Active Gloucestershire’s Social Marketing Campaign ‘Get Up, Get Out, Get Active’

Evaluation Report

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**Acknowledgements**

We are extremely grateful to the local stakeholders who gave up their time to contribute to this evaluation. Without their assistance it would have been impossible to gain an insight into the day-to-day realities of establishing and conducting social marketing campaigns such as Get Up, Get Out, Get Active. This has been particularly insightful given the challenges of establishing evidence concerning the use social marketing approaches within local contexts. We would especially like to thank Jan Shaw for openly sharing her experiences and providing us with the information and contacts to make the evaluation possible. As evaluators, we recognise the importance of working closely with commissioners to ensure that research is as insightful as possible and we feel that this report demonstrates an example of good practice for similar evaluations in the future.

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# Executive summary

Get Up, Get Out, Get Active (GUGOGA) is a social marketing campaign designed by Active Gloucestershire to promote physical activity within Gloucestershire. The campaign adopted a two-stranded approach. Firstly, in an attempt to get people in Gloucestershire more physically active a range of measures, including radio advertisements and campaign flyers, were devised to provide information concerning opportunities to become more physically active. Secondly, professional training and support was provided in order to raise awareness of the campaign and increase the fidelity of local services.

For the purposes of the evaluation a mixed-methods approach including a quantitative and qualitative component was employed. Data analysis was driven by a need to understand the attitudes, opinions and perceptions of the local professionals concerning the campaign and to investigate the perceived impact and perception of GUGOGA for people visiting the Active Gloucestershire website. As a result of a disappointing lack of responses to the online questionnaire the quantitative component was revised in order to establish evidence concerning the use of Active Gloucestershire’s website with a specific focus on the GUGOGA campaign section. Data analysis revealed that the website content was relatively successful in attracting and sustaining user interest with new visitors accounting for 40.4% the total in Unique Page Views (UPV) and returning visitors accounting for 51.6% (n=22) of the total UPV during the campaign. However, in comparison to other key Active Gloucestershire website areas, traffic for GUGOGA was relatively low. Interestingly, data from a poll recording how users found out about the website indicated that more than half (53%) had done so via the radio advertisements. These results demonstrate the importance of creating useful and engaging web content but also the importance, and challenge of, maintaining a high profile within the local area.

Qualitative data analysis revealed four key themes which encapsulated the perceptions of local professionals who had come into contact with the GUGOGA campaign. These represented a set of interrelated themes concerning the perceived effectiveness of campaign. Firstly, *mixed messages* highlighted a perceived lack of clarity with GOGOGA from the outset and the position of local professionals in terms of the creation and development of the campaign. The core issues was that it was not instantly apparent whether the campaign was signposting the public to opportunities in their local area or actually running activities as part of Active Gloucestershire’s work programme. Additional concerns were raised regarding the content of the radio jingles which were in danger of perpetuating stereotypical images of people undertaking exercise. It was perceived that this could potentially reduce the impact of the campaign’s message.

A sense of real benefits to those who engaged with the training and supportive elements of GUGOGA emerged in the second theme, *campaign in action*. Particularly useful were the practical workshops which participants felt had provided skills to use in practice and new information to share with target populations. Additional support from the campaign lead from Active Gloucestershire was also recognised as a significant benefit of the campaign. However, there were concerns by some, particularly those in more strategic roles, that the campaign had not enhanced anything they were already doing as part of their work. It was evident, therefore, that the campaign was perceived as more effective by those working at a practical level than those in more strategic and higher level roles. The third theme, *world of the unknown* related to concerns regarding how much is known about the factors influencing local participation in physical activity and the difficulty in establishing evidence that the campaign had, in any way, led to changes in individual physical activity behaviour. Whilst participants recognised the difficulty of establishing high quality evidence there was a perception that an opportunity to acquire information concerning the impact of GUGOGA had been missed due to the lack of measures that traced in any way the impact of the campaign. Consequently, participants felt that a specific evidence-based element of the campaign could, and should, have been introduced.

The fourth and final theme, *the future’s bright* represented participants’ overall perceptions of GUGOGA, alongside their general perceptions of social marketing in physical activity and health promotion. Existing high profile public health campaigns, such as Change4Life, were commonly cited as examples of effective approaches that were already being used to enhance practice within Gloucestershire. Consequently, it was perceived that although GUGOGA was useful in promoting physical activity specifically, it could have been better integrated into existing campaigns in order to make more of an impact. In particular, it was perceived that a more explicit focus from the outset in terms of the populations being targeted may have helped to provide a more coherent and joined-up approach.

These four themes identify the complexity of establishing and running social marketing campaigns. Although the evaluation was conducted more than a year into the campaign it was evident that, to all intents and purposes, it was still in its infancy. As such, relationships between partner organisations were still developing and lessons learned from the design and implementation of the campaign had still not had time to be embedded in practice. Given that the effects of the campaign are still unfolding, both in terms of practice and in terms of physical activity participation, this evaluation, essentially, relates to the initial stages of the campaign. As a result, further evaluation is required to better understand the efficacy of the campaign in the longer term.

# Recommendations

As a result of these conclusions, which are in turn based on the synthesis of empirical evidence, the following recommendations are made:

**Recommendation 1:** Wide consultation with target populations and health professionals involved in social marketing campaigns will help to develop highly relevant, clear and appropriate messages. These will help establish high quality advertising campaigns and sources of campaign information e.g. web-based information.

**Recommendation 2:** Consultation with key stakeholders prior to, and during the campaign is recommended to ensure the following:

* alignment with existing local schemes,
* that local needs and preferences are attended to,
* to maximise opportunities in relation to existing national campaigns and accompanying advertising.

**Recommendation 3:** The target audience should be identified clearly, which would help to better understand them i.e. through market segmentation, and then the social marketing campaign messages designed accordingly, based on available market intelligence.

**Recommendation 4:** The design of campaigns should, from the outset, provide a means of obtaining data concerning the impact and effectiveness of social marketing. This will help to better understand the local context and help to improve future campaign content and designs.

**Recommendation 5**: The distribution of campaign flyers at all associated partner events would provide a useful means of directing the target population to the campaign website and ensure sustained visibility.

**Recommendation 6**: Campaign websites must be highly relevant, up to date and engaging throughout the duration of campaigns. It is equally important to establish simple routing processes in order to minimise time spent searching for specific information and minimise the time taken to redirect users to partner websites, thus ensuring the site is as user friendly as possible.

**Recommendation 7:** Campaign designers should provide clarity relating to the how the campaign adopts and applies the main characteristics of socialmarketing. This would provide a consistent point of reference for the campaign throughout its life span.

# Introduction

Get Up, Get Out, Get Active (GUGOGA) is a social marketing campaign designed by Active Gloucestershire to promote physical activity within Gloucestershire. It has two principal strands:

* To encourage people to be more physically active by providing information concerning opportunities in the local area. Chiefly, this is through the use of radio advertisements, posters and flyers, and signposting to the Active Gloucestershire website which can be used as a tool to find physical activity opportunities.
* Professional training and support led by the Active Gloucestershire Physical Activity Manager through which local professionals involved in the promotion and delivery of physical activity in Gloucestershire can help their target audiences become more physically active.

The University of Gloucestershire was appointed in June 2010 to undertake an evaluation in order to provide Active Gloucestershire with evidence concerning the impact of the campaign and feedback for future social marketing strategies. In consultation with the Physical Activity Manager (the project lead), two key aims were established. These were to evaluate:

* The perceived impact and perceptions of GUGOGA for people visiting Active Gloucestershire’s website;
* The attitudes, opinions and perceptions of GUGOGA as a tool for promoting physical activity to local professionals involved in the campaign.

These aims translated into the following deliverables for the evaluation team:

D1. To investigate the perceived impact and perception of GUGOGA for people visiting the Active Gloucestershire website;

D2. To explore the attitudes, opinions and perceptions of the local professionals, with a specific focus on the perceived role and outcomes of GUGOGA, as a tool for promoting physical activity.

# Background

In order to understand the campaign is useful to briefly outline the wider context in which it is situated and evidence concerning the effectiveness of social marketing campaigns more generally.

**Health profile for Gloucestershire**

Gloucestershire is a diverse county. Geographically, it is a largely rural county with two major urban centres, Cheltenham and Gloucester, in which approximately 40% of the population live. Gloucestershire has a greater proportion of people aged 65 and over than the national average but urban areas tend to have a younger profile than other areas (NHS Gloucestershire, 2010).

Recent statistics (NHS, 2010) show that adult obesity rates for the Forest of Dean (28.9%), Gloucester (28.3%), and Tewkesbury (26.6%), are comparable with national (24.6%) and regional (24.6%) figures, although reported data for Stroud (25.2%), Cheltenham (24.8%) and Cotswold (23.2%) are lower. Statistics show that, for children at Year 6 (ages 10 to 11) in Gloucestershire, the rate of obesity is lower (15.2%) than national (18.7%) and regional averages (16.1%). However, there is considerable variation within the county with children in Gloucester more likely to be obese (17.0%) than other districts, for example, Cheltenham (13.2%) and Stroud (14.7%) (NHS, 2010).

Increased body fatness is associated with increased risk of experiencing numerous medical conditions including type-2 diabetes, hypertension, dyslipidaemia, coronary artery disease and stroke (Kopelman, 2007). As such, developing and implementing interventions that help to address increasing prevalence of overweight and obesity in Gloucestershire is a key concern for health professionals. The latest data from the Active People Survey 4 (Sport England, 2010) provide encouraging results. For NI8[[1]](#footnote-1), which provides the widest measure of adult participation in sport and active recreation, Cheltenham and Gloucester saw statistically significant increases of 5.3% and 3.9% respectively.

Overall, the data for participation in sport and physical activity indicate an upward trend within the county with statistics for KPI 1[[2]](#footnote-2) and the ‘1 million sport’ indicator[[3]](#footnote-3) exceeding national and regional statistics.

**Social marketing as a health promotion tool**

Social marketing draws on a variety of disciplines including psychology, sociology and communications theory in order to understand and influence people’s behaviour (Department of Health, 2008). As such, it provides a useful means of complementing and enhancing public health interventions by targeting sections of the population. A recent review by Latimer *et al.* (2010)recommended that in order to motivate individuals sufficiently so that they might adhere to regular physical activity, messages need to convey what individuals should do, why they should do it and how they should do it. In the health promotion context, social marketing involves changing behaviours in complex economic, social and political climates in order to meet society's desires to improve people’s quality of life. The former Labour Government outlined the importance of social marketing to the future of physical activity and health promotion in *Choosing Health* (Department of Health, 2004), which built on evidence that mass media campaigns using print and/or telephone had been effective in changing short term physical activity behaviour (Marcus *et al*., 1998).

The ways in which individuals interpret and apply public health messages is influenced by a range of personal and contextual factors including perceptions on lifestyles and the availability of education and support (Lewis *et al.*, 2010). Consequently, engaging target populations in practical activities in addition to raising awareness and levels of support might be beneficial for the overall effectiveness of public health interventions (Hardiker *et al*., 2010).

Usefully, Weinreich (1999) outlined the 4 Ps characterising social marketing including; Product, Price, Place and Promotion.

The essential characteristics of these are as follows:

* **Product**: Ranges from the tangible, for example physical products, to services, to the more intangible, for example the message in Change4Life (Department of Health, 2009) ‘Eat well, move more, live longer’.[[4]](#footnote-4)
* **Price**: What the individual has to sacrifice to ‘obtain’ the social marketing product. This may involve a monetary cost but could be sacrificing time and effort (intangibles) – do the perceived costs outweigh the perceived benefits? This is indicative of decisional balance, one of the four processes within the Transtheoretical Model of Behaviour Change (TTM),
* **Place**: This refers to the manner in which the product reaches the consumer. A tangible product for example may be delivered by a distribution vehicle or through a retail outlet, whereas an intangible product is less clear cut. In the case of Change4Life a variety of places were used mass media, GP surgeries, and computers (via the website).
* **Promotion**: It consists of the integrated use of advertising, PR, promotions, media advocacy and personal selling. The focal point here is about creating sustainability in the campaign. For example, TV advertisements launched Change4Life, with the ads being accompanied by the website, leaflets and free resources money. Two years on the website keeps the campaign alive, as well as continued promotion through GP’s and Health Professionals.

Bauman (2004) employed two of the four main elements of the social marketing framework(productand place) in the design of a campaign to increase physical activity participation in teenagers (children aged 9-13 years). In this context, the product was a clearly defined message which encouraged kids to find their ‘verbs’ through physical activity participation. Place was implemented by utilising a number of TV channel, as well as venues where the message (product) had a presence. This research highlights the need to develop a clear product which is then placed so that it reaches the target audience effectively.

However, there are concerns that the quality of evidence concerning public health messages remains limited (Latimer *et al*., 2010).In addition, issues including a lack of time, the timing of interventions, a lack of publicity and practitioner support have been identified as barriers to the success of interventions and strategies seeking to support people and communities to make positive lifestyle changes (Hardiker *et al*., 2010). As such, more research is needed to further understanding of interventions that include social marketing elements and how these impact target populations. It is evident, therefore, that the product used in social marketing approaches must be clearly identifiable and promoted in a way that reaches target populations effectively. The GUGOGA project lead approached social marketing more broadly, focusing on the ‘customer triangle’ which places the person, patient, community, or professional (whichever is relevant) at the centre of the campaign. It enables a true insight into the lived experiences of the audience the campaign reaches out to and places emphasis on the exchange between the offer (the essence of the campaign) and the customer (National Social Marketing Centre for Excellence). Given the complexities of developing public health based initiatives this evaluation provides useful evidence concerning the challenges of implementing social marketing campaigns in Gloucestershire.

# Evaluation design and methods

The evaluation used a cross-sectional design. This involved a mixed-methods approach including a quantitative and qualitative component (Table 1).

Table 1: Outline of evaluation design

|  |  |  |
| --- | --- | --- |
| *Deliverable* | *Description* | *Techniques* |
| D1. | To investigate the perceived impact and perception of GUGOGA for people visiting the Active Gloucestershire website. | Survey questionnaire administered online via Active Gloucestershire’s website\*. Quantitative analysis of anonymous responses. |
| D2. | To explore the attitudes, opinions and perceptions of the local professionals, with a specific focus on the perceived role and outcomes of GUGOGA, as a tool for promoting physical activity. | Focus group and one-to-one interviews with practitioners involved with the campaign. Qualitative analysis identifying key themes. |

\* Please note: due to the lack of responses to the survey and difficulties in encouraging users of the GUGOGA section of Active Gloucestershire’s website to complete the questionnaire D1 was revised in order to provide alternative set of data which investigated the use of the GUGOGA section of Active Gloucestershire’s website.

**Quantitative methods**

The online survey ran from the middle of October 2010 to the end of January 2011. This was set up to record the perceived impact and perceptions of the GUGOGA campaign. Questback online survey software was used to establish and manage the survey. This software facilitates the collection and analysing of responses. The survey contained 15 questions concerning perceptions of the campaign in addition to basic demographic data (Appendix A). Due to the lack of responses it was not possible to apply quantitative data analysis techniques to explore the data. As such, attempts to address D1 in its original form were unsuccessful.

D1 was subsequently refined to analyse data concerning the use of the GUGOGA section of the Active Gloucestershire website. This provided evidence concerning website use including the duration of visits to the website and the number of new users between October 2010 and January 2011.

**Qualitative methods**

Participants for the qualitative component were recruited, and participated, over a period of three months (November 2010 to January 2011). Qualitative data were collected from a range of participants including physical activity providers from the local districts and ranged from those in local government strategic roles to those from the voluntary sector. In total, 15 participants agreed to take part in this phase and were interviewed either face-to-face or over the telephone. However, in order to give a full explanation of the qualitative focus, approach and methods, this aspect of the methods applies equally to data collection from participants and data collection from other stakeholders. At the outset, the semi-structured interviews and focus group were to explore the following themes:

* overall *effectiveness* of GUGOGA as a social marketing campaign in Gloucestershire;
* outcomes of the *perceived role* of GUGOGA as a tool for promoting physical activity in Gloucestershire;
* *effectiveness* of the GUGOGA campaign in assisting with the delivery of schemes and initiatives (with a specific focus on the bespoke training programmes provided);
* *recommendations* for improvements to GUGOGA, and suggestions for health-related social marketing campaigns in the future.

To address D2 a focus group (*n* = 6) was conducted in November 2010, and individual telephone interviews with a selection of participants (*n* = 9) were undertaken during December 2010 and January 2011. To comply with data protection requirements the audio files were transferred to a password protected computer of the researcher undertaking the interview immediately after the recording had taken place. The files and the subsequent summary transcripts (Word file) were stored on University based password protected computers (in locked offices) of Dr. Lindsey Kilgour and Dr. Colin Baker.

The procedure for participant selection was based on recommendations by the GUGOGA lead (the Physical Activity Manager), that individuals were made known to the researchers based on their involvement with the GUGOGA campaign through their jobs and/or taking part in training provided as part of the broader remit of GUGOGA. Hence, the inclusion of participants for the qualitative component was initially purposive but was ultimately voluntary. In the first instance, participants were invited to participate via an initial e-mail which explained the purpose of the evaluation and the reason they had been identified as potential participants. The various methods of data collection were explained and a response was requested based on their willingness to participate and preferred method of data collection (i.e. telephone interview or face-to-face interview). If the first e-mail was not acknowledged two follow-up e-mails were sent and, if there was still no response to either of these messages, the researchers concluded that these individuals were not available to participate in the evaluation. Once participants had made themselves available for interview the researchers and participants devised the most appropriate mode of interview to suit the participant(s).

The focus group lasted for an hour and the telephone interviews ranged from 20-40 minutes in duration. Interviews were transcribed verbatim and transcripts were downloaded into the qualitative software package NVivo 8 (QSR International Pty Ltd, 1999-2008) which was used to store and manage the data in preparation for analysis. The qualitative data analysis approach employed was inductive content analysis (Bawden and Maynard, 2001). In keeping with this approach, data were initially coded into broad themes. The systematic process of re-viewing these broad themes, looking for connections between themes, and relevance to the research aims and objectives was the next step in this analysis. Memos were attributed to each text unit specifically to indicate the meaning and researcher’s understanding of each unit and to allow for more stringent theme development and advanced analysis of participants’ perceptions. In the latter stages theme creation was achieved by reviewing the content and name of each theme and identifying subtle nuances and associations between themes.

The findings from the qualitative data analysis are presented within the context of the perceived effectiveness of GUGOGA found through the analysis of the interview responses of participants involved. A unique aspect of the analysis was the emergence of both inductive and deductive themes which is indicative of the nature of the contract work and the request of the GUGOGA lead. From the outset there were a range of issues that the lead requested specific feedback and information about. This was deemed to be the deductive part of the analysis. The inductive part of the analysis created more abstract themes that were characteristic of purist qualitative analyses and shaped the distinctiveness of the findings although given the interpretive and overlapping nature of the qualitative data analysis some connections could be made with the ‘deductive’ themes. The two-fold aspect of the themes is presented in Figure 3 and Figure 4 (pages 20 and 21). Finally, while the sample is not purported to be in any way representative of perspectives of social marketing campaigns other than the one evaluated here, where responses have been deemed to be particularly important for individuals their critical nature is noted.

# Evaluation findings

## Part 1: Summary of quantitative findings

A lack of responses to the survey prevented any quantitative data analyses. Possible reasons for this are highlighted in the Section 5, conclusions and recommendations. Consequently, D1 was revised in order to provide evidence concerning the use of the GUGOGA web pages on the Active Gloucestershire website, specifically the GUGOGA home page and two GUGOGA sub channels; ‘I want to get more active’ and ‘Supporting others to become more active’ which provided specific information for members of the public and health professionals respectively. Data is also presented concerning the results of a poll installed on the GUGOGA home page which asked users to state how they found out about the website.

**GUGOGA home page**

From the start of the campaign (12th October, 2009) to the end of the data collection period (31st January, 2011), there were 659 unique page views[[5]](#footnote-5) (UPV) for the main GUGOGA page, including visits by the Active Gloucestershire website administrators. This means that 659 different people including Active Gloucestershire website administrators looked at the main GUGOGA web page *at least once* during the campaign (up to and including 31st January, 2011). As an entrance keyword i.e. a specific term typed into an internet search engine, the phrase Get Up Get Out Get Active generated relatively few page views[[6]](#footnote-6) (*n*  = 51) or unique page views (*n*  = 38). The average time on site for the same period was approximately 1 minute. The bounce rate[[7]](#footnote-7) was 48.44% and that exit percentage[[8]](#footnote-8) was 17.7%.

These figures indicate that, overall, nearly 50% of users who went directly to the GUGOGA section (i.e. they bypassed the Active Gloucestershire homepage) did not continue onto other web pages and that, in general, more than 80% of users of this section went onto look at other areas of the website.

Figure 1 (overleaf) displays the monthly UPV data and the number of page views between 12th October, 2010 and 31st January, 2011. Overall, the highest number of unique page views (*n* = 86) occurred in the first month of the campaign and the lowest (*n* = 28) occurred in December 2010. The highest number of page views (*n* = 111) occurred in March 2010 and the lowest (*n* = 33) occurred in December 2010, although UPV provides more useful data because it discriminates between website users rather than merely counting the total number of page views. Using this statistic it is possible to observe a gradual decline across the duration of the campaign (as shown by the trend line).

Figure 1: Unique page views by month

Figure 2 (overleaf) highlights the number of new versus returning visitors to the GUGOGA home page on Active Gloucestershire’s website.

Figure 2: New vs. returning visitors

A new visit is generated when a webpage is accessed for the first time by a web browser, rather than an individual user so as to protect their identity. A high number of new visitors suggests indicates success in directing traffic to a site while a high number of return visitors suggests that the site content is sufficiently engaging to keep visitors coming back.

The figures suggest that the website content was relatively successful in attracting and sustaining user interest with new visitors accounting for 40.4% the total UPV and returning visitors accounting for 51.6% of the total UPV during the campaign. However, in comparison to other key sections of the Active Gloucestershire website, for example Active Start, Courses and Disability Sport, traffic for GUGOGA was relatively low with UPV for the other sections being 1330, 2685 and 1157 respectively for the same period.

**GUGOGA sub channel: ‘I want to get more active’**

This channel was created in October 2010 as a means of routing members of the public directly to information concerning local opportunities to become more physically active. In total, there were 82 page views for the first page in this channel (which provided a means of exploring subsequent pages in this channel), and 64 unique page views. Statistics showed the bounce rate was 60.0% which indicates that a relatively high proportion of people who visited this page directly as their first port of call (i.e. they did not come through the Active Gloucestershire home page) did not continue onto other pages within the channel. However, the low exit percentage (approximately 11%) demonstrated that, overall, users of the Active Gloucestershire website tended to continue to other areas of the website as part of their visit.

**GUGOGA sub channel: ‘Supporting others to become more active’**

This channel was created in October 2010 as a means of enhancing the GUGOGA section of Active Gloucestershire’s website. In total, there were 76 page views for the first page in this channel and 66 unique page views overall. Statistics showed the bounce rate was 37.3% which indicated that nearly two-thirds of visitors who visited this page directly (i.e. by using ‘bookmarks’ in their browsers) continued on to other pages within the channel. The exit percentage indicated that more than nearly 40% of users of this section exited the Active Gloucestershire website. Although it is impossible to determine the precise nature of visitors habits this could be taken to suggest that they were able to find the information they were looking for or were, generally, satisfied with the content.

**GUGOGA user poll**

As part of the campaign a short poll was installed on the GUGOGA home page which asked users to state how they found out about the website (Table 2).

Table 2: How did you hear about Get Up, Get Out, Get Active?

|  |  |
| --- | --- |
| ***Response*** | ***% (n)*** |
| HeartFM radio advertisement | 53 (22) |
| Other\* | 27 (11) |
| Health professional / health trainer | 10 (4) |
| Word of mouth | 10 (4) |
| **Total** | **41 (100)** |

\* Due to the nature of responses it was not possible to determine by what other means users had found out about the campaign.

## Part 2: Summary of qualitative findings

This section outlines the key qualitative findings. Before exploring the key findings Figure 3 (page 20) and Figure 4 (page 21) help to illustrate highlight the overlapping and iterative nature of the findings.

Figure 3: Interview analysis – deductive



Figure 4: Interview analysis – inductive



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| **Theme 1: Mixed messages***‘there was a countywide message which brought us together and gave more of a focus on health and broadened our agenda, but we don’t know if that’s how it came across to people.’* |

In terms of the *mixed messages* that were borne out of the GUGOGA campaign a number of key issues were identified and these can be discussed in relation to working roles of the participants.

For those individuals working in strategic roles there was a sense of lack of clarity with GOGOGA from the outset and their position in terms of the creation and development of the campaign. In the initial developmental stage of the campaign a general sense of togetherness and joined-up thinking was portrayed but as developments unfolded a top-down approach from the host agency became more apparent.

In terms of the ‘actual message’ of the campaign i.e. those used in the jingles on HeartFM as part of the advertisements on local radio, there were diverse views on the impact of this. It was largely perceived that although the jingles were somewhat annoying it was for this reason that they were, in fact, memorable. In addition, some felt that the message promoted by the campaign had, ostensibly, brought together the health aspects of physical activity and sport that had been lacking in the past. The supporting website information had usefully provided a comprehensive set of information signposts to physical activity opportunities. This, they felt, was beneficial in providing a potential ‘one-stop-shop’ for information and advice on physical activity opportunities in Gloucestershire. However, a key issue was that it was not instantly apparent whether the campaign was signposting the public to opportunities in their local area or actually running activities as part of Active Gloucestershire’s work programme. Hence, whilst there was awareness of the campaign on the radio the precise aim of the campaign was unclear.

Others sensed that due to the tight demographic (age and gender) of the average HeartFM listener and/or the limited, or lack of access some people have to a computer, the ‘product’ aspects of GUGOGA excluded a significant proportion of the Gloucestershire population[[9]](#footnote-9). Moreover, there was a sense that although the jingle made references to wearing lycra clothes for exercising in an attempt to dispel stereotypes, these actually perpetuated a certain image of exercise and physical activity that has been deliberately avoided in public health rhetoric for some time in the hope of increasing participation rates. Similar references had, hitherto, been avoided in practice mainly in response to the frequently cited barriers to participation in physical activity such as ‘not sporty’, ‘too fat’, and ‘too embarrassed’. Thus there was an apparent dichotomy in relation to the use of inclusive messages framed in essentially exclusive language. As such, there were specific concerns regarding who the message reached, how it reached them and how it resonated with them.

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| **Theme 2: Campaign in action***‘I felt empowered having had the training, I was a lot more confident speaking with parents and their children when they came in.’* |

In respect of the *campaign in action*, which essentially captured the training and supportive elements of GUGOGA, there was a sense of real benefits to those who engaged with these aspects of the campaign. There was a trend that emerged which, again, related to job roles, qualifications and prior knowledge.

Participants from the voluntary sector or those derived from the sporting context reported key benefits from the training, particularly new information to share with the people on their schemes, particularly in relation to the link between physical activity, health and well-being. One participant in particular felt that the campaign had increased their professional competencies because they had become more confident interacting with their target population using ‘user-friendly’ language acquired during the training.

Conversely, those in more strategic roles felt the campaign did not add to or enhance anything they were already doing as part of their work and the messages regarding health and well-being promoted in the campaign had underpinned their schemes for a long time. In addition, a problem with attendance at the training sessions was also identified, with many staff in the leisure service sector in particular having to work shift patterns that included weekends. Not having the flexibility to change these shifts meant that they had been unable to attend.

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| **Theme 3: World of the unknown**‘*It’s never an instant thing, we need a long time to understand the effects...the beauty of the campaign was that it was about making small steps.’* |

*World of the unknown* was borne out of sentiments shared by many participants and relates to the notion of how much we know about physical activity participation per se, and specifically how much is actually known about physical activity participation as a direct result of GUGOGA.

Many participants noted that it was difficult to assess the direct impact of GUGOGA on physical activity participation in the county or on schemes that were already running i.e. those that were the signposted during the campaign. Consequently, participants indicated the criticalness of establishing a means of providing a clearer picture of the influence of GUGOGA on participation. Specifically, it was felt that an exit questionnaire at existing schemes where GUGOGA was both visible and actively promoted would have provided useful evidence concerning its impact. Participants perceived that such an approach should have been communicated as an issue of importance from the outset and the failure to do so was a disappointment as this provided a unique opportunity to explore the effects of interventions containing social marketing approaches.

Concerns were also raised regarding the effectiveness of campaigns such as GUGOGA if data regarding participation as a direct result of the hearing the jingle, for example, was not collected. On a more positive note it was recognised by many that this would be an incredibly complex and onerous task. However, despite this dose of realism it was evident that participants perceived a specific evidence-based element of the campaign could, and should, have been prioritised more in the planning and development stages.

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| **Theme 4: The future’s bright***‘It’s a start, it’s helped to highlight what’s about in Gloucestershire...it’s not just leisure centres, there’s walking groups and it helps to get people thinking...’* |

The future’s bright represents participants’ overall perceptions of GUGOGA, alongside their general perceptions of social marketing in physical activity and health promotion.

Existing campaigns, specifically national campaigns with a wealth of resources (e.g. Change4Life) were frequently highlighted as effective in their own right. In promoting similar aspects e.g. ways of becoming more physically active, participants perceived that GUGOGA could have dovetailed with this to better highlight the needs of the Gloucestershire and the needs of the districts and communities within them. Broadly, there was a sense that Change4Life was very effective and had already enhanced the work that many of the participants did within their communities. The accompanying website and resources were seen as informative, educational and beneficial to people of all ages.

It was possible to observe overall that participants felt that social marketing campaigns were worthwhile tools for increasing awareness of the links between physical activity and health. With this in mind, several recommendations for future campaigns, similar to GUGOGA, were made including:

* partnership working is key;
* consultation with existing partners from the outset is paramount;
* the aims of social marketing campaigns must be explicit and avoid any potential for misunderstanding or confusion;
* there is a need to attend to a broader range of population demographics from the outset;
* it is essential devise clear processes and procedures for collecting data on participation as a direct response to the campaign;
* there needs to be opportunities for users to give feedback about the relevance/appropriateness of messages;
* campaign messages must ensure relevance to the local area and existing schemes, for example, discounts for attending an existing scheme.

These recommendations demonstrated that those who had come into contact with the campaign, be it through workshops provided to those working ‘in the field’ or those working at more strategic levels, were positive about the use of campaigns such as GUGOGA to encourage increased participation in physical activity in Gloucestershire. However, it was evident from the diversity of recommendation made that, in practice, it is widely considered to be difficult to align campaigns with the needs of local people and existing schemes at national and local levels.

# Conclusions and recommendations

The design and methods adopted enabled an evaluation of distinctive aspects. In general terms, the quantitative component enabled a detailed description of website traffic throughout the duration of the campaign. Complimentarily, a thorough description of participant experiences of the campaign from the perspective of some of those involved was provided via the qualitative competent. For clarity, conclusions regarding the quantitative and qualitative findings are presented separately. Following this, recommendations are provided which may help to inform future research and practice.

## Conclusions – quantitative findings

In drawing together the findings it is possible to conclude that GUGOGA section of the Active Gloucestershire website was fairly successful in attracting and sustaining user interest with new visitors accounting for 40.4% the total UPV and returning visitors accounting for 51.6% of the total UPV during the campaign. However, overall traffic was comparatively low in relation to other areas of the Active Gloucestershire website for the same period. The findings also indicate that unique page views for the main GUGOGA web page decreased gradually throughout the campaign. These findings demonstrate that establishing web-based campaign information poses two principal challenges. The first concerns creating web content. The findings in this evaluation suggest that the campaign content was clear, concise and useful to those accessing it.

The second challenge relates to driving traffic, or users, toward the campaign website. The findings in this evaluation suggest that this posed more of a problem. This might have been due to the type and needs of users viewing the website i.e. a member of public or a health practitioner overall appearance of the website, the means by which it was accessed i.e. browser type, and the routing within the Active Gloucestershire website. As such, it is possible to conclude overall that although the content was moderately successful in sustaining interest the overall design of the website and alternative sources of web-based information i.e. Change4Life may have hindered traffic growth during the campaign.

Interestingly, the lowest figure was recorded during December 2010 during which there were particularly poor weather conditions. This highlights the need to use multiple media types to maintain the visibility of the campaign. Although there were limited responses to the user poll concerning how users heard about the campaign it was evident that the radio advertisements had been responsible for the majority of referrals. As such, although the data is limited, it is evident that localised measures designed to signpost individuals to the website had a positive effect.

Overall, the findings showed that for the public-focused section of the campaign website a relatively high proportion of people who visited this section directly as their first port of call and then left the site altogether. In comparison, a lower percentage of users left immediately after visiting the section focusing on professionals. When considering the bounce rates for these pages it is possible to conclude that ‘public’ members were more likely than ‘professional’ members to continue to other areas of the website as part of their visit. This demonstrates that the public-oriented content was engaging and a large proportion continued to browse other pages of the campaign website and the wider Active Gloucestershire website. However, it was difficult to assess whether the professional visitors higher exit rate was due to the rapid location of required information or whether the content simply lacked relevance. As such, it is possible to conclude that the campaign website was, generally, compatible with the needs of users but that, overall, the needs of users in terms of the messages being delivered need to be better addressed.

Disappointingly there was a distinct lack of responses to the online questionnaire (Appendix A). Consequently it is impossible to describe the types of users visiting the campaign website. Similarly, responses to the user poll regarding how website visitors had found out about the campaign were also limited. As such, it is not possible to determine the relative effectiveness of methods used to promote the campaign. Whilst this highlights the difficulty of conducting surveys in general, it might also point to a need to better highlight the importance of user feedback. As such, an important lesson from this evaluation is the need to embed feedback mechanisms from the outset of campaigns and ensure that these are recognised, and understood as important, by all stakeholders involved.

## Conclusions – qualitative findings

On the whole there was a general sense that GUGOGA was effective to some degree in purveying a positive message promoting physical activity and health and, more importantly, in signposting people to health-related physical activity schemes and initiatives. That said, participants demonstrated a diverse range of perceptions regarding its success which tended to be synonymous with the individuals’ working role within the physical activity and health context. For those in more strategic roles there was a real sense that the campaign did not add to or enhance the schemes and initiatives that were already running. Consequently, its relevance was drawn into question. Given the largely dispersed nature of the Gloucestershire population the concomitant challenges of working in diverse geographical areas or with specific sub-cultures and local identities it was evident that the GUGOGA campaign had seemingly, and inadvertently, overlooked some key issues. This highlights the importance of effective partnership working, particularly the need for consistent and constructive dialogue and consultation between partners, which participants believed could have made GUGOGA more inclusive and better integrated from the outset. To this end, these participants believed that campaign messages should ensure relevance to specific local areas and existing schemes by providing, for example, discounts for attending an existing scheme. Moreover, that it was felt that there was a need to attend to a broader range of population demographics from the outset suggests that although the GUGOGA was broad in nature this should not prevent the clear identification of target populations from the outset. Thus, radio campaigns and other promotional material that is designed to appeal to a wide range of populations may in fact fail to capture the interest of local people. Reflecting Lewis *et al*. (2010), who highlight the complexity of factors influencing the ways public health messages are interpreted, it is possible to conclude that the use of a range of targeted messages via a range of mediums might increase the sensitivity of social marketing campaigns by attending to the specific needs and interests of local people.

Cognisant with this, those in community based roles were very praiseworthy of the training and support offered by Active Gloucestershire as part of the campaign. Indeed, it was this group of participants who reported significant tangible benefits from their involvement and a new-found or enhanced understanding of the physical activity and health relationship which had, ostensibly, improved their facilitation of the schemes they delivered. Some of these participants also alluded to the manner in which the people who attended the schemes were boosted by their enhanced knowledge and the new information they could now access pertaining to physical activity, health and well-being. The slight downside to this which resonated with all participants was the fact that there was no way of capturing these aspects and that it would have beneficial to have known this for future practice. With this in mind, the true impact of GUGOGA is not known and the outcomes are difficult to portray. Whilst there was a degree of empathy that the capturing the nuances of behaviour change is tricky, the general belief was that a unique opportunity to understand the impact of GUGOGA had been missed and that this was something that could have been embedded within the campaign design from the outset.

Finally, with regard to the principles and characteristics of social marketing (i.e. the 4P’s), it was noted that GUGOGA adopted and executed some of these well, for example, product and price. As such, the name of the campaign was, itself, the message – ‘Get Up, Get Out, Get Active’, and the price was people making time for more physical activity which was clearly articulated in the campaign information. However, the ways in which place and promotion were executed were less clear and messages were blurred or confused. There was also a sense that through the approach taken by the GUGOGA lead that the professionals and voluntary workers involved in delivery was well informed throughout the campaign, and gained essential skills as a result of workshops provided. Here, it is possible to conclude that a more informed understanding of the target audience needs and more signposts of how the radio advert, website, leaflets, and other promotional materials were linked may have rectified this. Whilst recognising that the campaign was, essentially, still in its infancy, it is important to highlight that fully addressing principles and characteristics of social marketing might have helped to circumvent some of the issues alluded to during the evaluation.

## Recommendations

As a result of these conclusions, which are in turn based on the synthesis of empirical evidence, the following recommendations are made:

**Recommendation 1:** Wide consultation with target populations and health professionals involved in social marketing campaigns will help to develop highly relevant, clear and appropriate messages. These will help establish high quality advertising campaigns and sources of campaign information e.g. web-based information.

**Recommendation 2:** Consultation with key stakeholders prior to, and during the campaign is recommended to ensure the following:

* alignment with existing local schemes,
* that local needs and preferences are attended to,
* to maximise opportunities in relation to existing national campaigns and accompanying advertising.

**Recommendation 3:** The target audience should be identified clearly, which would help to better understand them i.e. through market segmentation, and then the social marketing campaign messages designed accordingly, based on available market intelligence.

**Recommendation 4:** The design of campaigns should, from the outset, provide a means of obtaining data concerning the impact and effectiveness of social marketing. This will help to better understand the local context and help to improve future campaign content and designs.

**Recommendation 5**: The distribution of campaign flyers at all associated partner events would provide a useful means of directing the target population to the campaign website and ensure sustained visibility.

**Recommendation 6**: Campaign websites must be highly relevant, up to date and engaging throughout the duration of campaigns. It is equally important to establish simple routing processes in order to minimise time spent searching for specific information and minimise the time taken to redirect users to partner websites, thus ensuring the site is as user friendly as possible.

**Recommendation 7:** Campaign designers should provide clarity relating to the how the campaign adopts and applies the main characteristics of socialmarketing. This would provide a consistent point of reference for the campaign throughout its life span.

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# Appendix A: Survey Questionnaire

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |   | [How did you hear about Get Up, Get Out, Get Active?](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=3&TypeID=5&ValueID=32580706" \t "Question)RadioPoster / flyerCompetitionWord of mouthHealth professionalOther |  |
| 2 |   | [Was the website easy to use?](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=4&TypeID=4&ValueID=32580868" \t "Question)YesNoDon’t know |  |
| 3 |   | [How many times have you visited the Get Up, Get Out, Get Active website?](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=5&TypeID=5&ValueID=32580882" \t "Question)1-33-66-910 or more |  |
| 4 |   | [Which response best describes your reason for using the website?](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=6&TypeID=4&ValueID=32580889" \t "Question)Finding activities for my family/othersInformation about physical activityDiet and lifestyle informationAll of the aboveOther |  |
| 5 |   | [Overall, how would you rate the quality of information?](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=7&TypeID=8&ValueID=32580968" \t "Question)Don’t knowPoorGoodSatisfactoryExcellent |  |
| 6 |   | [Do you think the website has helped you to become more active?](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=8&TypeID=4&ValueID=32580971" \t "Question)YesNoDon’t know |  |
| 7 |   | [Please indicate the types of activities you have undertaken in the last 7 days](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=10&TypeID=3&ValueID=32581022" \t "Question)WalkingCyclingJoggingFacility based e.g. gym / classOther outdoor activities |  |
| 8 |   | [Has the website helped you to think more about your diet and lifestyle?](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=11&TypeID=4&ValueID=32581077" \t "Question)YesNoDon’t know |  |
| 9 |   | [Do you consider yourself to eat more healthy food?](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=13&TypeID=4&ValueID=32581086" \t "Question)YesNoDon’t know |  |
| 10 |   | [Do you consider yourself to drink less alcohol, caffeinated or sugary drinks?](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=15&TypeID=4&ValueID=32581103" \t "Question)YesNoDon’t know |  |
| 11 |   | [Please indicate your gender](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=17&TypeID=8&ValueID=32581538" \t "Question)MaleFemale |  |
| 12 |   | [Please indicate your race / ethnicity](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=18&TypeID=4&ValueID=32581764" \t "Question) |  |
| 13 |   | [Do you consider yourself to have a disability?](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=19&TypeID=8&ValueID=32582890" \t "Question) |  |
| 14 |   | [Please indicate your age:](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=20&TypeID=5&ValueID=32582893" \t "Question)16 – 1920 – 2425 – 2930 – 3435 – 3940 – 4445 – 4950 – 5455 – 5960 – 6465 – 6970 – 7475 – 7980 – 8485+ |  |
| 15 |   | [Please select the answer that best describes you:](https://web.questback.com/questdesigner.cgi/getQuestion?QuestID=4126985&OrgID=&QuestionID=21&TypeID=4&ValueID=32582949" \t "Question)Employed – full timeEmployed – part timeUnemployedCarer / home workerOther |  |

1. Defined as ‘the percentage of the adult population in a local area who participated in sport and active recreation, at moderate intensity, for at least 30 minutes on at least 12 days out of the last 4 weeks (equivalent to 30 minutes on 3 or more days a week).’ This forms part of the National Indicator set for local authorities. [↑](#footnote-ref-1)
2. Defined as: ‘the percentage of the adult population participating in at least 30 minutes of sport and active recreation (including recreational walking and cycling) of at least moderate intensity on at least 3 days a week’. It does not include ‘active travel’ or the wider spectrum of physical activity such as gardening, DIY, housework etc. [↑](#footnote-ref-2)
3. Defined as: ‘the percentage of the adult population participating in at least 30 minutes of sport, of at least moderate intensity at least 3 times a week.’ [↑](#footnote-ref-3)
4. Available at: <http://www.nhs.uk/change4life/Pages/change-for-life.aspx> [↑](#footnote-ref-4)
5. Aunique page viewrepresents the number of sessions during which a web page is viewed by the same user one or more times. [↑](#footnote-ref-5)
6. A page view represents the number of times a web page is viewed on a website. [↑](#footnote-ref-6)
7. The bounce rate is the percentage of single-page visits or visits in which the person left a web site from the entrance (landing) page. This is useful for measuring the quality of the visit because a high bounce rate generally indicates that site entrance pages aren't relevant to site visitors. [↑](#footnote-ref-7)
8. The exit percentage represents the percentage of site exits that occurred from a particular web page i.e. the percentage of visits in which the GUGOGA homepage was the last one viewed before the site was left. [↑](#footnote-ref-8)
9. Between November 2009 and September 2010 HeartFM Gloucestershire broadcast to a survey area of 408,000 adults (aged 15+). It was listened to by 119,000 people (29%) each week who, on average, tuned-in for 9.0 hours per week. In Gloucestershire, HeartFM had a 13.1% market share (Media UK, 2011). [↑](#footnote-ref-9)