

**Saskatchewan *in motion*: A community-based, province-wide social marketing initiative to promote physical activity**

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### **Country Overview**

Canada is the largest country in the Americas with 10 million km<sup>2</sup> of land and a population of 33 million. About two-fifths of the country's population has origins other than British, French, or Aboriginal. It has a parliamentary democracy comprised of a federation of 10 provinces and 3 territories. English and French are the two official languages of Canada. Canada has an extensive social security network, including old age pension, family allowance, employment insurance and social assistance (adapted from Pan American Health Organization, 2008).

### ***Health Care System***

Basic and publicly-funded health care is provided to all Canadians through universal coverage of medically necessary health care services provided on the basis of need, rather than the ability to pay. These services are administered and delivered by the provincial and territorial governments, and are provided free of charge with assistance from the federal government. The Canadian health care system has come under stress in recent years due to a number of factors, including changes in the way services are delivered, fiscal constraints, the aging of the baby boom generation and the high cost of new technology. Reforms are under way in most provinces and territories. Most reforms consider placing greater emphasis on promoting health, preventing illness and injury and managing chronic diseases. The federal Public Health Agency of Canada acts as a focal point for disease prevention and control, and for emergency response to infectious diseases; however public health services are generally delivered at the provincial/territorial and local levels (adapted from Health Canada, 2005a).

### ***Public Health Issues***

Although Canadians are among the healthiest people in the world (Public Health Agency of Canada, 2007), they still face significant public health challenges:

- **Infectious Disease Factors:** In Canada, HIV rates have increased over the past five years and sexually transmitted infections continue to spread. In addition, risks of a number of communicable diseases are increasing (e.g., West Nile virus) as well as possible emergencies and disasters associated with climate change and international terrorism.
- **Chronic Disease Burden:** More and more Canadians are directly associated with one or more risk factors, such as smoking, unhealthy eating and physical inactivity that often lead to the major chronic diseases, which account for two-thirds of all deaths in Canada:

cardiovascular disease, cancer, diabetes, and respiratory disease. A number of initiatives are implemented to address these issues. For example, the federal, provincial and territorial health ministers have set a target to reduce obesity rates by 20% and an objective of increasing physical activity through public health policies and effective action. Recently, a Strategy for Cancer Control was developed and initiated.

- **Determinants of Health and Disparities:** As mentioned above, Canadians are among the healthiest people in the world. However, some groups are not as healthy as others. Key health disparities in Canada are related to socio-economic status, Aboriginal heritage, gender and geographic location. Demonstrated changes to key indicators involve infant mortality, childhood obesity, poverty and child poverty, road accidents, as well as the health and standard of living of Aboriginal people and visible minority immigrants. Recognizing that health is determined by complex interactions between social and economic factors, the physical environment and individual behaviours, work to address health disparities and action on the determinants of health, in collaboration with other sectors and partners, is considered central to public health (adapted from Public Health Agency of Canada, 2007).

### ***Social Marketing as a Strategy to Address Public Health Issues***

As an early adopter of social marketing, Canada has integrated this unique form of marketing into many of its public health strategies for more than 30 years. Initially, social marketing was primarily used by national government departments, such as Health Canada (Mintz, 2004), and non-governmental agencies like ParticipACTION, a national physical activity promotion agency (Edwards, 2004). Social marketing is now used in a more extensive and sustained way at all

levels by an ever-growing constituency of trained professionals to address a broader range of public health issues.

Some Canadian public health issues and health determinants addressed through social marketing approaches in recent years include: Aboriginal diabetes (Health Canada, 2005b), adult literacy (Turnley-Johnston et al., 2007), air pollution (McKenzie-Mohr, 2008; McDowell, 2008), alcohol abstinence among pregnant women (Deshpande et al., 2005), emergency preparedness (Mintz & Woolridge, 2008), hand hygiene (Mah et al., 2008), healthy/environmentally friendly and affordable housing (Lagarde, 2007a; Lagarde, 2007b), healthy living (Renaud et al., 2007), nutrition (Sali and Lavack, 2007; Duquette, 2008), occupational health and safety (Lavack et al., in press), organ donation (Lagarde, 2005), pesticides (Lévesque, 2008), physical activity and healthy living (Edwards, 2004; Laberge et al., 2007), smoking prevention and cessation (Lavack & Toth, 2004; Lagarde et al., 2007), sudden infant death syndrome (Cotroneo, 2004), youth development (Deshpande & Basil, 2006) as well as drinking and driving, drug prevention and injury prevention (Mintz, 2004).

In an international survey on advanced-level social marketing training events (Deshpande & Lagarde, 2008), 174 of the 477 members of various social marketing and public sector marketing listservs who responded to the survey were Canadians. While the findings from the survey cannot be generalized, because they are based on a small sample with a self-selection bias, the profile of Canadian respondents suggests that social marketing is being used extensively in public sector and non-profit organizations at various levels of Canadian society:

- Most Canadian respondents worked for government (48%) or non-governmental/non-profit (29%) organizations.

- The job description of 30% of Canadian respondents specifically referred to social marketing.
- The field of practice most often mentioned was “protecting the environment” (35%) followed by “improved health” (22%).
- The geographical scope of Canadian respondents’ work was varied: 16% said city-wide, 26% said county/district-wide, 22% said province-wide, 22% said national, and 10% said international.

The following Canadian Web sites are widely consulted by social marketing and health communications professionals in Canada and abroad:

- [www.cbsm.com](http://www.cbsm.com) (Community-Based Social Marketing);
- [www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/index\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/index_e.html) (Health Canada);
- [www.thcu.ca](http://www.thcu.ca) (The Health Communication Unit, University of Toronto);
- [www.toolsofchange.com](http://www.toolsofchange.com) (Tools of Change).

### ***Saskatchewan in motion: Background and Environment***

#### ***Rationale***

Despite a large body of evidence stating that regular physical activity is critical to personal health and quality of life, the majority of Canadians remain inactive. According to the 2000 Physical Activity Monitor (Craig et al., 2001), a few years before Saskatchewan *in motion* was launched, 61% of Canadian adults were considered insufficiently active for optimal health benefits and 57% of Canadian children and youth were active enough for optimal growth and development.

Saskatchewan is a province with a population of 1 million, approximately 141,000 of whom are self-identified Aboriginals (Government of Saskatchewan, 2006). In studies such as the Canadian Fitness and Lifestyle Research Institute's Physical Activity Monitor and the Canadian Community Health Survey (CCHS), Saskatchewan consistently ranked among the most inactive provinces in Canada. In 2000, 69% of Saskatchewan adults were considered insufficiently active for optimal health benefits (Craig et al., 2001). Not surprisingly, the prevalence of diabetes in Saskatchewan increased by 41% from 1997 to 2001 (Canadian Diabetes Association, 2006). In addition, the incidence of obesity and overweight was above the national average (Tjepkema, 2004).

Saskatchewan *in motion* (SIM) was developed in 2002 by volunteer and public sector partners to increase physical activity by 10% by 2005. SIM is supported by the Government of Saskatchewan to help achieve a similar target set by federal, provincial and territorial ministers responsible for sport, recreation and fitness to increase physical activity by 10 percentage points in every jurisdiction by 2010.

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***Purpose and Focus***

SIM is a province-wide movement aimed at increasing physical activity to generate health, social, environmental and economic benefits. The intent is to ingrain understanding and behaviour changes into the culture and fabric of Saskatchewan communities.

SIM adopted a social ecological model that suggests that successful movements require not only educational and promotional activities targeting the individual, but also efforts to reform organizations, develop policy, provide economic support and inspire environmental changes, i.e., a “people and places” framework (Maibach et al., 2007). SIM was designed as a comprehensive social marketing initiative that blends multimedia public awareness and education targeted at individuals with community-based action. The initiative focuses on creating conditions (physical and social environments) that support physical activity in a variety of settings. Communities are considered places as well as “interveners.” “Communities need to be mobilized and take ‘ownership’ of a challenge for anything to take place” (Andreasen, 2006).

There are four key components to achieving the SIM vision (Saskatchewan *in motion*, 2008):

- Building Partnerships;
- Raising Awareness;
- Mobilizing Communities;
- Monitoring and Celebrating Success.

### ***Analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT)***

#### **Strengths:**

- Led by the Saskatoon Health Region in partnership with the University of Saskatchewan, the City of Saskatoon and ParticipACTION, the community-level *in motion* concept was piloted in Saskatoon from 1998 to 2003. The pilot project was well researched and yielded very positive results. The project's success led provincial leaders to invest in a province-wide physical activity strategy.
- In Saskatchewan, the provincial lottery is the fundraiser for the volunteer sport, culture and recreation system. The lottery is managed by Sask Sport Inc. This system is unique to Saskatchewan and has facilitated the development of a very strong, well-funded, vibrant sport, culture and recreation delivery network throughout the province. The other important benefit of the lottery-funded network is the media purchasing power they bring to the initiative. SIM partner Sask Sport Inc. purchases all lottery advertising and therefore carries significant weight when negotiating both airtime and public service contributions on behalf of SIM.

### **Opportunities and Challenges:**

- Prior to the SIM launch in 2003, there were no other physical-activity strategies at the provincial level and very few community-based strategies. While initially identified as a weakness, it quickly became an opportunity as schools, communities, workplaces, neighbourhoods, seniors' centres and other settings all rallied behind the SIM brand and adopted it as their own.
- As mentioned above, Saskatchewan is a province of approximately 1 million people. The two largest cities each have a population of approximately 200,000 and the remaining 600,000 are spread among 800 communities ranging in size from 30,000 to 10. Many are isolated communities in the far north and other sparsely populated areas. Delivering a

community-based strategy is more challenging when expertise and human capacity is limited outside of the two major centres. To address this issue, SIM placed significant emphasis on building community capacity and leadership training.

- At the time of the SIM launch, the province was leading up to its Centennial in 2005, which provided many opportunities for new funding and programs. SIM was initially funded as part of the Centennial celebrations to promote a sustainable future for the people of Saskatchewan.
- The people of Saskatchewan take great pride in being the lead province to establish the current national health care system. While highly valued, provincial health care spending continues to grow at a challenging rate. This situation lends a sense of urgency and commitment to explore new solutions with a wide range of partners.

### **Threats:**

The Government of Saskatchewan provides short-term grant funding to SIM through a special fund from Casino revenues. Although the investment has been significant, the short-term nature of the financial support poses a threat to the sustainability of the initiative:

- In the early years, some partners were slow to “join the movement.” SIM was viewed as a short-term “flavour-of-the-month” initiative without sustained support for community action.
- It can be challenging to provide frequent reports and grant proposals showing significant short-term successes when addressing long-term societal change.

### ***Past and Similar Efforts***

A wide range of excellent physical activity strategies began to emerge across Canada in communities and provinces in the late 1990s. SIM was unique in that it was the only strategy that embraced a comprehensive, multi-setting social marketing approach. SIM looked to other successful health promotion strategies, such as tobacco reduction, seatbelt usage, recycling and others for guidance to build the strategy.

### Target Audiences

A wide range of public, stakeholder and decision-maker audiences were considered in the SIM initiative (see summary in Table 1).

Table 1

*Saskatchewan in motion Target Audiences by Category: Individuals, Stakeholders in Settings, Decision-Makers*

<b>Individuals</b>	<b>Stakeholders in Settings</b>	<b>Decision Makers</b>
<ul style="list-style-type: none"> <li>- Adults aged 30 – 55</li> <li>- Children and youth</li> <li>- Parents</li> <li>- Aboriginal people</li> </ul>	<p>General</p> <ul style="list-style-type: none"> <li>- Chronic disease organizations</li> </ul> <p>Communities</p> <ul style="list-style-type: none"> <li>- Recreation &amp; sport professionals</li> <li>- Community administrators</li> <li>- Urban planners</li> <li>- Health promotion</li> </ul> <p>Schools</p> <ul style="list-style-type: none"> <li>- Teachers</li> <li>- Parent organizations</li> </ul> <p>Workplaces</p> <ul style="list-style-type: none"> <li>- Occupational health</li> <li>- Human resources</li> </ul>	<p>Provincial</p> <ul style="list-style-type: none"> <li>- Elected officials</li> <li>- Deputy ministers</li> </ul> <p>Community</p> <ul style="list-style-type: none"> <li>- Elected officials</li> <li>- Senior administrators</li> <li>- Key community leaders</li> </ul> <p>Education</p> <ul style="list-style-type: none"> <li>- Principals</li> <li>- School board officials</li> </ul> <p>Workplaces</p> <ul style="list-style-type: none"> <li>- CEOs</li> <li>- Managers</li> </ul>

The following demographic segments were identified as priorities:

- People aged 30 to 55 years (primarily because of their role as parents, as well as key influencers in communities, schools, workplaces and families)
- Children
- Youth
- Aboriginal peoples.

### **Goals and Objectives**

SIM established a rallying and ambitious vision: The people of Saskatchewan will be the healthiest, most physically active in Canada.

More specifically, SIM's goals are to:

- Be in the top three of Canada's most physically active provinces by 2012.
- Raise the Grade for Saskatchewan Children and Youth as reported annually in Canada's Report Card on Physical Activity for Children and Youth.
- Celebrate the success of SIM based on measurements against clear outcomes.

Specific behavioural, knowledge and belief objectives (where applicable) for the various audience categories are outlined in Tables 2, 3 and 4.

Table 2

*Saskatchewan in motion Behavioural Objectives*

Audience Categories	Behavioural Objectives
Individuals	<ul style="list-style-type: none"> <li>- More people in Saskatchewan will be more active, more often</li> <li>- Individuals will speak out (advocate) about their physical activity needs and the needs of those they care about</li> </ul>
Stakeholders in Settings	<ul style="list-style-type: none"> <li>- Communities, schools and workplaces will create the physical and social environments necessary to support individuals' desire to increase physical activity</li> <li>- All Saskatchewan schools (elementary &amp; secondary) will ensure that all students have access and opportunity for at least 30 minutes of physical activity every day</li> <li>- Communities, schools and workplaces throughout the province will consider and respond to the physical activity needs of Aboriginal people</li> <li>- First Nations communities will increase their capacity to engage citizens in physical activity opportunities</li> <li>- Stakeholders will work together to create the conditions necessary for individuals to be more physically active</li> <li>- Formal mechanisms will be in place to facilitate creative &amp; cooperative partnerships at the community/delivery level</li> <li>- Leaders will speak out (advocate) about their physical activity needs and the needs of those they care about</li> <li>- Saskatchewan physical activity researchers will work together to establish a Center of Excellence for physical activity research. Researchers will gather, analyze and report data that will tell a compelling story for SIM and guide the SIM strategic direction</li> </ul>
Decision-Makers	<ul style="list-style-type: none"> <li>- The <i>in motion</i> movement will be supported with long-term, stable and sustainable resources</li> <li>- Decision-makers at all levels will invest in physical activity</li> <li>- School Boards will implement a daily physical activity policy</li> <li>- <i>SIM</i> leaders will be supported and recognized for their efforts to work together to develop, implement and evaluate long-term, sustainable physical activity strategies</li> </ul>

Table 3

Saskatchewan *in motion* Knowledge Objectives

Audience Categories	Knowledge Objectives
Individuals	<ul style="list-style-type: none"> <li>- Saskatchewan adults will have increased awareness of how much physical activity is needed to achieve health benefits for themselves, children and youth</li> <li>- Saskatchewan adults will know where to go for credible</li> </ul>

	information on physical activity for themselves and their families
Stakeholders in Settings	<ul style="list-style-type: none"> <li>- Key stakeholders and delivery networks will have a clear understanding of their role in increasing physical activity</li> <li>- Leaders in education (teachers, administrators, decision-makers and parent groups) will understand the physical inactivity issue and the role of schools in increasing physical activity for children, youth and families</li> </ul>
Decision-Makers	<ul style="list-style-type: none"> <li>- Decision-makers in a variety of settings will understand their role in addressing physical inactivity</li> </ul>

Table 4

*Saskatchewan in motion Belief Objectives among All Audiences*

Belief Objectives
<ul style="list-style-type: none"> <li>- Saskatchewan people will feel that they are part of a “movement” and that SIM is more than an organization or program (this feeling should translate to a strong and shared sense of belonging and accomplishment)</li> <li>- SIM will be perceived as more than a short-term advertising campaign</li> <li>- An increased number of Saskatchewan people will recognize the SIM brand as a credible source for information about physical activity</li> <li>- A wide range of organizations will associate with and use the SIM brand and materials as their own</li> <li>- Physical activity will be considered the “norm” in Saskatchewan</li> </ul>

**Target Audience Barriers, Motivators, and Competition**

***Barriers***

Provincial research conducted by Fast Consulting (2003) and the University of Saskatchewan on behalf of SIM confirms national data (Craig & Cameron, 2004) that suggest the following barriers to individual participation in regular physical activity:

- Lack of time
- Lack of interest or preference for more sedentary activities
- Lack of access (access to programs and/or facilities)

Other barriers identified included:

- Lack of skill
- Concerns about personal safety
- Climate
- Lack of social support for participation.

Informal research and evaluation (past experience and interviews) suggest the following barriers to the development and delivery of community-based strategies:

- Lack of leadership capacity
- Lack of financial resources
- Lack of interest
- Competing priorities
- Lack of support from senior officials
- Lack of a clear understanding of potential roles.

### ***Motivators and Perceived Benefits***

Literature review, focus group testing and expert task force committees have guided the development of messages based on key motivators and perceived benefits:

Table 5

## Summary of Motivators and Perceived Benefits

Audiences	Motivators and Perceived Benefits
Individuals	- Although Saskatchewan adults understand the importance of physical activity for health benefits, health benefits alone were not enough to motivate action
- Adults	- Physical activity must be fun, safe, easy and convenient - Spending time with friends and family - Feeling good - Maintaining a healthy body weight
- Children & Youth	- Fun/personal satisfaction - Spending time with friends and family - Pleasing others (teachers and parents)
Key Stakeholders (all settings)	- Achieve professional goals - Having an opportunity to influence the health of the people they care about
- Community Setting	- Bringing partners together - New resources and expertise
- School Setting	- Better classroom management/behaviour - New resources and expertise - Increased readiness to learn among students
- Workplace Setting	- Employee morale - Convenience
Decision-Makers (all settings)	- Achieve professional goals - Having an opportunity to influence the health of the people they care about - Reducing (health care) costs - Healthy and vibrant society
- Community Setting	- Achieve environmental targets - Attract new families/workplaces - Economic benefits
- School Setting	- Support for teachers - Shared responsibility (with community and family) - Assistance with academic achievement
- Workplace Setting	- Increased productivity - Reduced absenteeism - Employee recruitment and retention

*Competition*

The greatest competition for physical activity among adults, youth and children is discretionary time over more desired, sedentary lifestyle choices, i.e., screen-time activities and increasing consumption of media (Maibach, 2007).

Saskatchewan is a motor vehicle-based society. The small population (1,000,000) is spread out over a large land mass (651,900 km<sup>2</sup>), even in large communities. Community growth trends have also moved shopping, services and major recreation facilities to the edges of communities, forcing people to almost exclusively choose motor vehicles over more active modes of transportation.

The Saskatchewan climate is often cited as a barrier to physical activity. Winters are long (November to March) and severe. Indoor sedentary activities, usually involving screen time are preferred over active activities outdoors or in public indoor facilities.

For many stakeholders, physical activity strategies are add-on activities. Alongside healthy eating, substance abuse, crisis management in hospitals, physical activity is just another issue competing for investment by decision-makers.

### **Positioning Statements**

SIM wants people in Saskatchewan to see physical activity as:

- Fun, easy and safe -- providing energy, a sense of well-being; feeling and looking good, as well as a sense of pride by being a good role model for children
- Providing a break in our busy lives

- Being adopted by a growing number of people in Saskatchewan (being part of a movement).

Calls to action to stakeholders and decision-makers should be perceived as realistic. As an initiative, SIM was designed as a province-wide (non-governmental) “movement” to promote physical activity (not owned by one organization) supported by thousands of community leaders (including Aboriginal leaders), schools, workplaces and health professionals to create conditions that are conducive to physical activity where people live, learn, work and play.

In short, SIM wants the people of Saskatchewan to increase physical activity for themselves and those they care about.

## **Strategies**

### ***Mobilizing Settings around Product, Price, Place and Promotion Strategies***

The “settings” approach of SIM is specifically aimed at addressing various “Product”, “Price”, “Place” and “Promotion” considerations related to physical activity. In keeping with the roles recommended by Maibach (2003) for state-level organizations, SIM systematically approaches settings through a number of mobilization and advocacy interventions, such as:

- Communities are approached using many of the recommended steps in the *Active Living by Design* program (Active Living by Design, 2008). Communities are initially invited to submit a proposal to host a one-day “Moving Together” symposium. They receive a CAN\$5,000 grant for facilities, meals, and other expenses. SIM provides expert speakers

and a facilitator. To be eligible, communities must ensure that the mayor (and at least one other councilor), senior community officials, senior health officials, along with influential community members are in the room for at least one hour first thing in the morning. SIM works with the organizers to prepare an agenda. At the symposium, a motivational speaker talks about the issue and the need to make changes to the community environment that will address it. A representative from *Active Living by Design* from Minnesota then talks about how it works in his community, which is followed by a community discussion about the next steps. Although decision-makers are only expected to listen to the speakers, at least 50% of them will typically stay for the day once they hear the speaker in the morning.

- Community School Councils are charged with an accountability framework for schools. SIM is offering to work with them to determine what schools should be accountable for over the coming years and ensure physical activity is not omitted, i.e., committing to the goal of a minimum of 30 minutes of physical activity every day per student. This goal is accomplished through a combination of physical education, physical activity breaks/programs, intramural activities, sports programs and special events.

The following are sample calls to action aimed at various stakeholders and decision-makers in order to address product, price, place and promotion issues regarding physical activity (for more, see [www.saskatchewaninmotion.ca](http://www.saskatchewaninmotion.ca)). These calls to action are based on varying degrees of evidence (see Brownson et al., 2006; Gordon et al., 2006; Lagarde & LeBlanc, 2008):

- Community Setting:
  - o Product:
    - Start a running/walking, biking, in-line skating or dance club.

- Search for unused space and turn it into a group activity area.
  - Offer secure bicycle racks so people can bike around the community.
  - Coordinate physical activity challenges to coincide with local and major sporting events.
- Price:
    - Offer incentives for distance parking.
    - Offer activities and programs based on people's skills.
  - Place:
    - Develop indoor and outdoor walking paths.
    - Convert local halls into walking areas.
    - Groom a cross-country skiing trail near your community.
    - Ensure environments and facilities are available and accessible to people with disabilities.
    - Develop and encourage active and safe routes to school.
    - Offer safe, attractive and accessible trails for bicycling, walking and wheelchair activity.
  - Promotion:
    - Promote active transportation. Make people aware of the various opportunities to run, walk, bike or in-line skate to commute within your community or for short trips.
    - Place a physical activity board in high pedestrian traffic or business areas.
    - Hold recognition activities for people making efforts to adopt healthier lifestyles.
- School Setting:

- Product:
  - Add a Move Memory Game - Play a memory game in which students memorize movements instead of words.
  - Fitness Breaks - Take two-minute breaks between lessons. Ask students to lead or just play music and let them dance!
  - Add Verb Fun - Students act out verbs such as skip, hop, jump. Have students modify actions by adding adverbs, such as rapidly, powerfully and enthusiastically.
- Price:
  - Request used sports equipment donations to make activity buckets for use at recess and other breaks.
- Place:
  - Adjust school schedule to optimize gym use during recess.
- Promotion:
  - Create an active environment by posting a bulletin board full of photos of teachers, students and administrators being active.
- Workplace Setting:
  - Product:
    - Start a walking club.
    - Start an active commuter program with your colleagues to get to and from work.
    - Participate in or start a recreation league at your company.
    - Allow flextime for people to participate in physical activities.
    - Try a group stretch routine instead of sitting down for a coffee break.

- Integrate a physical activity program into your human resources strategy.
- Host recreational events, such as golf tournaments, horseshoe-pitching, dances and sports days.
- Price:
  - Share the costs of employee memberships in physical activity programs or clubs.
- Place:
  - Ensure employees have access to bike racks, showers, changing rooms, etc.
  - Stay at hotels with fitness areas while on trips.

In order to address the unique needs of northern and Aboriginal peoples, additional “policy” resources were developed, including a *Physical Activity Policy Package for Northern Saskatchewan School Divisions and Education Authorities and Community Schools*, jointly with the Northern Healthy Communities Partnership. It contains numerous product, price and place-related strategies.

### ***Mass Media and Advocacy Campaigns***

Although each setting strategy includes promotional elements, two additional streams of communication activities were designed: 1) a mass-media campaign to reach individuals and more specifically the main segment of the target population (people aged 30-55); and 2) an advocacy campaign to reach key stakeholders and decision-makers. These streams were consciously designed to take into account the various complementary models of behaviour

change implicit in public health communications campaigns: the individual effects model (focusing on individual knowledge, attitudes and behaviours); the social diffusion model (focusing on social norms); and the institutional diffusion model (focusing policy changes) (Hornik, 2002).

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The mass media campaign and messages were designed in a number of phases are follows:

- Phase 1 -- Captivate and Motivate:
  - o Introducing the brand and tagline (Join the movement)
  - o Let people know getting active is fun, easier than they think, and they’ll feel good!
  - o Show a variety of people being active in a wide range of ways.
  - o Encourage people to call a toll-free number or visit a Web site for 100 easy ways to be active and other information.
- Phase 2 -- Demonstrate and Motivate:
  - o Show people examples of specific ways to get active and what “counts” towards being physically active at least “30 minutes a day, five days a week” for health benefits.
  - o Show that physical activity is catching on and becoming the norm.
  - o Talk about the benefits and rewards of physical activity, particularly those that appeal to human aspirations, such as wanting to feel great.
  - o Continue to drive people to the Web site for more information.

- Start incorporating success stories/testimonials/comments area on the Web site so people can see what others are doing and be encouraged to follow suit.
- Encourage people to ask others to “Join the Movement”
- Phase 3 -- Celebrate and Motivate:
  - Keep using a highly recognizable look, feel and music, but introduce real life success stories too as proof that Saskatchewan *really is in motion*.
  - Continue to encourage those who haven’t joined the movement to do so by asking Have you joined the movement?
  - Link to Saskatchewan’s Centennial as a time for celebration.
- Phase 4 -- Reach Out to Others:
  - Messages focused on being active with your family and those you care about.
  - Address the disconnection between perceived physical activity levels and real physical activity levels.
  - Encourage parents to pay attention to how much activity their kids are really getting.

The communication channels used include: Mass media (television, radio, print, outdoor, movie theatres, posters), schools, workplaces, public events, prompts in public settings and the Internet. Messengers are peers (testimonials), actors that individuals could relate to, ambassadors (influential individuals from a variety of settings).

Key messages for the advocacy campaign are essentially the following:

- We are facing a physical inactivity epidemic with consequences relevant to your work/school/community (depending on interest or focus).

- It will require long-term sustainable investment in efforts that are upstream, cooperative, innovative and community/setting-based.
- You have a role to play to address this crisis.
- It is a shared role; others will join your efforts.
- *In motion* can help with tools, resources, human resource capacity, and training.
- Join the Movement.
- Be a leader.

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The communication channels used as part of the advocacy component include: Meetings, sector-specific delivery networks, conferences, trade shows, presentations, articles, direct mail, tools and resources and the SIM Web site. Messengers are sector leaders, ambassadors and peers.

### **Budget and Time frame**

The budget for the first three years (April 2003-March 2006) was CAN\$2 million per year:

- Advertising & Promotion: \$800,000
- Community Grants: \$700,000
- Resource Development and Training: \$300,000
- Targeted Strategies: \$100,000
- Research: \$100,000

The budget for the next two years (April 2006-March 2008) was CAN\$1.6 million per year:

- Mobilizing Communities (training, resources, grants): \$700,000
- Raising Awareness (advertising and communications): \$600,000
- Building Partnerships: \$125,000
- Research: \$175,000

In addition to the resources above, the following investments were made:

- The University of Saskatchewan, a SIM research partner, has invested several million in research projects funded both internally and by national research partners.
- Saskatchewan media has invested, on average, \$6 for every dollar spent on advertising. From April 2003 to March 2008, approximately \$2,300,000 was spent with media values estimated to be more than \$13,800,000.
- SIM strategic partners have invested close to \$300,000/year in in-kind contributions.
- Efforts are in place to measure the significant investments made at the community level and in various settings.

## **Evaluation**

The process evaluation for SIM was conducted at the conclusion of the initial three-year phase (March 2006) by an independent firm (Meyers Norris Penny, 2005). Consultations during the process evaluation led to the following conclusions and lessons learned:

- The *in motion* brand was appropriate to use and should continue to be the brand for Saskatchewan's physical activity strategy.

- Community ownership was critical to community uptake and communities with an identifiable leader were the most successful. Three recurring factors (strong leadership, committed volunteers and broad-based community involvement) were key to success through a variety of sectors.
- *In motion* received significant media attention focused on obesity and inactivity. Communities had a heightened degree of interest, but readiness in terms of necessary skills and competencies was lacking. The degree of training, mentorship, consultative support and resource development required was vastly underestimated.
- Interviewees identified a need for professional staff at the regional level.
- Program resources were deemed sufficient for the project. The short-term funding was, however, insufficient to develop, launch and implement a project aimed at achieving a 10% behaviour change within three years.
- The initiative was deemed a success based on the skills sets and experience of those involved, as well as the involvement of national experts to help develop strategies.
- The mass media campaign benefited greatly from existing relationships between partner organizations and media agencies.
- Interviewees generally agreed that a mass media campaign combined with a community mobilization strategy is a necessary and effective way to inspire change.
- The timely distribution of communication materials and resources was a challenge throughout the project.

In terms of outputs as of 2008, SIM has grown in five years to a movement made up of thousands of individuals, 158 Community Action Teams, 400 schools (approximately half), 473

workplaces, and more than 800 champions and leaders in 252 communities (accounting for approximately 80% of the population).

Research projects to monitor changes related to “product, price and place” components of the social marketing mix in the various settings are under way and findings are not yet fully available. One such research project conducted by the University of Saskatchewan is measuring the impact of SIM on community capacity–building before and after launching the SIM initiative. Measures include a range of factors, such as improved organizational structure, leadership, program management and assessment, resource mobilization, participation, and adoption of desired actions (see the behavioural objectives for stakeholders in settings in Table 2). Initial results show positive overall results.

As a proximal measure of its mass media campaign, SIM’s campaign/brand awareness was monitored by an independent firm (Checkmate Strategic Planning, Inc., 2007). One year after its launch, SIM achieved 49% prompted brand awareness among the main audience of the mass media campaign (adults aged 30 to 55). Brand awareness increased to 58% in 2005 and to 69% in 2007. Such outcome compares with the median (70%) observed in an international review of physical activity campaigns (Cavill & Bauman, 2004).

A baseline survey was conducted prior to the launch of the SIM initiative to determine physical activity levels and attitudes toward physical activity among Saskatchewanians. The survey was conducted by a research company (Fast Consulting, 2003) in partnership with the University of Saskatchewan. It was designed to be compatible with the CFLRI Physical Activity Monitor to

enable national comparisons. In a follow up survey conducted in 2005 (Fast Consulting, 2005), data showed an increase in self-reported physical activity among adults (from 48% to 56%). However, no significant changes were noted among children, youth and Aboriginal people.

## **Conclusion**

As an illustration of how social marketing practices have evolved in Canada, SIM has adopted a multi-faceted approach to behavioural change and formalized a systematic process to promote and advocate for community-based action. In addition to a mass media campaign, a central component of SIM is the commitment of community partners (municipalities, schools, workplaces) to create and adopt the necessary programs, physical and social environments, as well as policies to make physical activity more attractive, barrier-free and sustainable. The ultimate impact of SIM on physical activity levels will likely be observed only over a longer period as experience has shown that social and behavioural change is gradual and the result of long-term and sustained efforts (Siegel & Doner Lotenberg, 2007; Hastings, 2007). However, the involvement of a growing number of stakeholders and initial results are encouraging. They form the basis for a dynamic societal movement in support of physical activity in Saskatchewan.

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