# Collaborative Sciences Center for Road Safety

## PROCEEDINGS from “Framing the Dialogue on Traffic Safety to Advance Safe Systems”

## Lucinda Austin

## March 20, 2018

Lucinda Austin is an Assistant Professor with the UNC School of Media and Journalism. Her research focuses on social media’s influence on strategic communication initiatives, namely health and crisis communication, and explores publics’ perspectives in corporate social responsibility and organization-public relationship building.

Austin being her talk by asking “what is a communications campaign?” Such campaigns involve “purposive attempts to inform or influence behaviors in large audiences within a specified time-period using an organized set of communications activities and featuring an array of mediated messages in multiple channels generally to produce noncommercial benefits to individuals and society” [1].

Communications campaigns harbor a goal of informing, changing attitudes or behavior; are strategic; involve coordinated communication; use consistent, multiple, and repeated messages; time specific; and employer multiple communications channels. Campaigns are most effective when they involve multiple levels of influence—i.e., individual, interpersonal, group, organizational, community, and society or policy levels. Moreover, campaigns make use of multiple channels—e.g., Social Media/Networking Print pieces: brochures, fliers, posters, etc., magazines, newspapers, billboards, public service announcements on radio or television, websites, special events, etc.—to convey messages.

Austin discusses the historical arc of communications campaigns. In a review of the effects of campaigns on the public’s perception and behaviors [2], she shares that the 1940-50s marked an “era of minimal effects” whereby researchers discerned how communications campaigns failed to inspire changes in public attitudes and actions. In the 1960-70s, scholars discovered that campaigns can effect change—e.g., the Stanford 3-city Heart Disease Prevention Program—and that rather than blaming the campaigns’ failure to impart change on recipients, campaigns designers should concentrate on creating compelling messages. The 1980-90s is considered the “moderate effects era”, whereby research started exploring how campaigns function in real-world settings and outlining their limitations and elements that make them effective. And from 2000 through today—i.e., the “conditional effects era”—scholars have drawn upon findings from previous eras to formalize communications principles, identifying creative ways of employing principles in campaign development and dissemination, and systematically enhancing campaigns’ effectiveness through empirical research.

Austin asks the audience “what makes a campaign effective?”, outlining several principles of effective health campaigns. A few of these principles include:

* conducting formative research with communicators’ priority audience;
* segmenting one’s audience into meaningful subgroups;
* using targeted message design approaches;
* selecting appropriate communications channels (e.g., privileging social media over traditional media [newspapers] when attempting to reach younger adults);
* strategically positioning campaign messages within selected channels;
* conducting process evaluations to assess campaign reach and audience engagement;
* using sensitive outcome evaluation design; and
* drawing upon the right topic and the right theory, e.g., see: [2] and [3].

Regarding campaign effectiveness, Austin references two meta-analyses— [4] and [5]—which conclude that the average campaign has affected an 8-9 percent change in desired outcomes for their intended audiences. Further, depending on the type of campaign, those which featured policy enforcement elicited a 17 percent change in desired behavior, whereas those campaigns without policy enforcement inspired a 3-5 percent change in behavior.

Austin applies campaign principles to road safety work. She cites a meta-analysis [6] which references significant reductions in the frequency of traffic crashes and deaths via several behavioral campaigns: increases in seat belt use; child safety seats; helmet use among bicyclists, skateboarders, and motorcyclists; reductions in speeding, as well as drunk, distracted, and fatigued driving. For example, communications campaigns have been associated with average declines in vehicle crashes of about 7 percent, and those involving alcohol impairment of about 13 percent. Moreover, the “Click It or Ticket” campaign in North Carolina has been associated with a 38 percent increase in seat belt use (from 63 percent before and 80 after the campaign), which has inspired other states—e.g., Washington—to institute similar campaigns.

Austin poses the important question relating to unintended consequences of communications campaigns, asking “is policy change always the right move, even if average effect sizes are larger?” To illustrate this point, Austin reviews a case from the 1960s in Florida City, FL, wherein the town banned the sale of phosphate detergents only to see record sales of such detergents immediately prior to the ban’s implementation. And after the ban went into effect, though phosphate-containing detergents sales fell within city limits, they rose outside of the city. Austin asks the audience, “Why did this happen?”

She introduces the audience to the “Theory of Reactance” [8]. Reactance emerges from a perceived threat to one’s freedom: “When a person believes himself free to engage in a given behavior, he will experience psychological reactance if that freedom is eliminated or threatened with elimination. Psychological reactance is defined as a motivational state directed toward the reestablishment of the threatened or eliminated freedom and should manifest itself in increased desire to engage in the relevant behavior” (pp. 15-16). Austin recounts how people have a basic need for self-determination, seeking to perceive themselves as free and responsible for their own fate. Reactance, she argues, can lead people to behave instinctively and irrationally.

Austin cites additional research that indicates how guilt- or fear-inducing can trigger reactance [9], including campaigns aimed at scaring youth to avoid drug use [10], and admonishments not to write on bathroom walls [11]. Considering the research on communications’ campaigns effectiveness in changing behavior, Austin offers a few implications for designing and deploying health communications campaigns—e.g., “not all communication is good communication”; restricting individuals’ freedoms can encourage individuals harmful behavior; when using restrictive policies, ensure that people agree or understand the policy’s fairness.

For the second part of her talk, Austin introduces the theory and concept of framing. “To frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described” (p. 52) [12]. Austin shares that people use “mental shortcuts” to make sense of the world, relying upon frames to provide meaning to incoming information. The media provides “dominant frames” through which people interpret information. She references a framing guide she and colleagues developed called “Adding Power to Our Voices: Guide for Communicating About Injury.” The guide features discussion on framing, tools for message development, and use of social math—e.g., “Every day, an average of 12 teenagers (16-19 y.o.) die as a result of a motor vehicle crash”—Through formative research, the research team discovered that the concept that “people should be allowed to live to their full potential” resonated with a large, diverse audience.

Austin introduces message design theories, including Inoculation Theory and affect/emotion appeals. Inoculation Theory is “kind of like a vaccine, the notion that you can “inoculate” someone against future messages they may receive.” She offered the example of the “Truth” anti-smoking campaign, wherein campaign developers anticipated messages the tobacco companies would likely expose people to and challenged the audience to challenge the tobacco companies’ advertising— “they’re trying to sell me something.”

Austin also reviews campaigns that appeal to our emotions—e.g., appeals to our fears, feelings of guilt (“friends don’t let friends drive drunk” – though appealing to guilt, not an extreme guilt appeal, therefore less likely to inspire reactance), anger (“if you have anger and efficacy, you’re more likely to take action”, e.g., the Anger Activism Model), disgust, warmth and humor. She concentrates on fear appeals, as they’re the most common types among the emotions-based appeals in campaigns. Fear appeals communicate the idea that “if you don’t do something good or do something bad, then something bad is going to happen to you; they’re trying to scare into doing something”—e.g., images of high school students shown a wrecked car, illustrating how fatal crashes are a consequence of drinking and driving.

The question is, do fear appeals work? When and how might they work? Austin argues that fear appeals might be overused and thus have lead to some desensitization among the public. Nonetheless, they can work when people have high self-efficacy for controlling their behavior and when messages are persuasive [14]. Austin juxtaposes an ad which features gruesome outcome of failing to wear a seatbelt, with one that elicits warmth in the audience by depicting a man embraced by his family members in the event of a play-acted car crash. The ad that appealed to feelings of warmth was associated with significant increases in seatbelt use.

Austin reviews social marketing, distinguishing it from theoretical approaches and social media marketing. She defines it as “marketing principles for the social good.” Social marketing using four pillars of marketing: product, price, place, and promotion. This framework involves making products more attractive to consumers by minimizing its costs or maximizing its rewards, promoting products in specific places—i.e., “at the point of decision.” Austin provides an example from Wisconsin where Road Crew Wisconsin provide inexpensive limo service ($5-$15) for drinking men aged 21-34, as documented a 17 percent reduction in driving fatalities—140 fatal crashes avoided—with no decrease in alcohol consumption. Other examples include talking urinal cakes and a breathalyzer machine placed near a bar’s entrance, adhering to principles of placing products at the point of decision.

The group discussed influencing frames vs. responding to dominant frames. Austin introduces “gain-loss” framing or “Prospect Theory.” She says it’s also helpful to look at what frames the audiences have been exposed to, e.g., “how are they viewing this issue?” Then, practitioners should explore how they can shift frames to adhere to commonly held values of caring for others. She argues that “there is definitely not a one size fits all, it’s something we need to do research on first.”

Conversation shifted toward use of stories and the emotions they appeal to. In the context of Vision Zero campaigns, for example, how can we appeal to people’s emotions without overwhelming them? Austin states that communicators should avoid overly forceful appeals to guilt and fear, but that stories should be emotional enough that people experience “narrative transportation”—i.e., that they feel a part of the story, so that they can be inspired to take helpful action.

In the context of young driver research, using narrative and framing approaches targeted toward parents is a good idea, as parents are more likely to act on their children’s behalf than their own. She transitions to mention an anti-drug campaign that documented negative behavior change after appealing to adolescents’ fear of being responsible for others’ death. Designers revamped the campaign to incorporate social norms related to being humiliated after passing out at a party. This latter approach proved more believable and motivating than being responsible for a younger sibling drowning in a pool.

The group discussed revamping “Click it or Ticket”, which was first developed in NC at HSRC. Austin cites the campaigns recognizability and capacity to “roll of the tongue”, that it becomes part of our “internal knowledge.” She introduces “Diffusion of Innovations” theory [15], describing the adoption curve including “early adopters” on one end, and “laggards”—i.e., the people who may never adopt—on the other. “Some people can’t be reached, they don’t want to be reached”, i.e., those last 10 percent of people not wearing seatbelts, sometimes it’s not realistic to persuade them. For them, Austin posits, we should discern why aren’t laggards adopting a safe behavior—e.g., because they don’t care? are anti-law, anti-government, i.e., what is their underlying motivation?

Discussion ends with a conversation on funding for media campaigns. As an audience member puts it, media campaigns are often considered cost effective, but how well are they funded? Austin contrasts public with corporate media campaigns, wherein the former typically receives a fraction of the financial support of the latter. Ad Council can help by offering free PSA services, nonetheless, campaign designers still must pay for prime message placement. The often high costs of reaching intended audiences means that those developing media campaigns should carefully and strategically design campaigns using theory and evidence-based approaches.

**Resources**

[1] P. Wheeler, Rice, Ronald E. and Atkin, Charles K. (eds), “Public Communication Campaigns," *Media International Australia Incorporating Culture and Policy*, (146), pp. 174, 2013.

[2] S. M. Noar, "A 10-Year Retrospective of Research in Health Mass Media Campaigns: Where Do We Go From Here?" *Journal of Health Communication*, vol. 11, *(1)*, pp. 21-42, 2006.

[3] A. E. Anker et al, "Measuring the Effectiveness of Mass-Mediated Health Campaigns Through Meta-Analysis," *Journal of Health Communication*, vol. 21, *(4)*, pp. 439-456, 2016.

[4] L. B. Snyder and Hamilton, Mark A., “A Meta-Analysis of U.S. Health Campaign Effects on Behavior: Emphasize Enforcement, Exposure, and New Information, and Beware the Secular Trend.” in *Public Health Communication: Evidence for Behavior Change*, R. C. Hornik, Ed. Mahwah, NJ: Lawrence, 2002, pp. 357–384.

[5] L. B. Snyder et al, "A Meta-Analysis of the Effect of Mediated Health Communication Campaigns on Behavior Change in the United States," *Journal of Health Communication*, vol. 9, *(1)*, pp. 71-96, 2004.

[6] M. A. Wakefield Prof, B. Loken Prof and R. C. Hornik Prof, "Use of mass media campaigns to change health behaviour," *Lancet*, the, vol. 376, *(9748)*, pp. 1261-1271, 2010. doi: 10.1016/S0140-6736(10)60809-4.

[7] M. B. Mazis, R. B. Settle and D. C. Leslie, "Elimination of Phosphate Detergents and Psychological Reactance," *Journal of Marketing Research*, vol. 10, *(4)*, pp. 390-395, 1973.

[8] S. S. Brehm, *A Theory of Psychological Reactance.* New York: Academic Press, 1966.

[9] L. L. M. Lindsey, "Anticipated guilt as behavioral motivation: An examination of appeals to help unknown others through bone marrow donation," *Human Communication Research*, vol. 31, *(4)*, pp. 453-481, 2005.

[10] E. Bessarabova et al, "Extending the Theory of Reactance to Guilt Appeals "You Ain't Guiltin' Me Into Nothin"'," *Zeitschrift Fur Psychologie-Journal of Psychology*, vol. 223, *(4)*, pp. 215-224, 2015.

[11] J. W. Pennebaker and D. Y. Sanders, "American Graffiti: Effects of Authority and Reactance Arousal," Personality and Social Psychology Bulletin, vol. 2, (3), pp. 264-267, 1976.

[12] R. Entman, “Framing: Clarification of a Fractured Paradigm,” *Journal of Communication*, vol. 43, *(4)*, 52-60, 1993.

[13] National Center for Injury Prevention and Control (U.S.). *Adding Power to Our Voices: A Framing Guide for Communicating about Injury*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Atlanta, Ga. 2010.

[14] L. Popova, "The Extended Parallel Process Model: Illuminating the Gaps in Research," *Health Education & Behavior*, vol. 39, *(4)*, pp. 455-473, 2012.

[15] E. M. Rogers, *Diffusion of Innovations*, 5th ed. New York: Free Press, 2003.