Health Campaigns as Engaged Pedagogy: Considering a Motorcycle Safety Campaign as Scholarship of Teaching and Learning

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Abstract

This article argues that teaching health campaigns from an engaged pedagogy perspective is beneficial for students, instructors, and communities. This argument is supported by a teaching and learning perspective using a motorcycle safety campaign as an exemplar. Retrospective interviews were conducted with students who participated in a graduate-level, two-course engaged pedagogy sequence. Subsequently, the instructor's perspective is used to describe challenges and offer suggestions for teaching health campaigns applying the scholarship of teaching and learning perspective. The analysis illustrates the benefits gained by incorporating a real-time health campaign into the curriculum, such as accomplishing specific course objectives while working on a bona fide safety campaign, and achieving a high level of student satisfaction. Ultimately, instructors are encouraged to incorporate this engaged approach when designing and teaching health campaign courses.

Introduction

*T*his article reports on a study that evaluated the learning outcomes of a health campaign course that designed, implemented, and evaluated a motorcycle safety campaign in the Purdue University community. The Motorcycle Safety at Purdue campaign was established in 2006 because a serious motorcycle accident involving their course instructor led graduate students, in a two-course sequence on health campaigns, to suspect their community needed a road safety campaign. After convincing their reluctant instructor to allow the class to conduct a needs assessment, a new road safety campaign was deemed warranted *(Kosmoski, Mattson, & Hall, 2007)*, and the Motorcycle Safety at Purdue campaign was disseminated one year later. Currently, undergraduate and graduate students, with guidance from their instructor, continue to collaborate with the community through this ongoing campaign to promote motorcycle safety among motorcyclists, drivers of cars and trucks, and family and friends of motorcyclists.

Although students' anecdotal and course evaluation feedback has been consistently positive, the instructor questioned whether applying this engaged approach to pedagogy assisted the students in achieving the learning objectives and applying those objectives in their careers. Therefore, a retrospective study was designed to assess what students learned in this unique health campaigns course.

We begin by mentioning traditional readings often included in health campaign courses. Next, we describe the engaged pedagogy approach integrated into this new health campaigns course. We then discuss study methods and results, to illustrate how integrating a real-time campaign facilitated the accomplishment of course learning objectives. Finally, the course instructor's perspective is presented to highlight the challenges of teaching a health campaign course in this way, and to offer suggestions for addressing these challenges.

Literature Review

Generally, traditional approaches to teaching health campaigns feature readings from the literature about campaign theories, case studies, class discussion, and written assignments. Typical sources for learning about health campaign process include "T*he Pink Book*" *(Making Health Communication Programs Work; National Cancer Institute, 2001)* and CDCynergy *(CDC, 2003)*. CDCynergy is a CD-ROM-based tool that provides a step-by-step process for developing and implementing a social marketing campaign. In addition, the health communication campaign framework *(Mattson & Basu, 2010a, 2010b)* presents a phase-by-phase campaign development and evaluation process. Like The Pink Book, the health communication campaign framework (Figure 1) is situated within social marketing *(Kotler & Lee, 2008)* but extends the model with essential communication elements to consider when creating, disseminating, and evaluating campaign messages.

Although students gain knowledge from reading about and studying the health campaign process through these sources, translating a traditional health campaign course into a more engaged pedagogy that is consistent with the scholarship of teaching and learning is thought to enrich students' learning experiences, teach civic responsibility, and strengthen communities *(Mattson, 2011)*. The design, implementation, and evaluation of the Motorcycle Safety at Purdue campaign is an exemplar of this approach because conceiving and developing this real-time campaign immersed stu-

dents as they simultaneously addressed course learning objectives and a genuine community need. The two-course sequence illuminates how students, with their instructor, combined a traditional readings-based approach during the initial phases of the campaign and progressed toward the scholarship of teaching and learning as they developed messages, then implemented and evaluated the campaign. This project advances the literature by demonstrating how developing a bona fide health campaign can foster stronger learning outcomes for students, such as building confidence and applicable skills for their careers.

Overview of the Project: The Motorcycle Safety at Purdue Campaign as Engaged Pedagogy

The Motorcycle Safety at Purdue campaign is distinctive both for its roots in pedagogy and its extensive use as a teaching strategy to enhance learning outcomes and student satisfaction. The goal of the two-course sequence was to learn about the research and practice of designing, implementing, and evaluating health campaigns. The specific learning objectives included

1. understanding campaign process using a reframed social marketing approach grounded in communication theory, research, and practice;

2. studying previous campaigns to identify and utilize best practices;

3. learning a hands-on, multi-phase health campaign system supported by CDCynergy; and

4. designing a motorcycle safety campaign from formative research through roll-out and initial evaluation.

Consistent with a traditional-readings approach to teaching health campaigns courses, students utilized information presented by *The Pink Book (NCI, 2001)*, CDCynergy *(CDC, 2003)*, the health communication campaign framework *(Mattson & Basu, 2010a, 2010b)*, and *Social Marketing: Influencing Behaviors for Good (Kotler & Lee, 2008)* to study previous campaigns, identify best practices, and further understand the messaging process. Then, moving beyond the traditional readings-based approach, the instructor incorporated a scholarship of teaching and learning approach by engaging students in the design, implementation, and evaluation of a health campaign to meet expressed community needs. In accord with the fourth learning objective, this engagement integrated the other three course objectives with direct application in the com-

munity. The format of the two-course sequence, which aligns with the four-stage process of health campaign development, is outlined as follows.
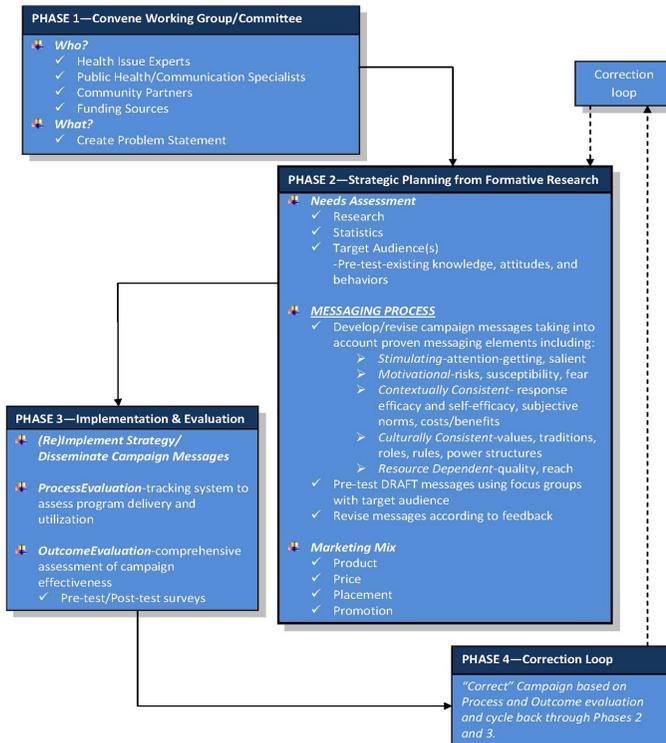
PHASE 1—Convene Working Group/Committee

- **Who?**
  - ✓ Health Issue Experts
  - ✓ Public Health/Communication Specialists
  - ✓ Community Partners
  - ✓ Funding Sources
- **What?**
  - ✓ Create Problem Statement

Correction loop

PHASE 2—Strategic Planning from Formative Research

- **Needs Assessment**
  - ✓ Research
  - ✓ Statistics
  - ✓ Target Audience(s)
    -Pre-test-existing knowledge, attitudes, and behaviors

- **MESSAGING PROCESS**
  - ✓ Develop/revise campaign messages taking into account proven messaging elements including:
    - ➢ *Stimulating*-attention-getting, salient
    - ➢ *Motivational*-risks, susceptibility, fear
    - ➢ *Contextually Consistent*- response efficacy and self-efficacy, subjective norms, costs/benefits
    - ➢ *Culturally Consistent*-values, traditions, roles, rules, power structures
    - ➢ *Resource Dependent*-quality, reach
  - ✓ Pre-test DRAFT messages using focus groups with target audience
  - ✓ Revise messages according to feedback

- **Marketing Mix**
  - ✓ Product
  - ✓ Price
  - ✓ Placement
  - ✓ Promotion

PHASE 3—Implementation & Evaluation

- **(Re)Implement Strategy/ Disseminate Campaign Messages**

- **ProcessEvaluation**-tracking system to assess program delivery and utilization

- **OutcomeEvaluation**-comprehensive assessment of campaign effectiveness
  - ✓ Pre-test/Post-test surveys

PHASE 4—Correction Loop

"Correct" Campaign based on Process and Outcome evaluation and cycle back through Phases 2 and 3.

Figure 1. Health Communication Campaign Framework (adapted from Mattson & Basu, 2010a; 2010b)

Phase 1 of the Project: Strategic Planning from Formative Research

Needs assessment.

The second learning objective was for students to study previous campaigns and identify best practices. One such practice students identified through their course readings was conducting a thorough needs assessment before developing a health campaign *(Gilmore & Campbell, 2005; NCI, 2001)*. Alerted by the course instructor's motorcycle accident, the students suspected that a road safety campaign was needed. However, to gain more definitive knowledge, the students conducted a comprehensive needs assessment *(Kosmoski et al., 2007)*, using strategies outlined by Gilmore and

Campbell *(2005)*. The first step was an information search and review of literature about motorcycle safety. After research into the issue, they drafted the following problem statement:

> The incidence of deaths as well as injuries on motorcycles has been steadily increasing over the past seven years. Each year, an average of 3,000 people (nationally?) die as a result of a motorcycle accident and around 60,000 are injured. In the state of the Motorcycle Safety Campaign, there were 2,157 motorcycle crashes in 1999. 1,637 motorcyclists were injured and 67 were fatalities. *(Motorcycle Industry Council, 2006).*

> Factors contributing to this problem are: lack of helmet usage, (helmet use among fatally injured motorcyclists is below 50% and only 53% of motorcyclists in the Midwest use a helmet) lack of helmet laws, unlicensed cyclists and almost a third of the fatally-injured operators are unlicensed and speeding.

> Potential motorcycle rider profiles show that two age groups are most at risk for injuries and death. Part of the challenge for this campaign will be that the reasons are different across age groups.

> If better safety measures are not taken, such as increased helmet use, better education, wearing protective clothing, driving at appropriate speeds and changing policies, motorcycle riders will continue to be more susceptible to death, injury, and permanent disability which can affect quality of life. Accidents also can result in an increase of financial costs for the rider and his or her family, as well as health care costs for other health care consumers.

Based on the problem statement, students assessed the surrounding community needs relative to motorcycle safety. Typically, university communities contain structural and logistical risk factors associated with motorcycle accidents. The home of the Motorcycle Safety at Purdue campaign is West Lafayette, Indiana, a mid-sized, upper-middle-class town. Several unclearly marked one-way streets run through the campus. Crowds of pedes-

trians often jaywalk across these as well as other campus streets. Additionally, thousands of new students and their friends and family come to the university each year. Many of these individuals are unaware of the community's traffic patterns and regulations. All these factors—the confusing traffic patterns, the lack of understanding of traffic regulations, and the inconsistent movements of pedestrians—cause distractions for motorcyclists and drivers of cars and trucks that can compromise safety.

Students also discovered that university demographics exacerbated traffic and motorcycle safety risks. The Motorcycle Safety at Purdue campaign was developed and initiated in West Lafayette, where more than 50% of the population is aged 18 to 24 and approximately 10% are under the age of 18. In addition, there are 137 males to every 100 females over the age of 18 (*Purdue University, 2009–2010*). Further, the incidence of vehicle crashes, and motorcycle crashes in particular, is highest among young males *(CDC, 2008; NHTSA, 2010)*. These demographics and the associated risk factors suggest that this university community is an appropriate environment within which to address motorcycle safety for this high-risk population.

Crash statistics also informed the decision to create a motorcycle safety campaign for Purdue University and the surrounding community. In Indiana, Purdue University's home state, motorcyclist fatalities have increased an average of 9.4% annually, while other categories of traffic fatalities have decreased *(Nunn, 2009)*. The age groups most frequently involved in motorcycle crashes are 21–30 and 41–50 *(NHTSA, 2010)*. In 2009, 100 motorcycle crashes were reported in Tippecanoe county, where Purdue University is located *(Nunn, 2009)*. Generally in this county, motorcycle crashes are "primarily due to driver error, failure to yield the right-of-way, or an unsafe speed by either the motorcyclist and/or other drivers involved" *(Baldwin, 2007, p. 41)*. Thus, Purdue University and its surrounding community were deemed an essential setting for a motorcycle safety campaign.

After gathering relevant statistics to inform the campaign (e.g., demographic information, geography of the community, logistical risk factors), the second step of the needs assessment was forming focus groups with motorcyclists from the university community. It was important to discuss with motorcyclists whether they perceived a need for a safety campaign. Three focus groups were conducted with motorcyclists who were university students, staff, and faculty. To recruit participants, flyers were posted around campus. Based on Krueger and Casey's *(2000)* recommendation, 8–15 participants

were recruited for each focus group, although some sessions had fewer than 8 participants, due to the voluntary and uncompensated nature of the methodology. The focus groups were conducted on the campus. Students in the course served as facilitators and co-facilitators of the focus groups while the remaining students and the instructor observed and took copious notes. The students in the course did not serve as focus group participants. This same recruitment process occurred for each focus group conducted during the two-course sequence. Focus group facilitators probed motorcyclists about their beliefs and behaviors regarding safety practices, such as wearing safety gear and riding safely, as well as their opinions about what should be included in a motorcycle safety campaign.

Several crucial findings from these focus groups shaped subsequent development of the campaign. Students learned that motorcyclists would be accepting and supportive of a motorcycle safety campaign if motorcyclists were not the only target audience. Motorcyclists were weary of campaigns telling them how to be safer while no campaigns targeted drivers of cars and trucks to be safer around motorcyclists. Focus group participants also indicated they would appreciate facts and statistics regarding motorcycle safety so they could make informed decisions about their personal safety. This portion of the needs assessment supported the working assumption that a comprehensive motorcycle safety campaign was warranted and likely would be accepted by the surrounding community. The needs assessment also determined the three target audiences for the campaign: motorcyclists, drivers of cars and trucks, and family and friends of motorcyclists.

In addition to providing valuable information that shaped the development of the campaign, the needs assessment gave students experience conducting focus groups. In addition to reading about focus groups *(Krueger, 1998; Krueger & Casey, 2000),* students gained experiential lessons regarding frustrations associated with preparing and revising an institutional review board application, recruiting participants (especially with very specific selection criteria), non-attendance by some registrants, resources that focus groups require, and how being a focus group facilitator is a demanding yet pivotal role. Despite these challenges, students learned that focus group research provides rich feedback in a relatively short time. Students gained a better understanding of and appreciation for a typical research method for health campaigns and other consumer-oriented initiatives.

After determining that the Motorcycle Safety at Purdue campaign would target three audiences, the students were divided into

three target audience teams. Each target audience team, which consisted of approximately 3–5 students, was assigned a target audience (i.e., motorcyclists, drivers of cars and trucks, family and friends of motorcyclists) and tasked with conducting a needs assessment specific to that audience. The goal was to understand what each target audience needed from the campaign. Target audience teams decided what methodology was appropriate and subsequently conducted focus groups and surveys to gather data about the attitudes, beliefs, behaviors, and information needs of each target audience. For example, the needs assessment for family and friends of motorcyclists revealed that 80% of those surveyed supported their family member or friend's riding a motorcycle, but many desired that the individual ride more safely *(Kosmoski et al., 2007)*. Family and friends communicated that they needed techniques for successfully persuading their family member or friend to be safer while riding a motorcycle. This encouraged the students to develop conversation starters for family and friends of motorcyclists to comfortably initiate discussions about safety with motorcyclists. Conversation starters provide scenarios that offer the opportunity to talk with a motorcyclist about safe riding, such as a news report of a motorcycle crash, seeing a motorcycle for sale by owner, watching a motorcyclist on television, and noticing someone riding a motorcycle. Each conversation starter card includes one of these scenarios and talking points for initiating a conversation about motorcycle safety. For instance, if someone is riding their motorcycle with all their protective gear, the family member or friend could indicate that the motorcyclist's use of safety gear makes them feel more at ease.

From these targeted needs assessments, the students and instructor refined the strategic plan for the campaign based on the unique communication requirements of each target audience. Suggestions for communication channels through which each target audience could be reached most efficiently and effectively included a website, a booth at campus events, and bus posters.

Community Partnerships.

The students knew from their formative research that to increase credibility with their target audiences and serve as channels for message dissemination, they would need to develop and sustain community partnerships *(Mattson & Basu, 2010a, 2010b; NCI, 2001)*. The first partnership activity took place during a scheduled class meeting. Telephone books were brought to class, and students looked through the yellow pages to brainstorm area

businesses and nonprofit organizations that might become campaign partners. After a list of potential partners was generated, students role-played making a partnership pitch to each organization. This role-play activity helped students formulate and revise the pitch they would eventually make in person. After thorough rehearsal, small groups of students were assigned organizations from the list of potential partners. Consequently, the campaign developed essential and longstanding partnerships with American Bikers Aimed Toward Education (ABATE), a motorcycle dealership, the Purdue University football team, the city bus public transportation company, and the Motorcycle Safety Foundation. No community organizations declined partnering with the campaign; however, several meetings occurred to solidify the partnerships and determine the benefits for both the campaign and the community partner. In addition to benefiting the Motorcycle Safety at Purdue campaign, these partnership activities raised students' confidence in their ability to discuss the campaign and persuade others to become involved in addressing a relevant safety issue in the community. This emphasis on partnerships and collaboration with the community allowed students to experience the multifaceted approach necessary to create a health campaign, as stated in the third course learning objective.

Phase 2 of the Project: The Messaging Process

Pre-testing messages and promotional items.

Based on the needs assessment and the messaging elements outlined by the health communication campaign framework *(Mattson & Basu, 2010a, 2010b)*, the students developed several draft messages and promotional items. Draft messages were tested with at least two focus groups for each target audience. Results from the 12 focus groups indicated clear audience preferences for messages and promotional materials that sometimes were inconsistent with students' expectations. For example, students' favorite draft message was targeted toward the family and friends audience and featured an image of a wildly unattractive female with the caption "You wouldn't let your friend go home with that ugly girl from the bar, why would you let him ride unsafely? Talk to your friends about riding safely" (Figure 2). The students were certain this risqué, edgy message would capture the target audience's attention. Therefore, the students were surprised when the feedback from focus group participants was negative. Participants said the message was too wordy and required too much thought and time to process; some considered the image offensive. Therefore, this message was not considered further for the campaign.

Figure 2. Example of draft motorcycle safety message

Focus group responses to another message also surprised the students. This message foregrounded intersecting street signs that displayed well-known campus street names as well as "Awareness" and "Respect" as the top two street names on the pole. The accompanying text stated, "Motorcycle safety is where awareness and respect intersect" (Figure 3). The students wondered if the message was clever enough to grab the attention of the target audiences. Although focus group participants suggested revisions to make the message more straightforward, they generally liked the message because it emphasized an essential element of motorcycle safety, respect, and was relevant to the university campus through the local street names.
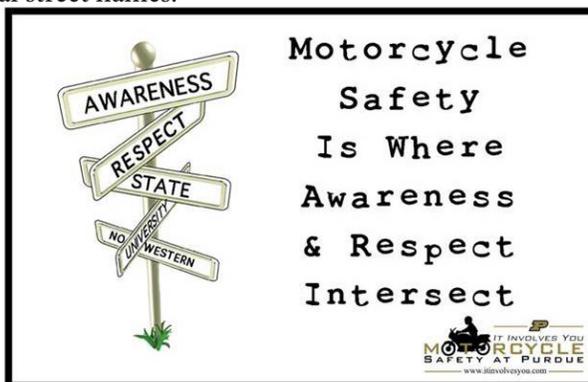
Figure 3. Sample motorcycle safety message

Seven other draft messages and three versions of the campaign logo, a preliminary website, and numerous ideas for promotional items (including T-shirts, pens, key chains, and air fresheners) were tested during each of the focus groups conducted by the target audience teams. The most popular promotional items were T-shirts, pens, and key chains. Feedback collected from the focus groups was analyzed *(Krueger, 1998)* and resulted in major revisions to the draft messages and the promotional items. Revised messages and promotional items were repeatedly pre-tested with subsequent focus groups. When focus group participants confirmed the acceptability of final designs, those designs were approved for production.

One of the lessons not overtly included in health campaign literature that students learned during message testing is the necessity of overruling target audience members when their feedback challenges the integrity of the campaign. For example, while testing different types of key chains, nearly all focus group participants indicated that they preferred the key chains that included a bottle opener. This focus group feedback was overruled by the students and the instructor because distributing a key chain that also functions as a bottle opener may send a contradictory message about drinking and driving and would conflict with the safety messages of the campaign.

The messaging process was exciting, creative, and arduous for the students. Students experienced enlightening moments when they received negative feedback about their favorite message designs or when feedback contradicted the campaign's safety message. Generally, the message-testing activities provided empirical evidence to support campaign development guidelines that message testing is imperative.

Phase 3 of the Project: Campaign Implementation

Implementation was the most rewarding phase for the students because they experienced all the labor of previous phases coalescing into the Motorcycle Safety at Purdue campaign roll-out. The campaign was implemented one year after its conception. Campaign messages were broadcast on the campus television network, posted inside buses that traversed campus, and displayed at the campaign's booth during relevant events. The students and instructor served as representatives of the campaign at various events and interacted with people who approached the booth. Students engaged booth visitors in dialogue regarding the importance of and strategies for

motorcycle safety, answered questions, and provided handouts and promotional items.

Participating in campaign implementation activities provided students the opportunity to interact with each target audience and observe responses to their work promoting safety behaviors. Students also learned that representing a health campaign is not always easy or comfortable, as they sometimes encountered opposition from individuals who did not agree with the goals of the campaign. Students learned and refined their abilities to assertively initiate conversations, and they developed additional skills such as crafting counterarguments in real time and politely accepting criticism. These unique learning experiences can be achieved only by participating in a bona fide campaign.

Phase 4 of the Project: Campaign Evaluation

Although evaluation is emphasized in the final phases of health campaign literature and models, an evaluation plan must be included in the strategic plan as the campaign is being developed. Assessing the effectiveness of the Motorcycle Safety at Purdue campaign posed a unique challenge because the campaign has no predetermined end date. Instead, the campaign is intended to persist until there is a substantial and sustained decrease in motorcycle crashes, injuries, and deaths. To assess the effectiveness of the campaign, the students conducted a baseline survey of the knowledge, attitudes, and behaviors of target audience members regarding motorcycle safety prior to campaign implementation (i.e., August 2006). The survey for motorcyclists contained 76 questions; the survey for drivers of cars and trucks, 50 questions; and the survey for family and friends of motorcyclists, 67 questions. Since students in the two-course sequence conducted the baseline survey, the campaign has conducted surveys during the spring of each subsequent year beginning in 2007 to continue measuring changes in the target audiences' knowledge, attitudes, and behaviors regarding motorcycle safety.

The surveys students developed at baseline continue to be utilized annually with additional questions included to determine the effectiveness of new messages and channels of distribution. Most participants are university students, although some faculty and staff also complete the surveys. Space constraints preclude inclusion of outcome data for each year and target audience in this article; however, the data indicates a steady increase in awareness of the campaign on Purdue University's campus. Participants

report being aware of the Motorcycle Safety at Purdue campaign mainly through campaign messages and promotional items such as T-shirts and key chains, communication classes, events on campus, and word of mouth.

Students in the initial course sequence experienced the challenges involved in creating a valid survey to assess the Motorcycle Safety at Purdue campaign, including the need to pre-test the survey and finding and reaching out to target audience members who have been exposed to campaign messages. Perhaps most telling, students learned that campaigns do not always produce immediate results; rather, campaign practitioners must diligently and patiently pursue the campaign strategy. Developing a strategy to evaluate the Motorcycle Safety at Purdue campaign was the fourth learning objective students were tasked with in the course.

This detailed account of the four-step campaign process followed during the two-course sequence is intended to aid readers in understanding the campaign project and to support those contemplating possible future implementation of this course format. The next section reports on the retrospective study that the students participated in to evaluate the learning outcomes of the course.

Methods

The study involving the former students of the two-course sequence assessed how they responded to the engaged pedagogy approach used to teach them health campaigns. Since this approach to teaching health campaigns courses is unique and still utilized by the instructor, further inquiry about the impact of this teaching method on students' learning outcomes and application of those outcomes was necessary. Although students evaluated the course upon its completion, following up with students to determine how they utilized skills learned in the course could provide more insight into this teaching method. This study was deemed by the Institutional Review Board to be exempt because respondents were anonymous to the instructor and the questions did not contain sensitive information.

Data Collection and Sample

A list of eight interview questions was distributed electronically to the 17 graduate students who completed the two-course sequence. The interviews were administered electronically because a majority of the students had completed their graduate program and were geographically dispersed. Since students did not know

they would receive a request to evaluate the course, they were given two weeks to complete the evaluation and send their responses to a current graduate student's e-mail address so individual responses would be anonymous to the instructor.

The interview questions were developed based on the goal of engaged scholarship as encouraging a more active learning experience through hands-on participation *(Boyer, 1996)* and to help assess the effectiveness of this approach as a pedagogical tool. The questions probed students' expected and unexpected challenges, whether the course prepared them for health campaign research and fieldwork, whether the instructor created a collaborative environment among students, how collaboration was fostered in the community, what students learned about fostering collaboration, whether project teams experienced conflict during the course and, if so, how they handled conflict in ways that fostered collaboration. After three e-mail reminders, a total of eight students (47%) responded to the interview questions.

Data Analysis

The graduate student and professor adhered to Boyatzis' *(1998)* guidelines of thematic analysis. Initial coding occurred within each data file, during which each interview transcript was read line by line to inductively derive codes from the raw responses. After initial coding provided analytic direction, focused coding occurred during which all of the transcripts were analyzed together to synthesize and further connect the themes that emerged from the data. Generally, themes emerged within each interview question. For example, respondents were asked to discuss expected and unexpected challenges in a course that was structured in this format. Several themes emerged related to expected and unexpected challenges that were coded during the analysis. The data was analyzed by a graduate research assistant and then reviewed by the course professor to ensure it fit within the code and to further elaborate the code. After reliability was determined based on the repetition of the data, the codes were finalized and defined with their respective themes and the codebook was confirmed. Following are the themes that emerged from responses to the interview questions.

Findings

The findings of this study are summarized in Table 1. In addition to providing the themes that emerged from the interviews, the table depicts the learning objectives addressed and the number of

students who responded within each theme. Example responses also are included to illustrate how the themes were identified. The first theme encompasses the challenges that respondents acknowledged throughout the course.

Table 1. Thematic Depiction of Respondents' Reflections

Code	Theme (*n*) in Parentheses	Example	Respondent Response/ Reflection	Learning Outcome(s)
Unexpected Challenges	Community collaboration/partnerships (*n*=7)	"The realities of working wtih outside stakeholders/partners (potential community partners not returning phonecalls or not following through)." (Respondent 1)	"I'm hesitant to call teh example a challenge because it was an essential experience in understanding audience segmentation and message development." (Respondent 1)	* Studying previous campaigns to identify and utilize best practices. * Leaning a hand-on, multi-phase health campaign system supported by CDCynergy.
	Time and effort needed to create a campaign (*n*=6)	"I think the most unexpceted challenge that we faced was hot time consuming the class projects were. We completed a tremendous amount of work in one semester so we were constantly working on multiple projects." (Respondent 3)	"There were a few times when as a class we had to adjust deadlines or even expectations. I learned to work together and have confidencei n my colleagues' work. I learned to delegate instead of micromanage." (Respondent 3)	* Learning a hands-on, multi-phase health campaign system supported by CDCynegy. * Designing a motorcycle safety campaign from formative research through roll-out and initial evaluation.
	Money troubles (*n*=3)	"The challenge that we faced for securing money was frustrating because we needed some seed funds to do the formative research and produce teh posters." (Respondent 6)	"I later went with Marifran to meet with him and a partnership developed into a long-term relationship and provided a venue for the campaign to put the ads." (Respondent 6)	* Learning a hands-on, multi-phase health campaign system supported by CDCynergy.

Table 1. cont.......Thematic Depiction of Respondents' Reflections

Code	Theme (*n*) in Parentheses	Example	Respondent Response/ Reflection	Learning Outcome(s)
	Working with colleagues and community members (*n*=6)	"As a group we dealt with a few stakeholder groups and realized that matching time for events and meetings with us and them can be a tedious process. Our lives as students, the professor's schedule in terms of all the things she is involved with, and the stakeholder's schedules all in the context of school, and federal holidays are a tough thing to match!" (Respondent 7)	"Have regular group meetings to solve the problem." (Respondent 7)	*Studying previous campaigns to identify and utilize best practices. *Learning a hands-on, multiphase health campaign system supported by CDCynergy. *Designing a motorcycle safety campaign from formative research through roll-out and initial evaluation.
Working together toward a common goal	Professor fostering collaboration with class (*n*=8)	"We were put into work teams so we were forced to collaborate among the team. The teams were working toward the ultimate goal of developing the campaign so all of the teams had to work together." (Respondent 3)	"There were a lot of compromises made and we all got used to having our 'brilliant ideas' shot down and replaced with better ideas." (Respondent 3)	* Studying previous campaigns to identify and utilize best practices. *Learning a hands-on, multi-phase health campaign system supported by CDCynergy.
	Collaboration is difficult but worth the effort (*n*=8)	"Being able to brainstorm an idea into existence through collaborative effort does teach you the value of teamwork, support, leadership, collaboration, initiative, and perseverance." (Respondent 2)	"For me, I think back fondly at that time with my colleagues and [professor] from class to campaign and appreciate that I was involved in the process." (Respondent 2)	* Understanding campaign process using a reframed social marketing approach grounded in communication theory, research, and practice. * Designing a motorcycle safety campaign from formative research through roll-out and initial evaluation.
	Solving conflict together to foster collaboration (*n*=4)	"A conflict I recall is [one respondent] with a very strong and negative personality. I recall her making class discussions very frustrating because she had a very narrow view of how campaigns should be developed." (Respondent 3).	"I remember spending a lot of time explaining to her why things weren't always done her way...we made the effort to explain to her why we were not following her suggestions all the time." (Respondent 3)	* Designing a motorcycle safety campaign from formative research through roll-out and initial evaluation.

Table 1. cont.......Thematic Depiction of Respondents' Reflections

Code	Theme (*n*) in Parentheses	Example	Respondent Response/ Reflection	Learning Outcome(s)
Blend of theory and application	Use of class readings to extend campaign practice (*n*=6)	"Not only do I reference and utilize social marketing theories, but I often refer to the elements of campaign design. Also, I have lent my textbooks and articles from class to co-workers (at their request) because they are interested in the background from class that I share." (Respondent 1)	"The MSC experience showed the value of audience segmentation and message development, and I frequently apply that knowledge." (Respondent 1)	* Studying previous campaigns to identify and utilize best practices. * Understanding campaign process using a reframed social marketing approach grounded in communication theory, research, and practice.
	Practical writing skills developed (*n*=3)	"I learned to write a proposal that would fit into the CDC's framework." (Respondent 6)	"Also benefited from participating in and witnessing the creation and launching of the campaign from the design of the logo to message testing, and to poster design." (Respondent 6)	* Studying previous campaigns to identify and utilize best practices. * Learning a hands-on, multi-phase health campaign system supported by CDCynergy.
	Applying skills in future work (*n*=4)	"The Design Implementation Evaluation model has been useful when trying to influence health behaviors." (Respondent 5)	"Focus groups and survey analysis provided insights into the problem and ways to address that problem." (Respondent 5)	* Understanding campaign process using a reframed social marketing approach grounded in communication theory, research, and practice. * Designing a motorcycle safety campaign from formative research through roll-out and initial evaluation.
	Bridging theory and practice (*n*=7)	"It also gave me a great background in social marketing and an opportunity to see theory in action." (Respondent 4)	"It prepared me for the frustrations of the 'real world'." (Respondent 4)	* Understanding campaign process using a reframed social marketing approach grounded in communication theory, research, and practice. * Designing a motorcycle safety campaign from formative research through roll-out.

Challenges

The former students were asked to reflect on some of the expected and unexpected challenges they encountered in the course sequence. Several of the respondents discussed the difficulties of working with potential stakeholders, partners, and community members. Mainly, they indicated that communicating with community members was sometimes problematic, including reaching them via telephone or recruiting them to participate in a focus group.

In addition, respondents reported that when working with community organizations they and their teams often could not move as quickly as preferred on projects. When comparing this course to more traditional courses, respondents said that in this campaign course sequence it was much less likely that projects would progress according to plans. However, as participants repeatedly stated, "This is reflective of life outside academia" (Respondent 4). Relatedly, they reported having to be more flexible in this course than in other courses. The need to "adjust deadlines" and more or less "go with the flow" was critical (Respondent 3). Also, more individual commitment and team meetings were needed to be effective.

Another challenge discussed was securing campaign funding. Although this was very challenging, respondents appreciated the communication skills they developed by interacting with community professionals. Respondents reported that they repeatedly called potential partners and sponsors to offer their persuasive pitches and gain support. For some respondents, needing to make these phone calls more than once was frustrating. Creativity was necessary, as illustrated in the examples included in Table 1.

Despite these challenges, the respondents seemed to appreciate the benefits of these course experiences. In particular, two indicated that having the opportunity to work with people outside the classroom increased their confidence in face-to-face communication and mediated encounters with professionals. In addition, many respondents indicated that this course sequence prepared them to overcome setbacks in the "real world" and provided a valuable opportunity to experience theory in action.

Collaboration

This campaign course sequence encouraged fostering collaboration both inside and outside the classroom. Former students were probed to reflect on and discuss what they learned about community collaborations. One respondent said, "To me, the first rule of

collaboration is trying to reach out to community organizations, you might hit and you might miss but it is all a learning experience" (Respondent 4).

In addition, respondents were asked to reflect on the environment within the classroom. Respondents appreciated the collaborative atmosphere facilitated by the instructor as a model to follow while engaging community members about the safety issue. As one respondent explained:

> Professor Mattson was wonderful. Though I realize she is passionate about this issue, I never felt she pushed us towards this idea. The class through many interactions and numerous brainstorming decided on the topic. From then on Professor Mattson supported us, encouraged us, facilitated and led the team and in doing so I think everyone felt they had an equal part and equal say. Of course this makes for a wonderful environment to work in and a great sense of collaborative effort. (Respondent 2)

As described previously, one of the activities performed in the classroom was practicing partnership pitches with potential community partners. Almost all the respondents mentioned that preparing and rehearsing these persuasive presentations helped create a stronger presentation to community members. One respondent said she learned to effectively probe why the potential partner wanted to be involved in a campaign about this specific issue and to what extent, which helped in specifying goals and outcomes of the partnership. After building a strong relationship with these community partners, several respondents commented that they were able to enlist their partners and their partners' networks of contacts for campaign message dissemination, further expanding the concept of collaboration.

Conflict

No major conflicts during the course sequence were reported; respondents mentioned only basic misunderstandings and strong personalities colliding. Respondents indicated that in order to continue their collaboration efforts inside and outside the classroom, conflicts were addressed immediately and directly so they could move forward to complete their tasks. For instance, one respondent said, "We talked about the situation and shared our thoughts good and bad. And we were okay after that. And I have no reason

to believe my group members had held any grudges" (Respondent 7). Participants consistently responded that because collaboration was necessary to complete their tasks, any conflict, no matter how minor, had to be resolved in a timely and effective way.

Blend of Theory and Application

When asked if they had any additional comments about the health campaign course sequence, respondents indicated that the blend of readings and practice was the perfect combination of theory and application, which also speaks to the first course learning objective. The following response elaborated on this notion:

> The campaign classes were definitely the most valuable classes I took while at Purdue University, not to mention the most enjoyable. They were wonderful departures from traditional classes and I felt that I really left the classes with valuable experience that I would put to use. I hope that every student has the opportunity to experience a class where he/she is given the opportunity to apply the skills he/she is learning. (Respondent 3)

Respondents also said that the collaborative climate in this course sequence "Is an excellent example of a class project that combines theory, research, practice and community entities" (Respondent 5). Even when the former students commented on the challenges they experienced, they also pointed out the positive aspects of working on the campaign. For example, one respondent said,

> It was a good mix of practicum and theory. However, the problem was so large that it was a bit demotivating when we weren't able to achieve the results we hoped. That's how things are so it's a good taste of reality. (Respondent 4)

The findings demonstrate that implementing an engaged approach to pedagogy to enhance the scholarship of teaching and learning helps students achieve learning objectives and course satisfaction. Having discussed the students' perspectives, we next revisit the learning objectives the instructor identified for this course sequence to consider how they can be used in students' future careers.

Discussion

A return to the learning objectives of the course suggests ways in which this engaged pedagogy approach to teaching and learning can foster a positive learning experience for students while building their confidence to apply the skills they developed in future settings.

Learning Objectives

The goal of the two-course sequence was for students to learn about the research and practice of designing, implementing, and evaluating health campaigns. In order to accomplish this goal, specific learning objectives were developed. Two learning objectives, (1) understanding campaign process using a reframed social marketing approach grounded in communication theory, research, and practice and (2) studying previous campaigns to identify and utilize best practices, were based on a traditional readings-based approach to teaching health campaigns. This approach helped students complete a comprehensive needs assessment for the Motorcycle Safety at Purdue campaign. The next two objectives, (3) learning a hands-on, multi-phase health campaign system and (4) designing a health campaign from formative research through roll-out and initial evaluation, required a scholarship of teaching and learning approach. According to their interview responses, the students appreciated the health communication campaign as a model of engaged pedagogy. Specifically, comments about the blend of theory and application support these course objectives. One participant commented, "There were wonderful departures from traditional classes and I felt that I really left the classes with valuable experience that I would put to use" (Respondent 3). This comment implies that although this respondent appreciated reading and learning about health communication campaigns, applying what was learned via a real-time campaign was a novel and useful experience.

Based on this feedback, other undergraduate and graduate courses offered by the instructor now incorporate projects associated with the campaign, giving interdisciplinary students opportunities to learn while contributing to the development and growth of the campaign. Through these classes, the instructor continues to experience transformational learning. Converting the students' idea for creating a motorcycle safety campaign into a health campaign pedagogy tool is an ongoing learning process fraught with pedagogical challenges. In the next section, the instructor's per-

spective is considered, and suggestions are offered for addressing specific challenges.

Instructor's Perspective

An important aspect of engaged pedagogy and the scholarship of teaching and learning is mindful practice. As Johns *(2004)* defined it, mindful practice is being aware of the self within the unfolding moments of achieving a desired vision for action. Mindful practice is akin to Schön's *(1983)* notion of the reflective practitioner and Dana and Yendol-Silva's *(2009)* extension to the reflective educator. Although designing, implementing, and evaluating a health campaign was not part of the original vision of the health campaign course, upon students' swift introspective reflection and subsequent urging, the vision of the course changed as the opportunity to learn through a more action-oriented research approach *(McNiff & Whitehead, 2010)* surfaced. Along with the change in vision came some unanticipated pedagogical challenges. Agreeing to embark on a motorcycle safety campaign as an integral part of the two-course health campaign sequence was the first in a series of difficult decisions that punctuated the course instructor's experience. Three principal challenges are highlighted, and suggestions are offered to other instructors who may want to adopt an engaged pedagogy or a scholarship of teaching and learning approach in their own teaching.

Choosing a health issue.

The first and most intricate challenge was the instructor's reluctance to even consider getting involved in a motorcycle safety campaign. When she returned to teaching after an academic-year hiatus to recover from her accident, in addition to coping with a severe physical injury, her ego was quite fragile. She struggled with regret about ever riding a motorcycle because she now felt that, as some health care providers had implied, someone with her advanced education should have known better. Essentially, riding a motorcycle presents a risk of a crash 39 times greater than riding in a car or truck *(NHTSA, 2010)*. After her accident, she had resolved to take fewer risks, and this decision about changing the trajectory of the health campaign course harbored a personal risk. It would have been less emotionally fraught to refuse the students' promptings. However, their persuasive arguments resonated with the idea that perhaps they could help other motorcyclists avoid crashes and in

the process turn the instructor's recovery from an unfortunate circumstance into a more positive experience for others and herself.

Upon further reflection, the instructor realized that at this juncture in her teaching career she had a unique, though uncomfortable, opportunity to serve students as a role model. Not only would she be illustrating the effectiveness of their persuasive arguments, she would be showing them that personal tragedy can result in positive outcomes. In retrospect, although it can be emotionally draining at times, teaching through or in spite of personal experiences can provide a font of passion, insight, and even healing. The instructor even sometimes teases that due to the loss of her leg and the aftermath, she now feels like a legitimate health communication professor.

Although the foray into engaged pedagogy and the scholarship of teaching and learning came through personal tragedy, the impetus for teaching from an engaged perspective can come from a variety of sources, including any issue an instructor or students are passionate about. Any issue that addresses a community need is appropriate for engaged pedagogy, but it is often a personally relevant health issue to the instructor and/or the students that may benefit most from designing, implementing, and evaluating a health campaign. Despite the challenges involved, choosing an issue of personal concern often helps sustain interest in the health campaign project.

Relinquishing control over content.

Another challenge or risk of engaged pedagogy is relinquishing control over course content. Although following a health campaign framework like CDCynergy or the health communication campaign framework offers the illusion of control via its step-by-step process, real-time health campaigns often take on a life and timeframe of their own, and the instructor needs the flexibility to adapt. As former students of the health campaign course sequence emphasized, flexibility is paramount. The format and content of the syllabus for the course sequence was very different from that for a traditional readings-based health campaign course. After the decision to incorporate the early phases of a health campaign to address a bona fide community need, the syllabus had to be revised. Although it still contained the typical sections, the course assignments and calendar became less organized around readings about the theory and research of campaigns and the experiences of others. Instead, it was explained in the syllabus that both the class

format and the assignments would be "emergent and very applied," and descriptions of assignments were less directive.

For example, the coordination of students into three target audience teams was not planned in advance but occurred when the target audiences had been determined based on the needs assessment. After the students were organized into target audience teams, an updated version of the syllabus that incorporated assignments for each team was distributed. A section of the syllabus that includes these assignments follows.

C.   Funding Opportunity Report

Your Target Audience Team is responsible for researching, contacting, and reporting on your exploration of a funding opportunity for the campaign. Leads will be provided.

D.   Partnership Pitch

Your Target Audience Team will prepare, present, and report on a campaign partnership pitch. Your report will include the details of your pitch, the result, and a self-assessment of the pitch with recommendations for improving future pitches.

E.   CDCynergy Phase Reports

For each of the six phases of CDCynergy, your Target Audience Team will present a report of your findings. These reports will be both oral and written (typically in executive brief format).

Target audience team assignments followed the flow of campaign development. Requirements of the assignments were graded based on the instructor's observations of the activity, when possible, target audience team presentations, and reports of the assignments. Also, at the end of the course, students filled out a confidential evaluation of each member of their target audience team, and each target audience team filled out a confidential evaluation of each other team.

Generally, the syllabus was more open-ended and centered around action-oriented activities for each phase of the campaign, leaving available the possibility of spontaneous activities. Although this more open-ended approach to the syllabus can be refreshing and exciting because students are involved in fleshing out the course as the campaign progresses, it can be frustrating for both students and the instructor because typically they are not social-

ized or trained to plan, teach, and take courses in this less predetermined way. To adjust to such an approach, the instructor must be comfortable with a more open-ended syllabus concept when planning the course and must be prepared to repeatedly explain to students why this openness is integral to the course.

Addressing the unknown.

A third challenge of engaged pedagogy stems from the second challenge because it involves the reactions of students to non-traditional forms of teaching. As some of the students who participated in the design, implementation, and evaluation of the Motorcycle Safety at Purdue campaign confirmed, at times students become frustrated because much of what happens in the course cannot be planned for or is unpredictable. For example, during the second course in the sequence, each target audience team did not know a priori how many focus groups they would need to conduct to achieve feedback saturation about draft messages. Each team needed to plan and conduct focus groups until they received repetitious feedback and were confident in the changes they needed to make to improve the effectiveness of the messages. Each team then conducted additional focus groups with target audience members to validate the revised messages before the messages could be finalized and produced for campaign implementation. This iterative process took more time for some teams than for others. Some students became frustrated because it was difficult to plan their schedules around these unknown aspects of the campaign. Regardless of the varying time involved, each target audience team was graded on completing the requirements of the assignment. However, assignment due dates were revised if the specific team gave notice.

In an effort to preempt student frustrations, instructors can include acknowledgment of unknown factors in their descriptions of the course and even encourage potential students, prior to registering for the course, to talk with them or students who previously took the course. Perhaps more so than in traditional courses, instructors teaching from an engaged pedagogy perspective need to proactively explain the pros and cons of participating in these courses. After the course commences, students' frustrations should be proactively addressed. Students should be encouraged to share their frustrations, and concerns aired either overtly or covertly should be resolved through timely discussion.

Lessons Learned for Future Projects

In summary, this section provides five lessons learned from utilizing an engaged pedagogy approach to teaching health campaigns. First, incorporating a real-time campaign guided by *The Pink Book*, CDCynergy, and the health communication campaign framework is a transformational pedagogical tool in transitioning from a more traditional pedagogy of health campaigns that emphasizes readings and case examples. However, these readings do provide important information for students to apply in developing a campaign that meets community needs. Instructors who adopt this approach will need to purposefully select readings, since class time spent on discussion of readings is more limited than in traditional-readings-based courses.

Second, this two-course sequence demonstrated that designing, implementing, and evaluating a health campaign can be a valuable pedagogical tool to enhance course objectives and student knowledge, understanding, and application. Responses illustrate that the Motorcycle Safety at Purdue campaign provides numerous hands-on opportunities for students to immediately apply what they are learning to address a community need. Perhaps the most vital lesson students glean from working on a bona fide campaign while enrolled in a health campaign course is learning to deal with the often-glaring juxtaposition between how campaigns should be designed, implemented, and evaluated "in theory" or according to published guidelines and how campaigns actually are designed, implemented, and evaluated in the "real world," which often includes budgetary, time, staffing, and community challenges in addition to numerous other, often unforeseen, constraints.

Third, in addition to the pride students felt pursuing active roles in conceiving and creating the campaign, students reflected that they acquired hands-on experience that is highly marketable in the current economic environment *(Edgar & Hyde, 2005; Field, 2009; Greenberg, 2009)*. Students participating in these campaign courses have the opportunity to acquire a set of skills including, but not limited to, working in teams; working under strict deadlines; working with tight budgets; forming connections and working with community partners; message design, testing, and evaluation; website development; survey design, implementation, and data analysis; and proposal and report preparation and presentation. Equipped with these skills, students likely will stand out as employment candidates and eventually as model employees. However, students may not initially recognize this benefit, so instructors are advised to discuss with students how they can incorporate relevant

experiences in the course during job interviews and throughout their career path.

Fourth, the campaign not only benefited the students involved with its development, but also the communication department within which it is housed by showcasing to Purdue University administration the impact engaged pedagogy has on students and the community. As a result, the campaign receives funding from the College of Liberal Arts and other forms of recognition and support from the university, including seed grants and coverage in publications. Therefore, maintaining a partnership with the Purdue University Brian Lamb School of Communication also helps sustain the campaign as it grows and requires additional support. For instance, the campaign was featured in the annual communication magazine, The Communicator, which is sent to thousands of alumni. This publicity promoted the campaign not only beyond the university community, but beyond the state, as well.

Fifth, engaging students in a bona fide campaign as they learn campaign process is a complex pedagogical challenge. Because students not only interact in the confines of the classroom but also collaborate with the community, explicit discussion of ethics in health campaigns and community interventions is imperative. Although ethics was implicitly discussed in the course sequence when, for example, the agenda for the focus groups was reviewed and when the class considered how to approach potential community partners, some responses by target audiences to finding a draft message offensive suggests that a section of the course on ethics is warranted. Ideally, this section should occur early in the course, with concepts and principles revisited throughout the course to aid retention and practice. Rabinowitz's *(2013)* outline of ethical issues in community interventions emphasizes the Hippocratic concept of "do no harm" and provides a variety of questions and concerns to contemplate and act upon while designing, implementing, and evaluating a health campaign.

Limitations That Emerged from the Data

In the previous section we addressed general lessons learned about an engaged pedagogy approach to teaching. However, since the Motorcycle Safety at Purdue campaign is an ongoing project that spans across classes from semester to semester, the retrospective interviews helped both to inform previous and perhaps current limitations of the pedagogical process within these classes and to provide direction for modifying future projects. As the results indi-

cated, former students who chose to participate in the retrospective study had little contrary input about the two-course health campaign sequence. It is possible they felt pressure or had a stronger desire to report positive experiences and how they were using the information learned in the course, rather than more negative aspects they experienced along the way. However, the few negative responses received did reveal some limitations of applying an engaged pedagogy approach in class.

Students referenced the time constraints of the course as a barrier to accomplishing all of their objectives and goals in a timely manner. To address this barrier, the professor continues projects from semester to semester. If one class is not able to complete a task due to time constraints or scheduling conflicts with community partners, then a subsequent class can continue the project at the start of a new semester. Additional retrospective interviews should be conducted with subsequent classes to determine whether time constraints are still a limitation of this teaching method, from the students' perspective, and whether any new constraints emerge. In addition, since the retrospective interviews were conducted with graduate students, it would be valuable to receive input from undergraduate students. Undergraduate students may be using the skills they acquired differently from graduate students and thus may have varying perceptions about the practicality of this course.

Conclusion

The goal of this article was not only to illustrate the numerous benefits gained by both the instructor and students in response to incorporating the development, implementation, and evaluation of a bona fide health campaign into a health communication curriculum, but also to provide encouragement to instructors to consider incorporating the scholarship of teaching and learning when designing health campaign courses. Although this engaged approach to pedagogy requires much time, commitment, and effort, the empirical support suggests that despite the challenges, incorporating a health campaign into the curriculum is achievable and immensely rewarding. Colleagues across disciplines are encouraged to carefully assess the unique needs within their communities and engage the design, implementation, and evaluation of a campaign to address those needs. The benefits of this endeavor to the students, community, academic program, college or university, and instructor will be well worth the effort.

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