EVALUATING YOUR CAMPAIGN

Evaluating a booster seat campaign will measure how effectively it has delivered a message to your audience. An evaluation is often seen as the last step, but it is actually done throughout the course of your campaign. You should determine how you will evaluate your program when you initially plan the framework for your overall campaign. There are different types of evaluation activities and different approaches to take depending on program goals and resources.

WHY EVALUATE YOUR CAMPAIGN?
A carefully designed evaluation strategy is just as important as the campaign strategy. If your campaign works, you want to know! If it does not work, you want to know that, too, so you can figure out your next steps. An evaluation can show if booster seat use has changed in your community and which families have begun using them. It can give information on whether parents are receiving campaign materials. Program evaluation can also highlight campaign needs. For example, it can identify high-risk neighborhoods where booster seat use is low or identify an age group that is not responding to the current message. In short, a careful evaluation is not only an integral part of a booster seat education campaign, but also a critical part of program planning for the future.

Program evaluations also serve a public relations function for the campaign. Sharing results from a survey of booster seat behavior will provide a reason to contact the media. Press stories generated from this information will provide another opportunity for your audience to hear why booster seats are important. Reporting increases in community booster seat use shows non-users that booster seats are becoming more widely accepted, perhaps prompting them to join the bandwagon.

Evaluation results may provide opportunities to improve campaign funding – an essential need for continuing your good work! Potential grant-making organizations and in-kind donors are interested in hearing what you have done and how you have made an impact on the community. They like to know that their will be well-spent and will make a difference in the lives of families. Resources are always scarce and it is important that they be used wisely. An evaluation is the only way to know this.

TYPES OF PROGRAM EVALUATIONS
Each campaign is designed around a measurable objective. The role of program evaluation is to determine whether that objective was met. Evaluation of the primary campaign goal – for example, whether you increased booster seat use or whether you increased awareness about the booster seat law – is called the “outcome evaluation”. Evaluation of what you did in your campaign is called the “process evaluation”. 

OUTCOME EVALUATION – MEASURING CHANGE IN BOOSTER SEAT USE

In our booster seat campaign, our goal was to increase booster seat use among 4-8 year-old children. Our outcome evaluation, therefore, was a survey of observed booster seat use. As our campaign was based at a regional injury research center and affiliated with a university, we used a scientific research method to evaluate program effectiveness. Your campaign does not need to be evaluated by a formal research study, but you can still conduct an effective evaluation in your community.

How We Designed Our Booster Seat Observation Surveys in King County, WA

For our research study, our goal was to increase booster seat use in King County and we chose intervention neighborhoods to specifically study. Then we made our goal more specific: to increase booster seat use by at least 10 percent more than booster seat use in control neighborhoods. Of course, it would be wonderful if booster seat use resulted in fewer child deaths or hospital admissions, but detecting a difference in child deaths, which fortunately are rare relative to booster seat use, would have been a prohibitively large and expensive study. So we settled on increasing booster seat use. We decided that we could best measure booster use by directly observing children in the car, since we had concerns that families would not be able to accurately report booster seat use, either because they were confused about what a booster seat was, or because people generally over-report behaviors which are socially desirable.

- **Objective.** We measured baseline booster seat use in each of the 12 communities beginning in January, 2000. Follow-up observations were conducted 15 months later, beginning in March, 2001. We conducted observations at 83 child-care centers and after-school programs.¹ ²

- **Collaboration.** One key component of our booster seat campaign was forming collaborations with knowledgeable individuals and organizations. This is also important in developing an evaluation plan. Consider working with colleagues who have evaluated other programs. Partnerships with academic institutions or a school of public health or public health officials may also provide critical expertise to help plan a successful evaluation plan. We worked with academic researchers who had evaluated other community campaigns, and got statistical advice in our study design and analysis from an epidemiologist at the University of Washington.
• **Ethical design.** Consider the ethical implications of your study and evaluation. In our institution, any research plan must be presented to and approved by the Human Subjects Division, which reviews our methods and plan. The risks to an evaluation are that a driver might feel his or her privacy is being compromised, or may not wish to talk with the observers, or may feel that he or she is made to feel embarrassed or ashamed if children are not in the proper restraint. We minimized these risks in the following ways: (i) getting written consent from observation sites; (ii) handing an information sheet about our study with study contact information to each driver, (iii) we did not record identifying information about drivers or passengers, such as license number, name, or telephone number; and (iv) providing each driver with beneficial information about booster seats.

• **Choice of intervention and control areas.** Our campaign was community-based, and so we were interested in the use of booster seats in our four intervention neighborhoods. We chose eight neighborhoods in two other cities (Portland, Ore., and Spokane, Wash.) as our control neighborhoods. These control neighborhoods were important for our campaign, because we thought that booster seat use might continue to rise even in the absence of our campaign, and therefore we wanted to separate out any general trends in booster seat use from the impact of our campaign activities.

• **Survey design and methods.** After pilot testing our survey with families, we designed a very short survey tool to measure booster seat use. Cars were approached in the parking lot at pickup times only after the driver had an opportunity to secure any children in the vehicle, and to fasten his or her own seatbelt. Cars leaving with only a non-ambulatory child were excluded from the survey. When stopping parents who are already in a car with their children, it was very important that the survey was brief (less than one minute of parent time). Appendix XXX has a copy of our survey instrument. We asked parents very simple questions about the age and weight of child occupants, and then asked about why they chose their restraint method, and whether they were aware of the booster seat law. Trained observers conducted the survey and directly observed and recorded car seat use for all child occupants.
• **Observation sites.** We conducted observations at 83 child-care centers and after-school programs. Since the booster seat promotion campaign was neighborhood-based, these sites were chosen in order to measure booster seat use in the local 4-8 year old population, rather than the wider population of children one might expect to find at a toy store or larger shopping center. We decided to approach parents who were picking up their children at child care centers and schools, feeling that they were less rushed at pick-up than at drop-off. Fast food sites were pilot-tested but were not used as observation sites because very few booster eligible-children per hour were observed, making observations too inefficient, and because several communities had only one or two fast food restaurants within their borders. Random intersection sites were not used because the study required that vehicles be stopped and approached, so that drivers could be directly questioned about child age and weight. Our coordinator obtained a list of child care centers and after-school programs, and then called each site with more than 20 enrolled children of booster age in order to get permission to conduct our survey. We emphasized that it was a brief survey, families would benefit from receiving information about booster seats, and our professional observers would stop by to introduce themselves to office staff, and would be wearing official safety vests.

• **Pilot testing the survey instrument.** A pilot study was conducted to determine the feasibility of the observational study and brief survey. This was critical in making sure questions were understandable, observers were clear on their instructions, and the questionnaire was brief enough for parents to answer quickly.

• **Hiring observers.** Observers were recruited from local colleges and communities through newspaper ads in college and local newspapers. All observers underwent a standardized three-hour training program to explain the aims of the study and the methodology. Practice observations were conducted under supervision prior to data collection. Observers were taught about child passenger safety, how to identify car seats, and interview techniques. We emphasized the importance of treating parents with respect at all times, even when it appeared their children were not properly restrained. Teams of two or more observers visited each site. Having two observers lessened the chance of erroneous data, sped up data collection at busy sites, and provided companionship and safety. As we have branched into communities with non-English speaking families, we have begun to employ bilingual observers and study materials.
• **Organization of observations.** The organizational skills of our program coordinators were critical to the success of these observations. Our program coordinator kept spreadsheets of approved observation sites, and communicated with observers by email daily in order to schedule sites and observers. She collected weekly observation forms, and was available to troubleshoot any problems that might arise.

Performing a careful evaluation is not cheap, but putting resources into an ineffective campaign is not cheap either. Evaluation costs may be partly shared among collaborative partners. State safety officials may already be considering child passenger surveys in your area. Explore these options as you consider what components to include in the evaluation of your campaign. When possible, budget for evaluation activities at the start of the project and build in the analysis plan into your campaign.

**PROCESS EVALUATION – MEASURING WHAT YOU DID**

“Process evaluation” tools can help measure and document the activities of your campaign. For example, how many brochures did you distribute to parents? Through what channels? Was a booster seat law passed? How many coupons were distributed, and how many coupons were redeemed by retailers? How many individuals called a local phone hotline for information and advice?

In the Washington campaign, there were a number of process measures used, including tracking data on coupon delivery and redemption, channels and number of booster brochures and fliers distributed, participation in community events, formation of a parent advisory group, collecting statistics on visits to our www.boosterseat.org web site, tracking paid media spots, and collecting press clippings on news coverage. Keeping track of these program activities helped guarantee that campaign goals were being accomplished.

**TIPS FOR SETTING UP COST-EFFECTIVE BOOSTER SEAT USE OBSERVATION SURVEYS**

- Partner with your state Office of Highway Safety or other public safety organizations who may be considering surveys in your area.
- Hire part-time college students as observers or partner with a university class to carry out some of the work for course credit.
- Use existing staff to coordinate research observations.
- Ask coalition partners for donations of study materials (i.e. maps, printed survey forms)