Part I: Proposal for Bicycle Safety Health Communications Campaign

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Part I: Proposal for Bicycle Safety Health Communications Campaign

Rationale

The proposed health communications campaign is designed to increase awareness and knowledge of the risks associated with bicycling and how to decrease these risks. The target population will be parents with children ages 5 – 14, those in elementary and middle school, as well as the children themselves. Bicycle safety in this campaign pertains to reducing risks associated with riding a bicycle near or on roadways. In the beach community of St. Augustine Beach, Fl, many embrace an active lifestyle that includes activities such as bicycling and enjoying the outdoors. The state of Florida has the highest fatality rate due to bicycle-related crashes. The number of fatal accidents in Florida in 2017 was 125, out of a total of 783 in 2017 for the entire United States (NHSTA, n.d.). This amount accounts for almost 16% of all fatal bicycle crashes in the United States. Risk of fatality is not the only risk. The risk of severe head injuries is also an area of concern when discussing bicycle safety. A campaign that increases awareness and knowledge on the risks associated with riding a bicycle and the demonstration of safer behaviors will be beneficial in creating a safer community.

Goals and Objectives

The campaign goal is to create awareness about safe bicycling practices when riding a bicycle, near or on roadways. The first objective is to develop appropriate messages for both parents and children. These messages will provide facts about risks associated with bicycle riding and information on enjoying safe bicycle riding. As both parents and children will be targeted, the messages will vary to appeal to these audiences. The second objective will be to engage with parents via social media. As stated by Centola (2013), online communities can be effective environments for interacting with a target audience. It can aid in providing information and improving or altering health behavior to more positive behavior, like wearing a bicycle helmet (Centola, 2013). Social media is also ideal as it allows all demographics to participate in a cost-effective way (Korda & Itani, 2011). Having access to a broad audience can allow health educators to empower individuals to make healthier and safer choices (Korda & Itani, 2011). The third objective will be to provide schools with materials using the created messages in the form of fliers or posters throughout the school. Providing media to schools will allow teachers and staff to start a conversation about bicycle safety with the students. The final objective will be to disseminate the message throughout the community using a variety of media, including print and radio advertisements.

Campaign Elements

As stated earlier, this campaign will mainly focus on reaching the parents of children 5-14 years of age, as well as the children themselves. The messages of the campaign will address bicycle safety, including behaviors to adopt to make a bicyclist' experience as safe as possible by mitigating potential risks. The campaign will take place in St. Augustine Beach, Florida. Many in the community ride their bicycles to and from the beach and parks, enjoying an active lifestyle. Children are also seen bicycling, as this is their primary mode of transportation after school and during Summer. For bicyclists to be safe, they must take responsibility for their safety, thus understanding that safety is a shared responsibility. Per the National Highway Traffic Safety Administration (n.d.) many crashes between bicycles and drivers can be prevented by following the rules of the road and paying attention to your surroundings watching for one another. Therefore, the campaign encompasses what a bicyclist can do to ensure they are safe when riding a bicycle on the road, protecting themselves, pedestrians, and drivers.

The safety messages will include variations of the three essential tips for bicycle riders to adopt. The first tip is to wear a helmet. The first tip is to wear a helmet. The second suggestion is to ride with traffic and use hand signals to increase visibility. The third tip is to follow the law, communicating that bicycles riding on the road must operate like any other vehicle, obeying traffic signals and yielding to pedestrians. These tips provide an opportunity to convey facts about risks of not adopting these behaviors and demonstrate how to perform these behaviors, increasing the audience's efficacy toward adopting these safer behaviors.

The campaign will take place the months of August through December. This campaign will depend heavily on community partnerships and stakeholder involvement. These relationships will be vital in creating and disseminating the message of the campaign. Per the University of Kansas (n.d.), involving influential people in the community can influence others to participate and cause community members to pay attention to the campaign as well. Involving stakeholders, members of the community with children ages 5-14 will be useful in providing a perspective on what they believe the goals should be for the campaign. Therefore, the involvement of the community will allow the campaign to be more productive and reach more people.

Literature Review

The following is a review of the literature regarding other bicycle safety campaigns and the strategies used by different communities. Also addressed is the importance of understanding health literacy of the target audience when creating campaign materials and messages.

Health Literacy

Per Veekner and Paans (2016), health literacy is a social determinant of health and can be broken up into two parts. The first part of health literacy includes individuals being able to make sense of information (Veekner and Paans, 2016). The second part includes individuals understanding and using the information to make choices and manage their health (Veekner and Paans, 2016). Veekner and Paans (2016) research focused on curricula that were given to health care and medical practitioners to determine if the curricula were effective in promoting both parts associated with health literacy. It was found that most of the curricula lacked the element of promotion of individuals to make choices and self-manage (Veekner and Paans, 2016). Veekner and Paans (2016) suggest that using principles of the Self-Determination Theory (SDT) will address the portion of patient autonomy that is often left out of health literacy. The principles that they suggest be included are autonomy, competence, and relatedness (Veekner and Paans, 2016). Each of these elements provides a more dynamic approach to health literacy. Using this approach, health care professionals can effectively communicate with patients, empowering them to make decisions, and take control of their health.

Per Parker and Ratzan (2019), health literacy is a fundamental aspect of the democratization of health, meaning health literacy is fundamental in making health easily accessible to everyone. Health information must be clear, transparent, accurate, and useful so that the intended audience can access, understand, and use health information (Parker & Ratzan, 2019). Health literacy empowers individuals to take control of their health. There has been a focus on creating a health care environment that is patient-centered and encourages patient engagement. A patient-centered approach leads to empowered community members and communities, who take a more significant role in the management of their health (Parker & Ratzan, 2019). The healthcare system needs to value patient engagement and keep the user in mind. (Parker & Ratzan, 2019). Materials that reflect patient needs allow for meaningful participation for all, regardless of any personal limitations.

Examples of Bicycle Safety Campaigns

Watch for Me NC is a North Carolina bicycle and pedestrian safety program that aims to provide safe roads for all in North Carolina. The program does this by disseminating safety messages through various outreach and education strategies and by using high visibility of law enforcement of pedestrian bicycle and motorist laws (University of North Carolina, 2014). Much of the strategy for this program relies on strong partnerships across the state of North Carolina. The overall goal was to assist the partner communities in implementing, monitoring, and expansion of the program. The objective of reaching this goal included recruiting local partners to participate, provide technical assistance and training for program implementation, and coordinate with local agencies (University of North Carolina, 2014).

A key element in the success of this program was the use of paid media. It was used to distribute pedestrian and bicycle safety messages to the general public. The paid media included radio spots, billboards, gas station advertisements, and bus advertisements (University of North Carolina, 2014). Additional print materials included rack cards, posters, banners, and bumper stickers. Community partners disseminated these items through local events, local businesses, and other places throughout the community. It was estimated that the paid media received 33.7 million gross impressions (University of North Carolina, 2014). Earned media was also a part of the campaign, which included press releases and news stories highlighting the program. Partners played an active role in the dissemination of materials and the implementation of the program by engaging with the community, working with schools, and focusing on educating the public about pedestrian and bicyclist safety (University of North Carolina, 2014).

New York City's Department of Transportation regularly collects and analyzes data related to bicycle safety and fatalities. Within the 2017 safety report, data on deaths and injuries related to bicycle crashes and motor vehicles were analyzed to inform an Action Plan on improved bicycle safety. The action plan includes changes to the built environment by creating more bicycle lanes and adding to the current bicycling network (New York Department of Transportation, 2017). Also, the action plan seeks legislation that ensures the three-foot distance rule between motor vehicles and cyclist. Another part of the action plan is the education and communications portion. This portion of the action plan seeks to provide targeted outreach to promote safe driving and bicycling behaviors (New York Department of Transportation, 2017). (New York Department of Transportation, 2017).

There has been a call for increased education and safety measures as there has been a 150% increase in cycling in New York City between 2006 -2015 (New York Department of Transportation, 2017). Even though the risk of fatality for cyclists has fallen 71% in the last twenty years, there is still more to be done (New York Department of Transportation, 2017). There is a strong focus on improving the built environment and increasing enforcement of safe driving and bicycling, ensuring the laws of the roads are being followed. This, with the communications campaigns, has been effective in driving the risk of fatalities down for cyclists.

Lessons to Apply

Health literacy is an important factor to consider when creating any patient or consumer-related material. The prominent themes from above, suggest that information must not only make sense to the reader but be presented in a way that the reader can use the information. This leads to the ability of the patient to self-manage and take control of their health. Health literacy skills need to be cultivated, so patients can self-manage and better use information provided. However, when creating communications materials, one must keep in mind the intended audience's literacy levels, to create a message that communicates how the reader can use the information. In the case of bicycle safety, materials must be written in a way that it is evident to the reader how the information should be used. For example, a handout about wearing a helmet should include simple language and a visual explaining how to wear a helmet properly.

The major themes learned from other bicycle safety programs included the use of community partnerships, especially that of law enforcement. Community partnerships were used to disperse communications materials at community events and other local venues. The University of Kansas (n.d.) also emphasizes the benefits of diverse community partnerships. Diverse partnerships allow for different viewpoints, the inclusion of multiple sectors, and connections that could lead to new community relationships (University of Kansas, n.d.). Other strategies also accompanied the bicycle safety campaigns, including making improvements to the built environment by adding additional bicycle lanes and increased visibility of enforcement of laws related to safe driving and bicycling practices. In all, to create an effective bicycle safety communications campaign, messages used must empower readers to take responsibility for their safety by providing useful information. Also, one creating a communications campaign for bicycle safety must consider the community partners that should be involved. The campaign will need to be part of a larger effort to create sustainable changes in safer bicycling behaviors.

Planning Models

Implementation of a campaign requires careful planning. The use of planning models in the creation of a health campaign can help guide decisions and provide structure for the campaign planning process. Per Glanz et al. (2015), planning models provide the structure needed for applying behavior change theories. The PRECEDE-PROCEED model is an appropriate planning model for this bicycle safety campaign. Glanz et al., (2015) states, "PRECEDE-PROCEED can be thought of as a road map, and behavior change theories as the specific directions to a destination. The road map presents all the possible avenues, while the theory suggests certain avenues to follow." (pp. 360-361). The use of PRECEDE-PROCEED will provide an in-depth assessment of the community of St. Augustine Beach's needs regarding bicycle safety and the determinants that affect safe bicycling.

PRECEDE-PROCEED

The PRECEDE portion stands for predisposing, reinforcing, enabling constructs in educational/ecological diagnosis and evaluation (McKenzie et al., 2017). This part of the model includes a series of planned assessments in which data is gathered to guide the decisions of the campaign (McKenzie et al., 2017). The PROCEED portion stands for policy, regulatory, and organizational constructs in educational and environmental development (McKenzie et al., 2017). This part of the model dives deeper into the strategic implementation of the intervention based on the data gathered from the assessments conducted during the PRECEDE portion (McKenzie et al., 2017).

Predisposing, Enabling and Reinforcing Factors

This model is appropriate for a bicycle safety campaign as it examines contributing factors to behavior change (National Cancer Institute, n.d.). These factors include predisposing, enabling, and reinforcing. Predisposing factors are an individual's or community's knowledge, attitudes, belief, and perceptions, about a health behavior that either facilitates motivation toward change or hinders motivation (Glanz et al., 2015). Enabling factors are factors that are present within the community that either promote change or are a barrier to change (National Cancer Institute, n.d.). Reinforcing factors are those that represent the positives and negatives from adopting a new behavior (National Cancer Institute, n.d.). Examining these factors among the community of St. Augustine Beach will allow a greater understanding of how the community views the suggested behaviors. The views discovered during data collection will guide planners on how to frame the message to create a positive response towards behavior change. For this campaign to be successful, it will be helpful to determine what factors are most important to parents, that aid in providing a safe bicycling experience. Throughout the analysis phases of the PRECEDE portion, it will be essential to collect data from the target audience on their knowledge, beliefs, and attitudes towards bicycle safety. Determining what the audience believes to be barriers to safe bicycling will help to inform the message further presented. It will also be necessary to see where the community stands on behaviors such as helmet wearing and riding with traffic. Collecting data on these factors will help determine if it is believed that the proposed behaviors will be useful in reducing and preventing bicycle-related injuries.

Timeline

Below is a timeline of the associated tasks that need to be completed to reach the campaign objectives. It explains the proposed time frames and the resources necessary to complete the tasks.



Evaluation

Evaluation can come in two different forms, either formative or summative. Each is equally important, yet they measure different aspects of a health program or campaign. Formative evaluation measures the process used in an intervention to improve intervention delivery and quality (McKenzie et al., 2017). The summative evaluation focuses more on the outcomes of the campaign or intervention. Per McKenzie et al. (2017), "formative evaluation relates to quality assessment and program improvement, whereas summative evaluation pertains to determining effectiveness." (p. 352). Process evaluation is closely related to formative evaluation. Process evaluation assesses the implementation of the campaign, determining what did and did not go well regarding campaign implementation, noting where improvements should be made (McKenzie et al., 2017). As a part of process evaluation, there will also be a measurement of products distributed, such as the number of fliers, social media posts, radio ads, etc. were distributed over the campaign time frame (McKenzie et al., 2017). Process evaluation would, therefore, be an appropriate evaluation for this bicycle safety campaign. A process evaluation can be conducted before and during the campaign. Key items to collect data on will be the materials disseminated, where, how many, and by whom. Keeping track of where materials were disseminated, and how many can help create estimation for impressions, the supposed number of people exposed to the media materials.

Outcomes should also be measured. The measuring of outcomes is closely related to summative evaluation as it determines if the campaign outcome goals were met, attributing to campaign success. Outcome evaluation can show how well a program is performing in terms of meeting communication objectives (National Cancer Institute, n.d.). An outcome evaluation also provides an opportunity to learn where to improve to make the program more effective (National Cancer Institute, n.d.). Measuring if objectives have been met can help justify the program, the resources it uses, and encourage the support of other health communications efforts (National Cancer Institute, n.d.). The outcomes of the bicycle safety campaign will need to be measured after the campaign is complete. One way to measure outcomes would be to survey the community's knowledge of safe bicycling behaviors before the campaign and then again after the campaign has ended. This will serve as a pre-test and post-test measure, determining if the community has increased their knowledge of bicycle safety measures.

Self-Reflection

Throughout this course, I have learned about what health communications can accomplish and also what it cannot accomplish. Understanding this gives perspective on how to create messages for an audience and how those messages will be a part of a larger program or initiative to create sustainable behavior change. The biggest takeaways from this course were the application of theory, the use of planning models, and the use of evidence to create a compelling message and communications campaign. Research and planning are required to create a successful campaign. This includes collecting data from the target audience on their attitudes, beliefs, and knowledge of the proposed behaviors being promoted in the campaign. This course helped put into perspective all of the elements that need consideration when creating a health communications campaign.

I believe learning about the application of theory, using planning models to aid in the planning process, and the importance of evaluation has prepared me to become a health educator. This applies to the Area of Responsibility II: Plan Health Education/Promotion. Evaluation applies to Area of Responsibility IV: Conduct Evaluation and Research Related to Health Education/Promotion. In all, this course has caused me to think more critically when determining how to create and frame a message, using evidence-based practices to achieve the best results.

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