disease Control and Prevention to support state nutrition and physical activity programs to prevent obesity and related chronic diseases in Texas. One of the primary planning activities funded was the formation of a Statewide Obesity Taskforce, which convened from 2001 to 2003 and developed a Strategic Plan for the Prevention of Obesity in Texas ([www.tdh.state.tx.us/phn/obesity-plan.pdf](http://www.tdh.state.tx.us/phn/obesity-plan.pdf)). The plan contains four main goals, with the first to increase awareness of obesity as a public health issue that impacts the quality of life of families. The recommended primary strategy was to develop a culturally sensitive, long-term, statewide social marketing campaign to raise professional, family, and public awareness of the obesity epidemic and its effect on health and quality of life. This

strategy was partially derived from a series of ten community forums conducted across the state of Texas, where a consistent response from community members was a need to increase awareness of obesity and healthy eating and physical activity among communities, and to develop and disseminate culturally sensitive and appropriate language messages to reach audiences of all ages, racial and ethnic groups. To achieve this goal, a social marketing workgroup was formed in August 2003 to provide guidance in the formative development process, and the integration of this communication effort to support the other goals of the state strategic plan. Additionally, this workgroup is assisting in achieving Health Status Goal A of the Texas State Strategic Health Partnership - to improve the health of Texans by promoting healthy nutrition and safe physical activity.

The University of North Texas Health Science Center (UNTHSC), School of Public Health was funded in the fall of 2003 to assist in the recruitment of members to the social marketing workgroup, which represents a diverse membership of health professionals across the state of Texas. UNTHSC was also charged with conducting the formative process in developing an obesity awareness campaign effort. This process included: (1) identifying, segmenting, and selecting target audience(s); (2) creating profiles for each selected audience segment that will assist in the development of concepts/messages, settings, channel specific activities, and support materials; (3) developing communication goals for the target audience(s); (4) producing a creative brief to provide guidance in selecting appropriate concepts/messages, settings, activities, and materials; and (5) developing a communication implementation and evaluation plan that includes developing and pretesting creative concepts and messages, and pretesting and selecting settings or places for message exposure.

### ***The Planning Team:***

Beginning with a meeting of all strategic plan goal workgroups in Austin in October 2003, the social marketing workgroup laid out a plan of action for the proceeding year (see meeting notes from Goal 1 Workgroup Meeting October 6 & 7). Since then, the workgroup has conducted four conference calls and communicated regularly by e-mail. The first task was the selection of the target audience(s).

For full participation in the implementation of this communication plan, UNTHSC recommends the inclusion of the following stakeholders should include:

School administrators (organization in school)  
City Health Departments  
County Health Departments  
Texas Department of Health (for funding, resources, data)

Independent School District Administration (for policy development and implementation)  
Independent School District Nutritional Services (for technical support)  
Representative from CATCH (for program development and evaluation)  
Key Hispanic Community Leaders  
Registered Dietician Association (for technical and educational support)  
Classroom and Physical Education Teachers  
Physical Education Teachers (involved in practice of program)  
Health Communication Specialist (from city, county, and/or state health departments)

### ***Research Describing the Obesity Problem and Groups Affected:***

Communities are affected by obesity. Obesity can become a major burden to society if the current trend of increasing rates continues. Research and the most current data suggest that certain populations have more of a problem than others in terms of obesity. These populations include African Americans and Hispanics. Even more specifically, it is the children that are having increasingly and alarmingly higher rates of obesity.

The prevalence of obesity in children and adolescents is higher than it was twenty years ago in all racial-ethnic groups (Troiano & Flegal, 1995). While the incidence of childhood obesity is increasing, the rate of this disease is higher for Hispanic children, Native American children and African American girls (Ogden, Flegal, Carroll, and Johnson, 2002; Ogden & Troiano, 1997). Forty percent of Mexican American and African American youth ages 6-19 are considered overweight or at risk of being overweight. Hispanic children in the U.S. 6 to 11 years of age are significantly more likely than non-Hispanic children the same age to be overweight. In adolescence, the rate is actually higher for Hispanic versus African-American youth.

Among female youth, the highest overweight and obesity prevalence is found in black girls (ages 6 to 11), 37.6 percent and 22.2 percent respectively, and black adolescent females (ages 12 to 19), 45.5 percent and 26.6 percent respectively. Among male youth, the highest overweight and obesity prevalence is found in Mexican American boys (ages 6 to 11), 43 percent and 27.3 percent respectively, and Mexican American adolescent males (ages 12 to 19), 44.2 percent and 27.5 percent respectively. ([www.obesity.org](http://www.obesity.org)) There are higher rates in southern states as compared to other regions of the country. And some research has shown that lower socioeconomic status groups are also having increasing rates of obesity. [http://www.obesity.org/subs/fastfacts/obesity\\_US.shtml](http://www.obesity.org/subs/fastfacts/obesity_US.shtml)

### ***Distinct Subgroups Affected by the Obesity Problem:***

Obesity is a national problem, but more locally the rate of Hispanic children who are obese and overweight is increasing. A recent study conducted by Dr. Ximena Urrutia-Rojas of the University of North Texas Health Science Center evaluated factors associated with obesity in 1,066 school age children selected from 17 elementary schools in Fort Worth, Texas (Rojas, 2003). The majority of the children were Hispanic (58.9%). Overall, about one third of the children were overweight or obese. The prevalence of overweight and obesity for Hispanics was 31 percent. In Texas, high schools have a higher percentage of Hispanic students reported being overweight than any other race/ethnic group [TDH Bureau of Nutrition Services, 2003].

Subgroups affected are children, children with low socioeconomic status, minority groups, and male/females. The breakdown shown below was determined by the working group. It is broken down in this fashion because we feel that these subgroups more readily identify and interact within the specified groupings.

Adolescents: The rate of childhood obesity is increasing yearly. In fact, from NHANES II (1976-1980) to NHANES III (1988-1994), the prevalence of overweight children nearly doubled ([www.cdc.gov](http://www.cdc.gov) 2003). The severity of this lies in the fact that children who are overweight tend to be overweight adults.

Adolescents among minority groups: The prevalence of BMI.95<sup>th</sup> percentile – obese- NHANES 1999-2000 was 12.8 and 12.4 for white males and females resp. and 12.7 total; 20.7 and 26.6 for black male and female resp. and 23.6 total; 27.5 and 19.4 for male and female Hispanic resp. and 23.4 total. (Ogden, Flegal, Carroll, and Johnson, 2002). Mexican American adolescents born in the U.S. to immigrant parents are more than twice as likely to be overweight as foreign born children of the same age who move to the U.S.

Adolescents of low socioeconomic status: The current increase in urban sprawl aggravates the decrease in physical activity and the increase in obesity. Jobs, good schools, and recreation centers have migrated toward the suburban areas of American cities, leaving the core of the city with extreme poverty (Frumkin, 2001). The lack of reliable public transportation requires each family to own a car to get anywhere. Due to some of these barriers, many minority adolescents have higher prevalence of obesity and have less active lifestyles than families with a higher socioeconomic status.

Gender Breakdown in Adolescents: African American girls have higher rates of overweight and obesity than do Hispanics or whites. Hispanic boys, on the other hand, have higher rates of overweight and obesity than African Americans or whites.



Hispanic Adults: Both male and female Hispanic adults experience higher rates of overweight and obesity when compared to other demographic groups. The workgroup's final audience selection was developed based on the statistics of overweight nationally and, where available, statewide. Centers for Disease Control and Prevention data regarding overweight in adults shows that over 60% of males are overweight in three groups; Hispanic, African-American, and white. Women in these groups are also overweight, with Hispanic and African-American women being more overweight than white women.

Hispanic Families: Particular family dynamics within the Hispanic culture lead to increased chances for overweight and obesity, particularly among the children.

***Problem Statement for Specific Subgroups:***

The American public has recently become increasingly aware, mainly due to national media news reports, of the rise in the level of obesity in this country. A recent national poll by the American Cancer Society and Trust for America's Health found that adults rank the flu epidemic, cancer and obesity as their leading health concerns. However, the association between being overweight or obese with particular health problems, and the causes of overweight or obesity, are not well understood. In 2000 a national survey found only 28% of adults could correctly identify obesity was a risk factor associated with heart disease and heart attacks. Although four years later, most adults are probably now generally aware that heart disease and even diabetes are influenced by overweight and obesity, a 2002 poll of 1,025 people showed only 25% recognized the link with cancer, with just 6% identifying overweight and obesity as a major risk factor.

Adolescents: According to results from the 1999-2000 National Health and Nutrition Examination Survey (NHANES), an estimated 15 percent – or 5.3 million, of children and adolescents between the ages of 6-19 are overweight.

Minority Adolescents: The prevalence of obesity in children and adolescents is higher than it was twenty years ago in all racial-ethnic groups (Troiano & Flegal, 1995). While the incidence of childhood obesity is increasing, the rate of this disease is higher for Hispanic children, Native American children and African American girls (Ogden & Troiano, 1997) The prevalence of overweight among non Hispanic black and Mexican American adolescents increased more than 10 percentage points between 1988-1994 and 1999-2000 (Ogden, Flegal, Carrol, and Johnson, 2002).

Low Socioeconomic Status Adolescents: According to the U.S. Census Bureau poverty remained at historic lows for African Americans at 22.7 percent, and Hispanics at 21.4 percent. Children under 18 continued to have a higher

poverty rate at 16.3 percent and the South was the only region to have an increase in its poverty rate from 2000 to 2001.

***Subproblem Description:***

Dietary factors, cultural influences and perception of body image are to be further investigated. The Hispanic culture is very unique in how the family dynamic contributes to obesity.

The table below identifies behavioral factors to focus on that are more/less important or changeable related to reducing overweight and obesity.

| <b>CHANGEABILITY TABLE</b> | <b>More Important</b> | <b>Less Important</b> |
|----------------------------|-----------------------|-----------------------|
| <b>More Changeable</b>     | Physical activity     | Family Dynamics       |
| <b>Less Changeable</b>     | Dietary choices       | Social structure      |

Physical activity and dietary choices in the Hispanic lifestyle are what need the most attention to behavior change. Also according to this type of analysis, the dynamic within families (i.e. male domination, women’s role as home keeper, cook etc.), the social structure with extended families living in close proximity, and the large focus on celebrations with parties focusing on food and drink impact dietary choices and physical activity, but at the same time make it more difficult to impart positive behavior change in these structures.

***Possible Factors and Variables to Project Direction:***

Increasing focus has been placed on the role of media in childhood obesity. In a recent review of more than forty studies on this subject, a Kaiser Family Foundation report found the typical child views approximately 40,000 TV advertisements per year, the majority targeting youth promote candy, cereal and fast food and using children’s favorite TV and movie characters in their marketing efforts. Additionally, this review found that: (1) there is a link between the amount of time children spend in front of a TV and their body weight; (2) reductions in children’s media time result in weight loss; (3) time spent with media does NOT necessarily reduce time engaging in physical activity (or perhaps children who watch less TV may substitute this time with other sedentary activities); and (4) exposure to food advertising influences a child’s food preferences and choices. Similarly, in December 2003 the Institute of Medicine recognized the influences of marketing, media, and family dynamics on the prevention of childhood obesity through a workshop sponsored by the Committee on Prevention of Obesity in Children and Youth.

Below is a brief synopsis showing the factors (both positive and negative) that could influence the direction of the campaign:

**Strengths:**

- Current and specific research available on obesity and specifically for sub groups
- Active participation by government at local, state, and federal levels
- Local academic institutions and active members in community
- Existing programs and agencies in area are committed to combating obesity

**Weaknesses:**

- Peer pressure in adolescent group is extremely strong
- Adolescents have a short attention span
- Hispanic culture as relates to eating and physical activity habits

**Opportunities:**

- Obesity in the main stream news nearly daily
- Fast Food trend to include lower fat options on menu to reflect a healthier diet
- Grant money has been allocated in the fight against obesity

**Threats:**

- Parents and community need to be involved. Difficult groups to get support from in many instances
- Peer pressure towards decreased physical activity (television, video games, etc.) affects after-school decisions

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## PHASE 2: ANALYSES OF THE OBESITY PROBLEM

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### ***Direct and Indirect Causes of Obesity:***

When investigating the prevalence of childhood obesity in the Hispanic population, it is important to examine certain behavioral and social roles that may influence this cultures' risk of being overweight. Dietary patterns among various ethnic groups may be a contributing factor to the prevalence of obesity in children. There have been strong associations reported between dietary patterns in Hispanics and BMI. Factors that influence this trend in obesity are behavior choices. Family, school and peers influence many life choices, including those that can lead to obesity such as physical inactivity and poor food choices. In

order to combat the obesity epidemic, programs that seek to reduce the number of children who are overweight need to focus on the family to be effective.

The reasons people become obese are as follows:

Direct Causes:

- Diet high in saturated fat and sugars and calories
- Lack of physical activity
- Large meal portions
- Low metabolic rate for certain populations who have migrated to industrialized society from a harsher environment (famine)

Indirect Causes:

- Lack of knowledge on nutrition
- Poverty level and low socioeconomic status
- Personal preference on leisure activity
- Accessibility and availability of fast food
- Society markets food for enjoyment over physical activity or nutritional value

***Subproblem Goals:***

The goals are to focus on the social and behavioral factors that influence the occurrence of obesity. Chronic diseases such as diabetes and cardiovascular disease will be specifically address for the Hispanic population. This program will incorporate the following ideas:

Nutrition

- Introduce alternatives to current food choices and provide culturally specific nutritional education
- Increase knowledge of food pyramid and practical ways to achieve proper number of serving daily

Physical Activity

- Physical activity will be fully discussed as it relates to obesity and the risk for chronic disease.
- Children and parents will be taught practical ways to achieve minimum guidelines for physical activity each week.

Behavior

- Youth will become self-motivated and feel empowered to take an active role in controlling their weight.
- Address the traditional and cultural factors that predispose Hispanics to higher rates of obesity.

## ***Strengths, Weaknesses, Opportunities, Threats (SWOT) and Ethics of an Awareness Campaign***

### Strengths:

- The effectiveness of social marketing campaigns to influence behaviors related to overweight and obesity has been demonstrated. In a review of campaigns and programs focusing on nutrition and/or physical activity, Alcalay and Bell (2000) found that those that employed multiple communication channels and were community-based had a positive effect on community awareness, and in some cases a modest increase in associated behavior changes. Perhaps the most comprehensive and valid review of the published literature comes from the Task Force on Community Preventive Services, which “Strongly Recommends” the use of community-wide campaigns that typically include social support and environmental/policy components to be effective in improving levels of physical activity. Recent results from the CDC national multicultural youth media campaign launched in 2002 show increased levels of physical activity among those surveyed youth ages 9-13 years of age.

### Weaknesses:

- Lack of specific resources within TDH for campaign
- Geographical size of state

### Opportunities:

- Involve Texas Dept. of Agriculture
- Work with ongoing obesity prevention and control efforts within state

### Threats:

- Perceived as a “single constituency” (Hispanic) population campaign; not focusing on needs of the whole state

### Ethical Considerations:

Messages need to make sure they are respectful of cultural differences of the Texas population. The Texas Dept. of Health cannot portray the Hispanic culture in a negative light or imply the connotation that all Hispanic children are overweight, nor can TDH imply fault for the trend of obesity in children due to traditional foods or practices. Due to the fact that the Hispanic community is so “tight knit”, TDH needs to be attentive to the fact that although this problem involves personal behavior change, there is realization that the community is

involved. The campaign will focus the message on personal change, but ideally should have additional components that involve the community as a whole.

***Resources/New Partners:***

Partners that should aid in the campaign will include those with vested interests in children’s futures. Potential partner-types might include::

- Hispanic cultural centers
- Hispanic community center and local churches
- Grocery store such as Carnival and Fiesta
- Partnership For Children
- Texas Department of Health

***Interactions for Staff and Partners:***

Make sure there is a firm footing with the partners as well as within the organization. Perhaps begin drafting agreements that allow for more specific commitments as plans take shape. Involving the partners in the formative research steps that come next is an excellent way to build understanding and cement relationships. With a buy-in from the beginning, partners will also be more willing to share in the costs of program implementation later on. This step encourages working out the logistics of how to interact with partners.

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PHASE 3: PLANNING THE CAMPAIGN

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***Intervention Dominance:***

Communication is promoted as the dominant intervention. Communication activities will be directly focused towards the audience and have the intention of increasing the awareness of the negative health effects of overweight and obesity among Hispanics. The audiences we intend to reach are:

Children: Communication focused on increasing knowledge in nutrition that will enable them to make healthy food choices, increasing physical activity levels and key concepts on the gravity of chronic disease.

Parents: Communication focused on altering preparation of food and food choice for family, prevention of obesity and risk factors for chronic diseases, and management of chronic disease if present. Increasing physical activity for moms/dads and children is the ultimate goal.

Community: Local Hispanic community. Community will be targeted for communication on nutrition and health basics, and support of behavior change in whole population.

***Audience Segments:***

Audience segmentation involves the grouping of people on the basis of one or more characteristics they have in common. The purpose of grouping people together in a communication context is to create groups or audiences whose similar characteristics are considered to be important to the communication process. The most relevant variables for use for segmenting audiences, when attempting to understand how to reach and influence them, are called communication input variables. These include sources of information; settings where information is delivered; types of activities and materials used to deliver messages; receiver characteristics (e.g., knowledge, attitudes, and intentions regarding a behavior); and message qualities, including content, tone, type of appeal, audio characteristics, and visual attributes.

The Goal #1 social marketing workgroup examined a variety of data sources in an effort to develop a recommendation for target audience(s) selection. The specific data examined were consistent with the stated objectives of the grant as well as the specific task assigned to UNTHSC – to identify, develop, and disseminate messages and materials regarding obesity and its impact on quality of life through the development of a culturally sensitive , long-term, statewide social marketing campaign.

The workgroup's final audience selection was developed based on the statistics of overweight nationally and, where available, statewide. Centers for Disease Control and Prevention data regarding overweight in adults shows that over 60% of males are overweight in three groups; Hispanic, African-American, and white. Women in these groups are also overweight, with Hispanic and African-American women being more overweight than white women.

The prevalence rate for obese Mexican American children is 23.7% as compared to 11.8% in white children. For adolescents, the rate is 23.4% for Mexican Americans and 12.7 for whites. Mexican American adolescents born in the U.S. to immigrant parents are more than twice as likely to be overweight as foreign born children of the same age who move to the U.S.

Among female youth, the highest overweight and obesity prevalence is found in black girls ages 6 to 11 (37.6 percent and 22.2 percent, respectively), and black adolescent females ages 12 to 19 (45.5 percent and 26.6 percent, respectively). Among male youth, the highest overweight and obesity prevalence is found in Mexican American boys ages 6 to 11 (43 percent and 27.3 percent, respectively), and Mexican American adolescent males ages 12 to 19 (44.2 percent and 27.5

percent, respectively) ([www.obesity.org](http://www.obesity.org)). Higher rates are generally found in southern states as compared to other regions of the country. And some research has shown that lower socioeconomic status groups are also having increasing rates of obesity [http://www.obesity.org/subs/fastfacts/obesity\\_US.shtml](http://www.obesity.org/subs/fastfacts/obesity_US.shtml). For children, Hispanic boys, regardless of age, have the highest rates of overweight, approaching 30%. This group, as well as African-American girls in the 12-19 age group, has experienced the greatest increase in percent overweight between at 10% between 1988-1994 and 1999-2000 (Ogden, Flegal, Carroll, and Johnson, 2002). African-American girls are the second most overweight group. Data regarding physical activity show that the same groups that are most overweight also participate in the least amount of leisure time physical activity.

### ***Intended Audience Selection and Description:***

Based on the above epidemiologic data, other efforts in Texas addressing overweight, poor nutrition and physical inactivity, as well as the demographic projections for the state of Texas, an ***Hispanic audience*** is recommended as the primary target audience. Where resources are available, the African-American population is recommended as a secondary audience due to the high rates of overweight and obesity in this group.

Given that the focus of the grant, as well as the overall Strategic Plan for the Prevention of Obesity in Texas, is on the health of families, the statistics regarding children were determined to be the most important. While the older children have the highest rates of being overweight, the younger children are also of great concern due to the progressive nature of the problem. Targeting of younger children, though, actually requires focusing on parents. An American Obesity Association survey found 30 percent of parents are “Somewhat” or “Very concerned” about their children’s weight (AOA, 2003).

The workgroup determined that the best solution was to ***target families*** as a whole in order to affect the widest range of children and parents possible. This decision has important implications, both for the formative research to develop as well as implement a communication campaign initiative.

There are also cultural and racial/ethnic differences in attitudes and beliefs concerning obesity. African-American and Mexican American youth have different perceptions about “healthy weight” compared to white children, and parental influence is not uniform across cultural populations. In one study of focus groups with 98 African American, Mexican American, and white eight- and ninth-grade students conducted by the Centers for Disease Control and Prevention, parents of Mexican American youth were perceived by the youth to be less likely to encourage healthy eating habits than parents of other ethnic groups. In separate focus groups conducted with parents of elementary school



students in Bryan, Texas, the parents feared the pervasive negative cultural forces that contribute to poor eating habits and promote physical inactivity.

The cultural influences on diet and physical activity should be addressed. For instance, the availability of ingredients in various regions throughout Mexico determine largely the diet of recent immigrants. In Northern Mexico, meats are seasoned with *chile ancho*, tomato, oregano, and cheese of the area. Beans are also consumed and people eat flour instead of corn tortillas. In Central Mexico, foods such as *quesadillas*, *tamales*, corn tortillas and dishes made with *masa* are eaten. Other research indicates recent immigrants were much more physically active when in Mexico, and they have largely adopted American eating habits (Children's Foundation Research Center, 2003).

Physical activity and dietary choices in the Hispanic lifestyle are what need the most attention to behavior change. The dynamic within families (i.e. male domination, women's role as home keeper and cook, etc.), the social structure with extended families living in close proximity, and the large focus on celebrations with parties focusing on food and drink impact dietary choices and physical activity, but make it more difficult to impart positive behavior change in these social structures.

Concentration on a primarily Hispanic audience raises a number of other issues. Data from the U.S. census shows that the majority of Hispanics speak Spanish, rather than English. There is data suggesting that the younger audience preferentially speaks English, though Spanish may be spoken at home. This depends on the level of acculturation. These data indicate that a communication campaign may need to be conducted in both English and Spanish. The issue of urban versus rural audiences was also raised by the workgroup. Census data shows that the majority of Hispanics in the state of Texas reside in urban centers, and thus concentration on the urban population will reach the widest audience.

In summary, the social marketing workgroup has made the recommendation of ***urban Hispanic families*** as the primary target audience, with a subsequent attempt made to target African-American families in the future if feasible. The proceeding formative research will be conducted in both English and Spanish.

Primary Priority: *Urban Hispanic Families (youth and parents or guardians)*

Within urban families children are chosen as a priority as the statistics show that their rates of obesity are dramatically increasing. The age we selected is easily influenced and is a captive audience at school, thus easy to reach. They are also a population that is often neglected in terms of age appropriate marketing on health issues.

The parents and guardians will also be focused on, even though they are not as easily influenced nor accessible; however, they influence the family and child's food choices and often times activity choices and are critically important. Also families with an overweight or obese child often times have other members with the same condition and this information is useful for the whole family's health.

For the purposes of this project the collection of families creates a community, which for Hispanics is very tight knit and if a behavior change is going to occur, it needs support at a community level. They have a unique social structure that is conducive to behavior change, and urban Hispanic families generally live in areas that are very family orientated and have a strong connection to their heritage. The community usually has a feel of neighborly camaraderie and looking out for each other.

Within the urban Hispanic family audience, sub-segments to target include:

#### Children

Children are chosen as a primary priority as the statistics show that their rates of obesity are dramatically increasing. Youth are easily influenced and is a captive audience at school, thus easy to reach. They are also a population that is often neglected in terms of age appropriate marketing on health issues.

#### Parents and Guardians

Parents and guardians influence the family and child's food and physical activity choices and are critically important. Also families with an overweight or obese child often times have other members with the same condition, and this information is useful for the whole family's health.

#### Community

The Hispanic community is very tight knit and if a behavior change is going to occur, it needs support at a community level. This is a large population in Texas, and they have a unique social structure that is conducive to behavior change. These residents are very family oriented and have a strong connection to their cultural heritage.

### **Communications Goals**

Communication goals are general statements of intent that include what will change, where the change will occur, or who will be affected. They provide program planners with the overall aim of the communication program. The specific communication goals for the segmented audience are as follows:

*Urban Hispanic Families (youth and parents or guardians)*

Communication goals for youth include:

- Increase awareness of being overweight as not being “cool”
- Increase awareness of nutritional content of current food choices
- Demonstrate alternative choices, with more fruits and vegetable
- Look at current activity level and emphasize the positives while demonstrating ways to be active

Communication goals for parents and guardians are:

- Increase knowledge of risks of childhood overweight, and how the parent can assist their child
- Possible familiarity with Body Mass Index (BMI), similar to awareness of cholesterol level as major risk factor for unwanted health consequences
- Increase knowledge of preparing more nutritious, lower calorie, lower fat foods for family
- Increase the awareness of ways parents can participate in physical activity alone and with their child

Communication goals for the community:

The community is a mixture of all ages and genders. The communication focus needs to be general in content, supportive and culturally sensitive.

Communication goals:

- Increase knowledge on nutrition and how it relates to obesity
- Increase knowledge of chronic health risk in targeted population
- Increase number of events in community that incorporate physical activity. Target marketing and fundraising sponsors that are activity based (i.e. Cliff Bar, YWCA etc.)

### ***Formative Research:***

The workgroup attempted to take advantage of any prior secondary formative research in this area by examining existing programs directed at weight-related issues. However, the current programs, most specifically general physical activity promotion programs conducted in a number of states, did not have any audience segmentation and profiling associated with them. An outline of these programs can be seen in the Market Research Data Summary Sheet that includes a category for implications for workgroup selection of a target audience (see attachment). Included in the overall Social Marketing Summary Report was an additional Literature Research Summary and Annotated Bibliography was developed by workgroup member Dr. Linda Golden at the University of Texas, with assistance from her student assistant and Dr. Pat Stout (see attachment). Workgroup member Dr. Jose Gonzalez of the University of Texas Medical

Branch supplied the findings from a literature search of physician attitudes regarding obesity, which were summarized by workgroup member Dr. Anastasia Gentles of Texas Children's Pediatrics Associates (see attachment).

The market research summary sheet also includes the summaries of a number of research papers looking at health care providers attitudes about weight. The data from these papers suggest that the majority of physicians are well aware of the problems associated with being overweight. The physicians, however, do not feel individually competent to effect change in their patients on this issue. In addition, a number of systemic barriers to the effective discussion/treatment of overweight were exposed. While the contract with UNTHSC requests a professional audience segment, the workgroup felt that a communication campaign would not address the needs of this group; rather, direct skill-building and a systems approach might better effect positive change with health professionals.

Previous formative research has been conducted with Hispanic populations in order to learn about the following:

- The "Traditional Mexican Diet"
- Eating patterns and behaviors associated with this community
- Behaviors and ideas concerning physical activity
- Male and female gender roles

In addition to the above research, information has been gathered on ways to communicate effectively with both children from this age group and with Hispanic families. Also, data has been collected on types of messages and concepts that would appeal to this audience, such as:

- The availability of ingredients in various regions throughout Mexico determines largely what the diet will consist of. For instance, in Northern Mexico, meats are seasoned with chile ancho, tomato, oregano, and cheese of the area. Beans are also consumed and people eat flour instead of corn tortillas. In Central Mexico, foods such as quesadillas, tamales, corn tortillas and dishes made with masa are eaten.
- One study shows that parents of Hispanic children were more likely than parents of other ethnic backgrounds to consider their overweight children (as determined by BMI) normal or even underweight (internet source, <http://www.caloriecontrol.org/newsnet19.html>).
- One social aspect affecting our current increasing trend in child obesity among the Hispanic community is the fact that eating for the Hispanic community equates to socializing.
- The physical appearance of young Hispanic girls is another social issue shaping the body figures in this population. The ideal female body in Latin American culture is voluptuous over thin.

- When counseling Mexican Americans with their diet, professionals should emphasize positive food practices that are associated with the Traditional Mexican Diet. For example, the traditional diet is low in total fat, saturated fat and high in fiber.
- After interviewing key informants that consisted of Mexican American children and parents, it was determined that Mexican Americans believed that being a few pounds overweight is acceptable and healthy, thus they had different perceptions of what a “healthy weight” was.
- Upon further interviews with key informants, participants expressed the need for realistic messages that are positive and uplifting.

The University of North Texas Health Science Center, School of Public Health conducted primary research with the target audience of urban, Hispanic Texas families.

The purpose of this project was to collect qualitative data regarding diet, physical activity and weight from Hispanic families by inviting them to participate in one of four focus groups. The information obtained was used to make recommendations to the Texas Department of Health about health messages related to weight for urban Hispanic families, and communication channels and settings in which to reach them.

The objectives were:

- a) To capture their thoughts, opinions and perceptions about weight, diet and physical activity;
- b) To get ideas and suggestions for culturally appropriate media messages and communication channels/settings concerning healthy eating and lifestyle.

#### Recruitment of Families for Focus Groups

Hispanic families that had previously agreed to be contacted for weight and lifestyle related activities, and that had given the investigators their telephone number, were contacted and invited to participate. Families that agreed to participate received a subsequent letter with information on the location of the activities, and a reminder of the date and time of the focus group. There were 14 adults recruited for the two Spanish speaking groups, and 11 males (ages 9-15) recruited for the male youth group and 13 females (ages 9-15) recruited for the female youth group for a total of 38 Hispanic participants in all four focus groups.

#### Procedures

Members of the research team talked with members of Hispanic families who met the selection criteria (parents with children age 9-15) about weight, diet, and exercise issues. Separate focus groups were held for adults and youth, and

were conducted in either Fort Worth Northside and/or Southside locations (depending upon geographical area of recruitment). Adult focus group meetings lasted approximately 2 hours; the youth focus groups about 1.5 hours. Each family was compensated for their time and travel expenses with a gift certificate (\$25 for the parent and \$25 for the child). Focus groups were conducted in English and Spanish. A total of 4 focus groups (separate English and Spanish for Adult and Youth) were held on May 27-28, 2004. Informed consent from the adult and assent from the youth participants were obtained by project staff prior to the focus group discussion. Because the two youth focus groups held on May 27-28 yielded very little usable information, the investigators elected to conduct two more focus groups (one male and one female for ages 9-15) on June 29 to collect this information.

At the end of the focus group sessions examples of two 30-second advertisements (Nutrition Public Service Announcements –PSA’s- on Fitness and Coach, Nutrition and Family in English or Spanish) produced by the Texas Department of Agriculture Office of the Commissioner were shown to the participants. Feedback on the PSA’s was also solicited from the participants.

#### Development of the Discussion Guide

The moderator’s discussion guides were developed by UNTHSC project staff and the social marketing workgroup based on the goals and objectives of this formative research and the review of the literature. Separate guides were initially developed for adults and youth, and in Spanish and English. The guides went through several iterations and modifications, both leading up to the focus groups and during the group process. The basis for the guide was that used by the Centers for Disease Control and Prevention to conduct formative research with African American, Mexican American, and White youth concerning healthy weight, physical activity, and nutrition messages in 1999.

In the youth guide, after the greeting and guidelines/ground rules sections at the beginning of the guide, the participants are introduced and transitioned into the major topic areas by being asked the kinds of food and activities they like, including three of their favorite foods and why they like them. The group members are also asked to describe if/how they talk about food with family or friends

The guide then leads into a discussion of the first major topic area: Healthy Eating/Habits. Within this section the youth were asked what healthy and unhealthy food meant to them, and engaged in an exercise to draw each and then describe to the other group members the taste of each and what they liked about the foods they had drawn. Also, during this topic area the moderator explored barriers and facilitators to eating certain kinds of food mentioned by the youth.

The next major topic of group discussion was healthy weight, and was initiated by the group members writing down on a pre-printed piece of paper whether they were at a pretty healthy weight and, if they believed they were not, what would a healthy weight be for them (note: when the youth focus groups were conducted a second round, this exercise was repeated to see if any of the participants changed their assessment of their weight status).

### Qualitative Analysis

The investigators examined each transcript from each of the focus groups. Themes were identified and categorized into topics. A table was created which defined the identified topics, comments from the group, and overall message recommendation. The comments led to the formation of the overall message recommendations for each group. The researchers attempted to represent the full range of views of the participants. The qualitative data obtained from the focus groups was analyzed and will be used by the investigators to make recommendations to the Texas Department of Health about health messages related to weight and healthy lifestyle for Hispanic families, and communication channels in which to reach them.

### ***Audience Profile for Urban Hispanic Families:***

An audience profile is a comprehensive description of each audience, including key characteristics related to the health problem and its contributing factors. Profiles should include information on possible concepts/messages, settings, channel-specific activities, and support materials. Type of data included in a profile are demographics; consumer preferences; communication/message preferences; and practices, knowledge, and attitudes relating to the health problems.

The following characteristics are important to consider in targeting Hispanic families:

- Hispanic families are close-knit groups and considered the most important social unit
- In the Hispanic “family unit”, the mother is generally responsible for the home
- Cultural and language issues can have a dramatic effect on Hispanic children’s health
- Hispanic adults tend to have a sedentary lifestyle
- When creating a learning environment for Hispanic families, it is very important to gain and maintain trust

Possible barriers to working with Hispanic children and their parents can include the following:

- Lack of trust
- Language barrier
- Parents not encouraging healthy eating habits
- Sedentary lifestyle
- No perceived benefits to changing their behavior

The following place settings could be of use as point-of-contact for a communication effort:

- Grocery stores
- Churches
- Community centers
- Schools
- Hispanic-oriented media

Influences on messages and concepts that would appeal to this audience include:

- One study shows that parents of Hispanic children were more likely than parents of other ethnic backgrounds to consider their overweight children (as determined by BMI) normal or even underweight (internet source, <http://www.caloriecontrol.org/newsnet>).
- One social aspect affecting the current increasing trend in child obesity among the Hispanic community is the fact that eating for the Hispanic community equates to socializing.
- The need for realistic messages that are positive and uplifting.
- Young people often report learning about healthy eating from their parents, their schools, and sometimes their peers.
- Mexican American youth tend to perceive their parents less likely to encourage healthy eating habits than parents of other ethnic groups.
- Being a “healthy weight” is not related to measures weight or appearance; rather, it is an attitude, and perceptions of overweight and obesity are vastly skewed.
- Consider that Mexican and African American youth have different perceptions about “healthy weight” compared to their white counterparts. Specifically, a person who is a few pounds overweight is considered to be well-nourished or “full figured” in the Mexican American and African American cultures.
- The physical appearance of young Hispanic girls is a social issue. The ideal female body in Latin American culture tends to emphasize the more “voluptuous” over thinner somatic type.
- Build upon existing channels (i.e., parents and schools) to disseminate messages about healthy eating and physical activity for young people.



- Focus on what young people perceive as the immediate positive benefits of healthy eating and physical activity, such as better sports performance, higher energy levels, and maintenance of desired weight.
- Carefully craft messages to avoid exacerbating sensitivities about physical attributes, “healthy weight”, and ideal body images for boys and girls.
- Be sensitive to food preparation methods that are traditional in the Mexican American culture; emphasize positive food practices in Latino diet.
- Expand upon young people’s knowledge about the differences between obesity and overweight and the health implications of each.
- In messages targeted for Mexican American youth, mention the effects of obesity on diseases like diabetes and the perceived influence these diseases have on young people’s attitudes and behaviors.
- Create messages that are succinct, realistic, positive, and uplifting

***Creative Brief:***

The creative brief summarizes what we have learned about the intended audiences and the ways to reach and influence them. The brief will guide the communication intervention development and production.

Target Audience: ***Urban Hispanic Families (youth and parents or guardians)***

Goals:

Communication goals for youth include:

- Increase awareness of being overweight as not being “cool”
- Increase awareness of nutritional content of current food choices
- Demonstrate alternative choices, with more fruits and vegetable
- Look at current activity level and emphasize the positives while demonstrating new concepts

Communication goals for parents and guardians are:

- Increase knowledge of risks of childhood overweight, and how the parent can assist their child
- Possible familiarity with Body Mass Index (BMI), similar to awareness of cholesterol level as major risk factor for unwanted health consequences

- Increase knowledge of preparing more nutritious, lower calorie, lower fat foods for family
- Increase the awareness of ways parents can participate in physical activity alone and with their child

Formative Research:

*Communication:* Language and tone should be age appropriate and modified to meet the needs of each specified group; upbeat, short and to the point type presentations; encourage family involvement. Present fact-based as well as emotionally-based information; encourage family and community participation; emphasize positive outcomes for family and community. Tone should be upbeat and age appropriate for the family as a whole.

*Media:* Relevant to Hispanic youth and adult target audiences; focus on Hispanic-oriented media (broadcast and print); potential to use bulletins/flyers/posters in community centers, grocery stores, word of mouth; community events, etc.

*Creative Considerations:* methods should be culturally sensitive and relevant as well as age appropriate.

A coordinated campaign would deliver a consistent message through a variety of media to the Hispanic target population. Included could be media messages, materials for schools, and self-assessment tools for the public. Consider involving the food industry.

***Confirm Plans with Appropriate Stakeholders, Discuss the Need for Evaluation, and Address Requirements of Time and Resources:***

Meet with stakeholders/partners to obtain feedback and confirm plans:

- Review and obtain feedback on your creative brief
- Verify the information needs and interests of your stakeholders
- Promote the value of evaluation to obtain their information needs
- Identify how and in what format your stakeholders would like to receive the results and conclusions from your intervention
- Seek approval and support for moving ahead
- Ensure that procedures for interacting with both partners and staff are in place and are being followed

PHASE 4: DEVELOPING THE CAMPAIGN

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***Draft Timetable, Budget, and Plan for Developing and Testing Communication Mix:***

Below is a draft timetable that could be used and modified for developing the obesity campaign:

| <b><i>TASK WAVE 1</i></b>     | <b><i>Month #1</i></b> | <b><i>Month #2</i></b> | <b><i>Month #3</i></b> | <b><i>Month #4</i></b> | <b><i>Month #5</i></b> | <b><i>Month #6</i></b> | <b><i>Month #7</i></b> | <b><i>Month #8</i></b> | <b><i>Month #9</i></b> | <b><i>Month #10</i></b> |
|-------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|-------------------------|
| Kick off meeting              | XX                     |                        |                        |                        |                        |                        |                        |                        |                        |                         |
| Refine implementation         |                        | XX                     |                        |                        |                        |                        |                        |                        |                        |                         |
| Partnership presentation      |                        | XX                     |                        |                        |                        |                        |                        |                        |                        |                         |
| Develop message concepts      |                        | XX                     |                        |                        |                        |                        |                        |                        |                        |                         |
| Test message concepts         |                        |                        | XX                     |                        |                        |                        |                        |                        |                        |                         |
| Develop PSAs                  |                        |                        | XX                     |                        |                        |                        |                        |                        |                        |                         |
| Pretest PSAs                  |                        |                        | XX                     | X                      |                        |                        |                        |                        |                        |                         |
| Produce PSAs                  |                        |                        |                        | XX                     | X                      |                        |                        |                        |                        |                         |
| Educational briefing meetings |                        |                        | XX                     | XX                     | XX                     |                        |                        |                        |                        |                         |
| Media mailings                |                        |                        |                        |                        | XX                     | XX                     | XX                     |                        |                        |                         |
| Spokesperson tour and         |                        |                        |                        | XX                     | XX                     | XX                     | XX                     |                        |                        |                         |

|   |  |  |  |    |    |    |    |    |    |    |
|---|--|--|--|----|----|----|----|----|----|----|
| placements  |  |  |  |    |    |    |    |    |    |    |
| Develop materials (consumer brochure, media/ implementation kit |  |  |  | XX | XX | XX | XX |    |    |    |
| Develop entertainment – education activity mailing              |  |  |  | XX | XX | XX | XX |    |    |    |
| Develop controlled communication products (e.g., VNR release)   |  |  |  | XX | XX | XX | XX |    |    |    |
| Tracking and monitoring   |  |  |  |    | XX | XX | XX | XX | XX |    |
| Progress reports  |  |  |  |    | XX |    | XX |    |    |    |
| Final report  |  |  |  |    |    |    |    |    |    | XX |

**Budget:**

An example of a budget for an obesity communications campaign is shown below. Actual costs will, of course, need to be configured and would vary depending on the components of a campaign and resources available.

| <b>Direct costs</b>   | <b>Amount</b>   |
|---|---|
| <i>Coordinator Salary (100%)</i>                                      | <i>\$ 40,000/yr</i>   |
| <i>Internship Assistant (50%) will mainly assist with evaluations</i> | <i>\$ 12,000</i>  |
| <i>Honorarium for presenters</i>                                      | <i>\$ 800.00 (\$100.00 per session estimated to have 8 separate presenters)</i> |

|   |                  |
|---|------------------|
| <i>Materials Produced</i><br>(videos, pens, markers, flip charts, notebooks, brochures, magnets, frisbees, posters, tee shirts)         | \$ 11,000        |
| <i>Advertisement</i><br>(grocery store fliers, radio spot on Hispanic radio, public television TV spot during kids programming)         | \$ 15,000        |
| <i>Miscellaneous</i><br>(allocated in case more materials need to be produced through out the year, also for evaluation costs incurred) | \$ 5,000         |
| <b>Total Direct Costs</b>   | <b>\$ 83,800</b> |

|                       |                 |
|-----------------------|-----------------|
| <b>Indirect costs</b> | <b>Amount</b>   |
| 10% of direct costs   | <b>\$ 8,380</b> |

***Develop and Test Creative Concepts:***

For an obesity awareness campaign targeting urban Hispanic families, three objectives were determined for creating concepts that are unique and creative. These objectives will be used when testing the impact of the marketing concepts and their effectiveness in targeting the intended audience.

- *Appeal:* In order to effectively reach the intended audience, marketing campaigns must appeal to the Hispanic culture’s love for family and family activities. Also, messages should be colorful and in the language predominately spoken by the group.
- *Informative:* Since this group generally has a low educational level, it is important to create concepts that will disseminate enough information yet, is readable and understandable for everyone.
- *Impact:* The marketing must be designed to impact the audience and get them thinking about their health status as it relates to overweight. In order to impact this audience, the message should be creative enough so that it gets the community talking to each other about what they are seeing. By using “word of mouth” to help disseminate the message, this marketing campaign should be successful.

The findings from the UNTHSC focus groups reveal that:

Recommendations for Communication Efforts  
With Hispanic Youth

- Focus on good tasting traditional Hispanic foods that could be made quickly, easily, and with healthier ingredients (“less greasy”).
- These youth have a good understanding of what healthy and unhealthy foods are. Reinforce children’s general knowledge of healthier foods, but focus more on children’s decision-making skills for making healthier choices.
- Messages should focus on healthier snack and/or fast food choices, emphasizing how “healthy” they can look and smell, be “less greasy”, and especially *taste good*.
- Focus on positive behaviors to maintain normal weight and energy level (include physical activity and exercise). Include families engaged in physical activities (sports, soccer, etc) in social settings. Encourage appropriate body image for GIRLS.
- Messages targeting youth should promote the child initiating “healthy eating” discussion topics when they talk with their parents concerning when and where they are going to eat, and include children in family food decision-making discussions.
- “Healthy weight” messages should aim to change youth perceptions from a “physical appearance” orientation to more of an emphasis on eating and physical activity *behaviors* to achieve and/or maintain a healthier weight. This would especially hold true for “obese” individuals.
- These youth understand there is a connection between being at an “unhealthy weight”, or being overweight or obese, and associated negative health consequences (especially diabetes). Although messages targeting youth themselves and their personal susceptibility may not be as warranted, there could be health messages targeting the parents using the children as an influencer audience.
- Messages should have a positive tone and emphasize both healthy eating and physical activity “to get strong” (especially for Hispanic BOYS) to get to and/or maintain a healthy weight.
- Messages should focus on more social, outside activities and watching less TV and playing CD/DVD games. Kids should be engaged in more moderate, “unstructured” activities (e.g. playing in the park, pickup basketball game in driveway, etc.) that offer a “let kids be kids with their friends ” theme.
- A potentially effective alternative message to the above might be messages promoting specific activities families can do together.
- For targeting Hispanic MALE youth, use recognizable figures as spokespersons, perhaps from major sports or TV entertainment, that are engaged in positive eating and physical activity behaviors.

Alternatively, target Hispanic FEMALES showing girls like themselves engaged in positive health practices.

- Collaborate with sports equipment vendors to sponsor messages that promote activities that can occur with friends and families year around.
- Messages could have a humorous overtone, whether using animated cartoon characters or real people.
- Messages could be in either Spanish or English. Although messages do not necessarily have to be in Spanish nor directly target Hispanics to be effective, those that do should have recognizable Hispanic persons in them.

### Recommendations for Communication Efforts With Hispanic Adults

- Hispanic adults participating in the focus groups appeared to be aware of nutritional foods and to have good eating habits; therefore, messages should focus on “positive” food habits. Reducing soda, juice, and Gatorade consumption should be advised, especially for less acculturated families.
- Messages should also emphasize Hispanic traditions, take pride in Hispanic culture and capitalize on the positive aspects of that culture (especially for types of physical activity), but perhaps incorporate the positive aspects of the American culture for dietary changes.
- Messages should focus on the family as an eating “unit”.
- Weight control messages should include both nutrition and physical activity components - either together or separate nutrition and physical activity messages.
- This step stresses the need to document evaluation and feedback from the program efforts. The outcome report should discuss what was learned from the experience of planning and implementing the health communication plan.
- Messages should also emphasize physical activity as a way to attain/maintain healthy weight and for reducing sedentary behavior. Messages should focus on family life, e.g., walking with family, outdoor family activities.
- For exercise or physical activity messages, parental initiation and involvement are key.
- Messages to promote good nutrition should suggest that parents need to take responsibility.
- Messages for *both* diet and exercise should also emphasize the parent’s role as it appears to be crucial for success.

- Messages should also encourage parents to initiate behavioral practices, set examples and be role models that will result in a healthy lifestyle for the children.
- Messages should call attention to the fact that being Hispanic implies greater risks for overweight and obesity, and therefore higher risk for diseases result from it.
- Ads/messages developed should be personalized and specific for Hispanics; should portray Hispanics and be culturally sensitive to Hispanic audiences. Messages created for Hispanics and in Spanish are particularly important to address these issues for Spanish monolingual and less acculturated Hispanics.
- Messages for less acculturated families should emphasize the relationship between food nutrition content, such as the consumption of foods with high carbohydrate and fat content, and the risk for overweight and related diseases.
- Although the less-acculturated adults recognize obesity as a problem among Hispanics, they need to be “more concerned” about it. Perhaps focus on the negative health outcomes associated with being overweight and obese, like diabetes.

### ***Develop and Pretest Messages:***

The audience research thus far helps to ensure that the messages developed will resonate with the audience members. It also increases the likelihood that they will respond to the messages in the desired ways. The next step for the Texas Department of Health is to test the messages with the youth and parent Hispanic target audiences to improve the messages’ clarity, tone, or relevancy for each target group.

### ***Settings:***

From the formative research UNTHSC conducted with the Hispanic parents and children, neighborhoods, parks and recreation centers would be prime settings to reach the target audiences. Others might include:

#### *Target Audience #1: Children*

- *School*
- *Community centers*
- *Home (parents/guardians)*
- *Word of mouth (children and teachers)*

#### *Target Audience #2: Parents and Guardians*

- *Churches*



- *Community centers*
- *Grocery stores*
- *Local clinics*
- *Local businesses*
- *Post office/mail*
- *Word of mouth (children, teachers, and other parents/guardians)*

*Target Audience #3: Community*

- *Churches*
- *Community centers*
- *Grocery stores*
- *Local clinics*
- *Local businesses*
- *Post office/mail*
- *Word of mouth (children, parents/guardians, and other community members)*

***Channel-Specific Communication Activities:***

Communication activities are strategies used within a channel to deliver a message. Multiple levels of communication should be used to effectively reach urban Hispanic families in Texas. These include:

*Individual Level*

- *Brochures*
- *T-shirts, frisbees, magnets, notepads, pens, etc.*
- *Word of mouth*

*Group Level*

- *Posters, flyers, brochures*
- *T-shirts, frisbees, magnets, notepads, pens, etc.*
- *Ads in local newspapers*
- *Word of mouth*

*Organizational Level*

- *Posters, flyers*
- *Informational emails*
- *Ads in organizational newsletters*
- *Public announcements/reminders at organizational meetings and gatherings*

*Community Level*

- *Posters, flyers, brochures*
- *T-shirts, frisbees, magnets, notepads, pens, etc.*

- *Ads in local newspapers*
- *Announcements and distribution of marketing materials at community events*
- *Word of mouth*

#### *Societal Level*

- *Posters, flyers*
- *Radio announcements*
- *Announcements at social events*

The communication methods listed above should be pre-tested on focus groups consisting of children, parents/guardians, and perhaps even community members. Testing in the focus groups will determine whether, overall, the communication materials are appealing to the targeted populations and will in fact generate interest among each group. Pre-testing will detect if the reading levels in the materials are at too high a level for comprehension. Focus groups would also suggest if the addition of more graphics are needed.

#### ***Identify, and/or Develop, Pretest, and Select Materials:***

Materials are tangible products that contain the messages to be delivered to the target audience. This step also involves interaction with the target audience to test the materials that will be used to communicate with them.

##### *Vocal media*

- *Radio announcements in English and Spanish; specifically focusing on Hispanic radio stations*
- *Public announcements and reminders at community events and in community organizational meetings/gatherings*
- *Word of mouth by way of children, parents/guardians, teachers, and other community members*

##### *Print media*

- *Posters*
- *Flyers*
- *Brochures*
- *Additional pre-existing materials will be donated by the American Cancer Society and the American Dietetic Association*
- *T-shirts, frisbees, magnets, notepads, pens, key chains, etc.*
- *Ads in local newspapers and school/organizational newsletters*

Testing communication activities involves selecting a representative sample of individuals/groups and recording their reactions as they are exposed to or participate in the selected activity. The object is to determine if the reaction of the test group meets the predetermined objectives and goals for the intervention. In

other words, does the activity convey the message? Some questions to consider include:

- How does the test group feel about, respond to, or change as a result of participating in different intervention activities?
- What channel-specific activities are most appropriate for an audience?
- Does the activity effectively convey the message?

When this step is completed, there should be a list of tested channel specific activities. These will get the message across to the selected audience.

### ***Staff and Partner Responsibilities in the External and Internal Communication Plan:***

Recognizing ways to maximize support and feedback from others as the communication program is prepared and implemented is likely critical to its success.

The main form of communication between the partners and project staff will be through weekly emails and conference calls. Weekly updates informing all partners of revision, suggestions, and discussions will be outlined in a weekly emails that goes out prior to conference calls.

As the project gets moving and preliminary evaluations are being done, these will also be included in the weekly email. Task previously assigned may shift as need arises. In the initial meeting, responsibilities and time frames should be detailed to all partners and can be amended on a need basis with the consensus of the working group.

Partners should be kept abreast of all happenings and will have an open invitation to attend any activities as appropriate. Also, all stakeholders should have some knowledge or expertise in the content of the communication plan and should be encouraged to participate formally as their schedule permits. Any partner involved externally as a collaborator will receive credit in handouts, flyers, and in any media.

### ***Materials for Production and Dissemination:***

At this step the materials for dissemination are produced. These materials will be the media through which audience members receive the message, and so must serve the needs and desires of the target audience. Vendors could be selected to work with to develop the high quality materials needed.

*Existing materials for use might include:*

- *donated brochures on dietary requirements from American Dietetic Association*
- *brochures based on physical activity from CDC available at no cost*

*Materials to be developed could include:*

- *Poster, handouts and brochures*
- *Videotapes*
- *Three primary colors should be used on all materials to reduce costs*
- *All material producers could be chosen by lowest estimate available*
- *Seek studio time that is donated and speakers that are community-based to increase interest and reduce costs for radio spots*

**Communication Plan Summary:**

**Intended Audience Segments and Audience Profile**  
**CHILDREN**

**Causes Of Sub-Problems Addressed By The Communication**

*Diet high in saturated fat and sugars and calories*  
*Lack of physical activity*

**Communication Objectives**

*By the completion of the program, participants will be able to use the Food Guide Pyramid as a method for making proper food choices*  
*At the completion of the program, students who receive the intervention will decrease the amount of television they watch by at least two hours and increase the amount of time they engage in physical activity by one hour*

**Concepts and Messages**

*“Exercising doesn’t have to be in the gym – it’s everywhere!”*  
*“Eat right for life!”*

**Settings**

*School*  
*Community centers*  
*Home (parents/guardians)*  
*Word of mouth (children and teachers)*

**Activities**

*Brochures*  
*T-shirts, frisbees, magnets, notepads, pens, etc*  
*Posters, flyers*

**Materials**

*Public announcements and reminders at community events and in community organizational*

meetings/gatherings  
Posters  
Brochures

**Intended Audience Segments and Audience Profile**  
**PARENTS/GUARDIANS**

**Causes Of Sub-Problems Addressed By The Communication**

Low metabolic rate for certain populations who have migrated to industrialized society from a harsher environment (famine)  
Large meal portions  
Personal preference on leisure activity

**Communication Objectives**

Parents/Guardians who participate in the program will begin to exercise at least three times a week for thirty minutes  
Decrease in the amount of fast food consumed by Hispanic families by twenty percent

**Concepts and Messages**

“Having a good diet and being active helps in the prevention of diabetes and heart disease – Get your family moving today!”  
“Learn new ways to cook for your family and keep them healthy – Join the Get Fit Stay Fit Movement!”

**Settings**

Churches  
Community centers  
Grocery stores  
Local clinics  
Local businesses  
Post office/mail  
Word of mouth (children, teachers, and other parents/guardians)

**Activities**

Ads in local newspapers  
Informational emails  
Public announcements/reminders at organizational meetings and gatherings

**Materials**

Additional pre-existing materials will be donated by the American Cancer Society and the American Dietetic Association  
Flyers

**Intended Audience Segments and Audience Profile**  
**COMMUNITY**

**Causes Of Sub-Problems Addressed By The Communication**

*Society markets food for enjoyment over physical activity or nutritional value*  
*Poverty level and low socioeconomic status*  
*Accessibility and availability of fast food*  
*Lack of knowledge on nutrition*

**Communication Objectives**

*During the implementation of the program, targeted grocery stores will have an increase of at least ten percent in the sales of fruits and vegetables*  
*Through involvement of stakeholders and community partners, will increase the amount of promotions for healthier foods in grocery stores*

**Concepts and Messages**

*"Discover new ways to exercise without having to go to a gym - Join the Get Fit Stay Fit Movement"*  
*"Learn what it means to 'eat right' and see how the way you cook impacts your family's health - Sign up with the Get Fit Stay Fit Movement"*  
*"Having a good diet and being active helps in the prevention of diabetes and heart disease – Get your family moving today!"*

**Settings**

*Churches*  
*Community centers*  
*Grocery stores*  
*Local clinics*  
*Local businesses*  
*Post office/mail*  
*Word of mouth (children, parents/guardians, and other community members)*

**Activities**

*Posters, flyers, brochures*  
*T-shirts, frisbees, magnets, notepads, pens, etc.*  
*Ads in local newspapers*  
*Announcements and distribution of marketing materials at community events*  
*Posters, flyers*  
*Radio announcements*  
*Announcements at social events*

**Materials**

*Ads in local newspapers and school/organizational newsletters*  
*Radio announcements in English and Spanish; specifically focusing on Hispanic radio stations*  
*Public announcements and reminders at community events and in community organizational*

### ***Stakeholder Confirmations:***

Having a checklist of items needed for implementation would help to make a more effective communication campaign. The checklist should be given to stakeholders and all others involved to obtain and maintain their support for the program. The checklist is as follows:

- Materials production confirmed
- Key points of program distributed to children, parents and community members
- Pre test and evaluation surveys prepared
- Budget reviewed and funding secured
- Press kit with samples of materials distributed
- Each partner given a specific list of duties and responsibilities during duration of program

This list should be shared with the stakeholders as should the entire communication plan. Stakeholder approval is needed of both the plan as well as the checklist.

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## PHASE 5: CAMPAIGN EVALUATION

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### ***Identify and Engage Stakeholders:***

A necessary first step to help ensure a successful evaluation is to seek input from stakeholders who have a vested interest in the program and its evaluation. In order to effectively plan an evaluation for the campaign, stakeholders need to be identified and assigned their roles. Types of stakeholders can be defined based on a set of three categories: Those **involved** in the campaign (such as sponsors, collaborators, and/or coalition partners, funding officials, administrators, managers, and staff); those **served or affected** by the campaign (such as clients, family members, neighborhood organizations, academic institutions, elected officials, advocacy groups, professional associations, skeptics, opponents, and staff of related or competing organizations); and the primary **users** of this campaign evaluation.

### ***Communication Plan Description:***

This campaign is being created in response to the increasing rate of childhood overweight in this population, roughly 31.9%. As stated earlier, there are

numerous health consequences associated with childhood overweight such as high blood pressure, Type II Diabetes, and high levels of blood cholesterol. More national efforts have begun to try and combat this increasing problem, however, this communication effort is designed to educate Hispanic children and families at the community level. Since this population has a strong “family ties” it is important to involve community organizations, schools, and churches so that participants feel a strong sense of social support.

### ***Information Stakeholders Need from Evaluation Phase:***

Because of limited time and resources, you’ll need to be selective about the program components that you choose to evaluate. The most useful program evaluation is designed with the information needs of stakeholders in view. There are various methods in which to determine what information stakeholders need and when they need it. One suggested technique is to conduct various meetings with the stakeholders where questions could be formulated that each group wants answered in the evaluation. After creating these questions, the stakeholders need to prioritize their questions from least to most important based on how they relate to the obesity campaign. The following is a list of some of the questions that the stakeholders might want answers to:

- Will the campaign be successful in producing lasting change in the community, as well as in the participating families?
- Will participants understand how diet and exercise could lower and control certain diseases?
- Will participants learn new and practical ways to prepare meals and engage in physical activity?

In order to determine the answers to these questions and others like them, the campaign might utilize components of the Effectiveness Evaluation model. This type of evaluation will inform the stakeholders on whether or not the campaign activities were effective and if so, how long that effect lasted. Also, the evaluation will help in determining the impact of the campaign and whether or not families and communities have a good understanding of overweight and obesity as it relates to disease control and prevention.

In effectiveness evaluation, information is collected to answer questions about the effects of program activities. This information is then compared to previously identified criteria/objectives related to the immediate, intermediate, and long-term effects of program activities on the target population (such as: biological, behavioral, psychological) or on aspects of the target population's environment (such as: social norms, the economy). The goal is to determine the differences between intended and actual effects of the program.

TDH might also consider **Exposure/Reach evaluation**, where information is required to answer questions about the proportion of individuals in a target



audience who are exposed to, attended to, and comprehended a message. The evaluation compares the collected information to previously identified reach criteria/objectives. This information helps to determine the differences between intended and actual reach.

### ***Intervention Standards for Campaign Evaluation:***

Most evaluations gather data related to key indicators of program performance. These data, in turn, are compared against standards of performance. This comparison identifies gaps between what is expected according to a performance standard and what is observed in the evaluation.

Intervention standards should be written that are:

- specific (identify what will be done to whom, when, and where)
- measurable (identify when and how many)
- time-phased (identify a specified time)
- achievable (attainable with available resources and technologies)

### ***Sources and Methods Used to Gather Data:***

Sources of evaluation evidence include the persons, documents, or observations that provide information for the inquiry. More than one source of information can be used to gather evidence.

Both qualitative and quantitative methods should be used in gathering information. Sources of evaluation information will come from people involved and observing the campaign, documentation during the campaign and observations made by participants and facilitators, as well as survey documentation prepared in advance.

The qualitative information gathered might consist of:

- key informant interviews on perceived view of obesity in children
- focus group discussions on both obesity problem, but also those used to test messages and materials
- completion survey given to all participants and partners just prior to the final evaluation
- interviews and discussions with children and participating parents

The quantitative information gathered could consist of:

- pre and post weights of children (if appropriate)
- pre and post survey of participants on dietary habits and physical activity perceptions
- daily intake and physical activity log self recorded by participants

## ***Evaluation Design:***

Develop an evaluation design that articulates who will do what, where, when, and how often in the process of collecting and ensuring the security of data gathered. This design should answer stakeholder questions and to measure alignment with intervention standards.

A classification of design types includes:

- experimental
- quasi-experimental
- observational

No design is better than another under all circumstances. Evaluation methods should be selected to provide the appropriate information to address stakeholders' questions (in other words: methods should be matched to the primary users, uses, and questions).

- *Experimental* designs use random assignment to compare the effect of an intervention with otherwise equivalent groups.
- *Quasi-experimental* methods compare nonequivalent groups (for example: program participants versus those on a waiting list) or use multiple waves of data to set up a comparison (for example: interrupted time series).
- *Observational* methods use comparisons within a group to explain unique features of its members (for example: comparative case studies or cross-sectional surveys).

The choice of design has implications for what will count as evidence, how that evidence will be gathered, and what kind of claims can be made (including the internal and external validity of conclusions). Also, decisions about methodology clarify how the evaluation will operate.

In other words:

- to what extent program participants will be involved
- how information sources will be selected
- what data collection instruments will be used
- who will collect the data
- what data management systems will be needed
- what are the appropriate methods of analysis, synthesis, interpretation, and presentation

Because each method option has its own bias and limitations, evaluations that mix methods are generally more effective. During the course of an evaluation, methods might need to be revised or modified. Also, circumstances that make a particular approach credible and useful can change.

The Texas Dept. of Health might want to consider the following evaluation design below:

*Pretest/posttest with non-random control group.*

|                      |                |  |                |
|----------------------|----------------|--|----------------|
| Intervention Group 1 | O <sub>1</sub> | X <sub>1</sub> , X <sub>2</sub> , ... X <sub>n</sub> | O <sub>2</sub> |
| Control Group 1      | O <sub>1</sub> |  | O <sub>2</sub> |

Intervention Group 1 is composed of the targeted Hispanic families of adolescents and their parents. Control Group 1 is composed of a similar community in another urban area that will not be receiving the campaign. Baseline data are collected at O<sub>1</sub>, and follow-up data are collected at O<sub>2</sub>. X<sub>1</sub>, X<sub>2</sub>, ...X<sub>n</sub> represent the multiple communication activities that target parents/guardians.

### ***Data Analysis and Reporting Plan Description:***

This plan should outline how both qualitative and quantitative data will be analyzed, synthesized, and reported for all evaluation questions and performance standards.

All data analysis and reporting activities should include coding, entering data into statistical programs, data analysis, and assisting the program coordinator in preparing reports for submission to stakeholders. The primary data to be assessed and reported are:

Qualitative data, such as:

- key informant interviews on perceived view of obesity in children
- focus group discussions on both obesity problem, but also those used to test messages and materials
- completion survey given to all participants and partners just prior to the final evaluation interviews and discussions with children and participating parents
- interviews and discussions with children and participating parents

Quantitative data, such as:

- pre and post weights of children (if appropriate)
- pre and post survey of participants on dietary habits and physical activity perceptions daily intake and physical activity log self recorded by participants

A data analysis plan for an H.pylori campaign incorporated the following types of analysis, which could be eligible to be used in an obesity campaign:

- 1-888 logs - Percentages and cross tabulations were calculated to analyze variables such as age, gender, ethnic/racial group, state, type of questions, and responses provided to callers. Descriptive analysis was used to summarize the main findings.

- Focus groups - Analysis was done by using data immersion.
- Survey data - Data was analyzed using basic descriptive statistics.
- Television and radio PSA logs - Percentages and cross tabulations were performed to analyze variables such as the number of times aired, in which States, at what times during the day, and the increase in calls to the 1-888 number.
- Web page - Analysis was included counting the number of hits and writing up weekly summaries of access. Descriptive data was used to summarize the findings. Researchers looked for trends such as whether there were more hits to the page immediately after campaign kickoff or if there was lag time.

### ***Develop an Internal and External Communication Plan:***

Formalize agreements about procedures, roles, and responsibilities among those executing the evaluation. Agreements should describe the evaluation implementation, including use of money, personnel, time and information. They should also state what safeguards are in place to protect individuals who agree to participate in the research.

Internal communication might consist mainly of face-to-face interaction, weekly emails and/or conference calls, and monthly meetings. External communication might be through biweekly emails and/or conference calls, faxes, and formal meetings as needed. Communication progress, deadlines, suggestions and concerns are addressed through both internal and external communication.

Both internal and external communication plans should specify:

- whom you should communicate with (both inside and outside your organization)
- what types of information need to be communicated
- when the information is needed
- what formats the information will be provided in

### ***Evaluation Timetable and Budget:***

An evaluation period is suggested that is inclusive of the three months after the first completed year of the campaign. Evaluations could be based on a combination of informative participant interviews, focus group discussions, pre and post surveys, pre and post weight tests, daily intake and physical activity logs, and completion surveys. Since the initial program staff and stakeholders will be involved in the evaluation process, evaluation costs are included in the original overall budget and fall under the “Direct Costs” category. Although it cannot be exactly determined at this time, a proposed budget for evaluation should be at least 10% of the total cost of the obesity communication campaign.

Budgets clearly delineate costs. The obesity campaign budget should be developed to ensure that it fulfills some key objectives:

- Tells the same story as your program's narrative
- Includes detailed descriptions or justifications if needed
- Projects costs to be incurred during the program's duration
- Anticipates miscellaneous or contingency expenses
- Includes all items required by the funding source
- Includes all items paid for by other sources
- Includes volunteer and in-kind services to be provided
- Details fringe benefits separate from salaries if required
- Includes all fees for consultants or contractors
- Delineates details of all non-personnel costs
- Includes indirect costs when appropriate

Timeline options are many. Select the type of timeline that makes most sense for the obesity campaign effort. Options include Gantt charts, PERT charts, and others.

Whatever option chosen, the timeline should address some important questions:

- What activities are needed? (such as: obtaining resources, hiring personnel, recruiting participants)
- When does each activity begin and end, or when is an activity repeated?
- What time frame (weeks, months) is most suitable for the communication plan?
- When will selected activities identified in the timeline be accomplished?
- When will the outcomes/deliverables resulting from the program objectives be due?

### ***Evaluation Implementation Summary:***

This plan serves as a blueprint of the evaluation efforts. This plan helps program staff, partners, and stakeholders who may be interested in or need to know details of the evaluation activities and methods. The plan should be tailored and disseminated to the audiences specified in the internal and external communication plan.

The evaluation implementation plan will be given to all involved program staff, partners, and stakeholders. Evaluation roles of key members of the program staff and specific stakeholders will be outlined closer to the evaluation period. Evaluation should be based on the following items previously discussed and will be addressed and explained further in the evaluation plan:

- Stakeholder questions
- Intervention standards
- Data analysis and reporting on qualitative as well as quantitative data
- Multiple methods of internal and external communication (email, fax, conference calls, meetings)
- Evaluation timetable
- Evaluation budget

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## PHASE 6: CAMPAIGN IMPLEMENTATION

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### ***Communication and Evaluation Plan Integration:***

This step involves merging the intervention and evaluation plans from the previous two phases. This is to ensure that the communication and evaluation processes are executed as one integrated plan.

Those responsible for managing and executing the communication and evaluation activities should meet together to ensure that the activities will be carried out in a coordinated fashion. This meeting should include discussions about the reciprocal value of integrating the communication and evaluation plans. It should also help avoid false starts by confirming who will do what, when, where, and how often in rolling out the communication plan and its evaluation activities.

Knowing in advance how and when the communication processes will unfold helps evaluators have ample time to design appropriate pretest and post-test measures for all pertinent variables. A more carefully prepared evaluation yields a more objective evaluation. Further, knowing about all necessary evaluation requirements helps planners identify appropriate designs for implementation.

When this step is completed, there should be an integrated communication and evaluation plan.

### ***Execute and Launch Communication and Evaluation Activities:***

Agree on a day and time when activities will be rolled out and launch them accordingly. Prior to the launch date, staff should:

- inform appropriate media representatives of the plans
- make arrangements to meet them at the designated time and place

- prepare the following and have them on hand for the press conference:
  - press releases
  - video news releases
  - spokespersons trained to respond to inquiries from media representatives

Typically, to capture media attention, a news "hook" is needed beyond the launch itself. If your agency has newsworthy data or information related to the obesity problem or if a related news event is receiving media attention, use the new information or the relevant news event to gain additional attention for the campaign launch.

***Management Issues/Tactics:***

Manage program activities and personnel to attain program objectives. Effective management of the communication and evaluation program requires the program to:

- monitor activities and staff efforts
- compare progress and results to performance standards
- make corrections when deviations from the standards occur

Campaign staff should be prepared to:

- maintain both internal and external communication channels
- maximize unexpected opportunities
- diffuse potential threats
- be alert to how the media may be treating issues that could affect the campaign

Many events that may impact the communication/evaluation plan will have already been addressed during the planning and launch, but also be aware of unexpected events, both favorable and unfavorable to the ongoing efforts, and address them as needed.

During the ongoing execution of the campaign activities, scan the political, social, and health environment constantly. Detect expected and unexpected factors that have the potential to impact the campaign. The campaign management will need to:

- consider and address strengths and weaknesses of any factor affecting the implementation of the campaign activities
- be ready to make appropriate adjustments when needed
- be prepared to maximize unexpected opportunities and to diffuse potential threats

Unexpected problems will almost certainly arise during program implementation. Managing threats as well as opportunities requires effective communication with partners and other stakeholders so that everyone is aware of adjustments being made to original plans.

Managing program activities and personnel also includes other important tasks:

- Directing subordinates toward the attainment of program objectives. Managing staff activities to achieve program objectives requires the use of an effective leadership style and motivational strategies.
- Coordinating the efforts of all personnel. Effective coordination of staff entails the ongoing clarification of roles (in other words: people have to know what to do, whom they report to, and who reports to them) as well as resolution of conflicts and misunderstandings.
- Attending to the mechanisms in place to ensure that policies and procedures are being adhered to and taking corrective action when deviations are detected.
- Planning and directing modifications in program activities when evaluation feedback indicates a need for changes.

### ***Feedback and Lessons Learned:***

This step stresses the need to document evaluation and feedback from the program efforts. The outcome report should discuss what was learned from the experience of planning and implementing the health communication plan. Further, documenting feedback from the campaigns's various stakeholders is crucial for determining whether the health communication plan or campaign was successful. The lessons learned are valuable, not just for future program efforts, but also for other programs that could benefit from these experiences.

Evaluation results and feedback are often comprised of a combination of hard data and soft data. Hard data are those findings that are:

- relevant to the evaluation measures or questions being investigated
- possess the properties of reliability and validity

Soft data may include:

- casual observations
- commentaries
- testimonials
- other qualitative or anecdotal evidence

### ***Modify Program Components Based on Evaluation Feedback:***

At this stage evaluators should make note of when program elements are changed and, if appropriate, collect data before major changes are made. These data will serve as baseline information for future reference.



### ***Dissemination Plans for Lessons Learned and Evaluation Findings:***

Meet with staff and partners to decide what information should be released regarding the campaign and its progress and who should receive the information. Establish and coordinate a schedule for releasing the information. Consider creating several avenues for releasing the findings, including:

- Comprehensive written report
- Executive summary
- Press release
- Press conference
- Professional presentation
- Publication in scientific journal
- Presentation of findings at staff meetings or other gatherings at work
- "Brown-bag" meetings with other organizations to share campaign experiences
- Response to inquiries received by phone, mail, or e-mail or from conference presentations.