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CASE 6

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

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Aidan Norman sat down at his desk and let the events of the meeting he had attended sink in. During this meeting Aidan was appointed the manager of Parachute's newest initiative: the Vision Zero Network. Aidan was thrilled; he had been at Parachute for three years but had never taken on a project of this size before. Parachute is a national charity dedicated to preventing injuries and saving lives and Parachute's Vision Zero Network would attempt to reduce fatalities and serious injuries on Canadian roads to zero. Aidan would be responsible for leading the Vision Zero team as they implemented a social marketing campaign that provided educational and awareness raising resources to the public as well as Parachute's stakeholders. His goal would be to determine how Parachute's resources could go beyond basic marketing and lead to actual changes in public behaviour and attitudes towards road safety. More importantly, he would have to devise an evaluation plan that assessed the effectiveness of these resources. A public health social marketing campaign, such as this, would rely on feedback from the public to determine if the material was in fact leading to change. Funders and stakeholders of the Vision Zero Network would want to see evaluation results to ensure that their investment had been put to good use. Aidan knew that the management team had a gold-standard evaluation method in mind, however, Parachute lacked both the funding and time to complete the technique. Aidan knew that the next few months were going to be filled with obstacles, but he looked forward to the new challenge.

BACKGROUND

Injury is the number one killer of Canadians aged 1 - 44 and results in 16,000 deaths and 60,000 disabilities annually. The financial toll of injury to the Canadian economy is a staggering \$27 billion annually, costing more than heart disease and stroke. The brunt of the economic burden is faced by the publicly funded health care system, where there are upwards of 3.5 million emergency room visits per year. More importantly, the emotional impact and potential years of life loss of those injured can be devastating to families, friends, and communities (Parachute, 2015).

Of the thousands of preventable injuries that occur each year, a large proportion of these injuries take place on the road. Every year, approximately 2,000 Canadians are killed and 165,000 are injured on our roads (Parachute, 2015). Canada has one of the highest motor vehicle fatality rates among high-income countries, and transport-related injuries remain the leading cause of death for children under the age of 14 (WHO, 2015 & Parachute, 2015). Vulnerable road users, such as pedestrians, motorcyclists, and cyclists that lack protection

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

when travelling on the road, accounted for 27% of the road fatalities between 2010 and 2014 (Transport Canada and Canadian Council of Motor Transport Administrators, 2016). To combat these trends, the three main causes of road incidents (distracted driving, impaired driving, and speeding) must be addressed.

Parachute has made road injuries a priority and focused activities to address the root causes of road injury and fatality. Through knowledge translation, innovative solutions, and collaborative partnerships, Parachute aims to educate the public and initiate policy change to create a safe environment for all Canadians. Preventable injuries are just that: predictable and preventable. Through Parachute's activities Canadians are given the tools and knowledge required to make smart and safe decisions.

PARACHUTE – LEADERS IN INJURY PREVENTION

“Preventing Injuries. Saving Lives.”

Parachute is a national charity dedicated to preventing injuries and saving lives. Parachute was established in July 2012 when four organizations united: Safe Communities Canada, Safe Kids Canada, SMARTRISK, and ThinkFirst Canada. The purpose of Parachute is to make a meaningful and measurable reduction in the emotional and financial impact of preventable injury in Canada. This includes decreasing the incidence and severity of injury and reducing the social, financial, and emotional impact of injury to individuals, families, and businesses, and ultimately reducing the financial cost of injury to the healthcare system. Parachute strives to shift the way Canadians view preventable injuries by inspiring individuals to commit to safer practices. To do this, Parachute designs and implements innovative, evidence-based strategies with an aim to support behaviour change. Solutions are developed at the national level but delivered in ways that meet the needs of individual communities.

As a registered charity, Parachute relies on external funding to support its endeavours. The majority of the funding received by Parachute is provided by corporate sponsorship from insurance companies such as State Farm Insurance, TD, and Great West Life. Other sources of funding include individual donations, fundraisers, foundations, and grant funding from the federal and provincial government. Most funding is designated to specific projects, meaning that donors have a specific task in mind when providing the funding. Consequently, Parachute must be able to show stakeholders that their requested task was completed and that the specific project outcomes were achieved.

Through funding and partnerships with stakeholders across the country, Parachute is able to offer many programs across Canada. These programs are designed to help people reduce their risk of injury and live life to the fullest. They address a variety of injury prevention issues, such as child injury prevention, concussions, motor vehicle collisions, and fall prevention. Recently, Parachute's stakeholders identified a need for a network that could bring together key players in road safety initiatives. To fulfill this need, Parachute implemented the Vision Zero Network to create awareness about current road safety issues and the solutions that should be applied to tackle these issues.

VISION ZERO

“Only by working together can we drive meaningful change.”

The goal of Vision Zero is to reduce fatalities and injuries on Canadian roads to zero. Vision Zero tackles the three large contributors to road incidents: distracted driving, impaired driving,

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

and speeding. Vision Zero provides informative resources about road safety and advocates for policy change, enhanced regulation, and road infrastructure changes. These activities aim to enhance pedestrian and cyclist safety, increase seatbelt use, implement safer speed limits, and educate the public on the dangers of distracted and impaired driving.

The original Vision Zero was founded in Sweden in 1997 (Parachute, 2017a). Since then, Sweden has achieved one of the lowest traffic-related fatality rates in the world. Pedestrian fatality rates have decreased by 50% in the past five years and road fatalities have decreased by 34.5% from 1997 to 2009 (Parachute, 2017b). Since its implementation in Sweden, the Vision Zero road safety initiative has been approved in various other countries and provinces, including Edmonton, Toronto, and British Columbia (Parachute, 2017c).

The Parachute Vision Zero Network is facilitated by Parachute from its offices located in Toronto, Ontario. Parachute serves as the hub that brings together key players in the Vision Zero movement in Canada. To achieve similar successes as Vision Zero in Sweden, Parachute must find ways to implement solutions that are relevant to the Canadian context. A large part of this will be accomplished through a social marketing campaign that provides resources (e.g. educational information) to the Canadian public using a website and a social media account (Twitter).

SOCIAL MARKETING

Social marketing is a program planning technique that draws on marketing concepts to elicit behavioural change in a target population (Grier & Bryant, 2005). Social marketing in the context of public health has the potential to change health-related behaviours in the public and lead to positive health outcomes. Social marketing campaigns have proven successful in public health. For example, social marketing activities have helped to improve immunization rates, access to clean drinking water, and global health conditions (e.g. the elimination of leprosy in Sri Lanka) (Williams, Dewapura, Gunawardene, & Settinayake, 1998).

Changes in infrastructure and enforcement are most effective in improving road safety. Although behaviour change is least effective in this regard, it is necessary to create a shift in culture (Johansson, 2009). The Vision Zero social marketing campaign will attempt to address the need for behaviour change by providing resources that persuade road users in Canada to abandon risky behaviours (e.g. speeding) and engage in safe practices (e.g. ignoring texts while driving). Social marketing can target a specific audience, as well as policy makers who have the capacity to make changes in legislation (Grier & Bryant, 2005). Through its efforts, Vision Zero aims to influence policy makers and members of the public to prioritize road safety and to implement changes to road infrastructure that reduces risks and hazards on the road.

In social marketing there is the fundamental concept of exchange where the social marketer encourages the public to change their behaviour in exchange for some benefit(s) or consequence(s) that the behavior can bring about. For example, one may be convinced by a social marketing campaign to put their cellphone away while driving to reap the benefit of increased vigilance and safety for those in their vehicle and surrounding road users. In order to be most effective social marketing needs to discover which benefits are most important to the target population and then use those benefits to market the “product” or behaviour desired. The perceived benefit must also outweigh the perceived cost of making the behavior change. In the case of cellphone use the added protection must be valued more than the benefits of being able to answer texts and emails while driving. These concepts are then communicated to the public

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

through communications and promotional activities that appeal to the target population, such as advertising, media, and signage (Grier & Bryant, 2005).

THE VISION ZERO SOCIAL MARKETING CAMPAIGN

The Vision Zero team sat in the Parachute office boardroom discussing the elements they would like to include in the Vision Zero social marketing campaign. Aidan looked around the room at his team and tried to determine how everyone's skills could be utilized for the campaign. His team consisted of Tammy from the Communications team, Jane from the Knowledge Translation team, Joe from the IT team, and Bridget from the Solutions team.

The team began the meeting by discussing the most effective way to reach their target audience. "Since our audience will be a subset of Parachute's existing audience and other similar groups, we should use tactics that Parachute has found are successful in reaching the public," said Aidan. Aidan referred to his notebook and explained: "Our previous research and evaluations have shown that Parachute's website and Twitter account garner the most followers. Perhaps, the most appropriate choice would be to do the same and create a Vision Zero Network website and corresponding Twitter account."

"We'll have to conduct some more research to find out what kind of material should be posted," said Jane. "Traditionally, in public health, experts deliver the messages that they believe will alter the public's behaviour. It is a mistake to think that the public would behave differently if they only knew more facts about road safety. We have to take a different approach with this social marketing campaign. We should take this opportunity to determine what the public's understanding of road safety is and then work with them to communicate lessons that will actually lead to behaviour change."

"There definitely needs to be a balance," said Tammy. "We need to find a way to provide educational information that raises awareness but also includes interesting pieces that keep our readers and followers engaged." Tammy walked over to the whiteboard and began writing down her suggestions. As she wrote she said, "Let's be strategic with the content that we post, so that the material targets the audience we're trying to reach with each platform. Based on the evaluation results regarding the types of audiences that view Parachute's platforms, the website should provide information to stakeholders, and the Twitter account should cater to the interests of the general public", said Tammy. Everyone agreed the website should contain all of the data heavy resources and the Twitter account should contain a mix of interesting statistics, graphics, current events, and videos.

Tammy then began to hand out a document that she had written and said, "I've conducted some research on the tone and tactics we should employ when writing our social media posts. This is a communication guideline outlining the rules that each post should follow." Aidan flipped through the document and noticed that the main emphasis was on the avoidance of shaming individuals or organizations. The posts should avoid taking on an accusatory tone or blaming any particular party in the event of a road incident. Posts should instead highlight the benefits of engaging in safe practices on the road and tell readers what they should do versus what they should not do. For example, a post about the importance of bike helmets could state "remember to wear your helmet when riding your bike" rather than "don't ride your bike if you're not wearing a helmet" (Centers for Disease Control and Prevention, 2012).

Aidan felt that although the meeting had been productive so far, the campaign seemed a bit generic. He wanted to know how they could lead to actual change. To express his concerns

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

Aidan said, “So now that we have the foundation figured out, let’s discuss what we are trying to accomplish with this campaign. I’ve reviewed a few other injury prevention campaigns and most of them have found that Canadians are well aware of the safe practices that they should be engaging in to avoid injury. Yet during moments of decision making, they opt for risky behaviours because they’re simply easier or because they feel as if they can avoid injury” (The Community Against Preventable Injuries, 2017).

Aidan elaborated, “With this in mind, we have to develop a campaign that inspires Canadians and gets them to realize that they are not immune to road incidents. We need them to see that preventable injuries happen to everyone and that activities like jaywalking, cycling without a helmet, and speeding can have consequences and are not worth the risk.”

“I completely agree,” said Bridget. “Making people feel bad about their decisions isn’t going to change their behaviour. We need to get them to stop feeling apathetic about engaging in risky behaviours on the road” (The Community Against Preventable Injuries, 2017).

The team spent the remainder of the meeting discussing the specific Parachute material that should be posted to accomplish this task. Using the results of previous evaluations done by Parachute and other injury prevention campaigns, the team concluded that the website would contain infographics, case studies, videos, blog posts, and a Vision Zero Network that users could join to receive quarterly updates on Vision Zero in Canada. The Twitter account would post a mixture of current news relating to road safety/design and awareness raising educational information. The team decided to launch both the website and the Twitter account on May 8th, 2017.

SOCIAL MARKETING IN PUBLIC HEALTH

Aidan sat at his desk reviewing the content that had been posted to the Vision Zero platforms (see Exhibit 1 & 2). It had been a week since the launch, and Aidan thought that everything looked great. There was a balance between educational material and current events reporting as well as a good use of visuals to keep readers engaged. As he continued to peruse the material, Aidan decided that now would be a good time to evaluate if the public was reacting to the material in the way that the research had suggested they would. Parachute could continue to post what they thought would lead to behavior or attitude change, but if the public viewed the content as ineffective, then the purpose would be defeated. Parachute needed to devise an evaluation plan to determine if their resources were influencing the public in the intended manner.

Aidan wanted to address this issue early on in the implementation stages to ensure that the evaluation could be carried out at several points during the launch (e.g. every two months). He knew they had to find some way to reach out to members of the target audience to determine which activities should be sustained and which required alteration. The feedback would be helpful for all aspects of the campaign – from the broad concepts to the specific material used (Grier & Bryant, 2005). The question was how to reach out to these individuals and what to ask.

From his past work experience Aidan knew that the evaluation would need to measure both attitude and behaviour changes in the public. Mostly because the campaign would first have to impact the knowledge and attitudes of the public if it intended to result in behaviour change. Changes in attitude could be measured through simple comparison of individuals before and after they were exposed to Vision Zero materials. Evaluating behavioural change on the other hand is more complex (Robertson & Vanlaar, 2016).

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

Aidan knew that public health campaigns, such as Vision Zero, were often difficult to evaluate due to the lack of immediate or apparent results (Grier & Bryant, 2005). Parachute could not simply disseminate road safety resources and expect to see a reduction in road incidents overnight. Even if the resources could cause road users to engage in safer behaviours, the results would take time to affect collision rates. Furthermore, any reduction found in road incidents cannot be directly attributed to Vision Zero, as there may have been numerous factors influencing the reduction (e.g. stricter police enforcement, increased cost of distracted driving fines) (Robertson & Vanlaar, 2016). The evaluation, therefore, has to take a multi-faceted approach, including a qualitative data analysis (e.g. public perceptions of Vision Zero) and a quantitative data analysis that links Vision Zero to the road incident rates at the time. This way Parachute can make an evidence based argument that positive changes in road incidents coincide with its activities.

EVALUATION

Aidan organized a meeting with the Vision Zero team that afternoon to discuss possible campaign evaluation strategies. He sat before the team and explained his concerns. “We need to find a way to evaluate the success of the Vision Zero social marketing campaign. We can judge popularity by tracking the number of Twitter followers or individuals joining the Vision Zero Network through the website, but we need more. We need to determine if our resources are actually persuading members of the public to value injury prevention and in turn causing them to engage in safer practices on the road. If we can develop an effective evaluation plan, we can ensure that our resources are leading to change.”

“Good point,” said Tammy. “An evaluation of our impact is something that we really need to present to stakeholders. Investors are expecting us to lower the prevalence of road incidents, and they want to see tangible results, such as X number of people were more aware of a road safety issue after viewing the Vision Zero website. Ultimately, this will allow us to show stakeholders that their money has gone to good use and give them an incentive to continue to provide funding.”

“Does anyone have any suggestions of how we can go about the evaluation?” asked Aidan. The room fell silent for a moment. It was apparent that this would not be easy.

Jane broke the silence, “I don’t know exactly how we can go about our own evaluation, but I was speaking to our new CEO, Lisa, and she was really inspired by the evaluation done by one of our partners, the Community Against Preventable Injuries, more commonly known as Preventable. Preventable is an injury prevention not-for-profit organization in British Columbia and Alberta that also targets attitude and behavioural change through their social marketing campaign. We can model our evaluation after theirs.”

“That’s a great idea,” said Aidan. “We should first test whether our target audience has similar knowledge, attitudes, and behaviours to those tested by Preventable. If so, it is reasonable to take a similar approach and mirror that campaign evaluation.”

“Okay, let’s think of Preventable as the gold standard that we are working towards,” said Bridget. “The team at Preventable sent me the details of the evaluation that they completed, so I can forward that to everyone for review.” After a brief pause, Bridget continued. “The only issue is that the evaluation done by Preventable both exceeds our budget and timeframe. We’re going to have to find a way to perform a high quality evaluation that uses aspects of Preventable’s for a fraction of the price.” She rifled through her folder and found a document, then continued: “We

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

recently did an evaluation of our Safe Kids program, maybe we can find some way to strike a balance between the Preventable evaluation and what we have done in the past.”

“Okay, let’s all review the Safe Kids and Preventable evaluations and then reconvene to brainstorm ideas,” said Aidan.

SAFE KIDS WEEK EVALUATION

Safe Kids Week (SKW) is a national awareness week that brings attention to the issue of preventable injuries among children (Parachute, 2016). During Safe Kids Week, Parachute’s community partners hold various recommended best practice activities and events across Canada, including community fairs and booths at related events. Parachute helps organize these events by providing SKW toolkits that contain items such as storybooks, helmet fitting and concussion bookmarks, and Parachute temporary tattoos. These materials can be distributed to parents and children attending the events and are designed to present important lessons to parents and children in a relevant and engaging way.

In 2016, SKW took place from May 30th to June 5th in communities across Canada. The 2016 SKW evaluation was based on a survey administered to Parachute’s community partners in June of 2016. The survey consisted of 21 short answer and multiple choice questions that collected information about the different types of events hosted by each participating organization, the type of media coverage received during the events, and the usefulness of the SKW toolkit items. More specifically, survey questions aimed to determine the demographics of participants who attended the event, the toolkit items that were most used, the type of online channels used to promote the event, the effectiveness of the resources in raising awareness, the types of injuries most prevalent in their community, and areas of improvement. For example, the survey asked questions such as: “Did you work in partnership with other organizations or groups (i.e. schools, community groups, not-for-profits, fire, etc.)?” and “Were the community toolkits helpful in getting the campaign messages across?”

The 2016 survey was completed by 65 organizations across Canada. Results found that the majority of organizations that lead community events were health centres or hospitals and approximately 7,000-8,000 children and adults attended SKW events. A third of the participants reported having media coverage at their event and more than 70% of the respondents indicated that they had used one or all components of the toolkit. Overall, the results were positive, and 59% of participants indicated that they had raised awareness of child safety through their events.

The results from SKW gave Parachute insight into which components of SKW stakeholders and community partners prefer (e.g. useful items in toolkits, types of drafted social media statements that can easily be dropped into their own social media messaging) and where SKW activities took place, to give them a sense of reach. For the past five years, Parachute has been using these evaluation results internally to tweak the next year’s campaign and to inform the fund development team of the characteristics and preferences of their stakeholders. This feedback aids in ensuring that future SKW resources are even more effective and appropriate for their audience.

Through the process of evaluating SKW, Parachute found that certain evaluation techniques were more successful than others. In particular, evaluation components that Parachute had control of or access to (e.g. number of toolkits ordered) were more successful, as these results could easily be quantified. Components (e.g. number of people reached) that relied on

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

Parachute's community partners to collect and return information or complete pre-or post-campaign surveys were less successful. Stakeholders often reported that they lacked the time and capacity to return the requested information. As a result, in future evaluations Parachute would prefer to find ways to access information in a more automated way, to allow for more robust data collection that can help inform future activities.

PREVENTABLE

"If you think serious injuries just 'happen', have a word with yourself."

Preventable launched an injury prevention social marketing campaign in British Columbia in 2009 and in Alberta in 2012. They have since partnered with Parachute to bring the campaign to other jurisdictions in Canada. The focus of Preventable is to "develop and deliver an evidence-based social marketing program to reduce serious injury" (The Community Against Preventable Injuries, 2017). Similar to Parachute, Preventable is aiming to raise awareness and shift societal attitudes and behaviours related to injury prevention.

Preventable takes a departure from traditional public health communication and employs mass media, social media, partnership programs, and guerilla marketing activities to convey the messages of their campaign. Their marketing activities aim to garner attention and elicit a rational or emotional response from viewers. Notable campaign activities include an eight-foot-tall banana peel in downtown Vancouver (see Exhibit 3) and a grand piano suspended in mid-air, meters above a sidewalk. These exhibits were meant to communicate the message that most accidents are not accidents at all; most of the time we can see them coming, just like a huge banana peel or grand piano (The Community Against Preventable Injuries, 2017).

To develop the campaign Preventable conducted a needs assessment over three years to gain an understanding of consumer preferences and the context in which they would deploy their campaign. The needs assessment consisted of literature and data reviews (e.g. hospitalization and mortality data), regional surveys, and focus groups that measured the knowledge and attitudes of the public. These data points provided Preventable with valuable information on the type of material that would best suit their audience as well as a venue to test their creative approach (The Community Against Preventable Injuries, 2017).

Using the findings of their needs assessment Preventable developed an evaluation plan that assessed the effectiveness of their campaign. The evaluation consisted of surveying and conducting focus groups with samples of British Columbians that represented their target population (adults from the age of 25 to 55). Evaluations were initially completed once per week during the first six months and then every three to four months subsequent to that. Participants were divided into two groups: those exposed to the campaign and those with no prior exposure. Measures such as awareness, attitudes, and self-reported behaviours associated with injury prevention were examined. Additionally, of those exposed, "recall" and "response" were studied. "Recall" of Preventable advertising was tested to determine if the advertising had been noticed, and if the brand had been associated with it. "Response" was tested to determine if the advertising had triggered a rational or emotional response (The Community Against Preventable Injuries, 2017).

Results of their evaluation show that those exposed to the campaign score significantly better (5% to 15%) on measures of awareness, attitudes, and behaviours than those who have not seen the campaign. In particular, participants who had seen the advertising were more aware of the magnitude of the injury prevention issue and more likely to take precautionary actions. Of

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

those who were exposed to the campaign, 65% considered Preventable a trustworthy brand, and 63% believed that Preventable had good and innovative advertising. The campaign was also associated with a significant reduction in injury-related deaths in the target population of 25-55 year olds (The Community Against Preventable Injuries, 2017).

The results of Preventable's evaluation also demonstrated the type of approach and tactics that Parachute should employ with their own campaign and evaluation. In particular, Preventable's evaluation results indicate that the general public knows what they should do to prevent injuries, however, they require a prompt to remind them to perform these actions during moments of decision making. For example, if a driver knows that they should provide cyclists with one meter of space on the road, and while driving they remember a meaningful message that reminds them of this rule, they will be more likely to maintain a safe distance.

Moreover, the public does not want to be told what to do, hence Preventable's "have a word with yourself" approach. This approach reminds people to use common sense, rather than scolding them or scaring them using facts and figures. From these findings, Parachute has learned that their messaging must resonate with their target population, and as a result, any evaluation techniques employed must test whether their messaging is accomplishing this task.

In terms of evaluation methods, Parachute found Preventable's use of rolling four-week Angus Reid surveys administered to British Columbians to assess whether their activities had been seen, remembered, and understood particularly successful. As well as, Preventable's use of data collected from provincial injury sources (e.g. deaths, hospitalizations) to map when Preventable activities were 'in market' with subsequent timeframes of injuries. In an ideal evaluation of Parachute's Vision Zero campaign these methods would be employed as well.

BARRIERS

As Aidan reviewed the material, he could clearly see the barriers that Parachute's Vision Zero would face when implementing an evaluation plan similar to that of Preventable or SKW. In terms of the SKW evaluation, it was a cost-effective and appropriate method of reaching out to the community partners that engaged in SKW activities. However, the intended audience of SKW differs from that of the Vision Zero social marketing campaign, and this has a large impact on the transferability of the SKW evaluation to Vision Zero. SKW had a defined population of partner organizations that participated in the SKW activities, whereas the Vision Zero social media messages and resources reach a large number of individuals that cannot be tracked as easily. The SKW events were also restricted to a week timeframe, whereas the Vision Zero initiatives can be accessed at any point in time and for any length of time.

In terms of Preventable, the main barrier was funding. Preventable had obtained government funding from public, private, and not-for-profit partners. This funding not only gave them the opportunity to deliver wide spread advertisements for their campaign, such as television commercials broadcasted on TV and large-scale displays, but also allowed them to conduct a more comprehensive and costly evaluation. In particular, Preventable initiated rolling surveys to the public every week during the first six months and every three to four months afterwards. Commissioning a professional surveying organization is very costly, especially when repeatedly conducted.

Parachute also had limited human resources that it could contribute to the Vision Zero evaluation. Parachute only consists of 22 employees and five departments overseen by a Senior Leadership Team. The five departments include Corporate Services, Communications &

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

Marketing, Solutions/Government Stakeholder Relations/Knowledge Translation, Fund Development, and Office of the CEO. Members of the Vision Zero team originate from these various departments and as a result have duties associated with their roles in their respective departments (see Exhibit 4).

Preventable performed labour intensive activities such as focus groups to gauge public opinion on their campaign. Aidan knew that his Vision Zero team members already had numerous responsibilities at Parachute and did not have the time or resources to contribute to similar activities. If Parachute was to have Preventable as its gold standard, it would have to find a way to gather high quality data on public opinion at little-to-no cost.

How could Parachute conduct an evaluation using methods such as rolling surveys and intensive, time consuming data collection with limited resources? The last thing Aidan wanted to do was spearhead a poorly executed evaluation that was unable to provide meaningful and valid information about the impact of their efforts.

Aidan was stumped. Would the team be able to create a strong evaluation plan that met their needs? Parachute didn't have any other options. It would be impossible to reallocate funding from other programs to Vision Zero and employee resources were already scarce as it was. They would either have to settle for a realistic evaluation plan or find a new funding source.

CONCLUSION

Aidan walked towards the boardroom. Today was the day that the team would develop an evaluation plan. Aidan mentally went over the checklist that he had created. By the end of the meeting, his goal was to have an evaluation timeline, a work flow chart to identify the staff members involved and their roles, budget expenditure estimates, and a data collection plan. He knew this would probably be a long meeting. Although the team could draw inspiration from the SKW and Preventable evaluations, they would have to determine how they could collect data from their target audience and what questions they should be asking. The process was going to require a lot of work, but Aidan knew it was something that had to be done. As Aidan reached for the door, he took a deep breath and entered the room.

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

EXHIBIT 1 Vision Zero Twitter Content

ROAD INFRASTRUCTURE
ADVANCE STOP LINES

From 2004-2006 11% of pedestrian fatalities occurred when pedestrians were struck and killed by drivers of vehicles that failed to yield the right-of-way

A study in Halifax, NS found that pedestrian/motorist conflicts were reduced by 74.2% to 89.8% when a sign and advance pavement markings were introduced

RUMBLE STRIPS

Rumble strips on road edges and centre lines create a vehicle vibration that alerts inattentive or drowsy drivers that they are leaving their lane

Texting while driving makes a crash or near-crash 23 times more likely than if the driver weren't sending a text message. If the phone buzzes while you're driving, you don't have to answer it immediately. It can wait.

Image Source: National Association of City Transportation Officials <https://nacto.org/publication/urban-bikeway-design-guide/intersection-treatments/bike-boxes/>

Source: Canada Safety Council, *Put the Odds*

Source: Parachute Vision Zero (2017, June 2), Parachute Vision Zero (2017, June 27) & Parachute Vision Zero (2017, July 29).

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

EXHIBIT 2 Parachute Vision Zero Network Website

The screenshot displays the Parachute Vision Zero Network website. At the top is a green navigation bar with the logo on the left and menu items: HOME, THE ISSUE, THE SOLUTION, RESOURCES, WORD ON THE STREET, BLOG, THE NETWORK, SUMMIT 2017, FRANÇAIS, and a DONATE button. Below the navigation is a hero banner with the Parachute Vision Zero Network logo and a background image of a road. The main content area features four circular icons representing different sections: 'THE ISSUE' (a road with a crosswalk), 'THE SOLUTION' (a line graph showing a decrease in deaths), 'RESOURCES' (a car wheel), and 'JOIN THE NETWORK' (a group of hands stacked together). Each icon is followed by a title and a short paragraph, with a link to learn more. To the right is a sidebar with a 'JOIN THE NETWORK' button, social media links, a 'LATEST WEBINAR' section titled 'The Safe Systems Approach in the Netherlands; Adoption, implementation and lessons learned', a 'LATEST BLOG POST' section titled 'Using Drones to Make Roads Safer' with a date of Nov 21, 2017, and a 'WORD ON THE STREET' section for 'SEPTEMBER 2017' featuring a video and an infographic. At the bottom of the main content area is a section titled 'WHO HAS IMPLEMENTED VISION ZERO IN CANADA?' with a map of Canada showing several red location pins. The map is titled 'Vision Zero in Canada' and shows the outline of Canada with several red location pins indicating where Vision Zero has been implemented. The map includes a scale bar and map data from 2018.

Source: Parachute Vision Zero Network, 2017a.

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

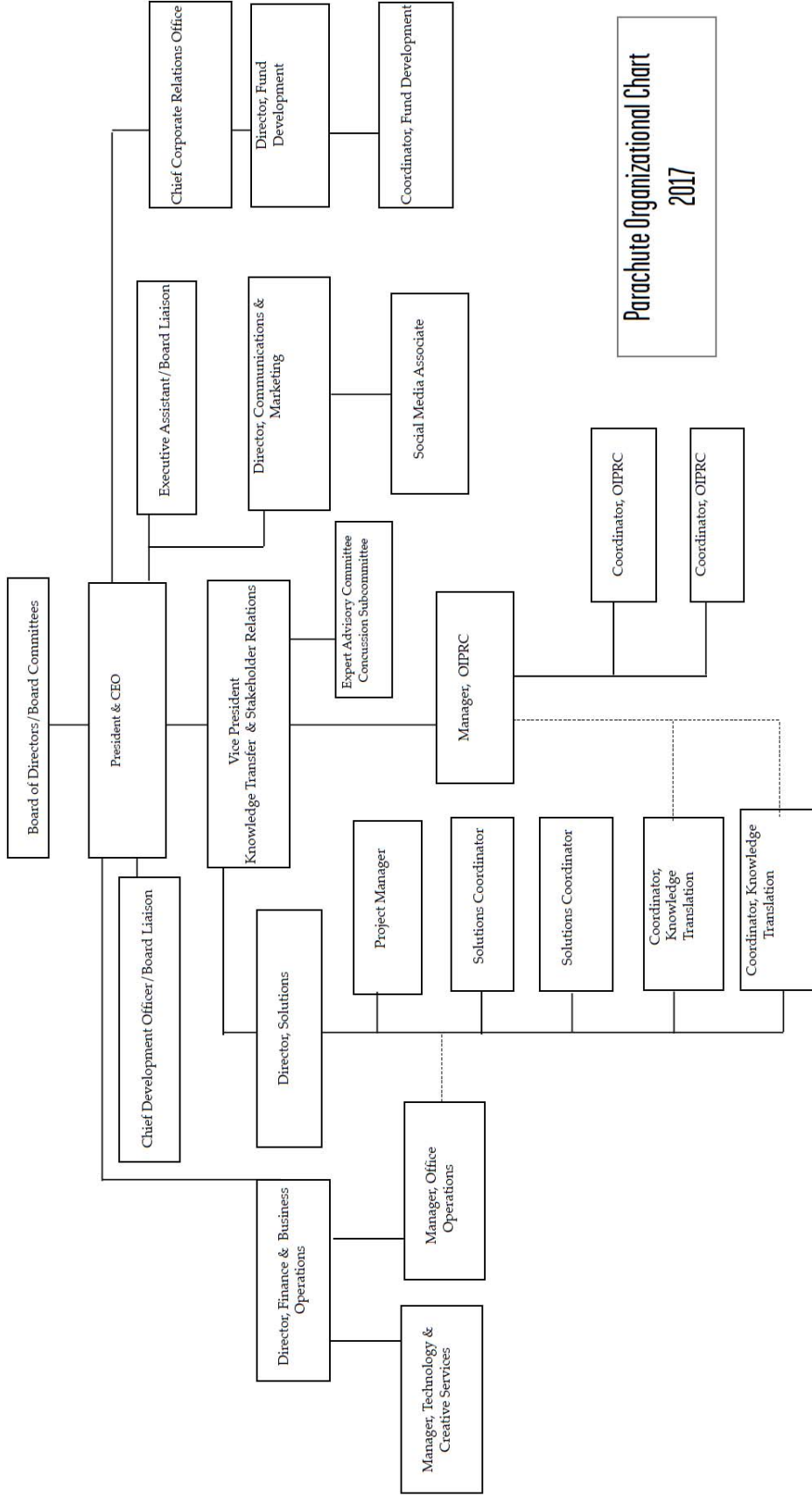
EXHIBIT 3 Preventable Public Displays



Source: The Community Against Preventable Injuries, 2017.

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

**EXHIBIT 4
Organization Chart of Parachute**



**Parachute Organizational Chart
2017**

Source: Parachute, 2017d.

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

REFERENCES

1. Centers for Disease Control and Prevention. (2012). *CDC's Guide to Writing for Social Media*. Retrieved from <https://www.cdc.gov/socialmedia/tools/guidelines/pdf/GuidetoWritingforSocialMedia.pdf>
2. The Community Against Preventable Injuries. (2017). We're kicking off Preventable's 9th year with an 8-foot banana peel in downtown Vancouver. Retrieved from <http://preventable.ca/can-you-see-it-coming/>
3. The Community Against Preventable Injuries. (2017, May 24). *Preventable* [PowerPoint slides].
4. Grier, S., & Bryant, C.A. (2005). Social Marketing in Public Health. *Annual Review of Public Health, 26*, 319-339.
5. Johansson, R. (2009). Vision Zero – Implementing a Policy for Traffic Safety. *Safety Science, 47*(6), 826-831.
6. Parachute. (2015). *The Cost of Injury in Canada – Summary Report: Falls & Transport Injury Trends in Children 2004 and 2010*. Parachute: Toronto, ON.
7. Parachute. (2016). *2016 Safe Kids Week Evaluation*. Toronto, ON: Parachute.
8. Parachute. (2017a). *Parachute Vision Zero Network*. Retrieved from <https://www.visionzeronetwork.ca/>
9. Parachute. (2017b). *The Solution – Parachute Vision Zero Network*. Retrieved from <https://www.visionzeronetwork.ca/solution/>
10. Parachute. (2017c). *Vision Zero: The Canadian Landscape*. Retrieved from https://static1.squarespace.com/static/58e54d1c4402436420372909/t/590744d0ff7c50866da6b132/1493648600945/PVZN-Case_Study_01.pdf
11. Parachute. (2017d). *Parachute Organizational Chart* [Microsoft Word Document].
12. Parachute Vision Zero. [ParachuteVZ]. (2017, June 2). Advance stop lines can help save pedestrian lives. For more information check out: <http://bit.ly/2qZNsvE> #RoadSafety #AdvanceStopLines [Tweet]. Retrieved from <https://twitter.com/ParachuteVZ/status/870641456381394946>
13. Parachute Vision Zero. [ParachuteVZ]. (2017, June 27). Did you know: Rumble strips can reduce run-off-road collisions by 76%! #TipTuesday <http://bit.ly/2tn55pc> @Transport_gc [Tweet]. Retrieved from <https://twitter.com/ParachuteVZ/status/879701168510955520>
14. Parachute Vision Zero. [ParachuteVZ]. (2017, July 29). Untitled [Tweet]. Retrieved from <https://twitter.com/ParachuteVZ/status/891312634414456832>
15. Robertson, R.D., & Vanlaar, W.G.M. (2016). Campaign Evaluation. *Traffic Injury Research Foundation: Community-Based Toolkit for Road Safety Campaigns*, 31-36. Retrieved from http://tirf.ca/wp-content/uploads/2017/01/TIRF_Toolkit_Factsheets_Combined.pdf
16. Transport Canada and Canadian Council of Motor Transport Administrators. (2016). 2014 Canadian Motor Vehicle Collision Statistics. Retrieved from https://www.tc.gc.ca/media/documents/roadsafety/cmvtcs2014_eng.pdf
17. Williams, P.G., Dewapura, D., Gunawardene, P., & Settinaayake, S. (1998). Social Marketing to Eliminate Leprosy in Sri Lanka. *Social Marketing Quarterly, 4*(4), 27-31.
18. World Health Organization (WHO). (2015). *Global Status Report on Road Safety 2015*. Retrieved from http://www.who.int/violence_injury_prevention/road_safety_status/2015/en/

INSTRUCTOR GUIDANCE

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

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BACKGROUND

Parachute is an injury-prevention charity that has started the implementation of the Vision Zero Network to address road safety in Canada. Vision Zero aims to reduce fatalities or serious injuries on the road to zero through advocacy for policy change and road infrastructure. A large part of these goals will be accomplished through a social marketing campaign that provides resources (e.g. educational information) through a Vision Zero website and social media account (Twitter). As a registered charity, Parachute relies on funding from stakeholders to sustain its programs. Consequently, Parachute must prove to stakeholders that its initiatives have contributed to change and are worth the investment. Aiden Norman, the manager of the Vision Zero project, has been assigned the task of rolling out the social marketing campaign and ensuring the effectiveness of its resources. Aiden must determine if Parachute's Vision Zero social marketing campaign can lead to changes in public perception, knowledge, attitudes, and behaviors in regard to road safety. To accomplish this task Aiden must conduct an evaluation of the Vision Zero resources and their impact. The Parachute management team has a gold-standard evaluation method in mind yet lacks the resources and funding to employ the technique. How will Aiden evaluate the effectiveness of the social marketing campaign on a limited budget without compromising on quality?

The goal of this case is to apply theories of behaviour change and evaluation techniques for social marketing campaigns in public health to develop a suitable, context-specific evaluation plan for Vision Zero.

OBJECTIVES

1. Discuss the need to evaluate public health interventions to maintain stakeholder engagement and program sustainability.
2. Apply the theories of behaviour change to the Vision Zero campaign.
3. Develop an evaluation plan for the Vision Zero social marketing campaign.
4. Identify the barriers that public health organizations face when evaluating programs.

On the Road to Change: The Difficulties of Evaluating Social Marketing Campaigns in Public Health

DISCUSSION QUESTIONS

1. What are the benefits of using a social marketing campaign in public health?
2. Describe and apply the four theories of behaviour change (for example: Theory of Planned Behaviour, Health Belief Model, Protective Motivation Theory, Transtheoretical Model of Change)
3. Why is it important to evaluate public health campaigns?
4. What are the features of an effective public health evaluation?
5. Why is it difficult to evaluate public health campaigns?
6. What barriers does Parachute face when developing an evaluation plan similar to the gold standard evaluation performed by Preventable?
7. How would the development of a Logic Model for Parachute's Vision Zero social marketing campaign contribute to the evaluation?

KEYWORDS

Program evaluation; social marketing; road safety; injury prevention; health promotion.