

# CPSC *Anchor It!* Campaign: Main Report

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# Introduction

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In November 2019, the U.S. Consumer Product Safety Commission (CPSC) issued a report titled, “Product Instability or Tip-Over Injuries and Fatalities Associated with Televisions, Furniture, and Appliances.” This report showed that emergency departments across the United States treated an estimated 26,000 television (TV) or furniture stability-related injuries annually from 2016 through 2018 (20,500 involved furniture only, TV and furniture, or appliance and furniture; and 5,500 involved only TVs).<sup>2</sup> The 2019 report also reviewed fatal incidents from 2000 through 2018, and found 518 stability-related fatalities involving TVs and/or furniture (162 involved both furniture and a TV tipping over, 186 involved only a TV tipping over, and 170 involved only furniture tipping over). Of the 348 TV-involved tip-over deaths, 329 (95 percent) were children; of the 170 furniture-only tip-over deaths, 112 fatalities (66 percent) were children.

In a 2017 report, “In-Depth Analysis of Nonfatal Injuries from TVs Falling off Furniture,” CPSC staff analyzed nearly 300 reports of nonfatal incidents involving a TV falling from a chest, bureau, or dresser and that occurred from 2005 through 2015; staff found that approximately 90 percent involved cathode-ray tube (CRT) TVs.<sup>3</sup>

TV and furniture tip-over risks can be reduced. In 2015, CPSC implemented an information and education campaign, *Anchor It!*, to raise consumer awareness of furniture and TV tip-over dangers. The goal of the campaign is to reduce the number of injuries and deaths due to furniture and TV tip-over incidents. To measure whether the *Anchor It!* campaign is achieving its goals, it is important to understand how consumers process and recognize information pertaining to the campaign, as well as the harms associated with furniture and TVs that tip over.

Accordingly, CPSC contracted with Fors Marsh Group (FMG) to conduct a comprehensive research study with the following objectives:

1. To assess consumer awareness, recognition, and behavior change as a result of the *Anchor It!* campaign; and
2. To assess knowledge, attitudes, and awareness around TV and furniture tip-over and anchoring, including comprehension of hazards, risks, and remedies.

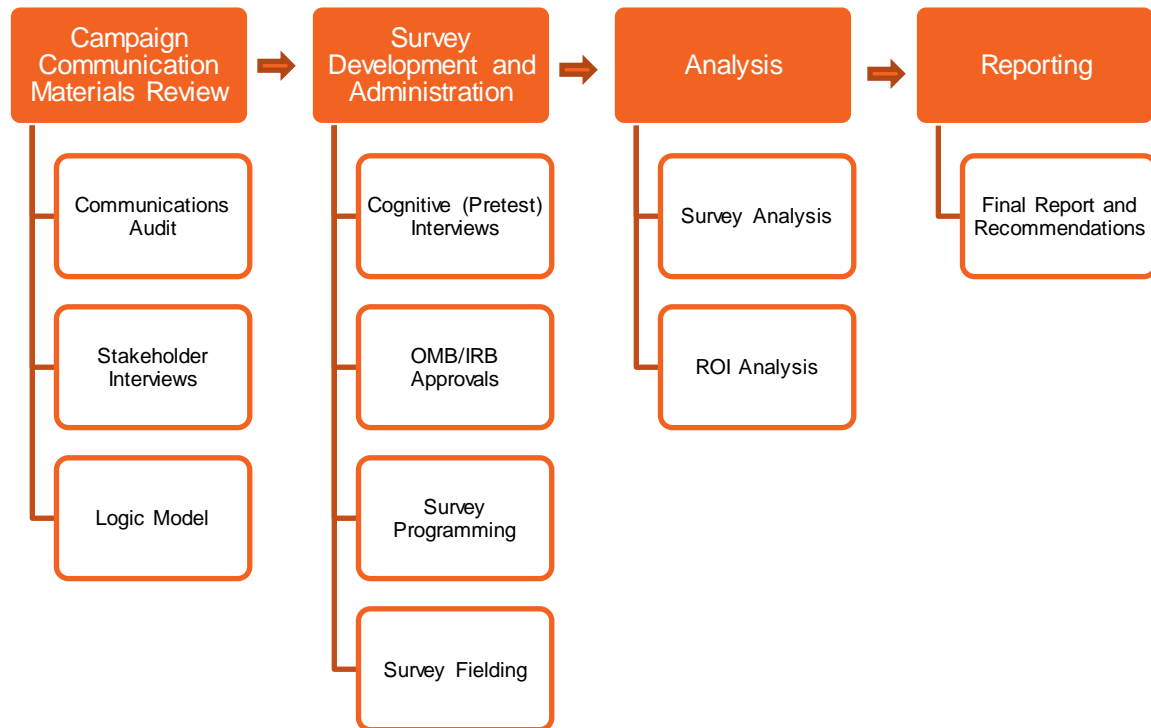
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<sup>2</sup> [https://www.cpsc.gov/s3fs-public/2019\\_Tip\\_Over\\_Report\\_0.pdf?kk87NU139Jb5NtMYAF.15ppcG4zOK66s](https://www.cpsc.gov/s3fs-public/2019_Tip_Over_Report_0.pdf?kk87NU139Jb5NtMYAF.15ppcG4zOK66s).

<sup>3</sup> [https://www.cpsc.gov/s3fs-public/NonFatalTVInjuriesreportOctober2016March17\\_0.pdf](https://www.cpsc.gov/s3fs-public/NonFatalTVInjuriesreportOctober2016March17_0.pdf).

To accomplish these objectives, the research effort was organized into several phases. These phases are outlined in the process model in Figure 1 below.

**Figure 1. CPSC *Anchor It!* Process Model**



The first phase of research included: (a) conducting an audit of the CPSC *Anchor It!* campaign communications activities to assess what has been done, and what is being done currently; (b) conducting interviews with stakeholders, including current staff members and affiliates, who have experience working with the *Anchor It!* Campaign, to gather their perceptions and opinions of campaign activities; and (c) developing a logic model to detail the inputs, activities, outputs, and objectives of the campaign. Findings from the initial phase of research (*i.e.*, the communications audit, stakeholder interviews, and logic model development) informed phase two, involving: survey development, survey administration and analysis, and return on investment (ROI) analysis. This phase entailed developing and cognitively testing the survey to ensure questions and question wording made sense to the target population, as well as programming and fielding the survey. The analysis phase entailed conducting analyses on the results of the survey, plus assessing the effect of money spent on the campaign on tip-over injuries (by conducting an ROI analysis). Findings from all phases of research are included in this final phase, in addition to recommendations for the future of the campaign.

# Chapter 1. Formative Research Findings

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## Review of Campaign Materials

### Methodology

As a first step in the communications audit phase, FMG inventoried and examined existing campaign materials to understand the current state of campaign communication tools, methods, and practices. Materials included in the audit were provided by the CPSC and were meant to reflect a range of campaign communication materials at the time the audit was conducted (May 2018). First, FMG developed an evaluation tool to assist with reviewing each element included in the audit to help assess consistency in message, intended target audience, calls to action, and notable strengths and weaknesses of items. The evaluation tool included the metrics listed in the table below:

**Table 1.1. Evaluation Metrics**

URL (if applicable)
Date of publication
Author
Media type (print, digital, TV)
Content type (blog post, tweet, study, report, YouTube video, website, PowerPoint, instruction guide)
Intended audience
Main message
Tone
Call to action
Push/pull ( <i>i.e.</i> , material is providing information or asking audience to take action)
Other notable observations

Four researchers catalogued and coded the communications materials. Before beginning coding, all four researchers coded the same communication piece to ensure that the piece was coded consistently across people.

## Findings and Implications

During the communications audit, researchers evaluated the items below:

**Table 1.2. Materials Evaluated**

Type of Communication	Count	Date Range
Blog Post	7	Jan 2015–Mar 2018
Brand Guideline	1	Unknown
Campaign Analysis	1	Dec 2016
Campaign Poster	2	2012–2018
Campaign Video	9	Jan 2015–Jan 2015
Letter to Editor/Opinion Letter	1	2016
Media (Radio and TV)	1	Jan 2017–Jun 2017
News Article	1	Feb 2016
News Transcript	1	Nov 2016
Newsletter	1	2017
Official CPSC Website	1	Unknown
PowerPoint Presentation	5	2015–2018
Press Release	9	2006–2015
Promotional Image	4	2015–2017
Social Media Post	6	Nov 2017–May 2018
Spreadsheet	2	2018
Tip-Over Report	16	Mar 2017–Nov 2019
Webinar Post-Analysis	1	Jun 2015
Word Document	7	2018
YouTube Video	9	Oct 2013–Mar 2017

Additionally, researchers assessed the readability of five materials to capture the range of variability in the reading level across materials. The materials that were selected represented a range in length, format, and complexity. The reading levels were calculated using the Fry readability formula.<sup>4</sup> This formula assigns a grade reading level to a piece of writing by measuring the vocabulary and sentence structure of the text. The grade reading level is calculated by using three 100-word segments in the text, counting the number of syllables in each segment and getting the average, then plotting the average number of sentences and average number of syllables on the Fry graph for estimating reading grade level. Reading grade level of the text is determined by assessing where the number of sentences and syllables intersect. After assessing the readability of the five materials, the lowest reading level was around 5.5–6<sup>th</sup> grade. Typically, reading levels of communications materials such as these should be around a 4<sup>th</sup> grade reading level. Ensuring that individuals of all levels of literacy can comprehend messaging is important to ensuring campaign success.

Implications of the findings of the provided materials are detailed below.

**Blog Posts:** These blog posts aim mainly to promote the *Anchor It!* campaign by: (a) raising awareness of the prevalence of furniture and TV tip-over incidents; (b) providing tips on preventative measures, such as where to place and how to properly anchor furniture and TVs; and (c) creating a dialogue about this issue in general. The blogs primarily target professionals (industry) and parents/caregivers; but some blogs specifically focus on Super Bowl viewers, who intend to purchase new TVs, and military parents. The blogs also provide links for more information on websites or social media pages. Again, it is important to ensure that the presence of links in the blog posts is apparent and enticing. Blog posts should also be posted on platforms in which the target audience will encounter them, to ensure the messaging is reaching them.

**PDFs, Spreadsheets, Brand Guidelines, and Word Documents:** Internal-use PDFs, spreadsheets, brand guidelines, and word documents were included as well. PDFs include digital analysis information, and spreadsheets; and word documents include relevant campaign links (to websites, press releases, and more). The brand guideline document includes tips for maintaining brand consistency in campaign communication material. Ensuring that campaign stakeholders are able to access these materials easily, particularly the brand guidelines, will ensure that all involved with the campaign are aware of pertinent research and findings. Additionally, it is beneficial to update brand guidelines as the campaign progresses to ensure that they are still resonating with the target audience.

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<sup>4</sup> Gunning, T. G. (2003). *Building Literacy in the Content Areas*. Boston: Allyn & Bacon.

**Promotional Images and Posters:** Although the *Anchor It!* messaging is fairly consistent across materials, it is lacking in information that actually shows consumers how to anchor. Imagery of anchoring is depicted in some promotional images and posters, but it varies across items. Ensuring that consumer behavior change actually occurs is pertinent for this campaign; and therefore, providing easy-to-follow instructions would be beneficial. Additionally, imagery across materials is inconsistent—some images look outdated, whereas, some look more cartoon-like, and others look fairly updated. Keeping imagery and messaging consistent is important for brand awareness and recognition.

**Campaign and YouTube Videos:** Campaign videos were broadcasted to various local news stations in Memphis, TN, Los Angeles, CA, Washington, DC, Chicago, IL, Norfolk, VA, Dallas, TX, Philadelphia, PA, and Detroit, MI, on January 28, 2015 through January 29, 2015. PSAs were also featured on YouTube. These videos look somewhat outdated—updating videos could be more effective at grabbing attention among consumers. Additionally, the YouTube videos have limited “clickability” (*i.e.*, links that an individual can click to learn more about *Anchor It!* or how to anchor). This highlights a missed opportunity to link viewers to the *Anchor It!* website. Additionally, the comment sections of the YouTube videos are disabled, highlighting another missed opportunity to generate conversation among viewers. Comment sections could potentially showcase some common misperceptions or opinions that viewers may have about anchoring furniture, which would be useful for tailoring messaging strategies.

**Newsletters, Articles, and Transcripts:** News items indicate that the campaign was being pushed out into local and national news outlets (even through larger corporations, such as Walmart). Additionally, it appears that tying anchoring furniture and TVs to the Super Bowl (see Media below) was a successful tactic that garnered attention. There is potential to continue to leverage this strategy.

**Web Page:** The official campaign website describes why furniture and TVs must be anchored to the wall. Sections of the page include a “Facts and Figures” section, “*Anchor It!*” videos, and a hyperlinked “Get Involved” button. The web page aims to educate the general public and uses a serious tone. FMG further evaluated the website using analytics. Details are highlighted below.

**PowerPoint Presentations:** Most PowerPoint presentations and Word documents were intended for internal use and review, and they highlighted campaign performance and past research. However, there was one presentation that was intended for public education purposes—targeting parents and caregivers with information about the campaign and asking them to visit the campaign web page. Although useful, the researchers could not determine how widely this presentation was circulated, and whether it reached the right audiences.

Circulating more education materials like this presentation could be beneficial in getting messaging out.

**Press Releases and Letter of Opinion:** These reading materials were written to target professionals, the general public, and specifically, parents and caregivers. The news releases directed the audience to review secondary materials, such as YouTube videos, Neighborhood Safety Network’s “Tip-Over Dangers Poster” PDF, the campaign website, and IKEA’s site on furniture recall, and the letter of opinion raised awareness about tip-over severity. It is important that links can be seen easily by individuals who might be reading this material. For example, requiring someone to scroll to the bottom of a page to click a link to a website to sign a pledge is not an easy ask. Ensuring that calls to action (CTA) are clear, explicit, and concise would be an important step in encouraging consumers to change their behaviors and take action to anchor.

**Media (Radio and TV):** The radio interview advertises the campaign right before the Super Bowl and encourages listeners to anchor their furniture. The statistic shared during this radio interview uses pathos to appeal to the listener—“In the time it takes to watch the Super Bowl, eight children will die from furniture/TV tip-over.” Similarly, the TV interview also promotes the campaign, introduces tip-over facts, shares tip-over prevention tips, and initiates a dialogue about this issue. Radio and TV ads coupled with the Super Bowl should be a continued strategy, because it is a helpful tactic to align a lower-budget campaign with a large-scale event to raise awareness.

**Social Media Posts:** Social media posts appear to be the same across every social media channel and platform, showing that messages were not necessarily tailored to align with the type of social media on which they were presented. Making slight tweaks to framing, hashtag use, visuals (particularly updating imagery that appears outdated), and language on social media channels (based on demographics of audiences who use them most) would be an effective way to address this.

**Tip-Over Reports:** Digital tip-over reports are available on the official CPSC website, and dates of publication range from 2017 to 2019. Two types of reports are available—technical reports and injury statistics—for televisions (TVs), furniture, and appliances. The reports provide summaries of research findings and statistics of yearly estimated injuries and reported fatalities related to tip-over incidents. Although reports are available for public access, it is apparent that these reports are technical in nature and are targeting a professional audience. Consequently, the public is not necessarily internalizing this important information. Providing summaries of important yearly findings outside of a technical report could be a useful way to ensure the public is attuned to tip-over and injury data.

## Website Review

### Methodology

To understand online visitors and their interactions with the *Anchor It!* website, FMG also conducted a website analysis using the marketing tools SEMrush<sup>5</sup> and Alexa.<sup>6</sup> Key metrics, such as the number of unique visitors to the website, the most popular key word searches, referral sources, and visitors' relevant online search behaviors were assessed.

### Findings and Implications

According to SEMrush, the *Anchor It!* website received 2,000 unique visits between March 1, 2020–April 15, 2020. These visits lasted an average of 23 seconds. On the website, some of the most commonly searched key words were “best furniture straps,” “best furniture anchors,” “straps,” and “best outlet covers.” According to Alexa, those who had visited the *Anchor It!* website were likely also to have visited other similar websites, such as Meghanshope.org, Childproofingexperts.com, and qdossafety.com. At the time of the search, 32 other websites refer individuals to the *Anchor It!* website. This number is higher than other similar websites (e.g., 19 websites refer visitors to childproofingexperts.com, 16 websites refer visitors to meghanshope.org). Users were referred to the *Anchor It!* website through searches related to: “anchor it,” “what furniture needs to be anchored,” “furniture anchor,” and “anchor furniture.” Figures 1.1, 1.2 and 1.3 below highlight these findings. Increasing partnerships with other websites, companies, and organizations to direct website visitors to the *Anchor It!* site for more information would be an effective way to increase overall website traffic.

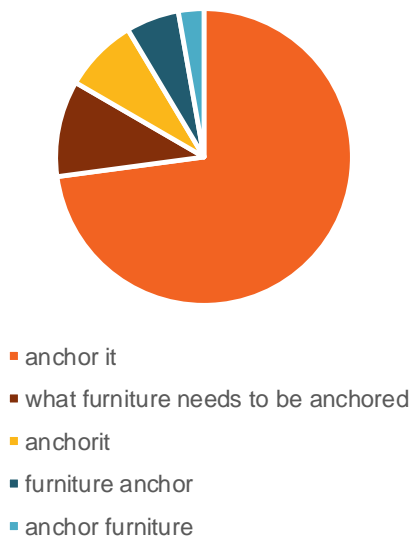
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<sup>5</sup> <https://www.semrush.com/dashboard/>.

<sup>6</sup> <https://www.alexa.com/siteinfo>.

**Figure 1.1. Top Keywords**

Key words used to search on *Anchor It!* website



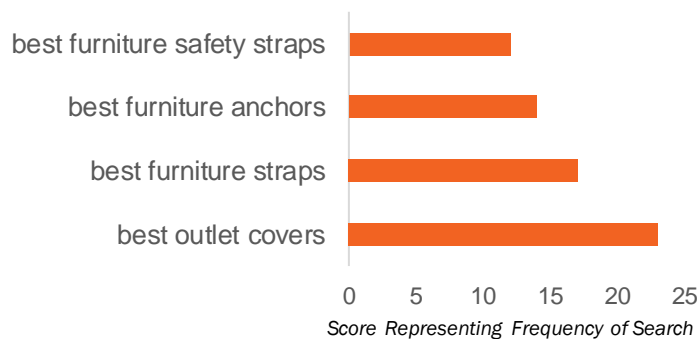
**Figure 1.2. Referral Sites**

Sites that drive traffic to *Anchor It!* site



**Figure 1.3. Buyer Key Words**

Most common key words that show a high purchase intent



Note. Charts generated from data from SEMrush and Alexa.

## Social Media Monitoring

### Methodology

FMG also added a social media monitoring component to track CPSC and *Anchor It!* across the contract period of performance. CPSC and *Anchor It!* were tracked in Digimind, a social listening platform, to gather information about product recalls, follow discussions on

anchoring TVs and furniture throughout different points in the year, and to gain insight into the *Anchor It!* campaign and what people and organizations were saying about it.

A query was created in Digimind to track CPSC and the *Anchor It!* campaign. The following key words were used:

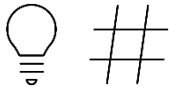

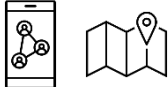

- "anchor it" or "Anchor It" or "Anchor It!"
- "Consumer Product Safety Commission" or "CPSC."

Another query tracked simultaneously pertained to anchoring furniture, in general. The goal of this tracking was to see if and how people were talking about anchoring furniture. The following key words were used:

- "anchoring furniture"
- "furniture tip-over"
- "anchoring television"
- "anchoring tv."

Some words were blocked to weed out noise, such as "news anchors," "news presenter," "reporter," and "reporters."

These queries were tracked in Digimind from January 1, 2019 to April 22, 2020. Each month, data were aggregated and pulled, in line with the categories below:

WHAT	WHEN	WHERE	WHO
 <p>Key concepts; top hashtags</p>	 <p>Trends over time; average mentions by month; estimated reach; spikes in discussion</p>	 <p>What media outlets people were sharing information from (e.g., Twitter, Facebook, News, Instagram, and others); top cities discussing the topics</p>	 <p>Top influencers by mentions for all media types; demographics (high level)</p>

Tags were created for other organizations to see specific discussions being shared by or about those organizations as they relate to CPSC, *Anchor It!*, or anchoring furniture. The following organizations were tagged, and information was pulled monthly:

- Safe Kids Worldwide

- Kids in Danger
- Ikea
- Organisation for Economic Co-operation and Development (OECD)
- Consumer Technology Association
- Real Moms
- SaferProducts.gov
- American Home Furnishings Alliance
- ASTM International (formerly American Society for Testing and Materials)

## Findings and Implications

Overall, the top-performing hashtag was #anchorit. Key concepts included CPSC, furniture and appliances, child, and safety. For the majority of the months observed, Twitter was the top platform where posts were occurring. The second- and third-ranking outlets alternated between Facebook and news (primarily Facebook). Postings about the campaign came primarily from health departments, radio hosts, head start programs, and other groups and organizations. With a few exceptions, the majority of posts about CPSC and the campaign came from men. The estimated total reach each month ranged from 2.9 million to 26.9 million (the high end of this estimate occurred in April 2019, and was likely due to an infant sleep product recall).

Top influencers across monthly breakouts can be categorized into the following:

- Official agency (e.g., CPSC)
- Local news outlet (e.g., WHIO-TV)
- Advocacy organizations (e.g., Safe Kids Worldwide, Meghan's Hope, Kids in Danger)
- Subject matter experts (e.g., Debra Holtzman)
- Forums (e.g., Ikea recalls [American Home Furnishings Alliance; Southeast Iowa Storm Chasers; forums.vwvortex.com])
- Social media
  - YouTube channel: Real Moms.

Posts containing “Anchor It! Campaign” or “Anchor It Campaign” provided mostly information and infographics and included calls to action through a statement or a link for more information. The table below provides an overview of monthly observations.

**Table 1.3. Digimind Summary**

<b>Date</b>	<b>Estimated Reach</b>	<b>Top Posting</b>	<b>Campaign Gender Breakdown</b>	<b>CPSC Gender Breakdown</b>
<i>January 2019</i>	7.5M	1) Twitter 2) News 3) Video	67% M 33% F	69% M 31% F
<i>February 2019</i>	3.5M	1) Twitter 2) Facebook 3) News	67% M 33% F	61% M 39% F
<i>March 2019</i>	3.5M	1) Twitter 2) Facebook 3) Twitter	56% M 44% F	54% M 46% F
<i>April 2019</i>	26.9M	1) Twitter 2) Facebook 3) News	64% M 36% F	55% M 45% F
<i>May 2019</i>	2.9M	1) Twitter 2) Facebook 3) News	50% M 50% F	62% M 38% F
<i>July 2019</i>	8.1M	1) Facebook 2) Twitter 3) News	64% M 36% F	62% M 38% F
<i>August 2019</i>	8.2M	1) Facebook 2) Twitter 3) News	62% M 38% F	29% M 71% F
<i>September 2019</i>	2.2M	1) Twitter 2) Facebook 3) News	62% M 38% F	71% M 29% F
<i>October 2019</i>	5.7M	1) Twitter 2) Facebook 3) News	14% M 86% F	56% M 44% F
<i>November 2019</i>	5.9M	1) Twitter 2) Facebook 3) News	60% M 40% F	54% M 46% F
<i>December 2019</i>	8.4M	1) Twitter 2) Facebook 3) News	60% M 40% F	56% M 44% F
<i>January 2020</i>	11M	1) Twitter 2) Facebook 3) News	60% M 40% F	56% M 44% F
<i>February 2020</i>	5.0M	1) Twitter 2) News 3) Facebook	58% M 42% F	60% M 40% F
<i>March 2020</i>	4.4M	1) Twitter 2) News 3) Facebook	51% M 49% F	61% M 39% F
<i>April 2020</i>	2.9M	1) Twitter 2) News 3) Web	57% M 43% F	75% M 25% F

## Stakeholder Interviews

### Methodology

FMG conducted a series of interviews with 13 stakeholders, who are current staff members and affiliates of CPSC, to understand their perspectives on the strategic vision, goal, and development of the campaign, as well as challenges, barriers, and future opportunities. All interviews were conducted via phone. Interviews lasted approximately 30 minutes and were fielded from June 4, 2018 to June 7, 2018. FMG audio-recorded the interview sessions for reporting purposes.

Given the range of roles among the stakeholders interviewed, not all questions applied to every stakeholder. The discussion guide for stakeholder interviews ([see Appendix A](#)) was designed to assess stakeholders' knowledge, attitudes, and beliefs (KAB) associated with the campaign, KAB associated with modes of communication within the campaign, and how they perceive the future direction of the campaign, including recommendations for research strategies and communication methods.

### Findings and Implications

Overall, participants were familiar with the overarching campaign goals and audiences that the campaign seeks to target. Some participants had more specific insights than others; participant involvement, knowledge, and awareness were dependent on their role in the campaign and levels of exposure.

A primary component of this campaign, as one stakeholder pointed out, is that the campaign actually includes a call to action (CTA), in that it encourages the target audience to go out and make a change in their behavior. However, participants reported that the idea of taking action was a major barrier facing the campaign. Participants reported that, because furniture tip-over is a "hidden hazard," consumers are typically unaware of the issue until it is too late. Consumers, parents in particular, have numerous priorities competing for attention during their daily lives (e.g., other safety precautions, other daily activities, or even just trying to have food on the table). Ultimately, furniture tip-over is not something that is on the forefront of their minds. Additionally, as one participant pointed out, there are various kinds of anchors for various kinds of furniture, and consumers often do not know which anchors match up to specific furniture pieces. This lack of knowledge poses a challenge in convincing caregivers that they should spend their time learning how to anchor their furniture. They lack awareness of the issue, awareness of the campaign, and awareness of CPSC in general.

Many participants reported that outreach efforts for this campaign were primarily based on what had been done in the past, with previous CPSC campaigns. Speaking specifically to tactics used in this campaign that they thought were effective, participants mentioned the usefulness of fact sheets that furniture stores and partners hand out to consumers, as well

videos that have been circulated on CPSC’s website, social media sites, and YouTube. Fact sheets are a cost-effective and simple strategy that can help facilitate information dissemination to a wide range of audiences. Videos (often referred to by participants as PSAs) are able to quickly capture audience attention and focus on the dangers of tip-over). Although reported as effective by multiple participants, one participant thought that the “Real Moms” videos did not receive as much traction as it could have—never going viral or being shared across social media platforms. This sentiment illustrates a need to enhance the ways in which these materials are shared.

Participants also emphasized that consumers are hard to reach because consumers are inundated with information daily. Furniture tip-over prevention is not something that is usually top-of-mind for them. Additionally, several participants reported that consumers most affected by tip-over often have transient housing situations: renting houses or moving often. They might not want to commit to placing furniture in a particular spot in the house if they have just moved in and are still deciding how to decorate; or they might not want to ruin the walls of houses they do not own, particularly if they do not know how to fix the wall once they remove the anchor. In the future, consumers could benefit from information on how they can fix their walls after taking the anchors out.

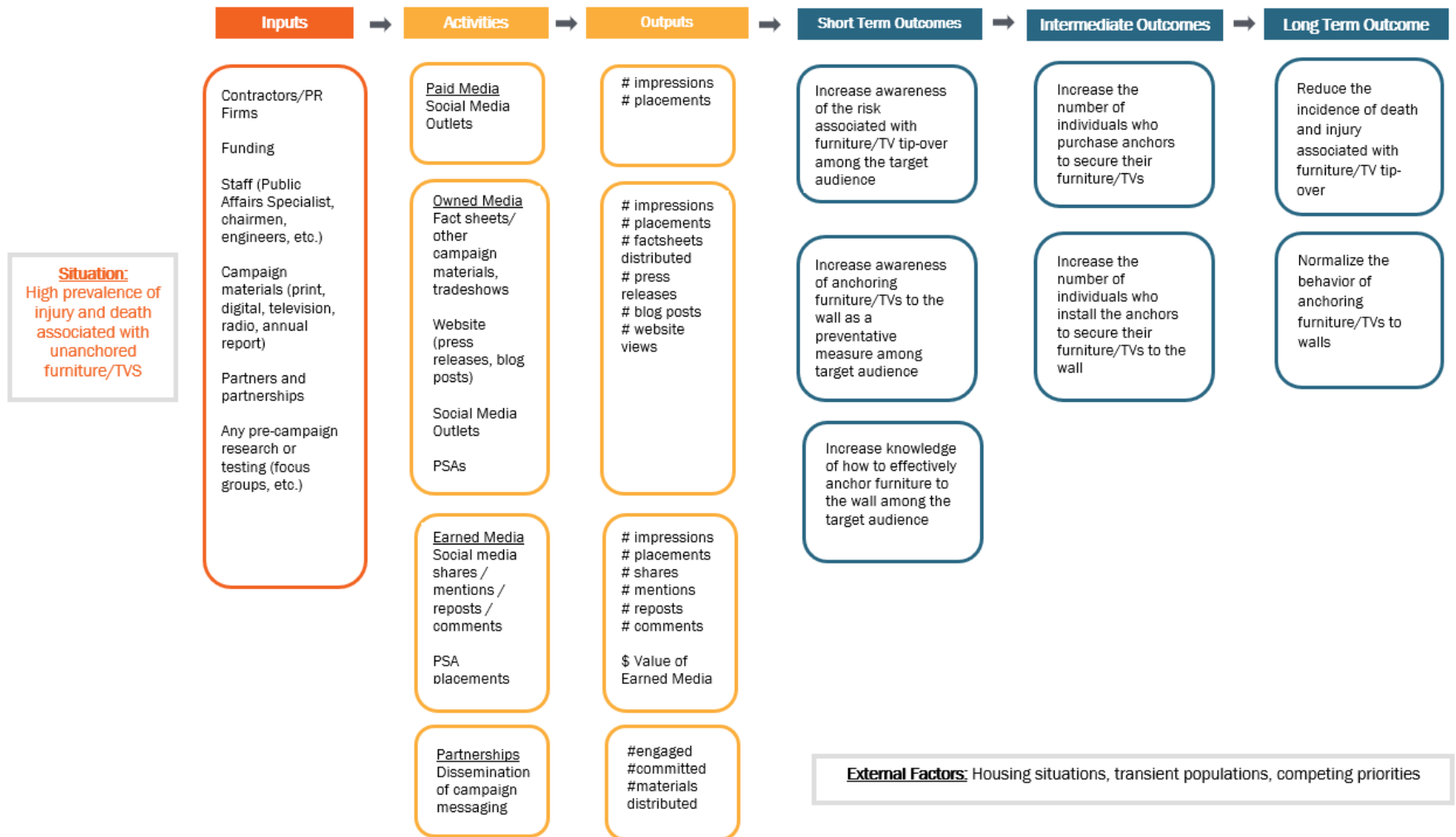
Participants often reported that targeting the campaign’s outreach efforts and further developing campaign partnerships could be effective strategies for future campaign success. By targeting outreach efforts to audiences with high-incidence rates, there is potential to use campaign funding more accurately and ensure it is reaching where it is needed the most. Additionally, participants felt that partnering with organizations that parents and caregivers already listen to and trust would be a useful strategy for getting the message to significant proportions of the population.

The full stakeholder interview summary memo with detailed findings can be found in [Appendix B](#).

## Logic Model

With insights from the communications audit and stakeholder interviews, FMG developed a logic model to capture the objectives of the campaign, the inputs or resources with program activities, target audiences, the ways in which audiences are affected, and outputs and outcomes. The logic model is pictured on the following page.

## Consumer Product Safety Commission Anchor It! Campaign: Logic Model



## Formative Research: Limitations

It is important to note the limitations associated with the formative research phases of this project.

- Materials for the communications audit were limited to those provided by CPSC, and therefore, all existing campaign materials were not evaluated in this effort.
- Additionally, stakeholder interviews were subject to individuals who had availability in their schedule, and participants referred by CPSC. Consequently, participants did not represent a random sample of stakeholders.
- Finally, logic models are typically designed before a campaign or program launches. FMG created this logic model retroactively to assess the activities and outcomes of the campaign. Ideally, this logic model would have been created before the launch of the campaign, to assist with process and outcome evaluations.

# Chapter 2: Survey Development and Administration

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## Survey Development

The survey was designed to assess awareness of the campaign and outreach activities, as well as barriers and beliefs that were reported during stakeholder interviews. The survey seeks to understand behaviors associated with anchoring furniture and comprehension of hazards and risks associated with furniture and/or television (TV) tip-over to help inform the overarching objectives outlined in the statement of work (SOW).

The survey design is based on constructs from the Health Belief Model (HBM),<sup>7</sup> which is used in communication research to guide health-related behavior change. Understanding how individuals perceive the severity of certain risks, and their susceptibility to them, lends insight into their willingness to adopt a behavior or adhere to a health message. Other factors, such as individuals' confidence in their ability to do the behavior (or adhere to a message), or their perceptions of benefits and barriers (*i.e.*, whether the benefits outweigh the barriers), are also part of this model. As such, the HBM is a relevant framework to use to understand these constructs among consumers.

The purpose of conducting this survey is to contribute findings that support the overall objectives of the research study. Specifically, the survey seeks to understand the following constructs among parents and caregivers with children age 5 and under:

- Knowledge of anchoring furniture and TVs,
- Knowledge of furniture and TV tip-over,
- Knowledge of the risks associated with not anchoring furniture,
- Beliefs associated with anchoring furniture,
- Behaviors associated with anchoring furniture, and
- Awareness of CPSC and CPSC's *Anchor It!* campaign and related outreach activities.

## Cognitive Testing

Once the survey was developed, FMG conducted cognitive interviews with a panel of parents and caregivers to evaluate participants' understanding of the campaign evaluation survey. Recorded phone cognitive interviews were conducted from October 9, 2018 to October 11,

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<sup>7</sup> Carpenter, C.J. (2010). A meta-analysis of the effectiveness of health belief model variables in predicting behavior. *Health communication*, 25 8, 661-9.

2018. A total of nine parents and caregivers were interviewed. Participants were recruited for a mix of age, gender, race, ethnicity, and geographic location. Those who had participated in market research within the past 6 months were excluded from the study. Demographic information is presented in Table 2.1.

**Table 2.1. Demographics of cognitive interview participants (N = 9)**

Characteristics		Frequency/Range
Age		26 – 56
Gender		
	Male	3
	Female	6
Geographic Location		
	South/Southeast	2
	Northeast	1
	Mid-Atlantic	3
	Midwest	2
	West	1
Ethnicity		
	Hispanic	1
	Not Hispanic	8
Race		
	Asian	2
	African American	2
	White	5
Age of Children		0 – 5
Caregiver Relation to Child		
	Mother	4
	Father	3
	Grandparent	1
	Extended Family <sup>1</sup>	1
Caregiver Status		
	Parent	7
	Non-parent caregiver	2

<sup>1</sup> Extended family includes aunt, uncle, etc.

Each participant was asked to complete the survey online. As the participant completed the survey, the interviewer noted any survey item that caused confusion for the participants. Confusion may be indicated by things the participant says or things they do (e.g., pondering, repeating the question to themselves). The interviewer then followed up to understand how questions and wording could be made clearer. Slight rephrasing and question tweaks were made after the cognitive interviews and before the survey was fielded to the public.

The discussion guide and cognitive interview report with recommendations can be found in [Appendix C](#) and [Appendix D: Cognitive Testing Report](#).

## Survey Administration

### Sampling

For this survey, FMG partnered with NORC, an independent research institution. A general population sample of U.S. adults was selected specifically from NORC's AmeriSpeak Panel, which is a probability-based panel. For the purposes of this survey, we targeted two populations for the sample:

1.  $N = 400$  parents of children ages 0 to 5.
2.  $N = 200$  caregivers of children ages 0 to 5 (e.g., grandparents or other family members).

CPSC predetermined the sample size based on considerations of precision and funding availability. To be considered a completed case, qualified respondents had to meet one of the following criteria listed above and complete the survey.

The sample used for this survey was a highly varied national sample,<sup>8</sup> selected from the AmeriSpeak Panel, using sampling strata based on age, race/Hispanic ethnicity, education, and gender, with a total of 48 strata. For AmeriSpeak Panel studies, the size of the selected sample per sampling stratum is often determined by the population distribution for each stratum. Additionally, the sample selection often takes into account expected differential survey completion rates by demographic groups so that the set of panel members with a completed interview for a study is a representative sample of the target population. If a panel household has more than one active adult panel member, then only one adult in the household is eligible for selection (random sampling within-household). Panelists selected for an AmeriSpeak study earlier in the business week are not eligible for sample selection until the following business week. For more information on AmeriSpeak panel response and attrition rates, please see page 4 of their panel overview.<sup>9</sup>

Please note that survey results have limited generalizability, due to the relatively small sample size and lack of good external benchmarks for the non-parent caregiver population.

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<sup>8</sup> Due to project and sample constraints, the contract language was adjusted to classify the survey as a "highly varied national sample" rather than a "nationally representative sample."

<sup>9</sup>

<http://amerispeak.norc.org/Documents/Research/AmeriSpeak%20Technical%20Overview%202019%202%2018.pdf> (see page 4)

## Survey Completion Rates

The screening and main survey stages of data collection were conducted during a single survey session for the respondents. Respondents who completed the screener, regardless of eligibility, were considered a screener complete. Respondents who screened in and completed the survey were considered a survey complete. The screener completion rate was 27.7 percent. The incidence rate (those who started the screener) was 34.1 percent. Among those cases that qualified for the main study interview, the interview completion rate, was 84.3 percent.

In total, 702 respondents were sampled. Of these 702 respondents, 410 were parents, and 292 were caregivers. The total sample was higher than planned ( $N = 600$ ), due to the eligibility rate being higher than initially expected, thus adding additional respondents to the survey sample. When the survey went back into the field to reach the parent quota, additional non-parent caregiver survey completes were received.

## Demographic Information of the Study Sample

Key demographic frequencies are reported below (see Table 2.2).

**Table 2.2. Respondent Demographics**

Category	Frequency	Percentage
<b>Sex</b>		
Male	266	38%
Female	436	62%
<b>Caregiver Status</b>		
Parents	410	58%
Caregivers <sup>10</sup>	292	42%
<b>Age of Child<sup>11</sup></b>		
Under 1 year old	116	17%
1 to under 2 years	158	23%
2 to under 3 years	171	24%
3 to under 4 years	176	25%
4 to 5 years	320	46%
<b>Age<sup>12</sup></b>		
18–29	85	12%
30–44	338	48%
45–59	145	21%
60+	134	19%
<b>Race/Ethnicity<sup>13</sup></b>		

<sup>10</sup> Of the caregivers (S3;  $n = 292$ ), 85 percent were a family member (*i.e.*, aunt, uncle, grandparent), 10 percent were a family friend, and 7 percent were other non-relative caretakers.

<sup>11</sup> Some respondents reported more than one child.

<sup>12</sup> Self-reported age (S7) is reported, except in a few cases where respondents' omission required use of frame data.

<sup>13</sup> Respondents could select multiple races/ethnicities.

Non-Hispanic White	464	66%
Non-Hispanic Black	85	12%
Non-Hispanic American Indian or Alaska Native	8	1%
Non-Hispanic Asian	17	2%
Non-Hispanic Native Hawaiian or other Pacific Islander	6	1%
Prefer not to respond (S12)	71	10%
Hispanic/Latino (All races)	67	10%
<b>Spanish Spoken in Household</b>		
No, Spanish not spoken in household	621	88%
Yes, spoken as secondary or tertiary language	59	8%
Yes, spoken as primary language	22	3%

Category	Frequency	Percentage
<b>Homeowner Status<sup>14</sup></b>		
Rent	164	23%
Own	521	74%
<b>Household Income</b>		
Less than \$25,000	141	20%
\$25,000 to \$49,999	156	22%
\$50,000 to \$74,999	159	23%
\$75,000 to \$99,999	98	14%
\$100,000 or more	148	21%
<b>Education</b>		
Less than high school	25	4%
High school graduate or equivalent	118	17%
Some college	295	42%
College graduate or above	264	38%
<b>Geographic Region</b>		
Northeast	118	17%
Midwest	197	28%
South	226	32%
West	161	23%
<b>Marital Status</b>		
Single, never married	86	12%
Single, living with a partner	71	10%
Married	450	64%
Separated	17	2%
Widowed	21	3%
Divorced	56	8%

## Study Cooperation

A sub-sample of AmeriSpeak web-mode panelists were invited to the survey on January 8, 2020, in a soft launch. The initial data from the soft launch were reviewed and the remainder of sampled AmeriSpeak panelists were invited to the survey on January 24, 2020. To

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<sup>14</sup> Not all respondents reported renting or owning a home.

encourage study cooperation, we sent email reminders to sampled web-mode panelists on the following dates:

- January 24, 2020: Reminder sent to soft-launch sample
- February 12, 2020: Reminder sent to parent sample

Respondents received proprietary internal currency, which was the cash equivalent of \$3 for completing the survey.

## Data Processing

Cleaning rules were applied to the survey data for quality control by flagging survey respondents who completed the entire survey in less than 40 percent of the median survey time, which indicates likely speeding (*i.e.*, not reading and responding to the questions in a thoughtful manner). These respondents were not included in the final data set. Next, the data were processed using the data-cleaning and preparation steps outlined below. Each variable was clearly named and labeled, and each properly identified by type (e.g., Likert-type variables designated as interval variables). Open-ended items were coded by two analysts, and interrater reliability was calculated to ensure accuracy in coding responses. Any personally identifiable information (PII) provided by respondents was also removed. The data set cleaning procedures included:

1. Receive data sets.
2. Print file information/format library.
3. Merge all necessary data (including administrative data, survey formats, as applicable).
4. Delete duplicates.
5. Check variable names.
6. Check variable labels.
7. Check value labels.
8. Check skip patterns.
9. Check raw data frequencies.
10. Check weights against known population totals (if applicable).
11. Run recodes according to project protocol.
12. Check recoded variables against raw variables.
13. Resolve inconsistencies.
14. Parse down to final data set.
15. Review data set creation independently to ensure accuracy.

All reported analyses were independently replicated by a second analyst to reduce the likelihood of errors. Numbers, tables, findings, and interpretations were double-checked independently to ensure accuracy, according to FMG-standard procedures.

## Statistical Weighting

The sample was selected from a probability-based online panel (*i.e.*, NORC AmeriSpeak panel), which, in theory, would allow for calculating weights and generalizing the results to the target population at a national level. However, weighting conducted for this study was not used for generalization purposes for two reasons: (1) the number of survey completes was too small, and thus, the precision of weighted estimates would be poor; and (2) reliable external benchmark data to use for weighting did not exist, especially for the caregiver population. Instead, weights were created to adjust the sampling and nonresponse for the parent respondents in this study, and the weights were applied in a comparison analysis to determine the difference of demographic characteristics between the parent respondents from the AmeriSpeak panel and the parents from U.S. general population (based on American Community Survey [ACS] estimates).

In the weighting process, statistical weights for the study-eligible respondents were calculated using panel base sampling weights.

Panel base sampling weights for all sampled housing units are computed as the inverse of probability of selection from the NORC National Frame (the sampling frame that is used to sample housing units for AmeriSpeak) or address-based sample. The sample design and recruitment protocol for the AmeriSpeak Panel involves subsampling of initial non-respondent housing units. These subsampled non-respondent housing units are selected for an in-person follow-up. The subsample of housing units that are selected for the nonresponse follow-up (NRFU) have their panel base sampling weights inflated by the inverse of the subsampling rate. The base sampling weights are further adjusted to account for unknown eligibility and nonresponse among eligible housing units. The household-level nonresponse adjusted weights are then post-stratified to external counts for number of households obtained from the Current Population Survey. Then, these household-level post-stratified weights are assigned to each eligible adult in every recruited household. Furthermore, a person-level nonresponse adjustment accounts for nonresponding adults within a recruited household.

Finally, panel weights are raked to external population totals associated with age, sex, education, race/Hispanic ethnicity, housing tenure, telephone status, and Census division. The external population totals are obtained from the Current Population Survey. The weights adjusted to the external population totals are the final panel weights.

Study-specific base sampling weights are derived using a combination of the final panel weight and the probability of selection associated with the sampled panel member. Because not all sampled panel members respond to the screener interview, an adjustment is needed to account for and adjust for screener non-respondents. This adjustment decreases potential nonresponse bias associated with sampled panel members who did not complete the screener interview for the study.

Furthermore, because not all eligible screener completes completed the survey, an adjustment is applied to account for the non-respondents. This adjustment decreases potential nonresponse bias associated with the eligible screener completes who did not complete the survey.

The distribution of demographic characteristics of parent respondents (of children ages 0 to 5) was compared to that of the benchmark from American Community Survey (ACS) (i.e., 2018 ACS 1-year estimates), both on a weighted and unweighted basis. This information was used to determine the demographic difference between parent respondents from the AmeriSpeak panel and parents from U.S. general population. Note that the comparison analysis was not conducted for the caregivers of children ages 0 to 5, since there is no reliable data source for creating benchmarks for this population.

For details of comparison analysis, please refer to [Appendix E](#).

# Chapter 3: Survey Findings

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## Analysis Approach

Descriptive analyses, such as averages and frequencies, were conducted for all survey items and by subpopulation ([see Appendix F for survey questionnaire](#)) by key splits of the data (classified as subpopulations). Please refer to the frequency Excel file for detailed frequency data. In line with the approved analysis plan ([see Appendix G](#)), several hypotheses and research questions related to the main aims of the study were assessed. These analyses were meant to be exploratory, and results are not meant to be generalizable. Analyses were conducted with the intent to identify potentially interesting effects and relationships between the variables of interest. Please [see Appendix H](#) for details on these exploratory analyses for comparisons among different subgroups. Research questions (RQ) and hypotheses (H) included:

- Awareness and Behavior
  - RQ1: What proportions of parent and caregivers have anchored their furniture and/or TVs?
    - H1: A higher percentage of parents will anchor furniture and/or TVs than caregivers. *Findings suggest that a greater proportion of parents had ever anchored compared to caregivers.*
  - RQ2: Where did parent and caregivers go to find this information?
- Risk Severity
  - RQ3: How do perceptions of risk severity relate to behaviors associated with anchoring furniture?
    - H2: Personal experience with tip-over would be associated with increased risk severity. *Trends appear to suggest that respondents with personal tip-over experience perceived greater risk severity than those who did not.*
    - H3: Respondents who anchor will report greater agreement with risk severity statements than those who do not anchor. *Findings suggest that those who anchor have higher agreement with risk severity statements.*
- Risk Susceptibility
  - RQ4: How do perceptions of risk susceptibility relate to knowledge of the harms associated with furniture and/or TV tip-over?
    - H4: Respondents who indicate more agreement with harms associated with tip-over are more likely to agree that tip-over could occur during various periods (i.e., the next week through the next 3 years). *Findings suggest that agreement with tip-over harms is not related to perceptions of tip-over likelihood over various periods.*

- **RQ5:** How do perceptions of risk susceptibility relate to behaviors associated with anchoring furniture?
  - **H5:** Respondents who anchor will have higher perceptions of risk susceptibility. *Trends suggest that respondents who have ever anchored have higher perceptions of risk susceptibility.*
- **General Tip-over Awareness**
  - **RQ6:** How does exposure to tip-over information (ads, news, PSAs) relate to risk perceptions?
    - **H6:** Respondents who recall exposure to tip-over information will indicate higher mean agreement with the risks of tip-over associated with unanchored furniture than those who do not recall exposure to that information. *Trends suggest that recall of tip-over information is related to higher agreement with tip-over risks of unanchored furniture.*
  - **RQ7:** How does exposure to tip-over information relate to behavior?
    - **H7:** A higher proportion of respondents who recalled exposure to tip-over information would report anchoring behavior compared to those who had not been previously exposed. *Trends appear to suggest that a higher proportion of those who recalled tip-over information exposure anchored their furniture compared to those who did not recall tip-over information exposure, but there was no difference identified in frequency of anchoring TVs.*
- **Brand and Campaign Awareness**
  - **H8:** Based on findings from stakeholder interviews, we predicted that overall awareness of the *Anchor It!* campaign would be low. *Findings indicate low awareness of the campaign.*
  - **RQ8:** How does CPSC brand/campaign awareness relate to knowledge of the harms associated with furniture and/or TV tip-over?
    - **H9:** Respondents who are aware of CPSC and/or recall exposure to the campaign will have greater agreement with risks associated with unanchored furniture. *Findings were mixed. Trends suggest that those who were aware of CPSC agree more with risks of unanchored furniture/TVs than those who were not. There was a trend suggesting that respondents aware of Anchor It! had higher agreement that tip-over could lead to injury or death, but no difference in agreement regarding whether unanchored furniture can tip over.*
    - **H10:** Awareness of CPSC and the campaign would be related to higher perceived likelihood of tip-over. *Findings did not suggest that awareness of CPSC and Anchor It! was related to higher perceived likelihood of tip-over.*

- **RQ9:** How does CPSC brand/campaign awareness relate to behaviors associated with anchoring furniture?
  - **H11:** Respondents who recall exposure to the campaign will be more likely to take steps to anchor their furniture. *The limited data suggests that those who recall exposure to the campaign are more likely to take steps to anchor furniture.*
- **Beliefs about Benefits and Barriers**
  - **RQ10:** How do beliefs about the benefits of and barriers to anchoring furniture relate to behaviors associated with anchoring furniture?
    - **H12:** Respondents who anchor will be more likely to agree with the benefits of anchoring and less likely to endorse barriers to anchoring. *Results suggest that respondents who ever anchored have greater agreement with anchoring benefits and less agreement with barriers to anchoring.*
- **Self-Efficacy**
  - **RQ11:** How does self-efficacy in one's ability to anchor furniture relate to behaviors associated with anchoring furniture?
    - **H13:** Respondents who anchor their furniture will report higher self-efficacy in their ability to anchor furniture. *Trends suggest that those who anchor report higher self-efficacy in their ability to anchor furniture.*
- **Behavioral Intentions**
  - **RQ12:** How do knowledge and awareness of the harms associated with tip-over relate to intentions to anchor furniture and/or TVs in the future?
    - **H14:** Respondents' level of agreement with tip-over harms would be positively related to their likelihood of taking steps to anchor their furniture. Conversely, respondents' endorsements of tip-over misconceptions would be negatively related to their likelihood of anchoring behaviors. *Findings suggest that agreement with tip-over harms is positively related to likelihood of taking steps to anchor furniture, and agreement with tip-over misconceptions is negatively related to likelihood of anchoring behaviors.*
    - **H15:** Respondents who have experienced tip-over or know someone who has will be more likely to take steps to anchor their furniture/TVs. *Findings suggest that those who had personal experience with tip-over, or knew someone who did, were more likely to take steps to anchor their furniture/TVs.*

Exploratory analyses were conducted to investigate the hypotheses related to these research questions. Please refer to Appendix H for more details.

## Survey Limitations

Survey results should be interpreted with caution, due to several limitations:

- The survey results should not be considered generalizable to a national population of parents and caregivers, due to a small survey sample size and lack of sufficient reliable external benchmarks regarding demographics of caregivers. However, please note that the sample was highly varied with regard to demographics, including a range of gender, age, race/ethnicity, income, and education.
- Statistical tests were chosen to identify potentially interesting effects and to be easily interpretable.
- The overall analytical approach sought to balance potential for type I versus type II error.
- Family-wise error adjustments for multiple comparisons were not applied because the resulting *p*-value would be very small and overly conservative, which would reduce potential for type I error but increase the potential for type II error (*i.e.*, failing to identify potential effects of interest).
- As we conducted a number of tests (*i.e.*, multiple comparisons), there is a higher potential for type I error. Therefore, results related to group comparisons should be interpreted with caution, as they may not necessarily replicate.
- Survey responses may have been biased by respondents' social desirability, recall of media, recall of their own behavior, and other factors. The anchoring behavior questions asked more generally if respondents had ever anchored TVs or furniture, rather than if these items were currently anchored in their home. Therefore, answers to these questions relate to lifetime behaviors with categories of objects, rather than specific recent actions in their current home environments with specific types of TVs or furniture.
- Based on the content of respondents' open-ended responses, their recall of where they learned about anchoring was often vague or uncertain; many did not provide specific details. Importantly, the number of respondents who recalled seeing the *Anchor It!* campaign recently was quite small ( $n = 28$ ), so results related to the specific campaign messaging should be interpreted with caution.
- The survey was only able to evaluate potential behavior change as a result of the campaign through questions on the perceived effectiveness of the PSA (Q31A – Q31E), because consumer recognition and recall of the campaign was limited. Therefore, the survey results should be considered only one piece of the campaign evaluation, in addition to the larger research and communication assessments.

## Results

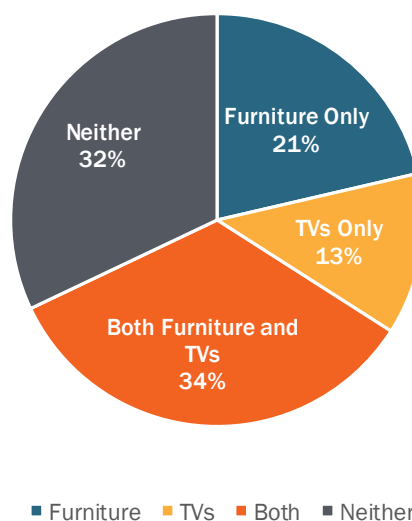
### Awareness and Behavior (Q5 and Q6)

Respondents' anchoring behavior was measured by asking respondents if they have ever anchored TVs in their home (Q5) and if they have ever anchored furniture in their home (Q6), defined in the survey as securing the respective item to a wall.

Responses indicated about half had anchored each type of object—47 percent reported ever anchoring TVs, and 55 percent reported ever anchoring furniture. Responses to these questions include lifelong behavior, rather than asking specifically about whether TVs or furniture are currently anchored in their home, or asking what specific types of TVs (e.g., CRT, flat screen) or furniture (e.g., dressers, bookshelves) they had anchored. A composite anchoring-behavior variable was created, based on responses to Q5 and Q6, which

define four mutually exclusive subgroups: respondents who have anchored both TV and furniture; those who have anchored TV(s) only; those who have anchored furniture only; and those who have never anchored either TV(s) or furniture. Of the total sample, the largest number of respondents reported having anchored furniture and TV(s) (34%) or never having anchored TV(s) or furniture (32%). Twenty-one percent of respondents reported having only anchored furniture, and 13 percent stated that they had only anchored TV(s) (see Figure 3.1).

Figure 3.1. Anchoring Behavior



Among respondents who had reported anchoring, the mean number of TVs they reported anchoring was 2.07 ( $SE = 0.09$ ), and the mean number of pieces of furniture anchored was 3.30 ( $SE = 0.17$ ). The most frequently reported numbers of TVs anchored was one (37% of respondents who had anchored TVs) and two (37%). The most frequently reported number of pieces of furniture anchored was two (34% of respondents who had anchored furniture), followed by three (19%).

Table 3.1. Frequency of Anchoring Behavior: Females/Males

Anchoring Behaviors	Overall ( <i>N</i> = 702)	Female ( <i>n</i> = 410)	Male ( <i>n</i> = 292)
Q5: Anchor TV	47%	44%	51%
Q6: Anchor Furniture	55%	51%	62%

## Parent, Non-Parent Caregiver, Homeowner, and Renter Anchoring Behavior

The survey sought to assess what proportions of parents versus caregivers and homeowners versus renters have ever anchored their furniture and/or TVs. It was hypothesized that a higher percentage of parents would report ever anchoring furniture and/or TVs than caregivers, due to spending more time watching children. It was also hypothesized that homeowners would be more likely to report ever anchoring than renters because they have more control over their own property. For results of detailed analyses, [see Appendix H](#).

Approximately 29 percent of parents reported they have not anchored, and 36 percent of caregivers reported they had not anchored furniture or TVs at all (see Table 3.2).

**Table 3.2. Frequency of Anchoring Behavior: Parents/Caregivers and Homeowners/Renters**

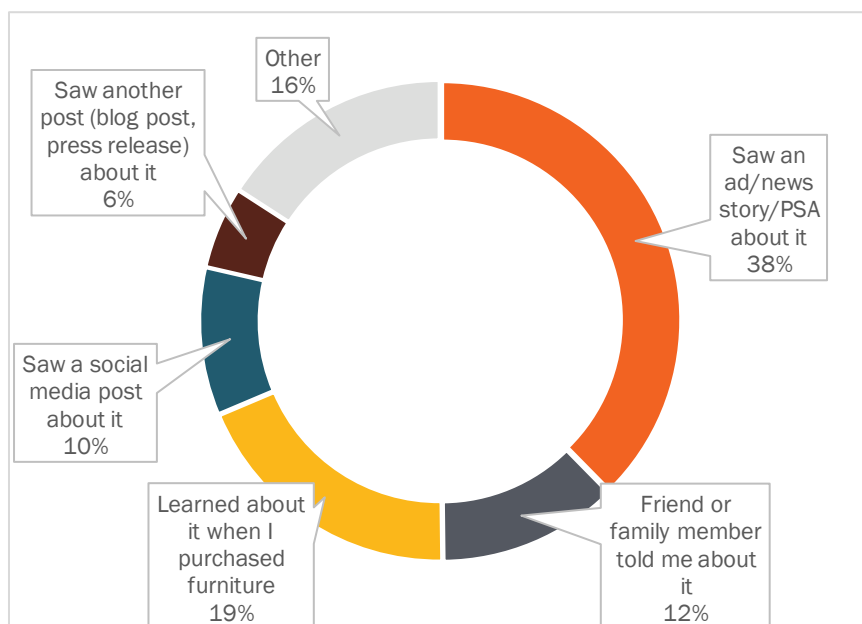
Anchoring Behaviors	Overall (N = 702)	Parents (n = 410)	Caregivers (n = 292)	Homeowners (n = 521)	Renters (n = 164)
Anchor Both TV and Furniture	34%	40%	26%	37%	26%
Anchor TV Only	13%	12%	14%	13%	11%
Anchor Furniture Only	21%	19%	24%	20%	25%
Anchor Neither	32%	29%	36%	30%	38%

## Anchoring Information-Seeking

A series of survey questions sought to elicit a better understanding of what proportion of parents and caregivers had researched how to anchor, what their motivations for information-seeking are, and what anchoring information sources they use. These questions included: (a) have you ever looked up or researched how to anchor furniture (e.g., dressers, bookshelves) and/or TVs to a wall (Q19); (b) what caused you to look for information about how to anchor furniture (e.g., dressers, bookshelves) and/or TVs to a wall (Q20); and (c) where did you go to look up or find this information (Q21)?

More than one-third (39%) reported previously researching how to anchor furniture (41% of parents; 36% of caregivers). These respondents were asked to select one reason for seeking information. Of the respondents who reported previously researching how to anchor furniture (n = 271), 38 percent reported that they saw an ad,

**Figure 3.2. Respondents' Perceived Likelihood of Tip-Over**



news story, or PSA that caused them to look for information on how to anchor furniture (see Figure 3.2). Other reasons for researching the topic included learning about anchoring when they purchased their furniture (19%) and being told by a friend or family member about it (12%).

Respondents who indicated previously researching anchoring ( $n = 271$ ) could select one or more sources of information. More than half (55%) who reported researching how to anchor their furniture indicated that the internet was a source of information (see Table 3.3). The next three most frequently reported sources were YouTube (39%), furniture instruction manuals (26%), and home improvement or furniture stores (20%). Only 7 percent of respondents reported CPSC.gov as a source for seeking information.

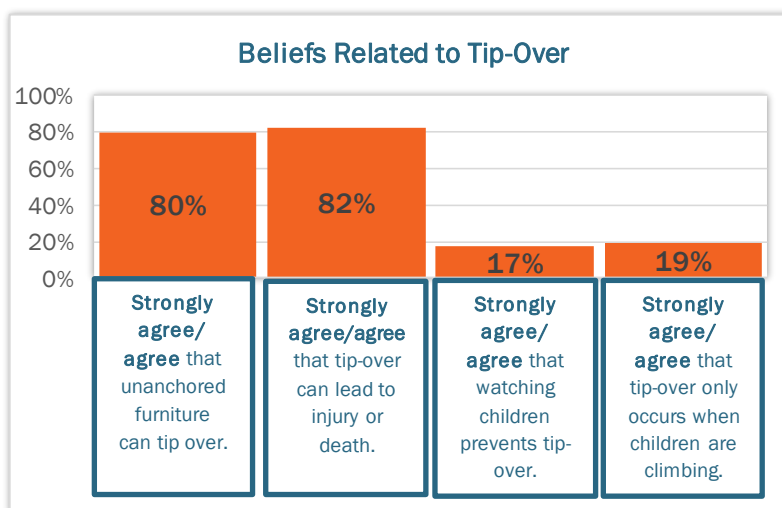
**Table 3.3. Locations of Where Respondents Searched for Anchoring Information**

<b>Locations (<math>n = 271</math>)</b>			
Internet	55%	Other Social Media Sites	8%
YouTube	39%	Furniture Shopping Websites	7%
Furniture Instruction Manuals	26%	CPSC.gov	7%
Home Improvement Store/Furniture Store	20%	Wikipedia	3%
Child Safety Websites	18%	AnchorIt.gov	3%
Friend/Family Member	14%	Shopping Center Kiosk	2%
Facebook	10%	Twitter	1%
News/Media Outlets	10%	Safeproducts.gov	1%
Parenting Blogs	8%	Billboard	1%

## Risk Severity (Q13 and Q14)

Perceptions of risk severity were measured by asking respondents to rate the extent to which they agree or disagree that furniture (e.g., dressers, bookshelves) and/or TVs that are not anchored to a wall can lead to injury or death (Q13). Respondents also rated the extent to which they agree or disagree that furniture (e.g., dressers, bookshelves) and/or TVs that are not anchored (or secured) to a wall can lead to injury or death (Q14). More than three-fourths of respondents agreed or strongly agreed with these two statements (80% for Q13, 82% for Q14), indicating high awareness of risks (see Figure 3.3).

**Figure 3.3. Beliefs Related to Tip-Over**



## How Knowledge of Harms and Perceptions of Risk Severity Relate to Experience with Tip-Over

Less than one-fifth of respondents (17%) reported having a personal experience with tip-over, and a separate 17 percent of respondents reported knowing someone who has experienced tip-over. About two-thirds of respondents reported no personal experience with tip-over (66%; Q35). The level of agreement with risk severity statements for each of these groups is shown below.

**Table 3.4. Risk Severity by Experience with Tip-Over**

Statements	Overall <i>n</i> = 702	Percent of Respondents who Strongly Agree/Agree		
		Personal Experience with Tip-Over <i>n</i> = 118	Know Someone with Tip-Over Experience <i>n</i> = 118	No Experience with Tip-Over <i>n</i> = 466
Q13: Unanchored furniture can tip over	80%	84%	83%	78%
Q14: Unanchored furniture/TVs can lead to injury/death	82%	86%	86%	80%

### Risk Severity Perceptions Related to Anchoring Behavior (Composite of Q5 and Q6)

Of the total sample, just under half (47%) reported ever anchoring a TV in their home (Q5), and more than half (55%) reported anchoring furniture (Q6). A composite variable was calculated to distinguish respondents who had ever anchored both furniture and TV, anchored furniture only, anchored TVs only, or anchored neither. Table 3.5 highlights the frequencies of respondents who strongly agree or agree with unanchored furniture and TV tip-over risk severity. Overall, respondents who ever anchored their furniture and/or TVs more frequently agree that unanchored furniture and/or TVs can tip over and can lead to injury or death.

**Table 3.5. Percent of Respondents who Strongly Agree/Agree with Risk Severity Statements**

Statements	Anchoring Behavior				
	Overall N = 702	Both n = 238	TV Only n = 89	Furniture Only n = 150	Neither n = 225
Q13: Unanchored furniture and/or TVs can tip over	80%	85%	71%	87%	72%
Q14: Furniture and/or TV tip-overs can lead to injury or death	82%	93%	73%	89%	70%

### Risk Susceptibility (Q15, Q16, and Q18)

Respondents' risk susceptibility was measured by asking respondents to rate the extent to which they agree with the following statements: (a) "furniture (e.g., dressers, bookshelves) and/or TVs do not need to be anchored (secured) to a wall if I watch the child (or children) in my home" (Q15); and (b) "the only way furniture and/or TVs can tip over is when children are climbing on it" (Q16). Overall, respondents tended to disagree with these two statements. In addition, respondents provided their perceived likelihood of furniture and/or TV tip-over within various timespans.

Table 3.6 highlights the frequencies of respondents who strongly agree or agree with furniture and TV tip-over risk susceptibility. Overall, respondents frequently disagreed that anchoring is not necessary if you are watching your children (60%) and tip-over only occurs when children are climbing on furniture and/or TVs (65%).

**Table 3.6. Frequencies of Agreement with Risk Susceptibility Statements**

Risk Susceptibility Statements ( <i>n</i> = 702)	Strongly Agree or Agree	Neither Disagree nor Agree	Strongly Disagree or Disagree
Q15: Furniture (e.g., dressers, bookshelves) and/or TVs do not need to be anchored (secured) to a wall if I watch the child (or children) in my home	17%	23%	60%
Q16: The only way furniture and/or TVs can tip over is when children are climbing on it	19%	16%	65%

**Risk Susceptibility and Anchoring Behaviors**

It was hypothesized that respondents who had not anchored furniture and/or TVs will have lower perceptions of risk susceptibility (*i.e.*, higher agreement with Q15 and Q16) because people who perceive less risk and less threat would be less likely to take preventative action, according to the HBM.

Table 3.7 highlights the frequencies of respondents who strongly agree or agree with furniture and TV tip-over risk susceptibility. Overall, respondents who had not anchored have higher mean agreement that (a) anchoring is not necessary if you are watching your children; and (b) tip-over only occurs when children are climbing on furniture and/or TVs, compared to respondents who anchor at all.

**Table 3.7. Percent of Respondents who Strongly Agree/Agree with Risk Susceptibility Statements**

Statements	Overall <i>N</i> = 702	Anchoring Behavior			
		Both <i>n</i> = 238	TV only <i>n</i> = 89	Furniture Only <i>n</i> = 150	Neither <i>n</i> = 225
Q15: Furniture (e.g., dressers, bookshelves) and/or TVs do not need to be anchored (secured) to a wall if I watch the child (or children) in my home.	17%	8%	24%	7%	31%
Q16: The only way furniture and/or TVs can tip over is when children are climbing on it	19%	13%	18%	10%	32%

**General Tip-Over Awareness (Q4, Q13, Q14)**

The majority of respondents (82%) indicated that they have seen an ad, news story, or PSA about anchoring furniture and/or TVs (80% of parents; 85% of caregivers; Q4). Within the follow-up open-ended responses (Q4A; *n* = 573), the most commonly mentioned descriptions of these ads, news stories, and PSAs included: local, national, or general news (27%); a depiction of a child climbing and/or furniture falling (22%); and mentions of IKEA (17%). Other less common descriptions included a general ad (13%), a TV commercial (12%), a social media post or ad (9%), another source (8%), warnings or instructions on furniture (6%), seeing

someone anchoring a TV (5%), and mentions of dangers (3%). However, 15 percent of respondents could not recall details about the ad, news story, or PSA that they reported seeing.

### Exposure to Tip-Over Information in Relation to Risk Perceptions

The percentage of respondents who report they have been exposed versus have not been exposed to tip-over information (Q4) who strongly agree/agree with risk perceptions (Q13 and Q14) is highlighted in Table 3.8. Overall, a higher proportion of respondents who recall being exposed to tip-over information agree (82%) that unanchored furniture and/or TVs can tip over, compared to respondents who recall no exposure to tip-over information (69%). Similarly, a greater proportion of respondents who recall exposure to tip-over information agree (85%) that furniture and/or TV tip-over can lead to injury or death, compared to respondents who recall no exposure to tip-over information (70%).

**Table 3.8. Agreement with Risk Severity by Anchoring Information Exposure**

Statements	Total (N = 702)	Percent of Respondents who Strongly Agree/Agree	
		Exposed to ad/news story/PSA about anchoring (n = 576)	Not exposed to ad/news story/PSA about anchoring (n = 126)
Q13: Unanchored furniture and/or TVs can tip over	80%	82%	69%
Q14: Furniture and/or TV tip-overs can lead to injury or death	82%	85%	70%

### How Exposure to Tip-Over Information Relates to Anchoring Behavior

We hypothesized that a higher proportion of respondents who recalled tip-over information would report having anchored, compared to respondents who did not recall tip-over information. We first examined the relationship between exposure to information and anchoring TVs or furniture, individually; then we examined anchoring behavior overall. For details on analyses, [see Appendix H](#).

**Table 3.9. Anchoring TV and Furniture by Exposure to Anchoring Information**

Responses	Overall N = 702	Information Exposure	
		Exposed to ad/news story/PSA about anchoring (n = 576)	Not exposed to ad/news story/PSA about anchoring (n = 126)
Yes, ever anchored TV (Q5)	47%	48%	41%
No, have not anchored TV (Q5)	53%	52%	59%
Yes, ever anchored furniture (Q6)	55%	59%	40%
No, have not anchored furniture (Q6)	45%	41%	60%

Table 3.10 highlights that 71 percent of respondents who reported exposure to tip-over information (e.g., ad, news story, or PSA) had ever anchored their furniture, TV, or both, compared to 55 percent of respondents who reported they have never been exposed to tip-over information. Furthermore, 29 percent of respondents who recall exposure to tip-over information reported not anchoring their furniture or their TVs.

**Table 3.10. Frequencies of Overall Anchoring Behaviors by Exposure to Anchoring Information**

Anchoring Behaviors	Overall N = 702	Information Exposure	
		Exposed to ad/news story/PSA about anchoring n = 576	Not exposed to ad/news story/PSA about anchoring n = 126
Anchor TV only	13%	12%	16%
Anchor Furniture only	21%	23%	14%
Anchor Both	34%	36%	25%
Anchor Neither	32%	29%	44%

### Brand and Campaign Awareness (Q22, Q26)

Respondents' awareness of CPSC and the *Anchor It!* campaign was measured by asking respondents if they had ever heard of CPSC before taking this survey (Q22), and whether they had ever heard of the *Anchor It!* campaign before taking this survey (Q26). FMG hypothesized that, based on previous findings from the stakeholder interviews, overall awareness of the *Anchor It!* campaign would be low.

Nearly two-thirds (65%) of respondents reported that they had heard of CPSC before taking this survey (59% of parents; 74% of caregivers; Q22). When asked about what they know about CPSC (Q23; n = 440), a majority wrote about CPSC monitoring product safety or protecting consumers (54%). Less common responses include an indication of name recognition only (18%), miscellaneous responses (13%), product recalls (9%), establishment

of regulations or guidelines (9%), government or independent agency (6%), that it issues warnings or labels (6%), product testing (4%), or don't know/unsure (5%). Additionally, awareness of the *Anchor It!* campaign was relatively low; 12 percent of all respondents reported previously hearing of CPSC's *Anchor It!* campaign (10% of parents; 14% of caregivers; Q26), supporting the hypothesis.

### CPSC Brand and Campaign Awareness Relation to Knowledge of Tip-Over

FMG hypothesized that respondents who are aware of CPSC and/or have been exposed to the *Anchor It!* campaign will have greater agreement with risks associated with unanchored furniture. Generalizability is limited, due to the relatively small sample size of 83 respondents who reported awareness of the campaign. [See Appendix H](#) for more details on analyses.

**Table 3.11. *Anchor It!* Campaign and CPSC Awareness by Knowledge of Harms Associated with Furniture and/or TV Tip-Over**

Respondents	Q13: Unanchored furniture and/or TVs can tip over.			Q14: Unanchored furniture and/or TVs can lead to injury or death.		
	Frequency of Agreement	Mean Agreement Score	Standard Deviation	Frequency of Agreement	Mean Agreement Score	Standard Deviation
Aware of CPSC (n = 445)	82%	4.10	1.03	85%	4.19	0.94
Not Aware of CPSC (n = 239)	75%	3.90	1.10	76%	3.97	0.92
Aware of <i>Anchor It!</i> Campaign (n = 83)	88%	4.20	1.12	87%	4.34	0.95
Not Aware of <i>Anchor It!</i> Campaign (n = 619)	79%	3.99	1.09	82%	4.08	0.94

### Knowledge of CPSC and *Anchor It!* Campaign Compared to Perceived Likelihood of Tip-Over (Q18)

Table 3.12 highlights the percentages of respondents' perceived likelihood responses related to tip-over within various timespans. The majority of respondents reported that tip-over is very unlikely or unlikely to occur within their home.

**Table 3.12. Frequency of Respondents' Perceived Likelihood of Tip-Over**

Risk Likelihood Statements (n = 702)	Unlikely or Very Unlikely	Neither Unlikely nor Likely	Likely or Very Likely
My furniture and/or TVs could tip over within....			
Q18A: The next week	73%	16%	11%
Q18B: The next month	71%	17%	12%
Q18C: The next six months	66%	20%	13%
Q18D: The next year	63%	21%	15%
Q18E: The next three years	61%	21%	18%
Q18F: My furniture and/or TVs could not tip over	40%	29%	31%

Respondents reported, on a scale of 1 to 5, their perceived likelihood of tip-over happening within various timespans (1 = very unlikely, 5 = very likely). On average, respondents reported that they are unlikely to experience tip-over next week ( $M = 1.98$ ,  $SD = 1.06$ ), next month ( $M = 2.02$ ,  $SD = 1.09$ ), in the next 6 months ( $M = 2.13$ ,  $SD = 1.11$ ), in the next year ( $M = 2.20$ ,  $SD = 1.15$ ), and in the next 3 years ( $M = 2.26$ ,  $SD = 1.19$ ). Furthermore, on average, respondents stated that it is neither unlikely, nor likely, that their furniture and/or TVs could not tip over ( $M = 2.88$ ,  $SD = 1.26$ ).

**Table 3.13. Means of Respondents' Perceived Likelihood of Tip-Over by Awareness of CPSC and the *Anchor It!* Campaign**

Respondents	Perceived Likelihood of Tip-Over Over Various Time Periods					
	The next week (n = 682)	The next month (n = 679)	The next six months (n = 681)	The next year (n = 680)	The next three years (n = 681)	My furniture and/or TVs could not tip over (n = 683)
Aware of CPSC (n = 445)	1.93	1.99	2.07	2.12	2.18	2.87
Not Aware of CPSC (n = 239)	2.06	2.09	2.25	2.36	2.45	2.89
Aware of <i>Anchor It!</i> Campaign (n = 83)	2.02	2.06	2.00	2.05	2.09	3.14
Not Aware of <i>Anchor It!</i> Campaign (n = 619)	1.97	2.02	2.15	2.22	2.29	2.84

### How Awareness of CPSC and the *Anchor It!* Campaign Relate to Anchoring Behaviors

Table 3.14 highlights the proportions of respondents aware of CPSC and the *Anchor It!* campaign by anchoring behaviors. More than half of the respondents who are aware of CPSC and the *Anchor It!* campaign reported ever anchoring either their furniture or TV. Furthermore, more than half of respondents who are not aware of CPSC have not anchored their furniture or their TVs.

**Table 3.14. Anchoring TV and Furniture by Awareness of CPSC and the *Anchor It!* Campaign**

Responses	Awareness of CPSC and the <i>Anchor It!</i> Campaign			
	Aware of CPSC ( <i>n</i> = 445)	Not Aware of CPSC ( <i>n</i> = 239)	Aware of <i>Anchor It!</i> Campaign ( <i>n</i> = 83)	Not Aware of <i>Anchor It!</i> Campaign ( <i>n</i> = 619)
Yes, ever anchored TV (Q5)	51%	39%	59%	45%
No, have not anchored TV (Q5)	49%	61%	41%	55%
Yes, ever anchored furniture (Q6)	60%	44%	76%	53%
No, have not anchored furniture (Q6)	40%	56%	24%	47%

### Campaign Assessment (Q31)

Although 12 percent of the survey sample indicated awareness of the *Anchor It!* campaign, only one-third of the respondents reported having seen or heard about it in the last months (34%, *n* = 83). Given the small subsample, the reliability of the survey data for campaign assessment is limited. Among these respondents (*n* = 28), three-fourths agreed or strongly agreed that the advertisements made anchoring seem like a smart option for them (75%; 21 respondents) and grabbed their attention (75%; 21 respondents; Q31A–B). Half indicated that the ad told them something new or different (50%; 28 respondents), and a majority (61%; 17 respondents) agreed or strongly agreed that it made them want to find out more about anchoring furniture. However, less than half (46%; 13 respondents) indicated that the campaign made them decide to anchor their furniture.

When asked to describe what they recall happening in the ad or PSA, or what the information in the ad or PSA entailed (Q28), the most common responses were: risks or dangers of tip-over (*n* = 10); that they saw the ad on social media, the internet, or TV (*n* = 8); don't know (*n* = 5); other responses (*n* = 4); or that the ad or PSA was related to IKEA (*n* = 2). When asked about the main goal of the *Anchor It!* campaign, nearly all said the purpose was to promote safety and/or reduce tip-over accidents (*n* = 23); and four respondents said that the goal was to raise awareness.

**Table 3.15. The Impact of the *Anchor It!* Advertisements/PSAs on Respondents (*n* = 28)**

Q31: Thinking about the ads/PSAs you saw or heard about <i>Anchor It!</i> , please indicate whether you agree or disagree with each of the following statements: The ads/PSAs . . .	Strongly Agree/Agree	Neither Disagree nor Agree	Strongly Disagree/Disagree
Made anchoring furniture seem like a smart option for a person like me	75%	11%	14%
Grabbed my attention	75%	18%	7%
Told me something new or different about anchoring furniture	50%	29%	21%
Made me want to find out more about anchoring furniture	61%	21%	18%
Made me decide to anchor my furniture	46%	39%	14%

### **Beliefs about Benefits and Barriers (Q9, Q10, Q11, and Q12)**

Respondents' personal beliefs about benefits and barriers to anchoring furniture and/or TVs were measured by asking them to select the main reasons they decided to anchor their furniture and/or TVs (Q9); the most important reason respondents decide to anchor their furniture and/or TVs (Q10); the main reasons that respondents decide not to anchor at all (Q11); and the most important reason why respondents decide not anchor their furniture and/or TVs (Q12).

### **Reasons for Anchoring**

Among the respondents who reported anchoring their furniture and/or TVs (*n* = 477), Table 3.16 highlights that the most commonly reported reasons for anchoring their furniture and/or TVs were to protect their children and to ensure peace of mind (Q9).

**Table 3.16. Respondents' Main Reasons for Anchoring Their Furniture**

Main Reasons to Anchor Furniture	All ( <i>n</i> = 477)	Parents ( <i>n</i> = 290)	Caregivers ( <i>n</i> = 187)	Homeowner s ( <i>n</i> = 363)	Renters ( <i>n</i> = 102)
I want to protect my children	66%	76%	52%	67%	67%
Peace of mind	62%	63%	60%	62%	62%
My furniture came with an anchoring kit and instructions	38%	41%	33%	40%	32%
I saw an ad/news story/public service announcement (PSA) about it	35%	32%	39%	34%	35%
My children climb and/or pull on the furniture	33%	40%	22%	34%	32%
Easy to do	24%	22%	28%	26%	18%
My spouse/partner/significant other suggested we anchor our furniture/TVs	23%	25%	19%	23%	25%
I have previously experienced furniture/TV tip-over	16%	18%	13%	16%	17%
I know someone who has experienced furniture/TV tip-over	12%	12%	12%	14%	8%
My child's pediatrician told me about the dangers of tip-over	7%	10%	3%	7%	9%
Most of my friends/family members have done it	5%	5%	4%	5%	4%

Note. Respondents could select more than one reason.

### Reasons for *Not* Anchoring

The survey included questions about reasons for not anchoring to gain a better understanding of potential barriers to anchoring. Table 3.17 highlights that the two most frequently reported reasons for not anchoring furniture (*n* = 225) were “I don’t think I need to” and “I can watch the children instead” (Q11). Parents and caregivers who reported not anchoring their furniture (29% of parents; 36% of caregivers) appear to believe that anchoring furniture is irrelevant to them or unnecessary; they reported that their proactive actions (e.g., taking enough safety measures, watching children, not purchasing tall furniture or heavy TVs) will prevent tip-over from occurring in their home. In addition, renters more frequently reported that “anchoring will damage my walls”; “my landlord will not allow anchoring”; and “I don’t know where to get the anchors/tools needed,” compared to homeowners’ beliefs about anchoring.

**Table 3.17. Respondents' Reasons for Not Anchoring Their Furniture**

Main Reasons to <i>Not</i> Anchor Furniture	All ( <i>n</i> = 225)	Parents ( <i>n</i> = 120)	Caregivers ( <i>n</i> = 105)	Homeowners ( <i>n</i> = 158)	Renters ( <i>n</i> = 62)
I don't think I need to	35%	33%	38%	35%	32%
I can watch the children instead	35%	33%	36%	39%	23%
I intend to, but I just haven't gotten around to it	17%	23%	10%	19%	13%
It will damage my walls	16%	20%	12%	15%	19%
I don't know what anchors my furniture/TVs need	12%	16%	8%	11%	15%
I don't know where to get the anchors/tools needed	11%	14%	8%	8%	21%
My landlord will not allow it	11%	15%	6%	5%	26%
I don't trust myself to install the anchors properly	11%	14%	7%	8%	15%
I didn't know about it	10%	11%	9%	9%	11%
I didn't know how to	10%	12%	8%	11%	8%
It is a waste of time	4%	6%	2%	3%	6%
It is too expensive	4%	6%	1%	3%	5%
It is a waste of money	3%	4%	1%	1%	6%

Note. Respondents could select more than one reason.

Of those who reported more than one reason for not anchoring their furniture and/or TVs (*n* = 103), 23 percent reported that the most important reason for not anchoring their furniture and/or TVs was “I can watch the children instead” (21% of parents; 28% of caregivers); and 20 percent responded that they do not think that they need to anchor their furniture and/or TVs (17% of parents; 25% of caregivers; Q12).

### Self-Efficacy (Q33)

According to the HBM, self-efficacy predicts risk-reducing behavior. Thus, FMG hypothesized that self-efficacy would be related to anchoring behavior. Respondents' self-efficacy for anchoring furniture was measured by asking respondents how confident they are that they can complete the following three actions: (a) go out and buy the correct anchor and tools to secure my furniture/TVs; (b) effectively install the anchor and secure the furniture/TV to the wall; and (c) repair the wall once I remove the anchor. Self-efficacy was relatively high for all three actions, with at least two-thirds of respondents indicating they would probably or definitely be confident in their ability to complete each (see Table 3.18).

**Table 3.18. Self-Efficacy in Ability to Anchor**

<b>Q33: How confident are you that you can complete each action below?</b>	<b>Definitely No/Probably No</b>	<b>Neutral</b>	<b>Probably Yes/Definitely Yes</b>
Q33A: Go out and buy the correct anchor and tools to secure my furniture/TVs.	11%	13%	76%
Q33B: Effectively install the anchor and secure the furniture/TV to the wall.	12%	13%	75%
Q33C: Repair the wall once I remove the anchor.	18%	15%	67%

### Behavioral Intentions (Q34)

Respondents' behavioral intentions were measured by asking respondents how likely they are to: (a) go out and buy anchors for their furniture and/or TVs; (b) install the anchors to their furniture and/or TVs; (c) consider talking to a friend or family member about anchoring furniture and/or TVs; (d) visit CPSC's *Anchor It!* website or social media pages to learn more; (e) research the types of anchors for their furniture and/or TVs; and (f) look up more information about anchoring furniture and/or TVs in the next few months.

Table 3.19 highlights the frequencies of respondents' behavioral intentions. One-fourth to a little more than one-third of respondents reported that they would definitely not, or probably not, take the listed actions related to anchoring. Of the list of actions, one stood out as being judged more likely to occur—about half of respondents (45%) did report that they would probably yes, or definitely yes, consider talking to a friend or family member about anchoring furniture and/or TVs.

**Table 3.19. Frequency of Behavioral Intentions**

<b>Q34: In the next few months, how likely is it that you will . . . ?</b>	<b>Definitely No/Probably No</b>	<b>Neutral</b>	<b>Probably Yes/Definitely Yes</b>	<b>N/A The furniture/TVs in my house are already anchored</b>
Q34A: Go out and buy anchors for your furniture/TVs	34%	22%	27%	16%
Q34B: Install the anchors to my furniture/TVs	32%	22%	29%	17%
Q34C: Consider talking to a friend or family member about anchoring furniture/TVs	26%	22%	45%	7%
Q34D: Visit CPSC's <i>Anchor It!</i> website or social media pages to learn more	37%	21%	33%	9%
Q34E: Research the types of anchors for your furniture/TVs	35%	19%	34%	13%
Q34F: Look up more information about anchoring furniture/TVs	34%	20%	34%	12%

## Intentions to Anchor in Relation to Tip-Over Experience

Table 3.20 highlights the frequencies of respondents' behavioral intentions in relation to respondents' experience with tip-over. Nearly half of all respondents who have experienced tip-over reported probably yes, or definitely yes, to all behavioral intentions to anchor. Furthermore, less than half of all respondents who have not experienced tip-over reported probably yes, or definitely yes, to all behavior intentions to anchor, indicating openness to anchoring.

**Table 3.20. Percent of Respondents Who Reported Probably Yes/Definitely Yes to Behavioral Intentions to Anchor in Relation to Tip-Over Experience**

Q34: In the next few months, how likely is it that you will . . . ?	Q35: Have you or someone you know ever experienced furniture and/or TV tip-over?		
	Yes, myself (n = 94)	Yes, someone I know (n = 92)	No (n = 400)
Q34A: Go out and buy anchors for your furniture/TVs	45%	41%	28%
Q34B: Install the anchors to my furniture/TVs	47%	48%	30%
Q34C: Consider talking to a friend or family member about anchoring furniture/TVs	68%	66%	47%
Q34D: Visit CPSC's <i>Anchor It!</i> website or social media pages to learn more	54%	52%	33%
Q34E: Research the types of anchors for your furniture/TVs	50%	52%	35%
Q34F: Look up more information about anchoring furniture/TVs	52%	49%	36%

## Conclusions and Discussion

The overarching goal of this study is to provide research-based recommendations on how to better target and educate parents and caregivers of young children about the importance of anchoring. This project sought to assess consumers' awareness, recognition, and behavior change as a result of the *Anchor It!* campaign; and to their assess knowledge, attitudes, and awareness around TV and/or furniture tip-over and anchoring. With these aims in mind, the results detailed in this report address several research questions, as detailed below.

### Awareness and Behavior (Q5 and Q6)

Related to high awareness of tip-over risks, most respondents (about three-fourths) reported that they have ever anchored their furniture or TVs. An encouraging finding was that more than one-fourth of respondents reported ever anchoring both their furniture and TVs. Among respondents who had not ever anchored both their furniture and TVs, but had anchored one of them, a higher percentage of respondents had ever anchored their furniture (21%), compared to respondents who had only anchored their TVs (13%). Potential reasons for this observation may be that respondents lack awareness of the need to anchor TVs; they

consider furniture tip-over to be more dangerous than TV tip-over; or they consider anchoring furniture to be easier than anchoring TVs. Future research would be necessary to investigate this. Just over one-fourth of the sample reported not anchoring at all.

More than one-third of respondents reported previously researching how to anchor furniture, and more than half reported that the internet was their main source of information. The CPSC, *Anchor It!* and SaferProducts.gov websites were not commonly visited sites for anchoring information, indicating that government agency websites are not a major source of anchoring information for parents and caregivers. However, more than one-fourth of respondents reported that they did see an ad, news story, or PSA about anchoring, which caused them to look for more information on how to anchor. This demonstrates that ads, news stories, and PSAs about anchoring that parents and caregivers see may influence them to take action and learn more about anchoring in their own homes.

### **Risk Severity (Q13 and Q14)**

The severity of risks associated with tip-over is commonly understood among respondents. The majority of respondents agree that unanchored furniture and TVs can tip over, and that tip-over can lead to injury or death. Overall, these findings showcase that parents and caregivers are generally aware that tip-over is possible and can cause serious injuries to children.

### **Risk Susceptibility (Q15, Q16, and Q18)**

Certain misconceptions may lead caregivers to believe that anchoring is unnecessary. A majority of respondents disagreed with the belief that anchoring furniture and/or TVs is unnecessary if you watch your children and that tip-over can only occur when children are climbing on furniture and/or TVs. This positive finding highlights that only a minority of caregivers endorse these misconceptions, and that most respondents may understand that tip-over can occur for multiple reasons. This understanding may lead the majority of respondents to take additional measures to prevent tip-over, such as anchoring their furniture and/or TVs.

A majority of respondents assessed that tip-over is very unlikely or unlikely to occur within their home. This could be because they do not acknowledge tip-over risks or that they have taken proper steps to anchor to prevent tip-over by anchoring.

### **General Tip-Over Awareness (Q4)**

The majority of respondents indicated that they have seen an advertisement, news story, or PSA about anchoring. Parents and caregivers reported encountering anchoring information in IKEA ads, IKEA lawsuits, TV commercials, news stories on local TV, warning labels, and personal stories on social media. The combination of these findings signals that there are numerous accessible outlets from which parents and caregivers are receiving anchoring information.

## Brand and Campaign Awareness (Q22 and Q26)

Nearly two-thirds of the respondents reported being aware of CPSC before this survey, although just over 10% were aware of the *Anchor It!* campaign. Respondents who are aware of CPSC and the *Anchor It!* campaign had a higher incidence of anchoring furniture than anchoring TVs. This particular finding indicates that respondents may prioritize anchoring furniture over TVs, or they may not be aware that they need to anchor their TVs to prevent tip-over.

## Campaign Assessment (Q31)

A little over 10 percent of respondents indicated awareness of the *Anchor It!* campaign, although only about one-third of them reported having seen or heard about it in the last 6 months. With such a small subsample recalling recent exposure to the *Anchor It!* campaign (a total of 28 respondents), the reliability of the campaign assessment data is limited, although the findings are encouraging. Three-fourths of these respondents agreed or strongly agreed that the advertisements they saw not only grabbed their attention, but also made anchoring seem like a smart option for them. This promising finding showcases that respondents who have come across *Anchor It!* advertisements had positive reactions and concluded that anchoring is a smart option for them.

Half of the respondents who have seen an *Anchor It!* advertisement indicated that they learned something new or different from the ad, and a majority agreed or strongly agreed that it made them want to find out more about anchoring furniture. A combination of these findings shows the potential that those who are seeing *Anchor It!* campaign materials are starting to think about anchoring if they previously had not.

## Beliefs about Benefits and Barriers (Q9, Q10, Q11, Q12)

The survey assessed respondents' agreement with a variety of beliefs about potential benefits of and motivations for anchoring, as well as barriers to anchoring. More than half of respondents reported that they anchor their furniture and/or TVs to protect their children and to ensure peace of mind, with the most important reason being protection of children. Together, both of these positive findings highlight that safety of children is of utmost importance to parents and caregivers.

More than one-fourth of respondents who had not anchored reported that they do not think they need to anchor and that they can watch their children instead to prevent tip-over. Some respondents seem to believe that anchoring furniture is irrelevant to them or unnecessary because they take proactive actions (e.g., watching children, not purchasing tall furniture or heavy TVs) to prevent tip-over. These findings show that the underlying reasons for respondents' lack of anchoring could be that they do not think tip-over is likely to happen to their children or that they personally have another way to prevent tip-over within the home (e.g., watch the child).

## Self-Efficacy

Nearly three-fourths of all respondents reported that they could probably or definitely complete all actions related to anchoring. However, respondents who had not anchored at all reported a lower self-efficacy (*i.e.*, confidence in going out and buying the correct anchor and tools to secure their furniture and/or TVs) for all anchoring actions, which may be contributing to their lack of action. Increasing self-efficacy among respondents who are not as confident in anchoring may reduce barriers to anchoring and increase anchoring behavior overall.

## Behavioral Intentions

For future behavioral intentions related to anchoring, more than one-fourth of respondents reported that they would probably not or definitely not complete the actions. However, just under half of respondents reported that they would probably or definitely consider talking to a friend or family member about anchoring. This finding demonstrates that parents and caregivers may feel more comfortable speaking to familiar and trusted people who have experience raising children before taking anchoring action. Therefore, encouraging caregivers to talk to each other about anchoring could be a potentially effective messaging approach.

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# Chapter 4: Return on Investment Analysis

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## Methodology

The return on investment (ROI) analysis used yearly tip-over injuries as the dependent variable and used the (log of) the U.S. population (as obtained from the Census Bureau's American Community Survey) for each year of data as an exposure factor, to result in the unconditional rate of tip-over injuries in the American population for each year. Independent variables were sequence of years over time and the *Anchor It!* campaign spending for each year. In this case, the sequence of years began with 0, as the earliest year observed in the data, and counted up from that base year.

This analysis evaluated the coefficient associated with *Anchor It!* campaign spending for each year on the rate of tip-over injuries. One key component of interpretation of this effect is that it reflects the impact of spend, as separated from the estimated downward-trending trajectory of injuries over time. This downward trend serves as a proxy for the reduction in exposure to CRT TVs that is naturally occurring over time, given that they are no longer sold in the retail market. Thus, this coefficient reflects the association between spending on tip-over injury rate.

## Findings and Implications

The findings from the ROI discussed in detail in [Appendix I](#) highlight that: (a) the *Anchor It!* campaign appears to reduce the amount of TV tip-over injuries; and (b) that more expenditure results in fewer injuries overall.

A key result from the ROI analysis is what is known as the *incidence rate ratio*. This estimate is a statistic that reflects the extent to which changes in a predictive factor, like expenditure on the *Anchor It!* Campaign, affect an outcome factor, such as TV tip-over injuries. As the name implies, the incidence rate ratio will describe the change in the incidence. The "incidence" is defined as "the rate or range of occurrence or influence of something, especially of something unwanted."<sup>15</sup> As applied to TV tip-overs, this is the rate of injuries in the United States population (all ages). The model described in the appendix shows that incidence rate of tip-over injuries decrease owing to increases in spend. Specifically, the model estimates that for every increase in \$100,000 of expenditure, the rate of tip-over injuries reduces by ~2 percent.

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<sup>15</sup> Obtained from dictionary.com.

To add more context to the incidence rate ratio, predicted effects of *Anchor It!* campaign expenditure are plotted below in Figure 4.1 for the first year of the campaign, 2015.

**Figure 4.1. Expenditure and Injuries**

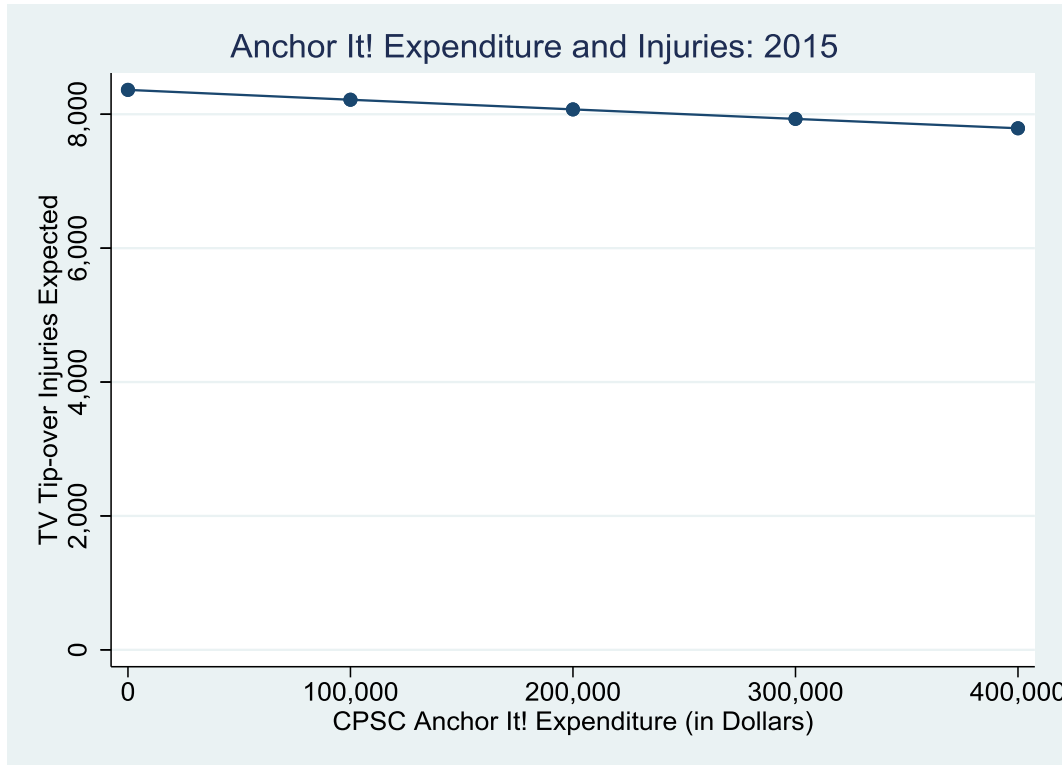


Figure 4.1 depicts expected numbers of injuries in 2015, at different levels of *Anchor It!* expenditure. At the far left, the expected number of injuries total in the United States if there were no expenditure on the *Anchor It!* campaign would be nearly 8,400 injuries. To see how the incidence rate plays into this computation, the model predicts that an increase of \$100,000 in expenditure reduces the number of injuries to nearly 8,200, or about 2 percent.<sup>16</sup> Similarly, increasing spending by \$200,000 results in nearly 8,100 injuries, or a 2 percent squared, or 4 percent decrease.<sup>17</sup>

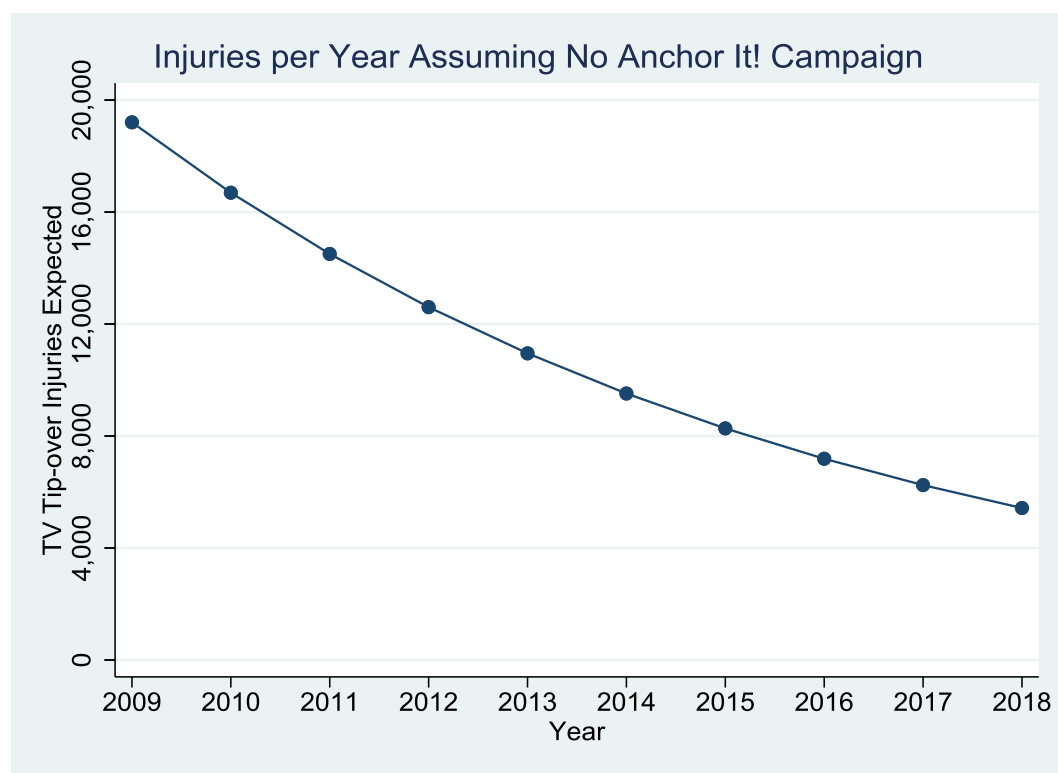
The effect of expenditure does show an apparent effect of the *Anchor It!* campaign on injuries, but it is critical to put this effect into context. Because CRT TVs are no longer on the retail market, exposure to them has been declining, which is likely one potential reason for the declines in the number of TV tip-over injuries observed since 2010. An attempt to separate out the “natural” decline in TV tip-over injuries owing to reduced exposure from

<sup>16</sup> 8,200 / 8,400 is approximately 98% or a 2% decrease.

<sup>17</sup> 8,100 / 8,400 is approximately 96% or a 2<sup>2</sup>% or 4% decrease.

CRT TVs from the effect of expenditure is featured in [Appendix I](#). A “natural” decline effect was estimated using the data. Figure 4.2 below, depicts the effect beginning in 2009, assuming an expenditure level of \$0. This model of TV tip-over injuries is based on a Poisson regression, is logarithmic in functional form, and the effect is expected to taper off over time (i.e., reach an asymptote, rather than go towards zero).

**Figure 4.2. Assumption of No Campaign**



The trend outlined in Figure 4.2 is intended to show the predicted trajectory in TV tip-over injuries that would be expected if there was no *Anchor It!* campaign. Clearly, the “natural” rate of reductions is substantial over time. However, expenditure did have an apparent effect on top of the “natural” reduction effect, and its effect appeared to reduce injuries more swiftly than the “natural” rate of reductions alone.

Although the results of this analysis are not statistically significant, they are promising. Findings highlight that campaign spend over the last 5 years appears to have positively impacted the number of tip-over-related injuries and deaths. Although the reduction in tip-over injuries cannot be attributed solely to the campaign (due to limited data, as well as other potential external factors, such as reduction in CRT TV sales), these findings do underscore that the implementation of the campaign has likely been beneficial.

## Limitations

The most commonly reported criterion for the usefulness of a statistical effect is its statistical significance. By this standard, the effect of *Anchor It!* expenditure was not “useful.” Statistical significance is strongly affected by the number of observations available in an analysis. Only 10 observations/years of data were available for the analysis (*i.e.*, 2009–2018), which is a powerful constraint on both the likelihood of inferring a statistically significant effect, as well as the number of covariates that can be included in the model. It is important to note that despite the non-significant effect, other metrics less sensitive to sample size showed that expenditure is improved fit to the data ([see Appendix I](#)).

As noted, estimates were calculated for the “natural” decline in TV tip-over injuries, as separated from expenditure, given the data (*i.e.*, as a proxy effect; see [Appendix I](#)). A better estimate for the “natural” reduction effect would be to include an estimate of the number of CRT TVs that are in use in the United States for each year from 2009–2018. Obtaining a yearly number of in-use CRT TVs in the United States would permit a more accurate estimate of the “natural” effect we have approximated using a calendar year.

A final limitation for this analysis is the frequency of the available data. Expanding the results sub-yearly to characterize the effect of TV tip-over injuries by month, for instance, would permit the estimation of standard time series results, such as autocorrelation or moving average statistics, and would allow for estimating lagged effects of expenditure over time. These kinds of results would permit a more nuanced characterization of how long spend takes to affect TV tip-over injuries and more precise estimates of the magnitude of the effect broadly.

## Recommendations

To assess the ROI of the campaign more effectively in the future, it would be beneficial to implement a monthly tip-over reporting system that tracks injuries and deaths as a result of tip-over. As mentioned, only yearly data were available, which limited the ability to assess major trends. Additionally, to complement monthly tip-over data, monthly spend and impression data would also be beneficial to track. It is important to have both variables being tracked in the same intervals, to ensure an adequate comparison. Finally, tracking data points for CRT TVs would be beneficial in assessing what effect CRT TV use had on tip-over data. With only one data point (when the TVs stopped being manufactured), it is hard to understand the full relationship among the variables.

# Chapter 5: Communication Plan and Strategy

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## Introduction

FMG's evaluation revealed many salient insights into how consumers process and recognize information related to the *Anchor It!* campaign, as well as the harms associated with furniture and TV tip-over. From these evaluation findings, FMG developed specific strategic communication recommendations that may bolster the effectiveness of the campaign and more efficiently leverage campaign funding in areas and activities that seem to affect target audiences the most. Below, we reiterate key findings from the evaluation about consumer awareness, recognition, and behavior change as a result of the *Anchor It!* campaign, along with findings assessing consumers' knowledge, attitudes, and awareness about TV and/or furniture tip-over and anchoring. For each of these findings, we have proposed a specific high-level communication recommendation for the CPSC's consideration to meet the goal of targeting and educating parents and caregivers about the importance of anchoring.

Additionally, looking at all the evaluation findings in aggregate, FMG has also proposed more strategic recommendations related to the overarching direction of the *Anchor It!* campaign. These recommendations address both gaps and opportunities uncovered by the overall evaluation.

## Communications Recommendations Directed by Evaluation Findings

**Finding:** More than one-fourth of respondents reported anchoring their furniture and TVs. Among respondents who do not anchor both their furniture and TVs, but anchor one of them, a higher percentage of respondents anchor their furniture (21%), compared to respondents who only anchor their TVs (13%). On the other hand, just over one-fourth of the sample reported not anchoring at all.

**Recommendation:** These findings signal the need to increase awareness of anchoring among parents and caregivers to grow the overall population of individuals who choose to anchor furniture. In addition, a significantly higher percentage of homeowners reported anchoring both furniture and TVs compared to renters. This finding adds to the need to focus education efforts specifically on **parents and caregivers who rent** their home to prevent tip-over.

**Finding:** As hypothesized, a higher proportion of respondents who reported that they have been exposed to anchoring information also reported having anchored their furniture or both their furniture and TVs, than those who have not been exposed to anchoring information. Conversely, a larger proportion of respondents who had not been exposed to anchoring information, reported that they had neither anchored their TVs, nor their furniture.

**Recommendation:** This collection of findings suggests that exposure to tip-over information could increase knowledge about the dangers of not anchoring, which in turn, leads parents and caregivers to take action by anchoring their furniture and/or TVs. Therefore, **increasing parents and caregivers' likelihood of encountering tip-over information**, through any means, could meaningfully increase the frequency of the target population's anchoring behavior.

**Finding:** Nearly two-thirds of the respondents reported being aware of CPSC before this survey; although just over 10 percent reported being aware of the *Anchor It!* campaign. In addition, a larger proportion of those who are aware of CPSC and the *Anchor It!* campaign reported anchoring, compared to those who were not aware, indicating a potential positive relationship between awareness of CPSC/*Anchor It!* and desired anchoring behavior. However, this evaluation cannot determine the causal direction of that relationship. More specifically, respondents who are aware of CPSC and the *Anchor It!* campaign had a higher incidence of anchoring furniture than anchoring TVs.

**Recommendation:** This particular finding indicates that respondents may prioritize anchoring furniture over TVs, or that they may not be aware that they need to anchor their TVs to prevent tip-over. We recommend specifically addressing these findings to develop future *Anchor It!* campaign materials, by **developing messaging about TVs** to correct this lack of awareness among consumers.

**Finding:** A little more than 10 percent of respondents indicated awareness of the *Anchor It!* Campaign, although only about one-third of them reported having seen or heard about it in the last 6 months. Three-fourths of respondents agreed or strongly agreed that the advertisements they saw not only grabbed their attention, but also made anchoring seem like a smart option for them. This promising finding showcases that respondents who had come across *Anchor It!* advertisements had positive reactions and concluded that anchoring is something they see themselves doing. Half of the respondents who have seen an *Anchor It!* advertisement indicated that they learned something new or different from the ad, and a majority agreed or strongly agreed that the ads made them want to find out more about anchoring furniture. These findings show the potential that those who are seeing *Anchor It!* campaign materials are starting to think about anchoring if they previously had not.

**Recommendation:** We recommend working to ensure that the *Anchor It!* campaign messages and materials are **exposed to an even greater audience** to continue to impact parents and caregivers' anchoring behaviors. This could include making more CPSC subject matter experts available to the media to spread evaluation-driven guidelines and recommendations to the public, while simultaneously increasing the presence of CPSC.

**Finding:** FMG's survey assessed respondents' agreement with a variety of beliefs about potential benefits of and motivations for anchoring and their beliefs about barriers to anchoring. More than half of respondents reported that they anchor their furniture and/or TVs to protect their children and to ensure peace of mind, with the most important reason being protection of children. Together, these positive findings highlight that children's safety is of the utmost importance to parents and caregivers.

**Recommendation:** Educational messaging should emphasize the benefit of **protecting children to ensure peace of mind**, while encouraging parents and caregivers to learn more and take action.

**Finding:** Nearly three-fourths of all respondents reported that they could probably or definitely complete all actions related to anchoring. However, respondents who do not anchor at all reported a lower self-efficacy (*i.e.*, confidence in their own ability to go out and buy the correct anchor and tools to secure their furniture/TVs) for all anchoring actions, which may be contributing to their lack of action. Increasing self-efficacy among respondents who are not as confident about anchoring may reduce barriers to anchoring and increase anchoring behavior overall.

**Recommendation:** Messaging and resources should **provide specific guidance and instructions** that speak to this audience segment who reported low self-efficacy, including demonstrations of how easy it is to anchor and step-by-step instructions on how to repair a wall once an anchor is removed. FMG recommends testing current directional videos and instructions with consumers to ensure that consumers understand and know how to take action after watching or reading.

**Finding:** As FMG hypothesized, respondents' agreement with risk-susceptibility statements positively correlated with all behavioral intentions, indicating that tip-over-risk awareness is an important component in driving behavior. In addition, respondents' agreement with the ideas that furniture does not need to be anchored if you watch your child, and that tip-over only occurs when children are climbing on furniture negatively correlated with behavioral intentions.

**Recommendation:** **Addressing and changing these misconceptions** through messages and materials could meaningfully change non-anchoring respondents' behavioral intentions.

## Strategic Recommendations for the *Anchor It!* Campaign

FMG offers the following strategic communications planning recommendations, including strategies and example tactics. These recommendations will help inform the overall direction and future growth of the *Anchor It!* campaign and address major gaps and opportunities for targeting parents and caregivers of young children about the importance of anchoring.

### Strategy: Transition from Awareness Messaging to Attitudinal Targeting

FMG's evaluation of the *Anchor It!* campaign revealed insights into the knowledge, attitudes, and awareness of CPSC's target audience (parents and caregivers of young children). We recommend a transition from the more general awareness messaging featured in many of the campaign's existing materials to an attitudinal targeting approach—meeting consumers where they are. Additionally, based on FMG's evaluation findings, we recommend speaking to the current beliefs, attitudes, and behaviors of specific segments of consumers.

#### Tactics:

1. Use tailored messaging based on audience attitudes to target key audience segments.
  - i. Drawing from the audience insights in the campaign evaluation, we propose that *Anchor It!* campaign messaging be tailored to address key attitudes of specific audience segments. For example, FMG's evaluation found that parents are more likely to report anchoring both furniture and TVs or just TVs, and caregivers are more likely to report anchoring only furniture. Furthermore, a higher percentage of caregivers reported not anchoring at all. We can conclude, then, that caregivers are most likely not aware of the importance of anchoring TVs, and of anchoring in general, compared to parents, making a case for **developing messages aimed at caregivers, tailoring the message to persuade them to anchor TVs *and* furniture**. For another example, three-fourths of survey respondents reported they had anchored furniture and/or TVs (and more than one-fourth had done both). Respondents reported that protecting children and creating peace of mind were the main reasons for deciding to anchor. We recommend that CPSC develop a suite of campaign materials across their website, Facebook, Twitter, and Instagram accounts featuring messaging appeals that speak specifically to the preeminent motivation parents and caregivers reported for anchoring: keeping children safe. Messaging should clearly feature the correlation between the behavior of anchoring furniture and/or TVs, and this strong motivation among parents and caregivers to keep their children safe. “Get

on Top of it Before They Do,” a prominent message of the *Anchor It!* campaign, is reflected in an array of CPSC materials across various platforms. It is also currently featured in a lightbox on the *Anchor It!* website and is very clear about the risk of tip-over that can result from not anchoring furniture and/or TVs. However, messages paired with calls to action (CTA), emphasizing that anchoring is an action parents and caregivers can take to protect children, would promote higher levels of engagement with those *Anchor It!* campaign materials.

2. Test, revise and promote CPSC’s “How to Anchor It” video, hosted on [YouTube](#) and on the [Anchor It! website](#), on CPSC’s Facebook, Twitter, and Instagram accounts.

i. The evaluation found that the self-efficacy of those who had not anchored furniture and/or TVs was lower than those who had. We recommend that CPSC prioritize the promotion of existing educational materials like the “How to Anchor It” video, a piece of content that would address the lack of confidence these consumers have about their ability to anchor. We propose first testing the materials via focus groups to obtain audience feedback and insight. By understanding how consumers process the information included in the materials, in addition to garnering their perceptions and opinions on the material, we can assess whether it is necessary to refine or enhance the materials. Should the materials need updating, we would first make any necessary edits, and then promote the materials more widely. **Leveraging our findings from testing the existing materials**, we would also recommend that CPSC create future campaign materials that speak directly to this audience segment that reports that they do not anchor at all. This would encourage behavior change through attempts to shift these consumers toward believing in their own capacity to anchor TVs and furniture successfully. These materials should feature appeals that empower parents or caregivers who feel low self-efficacy with comprehensive “how-to” demonstrations. These demonstrations could walk them through the tools required for anchoring, the stages of anchoring TVs and/or furniture to a wall, methods for removing an anchor, and repairing a wall once an anchor is removed.

### Strategy: Make CTAs More Specific

Behavior change occurs most readily when messaging is as direct and specific as possible. CTA should also clearly articulate the requested action (*i.e.*, what are we asking people to *do*?) We recommend that the *Anchor It!* campaign develops all future messaging around explicit and prominently featured CTAs. This strategy will increase the chances that CPSC’s intended audience will engage with the campaign’s messaging in exactly the way intended. At present, many *Anchor It!* materials contain either an implicit CTA, or none at all, and the

CTAs that are featured are often not displayed as conspicuously as they could be to increase user engagement.

#### Tactics:

1. Ensure all future *Anchor It!* materials contain a specific, behavioral-based CTA.
  - i. We also recommend making CTAs as direct as possible and ensure that CTA buttons are positioned onscreen to make it as easy as possible for users to click them. For example, CPSC could make the CTA in the description of [this video](#) on YouTube, “Shane,” more specific. An effective CTA in the description field for this content could read: “To learn how to anchor your TVs and furniture, [click here](#),” linking viewers to the how-to instructions page of the *Anchor It!* website. This could encourage viewers to feel moved enough to learn how to anchor TVs and/or furniture themselves. CPSC has another opportunity to include specific CTAs in YouTube videos: creating end screens for all *Anchor It!* videos that use specific CTAs, **giving viewers more opportunities to engage with linked content**.
2. Build from specific audience segments and behaviors to develop CTAs for future *Anchor It!* campaign content.
  - i. FMG’s evaluation found that respondents may prioritize anchoring furniture over TVs or that they may not be aware that they need to anchor their TVs to prevent tip-over. We recommend that the *Anchor It!* campaign creates **content that includes CTAs targeting evaluation insights**, such as a video that addresses this gap in consumers’ knowledge about anchoring TVs. CPSC could then promote this video across its digital platforms with an engaging CTA button, such as “Did you know it’s important to anchor TVs? Learn why!”

#### Strategy: Employ Testimonials

Sharing true-life stories from parents and caregivers about their real experiences with tip-over and anchoring TVs and furniture would be an effective way to extend the *Anchor It!* campaign’s reach. With just under half of survey respondents reporting that they would probably or definitely consider talking to a friend or family member about anchoring, parents and caregivers may feel a higher level of trust and comfort hearing from other parents and caregivers who, like them, are doing the best they can to take care of small children.

#### Tactics:

1. Promote existing *Anchor It!* testimonial content widely.

i. We recommend CPSC promotes existing testimonial content across the agency's Facebook, Twitter, and Instagram accounts, such as this: "[Furniture Tip-over Tragedies](#)" video featured on the *Anchor It!* website and YouTube account. Guide users to click testimonial video links like this one, with **succinct messaging in each social media post that uses pathos** to underscore the intended effect of these testimonials. This pathway convinces people that these accidents can happen to them too.

2. Create new social media and web content that addresses FMG's finding about the lack of risk perception among people without personal tip-over experience.

i. Evaluation findings highlighted that those who had personal experiences with tip-over, or who know someone who has experienced tip-over, were more likely to perceive risks associated with tip-over, and thus, be more likely to anchor TVs and/or furniture. To address the challenge of **getting people to understand the severity of tip-over risks before having personal experiences**, we recommend creating materials containing messaging that explicitly addresses this attitude, such as a video testimonial titled, "I Thought it Couldn't Happen to Me," or "Don't Wait Until It's Too Late."

### Strategy: Leverage Partnerships

We recommend that CPSC pursue a wider range of partnerships as a way to augment the reach of the *Anchor It!* Campaign, without requiring a high level of effort or investment. More than one-third of survey respondents had previously researched how to anchor (mainly online, but not using government websites). More than a quarter of respondents reported that seeing an advertisement, news story, or PSA was what made them seek information about anchoring TVs and/or furniture. Collaborating with industry, government, and consumer stakeholders would be a valuable way to amplify CPSC's message about the risk of tip-over.

#### Tactics:

1. Use CPSC's social media channels to develop meaningful relationships with existing and potential partners.

i. Form mutually beneficial partnerships with other stakeholders who want to decrease deaths and injuries due to TV and/or furniture tip-over. This could be accomplished by interacting publicly and privately with targeted partners on social media (e.g., retweeting others' content, asking them to retweet or share *Anchor It!* content, tagging a partner in a post, co-authoring a thought-leadership piece on

CPSC’s website, or promoting and/or participating in relevant Twitter chats). Partnering with other government agencies, businesses, consumers, and trade associations across social media platforms **could produce huge gains in digital promotion of the *Anchor It!* campaign**. Specifically, IKEA could be a particularly effective industry partner to begin connecting with on CPSC’s social media channels, given the high amount of media attention and public interest in furniture tip-over lawsuits regarding IKEA products in recent years. A deepened partnership between CPSC and IKEA, focusing on the *Anchor It!* Campaign, could yield numerous mutually beneficial results and go a long way toward the goal of this campaign: reducing tip-over deaths and accidents among young children.

2. Partner with organizations that caregivers already trust to amplify campaign reach.

i. Results from the evaluation illustrate that **partnering with organizations that parents and caregivers already listen to and trust** follow routinely, would be a useful strategy for getting the *Anchor It!* message out to more people. FMG recommends CPSC take advantage of this low-cost approach to increase parents and caregivers’ likelihood of encountering tip-over information. Our evaluation highlights that encountering tip-over information through any means could meaningfully increase the frequency of the target population’s anchoring behavior. Organizations to target for partnership opportunities could include popular parenting podcasts, mommy blogs, state education departments, childcare provider associations and licensing boards, health insurers, pediatric trade associations, publications for expecting parents, state public health departments, and state child protective agencies. CPSC could develop tool kits of communications materials to tightly targeted messaging, such as “Anchoring 101” or “How to Anchor TVs and Furniture: 6 Easy Steps,” and disseminate the materials to partner organizations. A specific example of this tactic could entail building a relationship with the [American Academy of Pediatrics \(AAP\)](#), which boasts a membership of 67,000 pediatricians across the United States. Such a partnership could create mutually beneficial opportunities, such as CPSC sharing *Anchor It!* brochures targeted to parents of young children. In turn, AAP could cover the printing and distribution costs of disseminating a brochure to its member pediatricians’ offices.

### Strategy: Amplify Campaign Reach Via Existing Channels

FMG’s evaluation found that a higher proportion of survey respondents who have been exposed to anchoring information also reported having anchored their furniture or having anchored both furniture and TVs. Conversely, a larger proportion of respondents who had not been exposed to anchoring information reported that they had neither anchored their

TVs, nor their furniture. These findings further support the hypothesis that exposure to tip-over information could increase knowledge about the dangers of not anchoring, which in turn, leads parents and caregivers to take action by anchoring their furniture and/or TVs. We recommend that CPSC use its existing digital channels to promote more *Anchor It!* content, thus increasing consumers' exposure to tip-over information and driving positive behavior change.

#### **Tactics:**

1. Capitalize on the media attention and high engagement rates garnered by CPSC's Twitter and Facebook accounts.

i. Increase the frequency of *Anchor It!* posts on CPSC's **Twitter account to capitalize on CPSC's large following on these channels**. [Posts like this one](#) hugely increase the number of consumers who are exposed to *Anchor It!* messaging, thus increasing the likelihood that parents and caregivers who aren't currently anchoring or who aren't aware of tip-over risks connect with this vital information.

2. Feature *Anchor It!* more prominently on CPSC's website.

i. There are many opportunities to boost engagement with important *Anchor It!* messages by **giving the campaign more valuable real estate on CPSC's website**. For example, CPSC could run a lightbox during a relevant upcoming safety observance week containing a specific CTA outlining a specific way they want users to engage with linked *Anchor It!* materials. CPSC could also link to the *Anchor It!* site and/or social media channels in the agency's relevant recall notices, [like this one](#).

## Chapter 6. Future Research

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### Enhancing Audience Understanding

Survey results highlight that different subpopulations (e.g., parents vs. caregivers, those who have experienced tip-over vs. those who have not, homeowners vs. renters, those who anchor furniture and TVs vs. those who do not) have varying degrees of knowledge, awareness, and behaviors associated with anchoring furniture. Understanding how to target and appeal to these various subpopulations with tailored, nuanced messaging strategies is important for campaign success. Conducting a follow-up study that involves focus groups with various segments will provide insight into the best way to communicate with them. Additionally, focus groups will allow more in-depth discussion about why individuals might have particular beliefs about certain topics (including where and how they are developing misperceptions). Findings from focus groups can help inform future messaging development and strategy.

### Expanding Current Research: Evaluating the Spanish Materials of the *Anchor It!* Campaign

Although the current research effort primarily sought to evaluate the English components of the *Anchor It!* campaign and its associated materials, it is also important to ensure that the campaign is reaching all audiences. Although a small subsection of survey respondents reported speaking Spanish, the survey was primarily focused on English speakers. As such, it would be beneficial to conduct future research among Spanish speakers, as it is essential to ensure these materials are resonating with this audience. It is recommended that another evaluation be conducted of Spanish materials to assess their effectiveness. This evaluation would closely mimic the evaluation we are conducting for the English version of the *Anchor It!* campaign, but with an emphasis on cultural sensitivity. The evaluation would include a communications audit of existing materials, a survey with the population of interest, and a communications strategy and plan that will provide recommendations for effectively disseminating the campaign to Spanish-speaking audiences.

### Further Understanding CPSC Awareness: Conducting Additional Survey Assessment

Per survey findings, although consumer knowledge of CPSC is higher than knowledge of the campaign, overall awareness is still relatively low. As such, it is important to ensure that the information CPSC disseminates to the public is being received and attended to by consumers, particularly information about product recalls, warning labels, and other pertinent product safety information. To assess overall knowledge and awareness of CPSC, we recommend conducting a national survey, which will allow for obtaining a broad range of perspectives and

opinions on CPSC and their objectives. This survey would seek to investigate constructs, such as what consumers know about CPSC and the topic areas CPSC covers; how consumers obtain information from CPSC; and overall perceptions of CPSC. Findings from this survey can help inform CPSC of knowledge gaps and help provide insight into improving agency awareness and information dissemination in the future.

### **Applying Strategies from Evaluation: Evaluating the *Pool Safely* Campaign**

Methodology implemented to evaluate the *Anchor It!* campaign can be easily translated to other important CPSC topic areas. With drowning identified as the leading cause of unintentional death in children ages 1–4, it is imperative to ensure that these efforts to reduce incidences are effective. Evaluations are an important tool in measuring campaign success. By conducting an evaluation of the *Pool Safely* Campaign, ways in which the campaign can be strengthened and executed can be identified. Recommended steps include evaluating consumer recognition of the campaign, consumer comprehension of risks, and consumer behavior and attitude change as a result of exposure to the campaign. By first conducting a communications audit of existing campaign materials, the current state of campaign communication tools, methods, and practices can be understood better. Additionally, following the methodology of this evaluation, it would be beneficial to conduct key stakeholder interviews (with CPSC personnel and campaign partners) to understand perspectives of the campaign, strategies, marketing tactics, and challenges and opportunities. Because partners play a pivotal role in disseminating the campaign, understanding their viewpoints (particularly challenges and barriers) will be an important component of these stakeholder interviews. Similarly, the next step would be conducting a survey to assess the public's knowledge, attitudes, awareness, and behaviors associated with pool safety and the campaign. Finally, conducting a return on investment (ROI) analysis will help identify, track, and evaluate key performance indicators, and ultimately assist CPSC in making informed marketing and outreach decisions. Upon completing all phases of this project, a communications plan and strategy would also be developed for the *Pool Safely* campaign, which would include recommendations for future outreach.

# Appendices

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## Appendix A: CPSC Stakeholder Discussion Guide

**Research Objective:** Conduct interviews with CPSC stakeholders to understand staff members' knowledge of and perspectives on the strategic vision, goal, and development of the "Anchor It!" campaign. These interviews will seek to explore: staff knowledge, attitudes, and beliefs (KAB) associated with the campaign (Section II), KABs associated with communication channels and methods employed to reach prospective partners and target audiences (Section III), and look into the future of the campaign (Section IV). Total discussion time 30 minutes.

### NOTES TO REVIEWER

This discussion guide is not a script, and therefore, it will not be read verbatim. The moderator will use these questions as a roadmap and probe, as needed, to maintain the natural flow of conversation.

Interviewer instructions and review notes are highlighted in yellow.

### Session Overview:

#### Section I: Introduction and Warm-Up (4 min)

The Interviewer will explain the purpose of the research, present the ground rules, allow the participant to ask any questions, and get to know the participant.

#### Section II: KABs Associated with the Campaign (5-8 min)

The purpose of this section is to understand the current knowledge, attitudes, and beliefs that CPSC stakeholders have regarding the Anchor It! Campaign.

#### Section III: KABs Associated with Campaign Communication (5-8 min)

The purpose of this section is to understand the knowledge, attitudes, and beliefs that CPSC stakeholders have regarding modes of communication within the campaign.

#### Section IV: Future of the Campaign (5-8 min)

The purpose of this section is to assess how participants perceive the future direction of the campaign, including research strategies and communication methods.

#### Section V: Conclusion (2 min)

The interviewer wraps up discussion and ensures that all questions have been answered and all comments have been heard.

## Section I: Introduction and Warm Up (3 minutes)

(Interviewer introduces self and reviews ground rules with the participant)

- Thank you for meeting with me today. My name is \_\_\_\_\_, and I work for Fors Marsh Group. We are a private research firm, and we've been contracted by CPSC to conduct stakeholder interviews.
- The purpose of our discussion is to learn about your experiences with CPSC's Anchor It! campaign, as well as your perceptions of its messaging and communication strategies. Ultimately, our goal is to use stakeholder input to assist in a larger communication audit of the Anchor It! campaign.

Before we begin, I want to go over a couple of things:

- Your participation is voluntary, and you have the right to withdraw from the study at any time. If I ask any questions you do not wish to answer, you do not have to respond.
- There are no wrong answers here—we just want to know what you think. I do not work for CPSC or any other governmental agency; so I invite you to share openly your thoughts and perceptions with me.
- If it's ok with you, I'd like to audio-record our conversation. The recordings will only be used to confirm our notes and allow us to revisit this conversation. Additional project staff may hear the tapes at a later date. However, your name and personal information will be removed from any quotes and will not be used in any of our reports. May I start recording now?
- Our discussion today should take around 30 minutes.
- Do you have any questions before we begin?

Okay, great! Why don't we start with you telling me a little bit about yourself?

- What is your current position or affiliation with the Consumer Product Safety Commission? How did you get involved?
- *(If not covered in answer to first questions)*: Can you tell me a little bit about your relationship with the campaign? What role have you played in the campaign?

Thank you. I'm pleased to meet you, and I appreciate your participation!

## Section II: KAB Associated with the Campaign (5–8 minutes)

We'll start off talking about your knowledge and perceptions of the campaign, and then we'll go into more specifics regarding modes of communication of campaign materials, as well as the future directions of the campaign.

1. In your own words, could you describe the goal of the campaign?
2. What is/are the behavior(s) or issue(s) that the campaign is trying to change?
3. *(If does not state in response to goal)*: What is the long-term outcome that this campaign is seeking to achieve?
4. Since the campaign launch, what activities or efforts do you think have been the most effective toward reaching this goal?
  - a. Why?  
*(Probe on specific efforts they mentioned)*: What about (x) was effective?
  - b. What activities or efforts do you think have been the least effective?
    - i. Why? What about them was ineffective?
5. Are there any marketing strategies or tactics you've used in other campaigns you've worked on that you have not implemented in this campaign, but that have been successful? In other words, what past successes have you had on other campaigns?
6. Are there campaign partners or partnerships that have been effective toward reaching the goal?
  - a. Which ones and why?
  - b. Have any been not as effective? What is less effective about these?
7. What do you think are the major challenges or barriers that CPSC faces in implementing the campaign?
  - a. Why?
8. Who is the campaign targeting?
  - a. How would you describe the target audience or audiences of the campaign?
  - b. Why are these the target audiences?
  - c. Is there any audience that the campaign is not targeting that you think it should target?

9. Do you perceive there to be any competitors in the topic area of this campaign?
  - a. If so, who?
10. Has the campaign itself changed over time?
  - a. If yes, how has it changed?
  - b. If no, should it be evolving? How so? What do you think should be different?
11. Do you think consumer perception of the campaign has changed over time?
  - a. How so?
12. What are the barriers for consumers in recognizing or being familiar with the campaign?
  - a. Why?
  - b. *(If not answered in previous response)* What about in implementing the campaign objectives, such as anchoring furniture)?

Great! Thank you for openly sharing your insights and experiences.

### Section III: KABs Associated with Campaign Communication (5–8 minutes)

Now, I would like to dive into some specifics about how the campaign was developed. First we'll discuss materials and communication channels, and then talk about campaign messaging.

1. As far as you know, what audience research was conducted prior to campaign launch?
 

*(If participant has been directly involved in the campaign since the launch):* Were messages or materials pre-tested?

  - a. If yes, how so? With what audiences?
2. *(If participant has been directly involved in the campaign since the launch):* How have you typically decided what communication materials to develop for this campaign?
  - a. Have you been involved in this development, or do you know people who have been involved?
3. Since the launch, which campaign communication materials or products do you think have been the most effective toward reaching the goal of the campaign?
  - a. Which do you think have been the least effective?
  - b. Are any of these materials ones you think would be particularly useful for us to look over? If so, would you be able to send those to us?

4. I'd now like to talk about the effectiveness of the channels used to distribute these materials, as well as their effectiveness in reaching the target audience. How did you *(or, if not directly involved)* how did they decide which channels to use to distribute these materials?
  - a. Which channels do you think have been most effective
    - i. Why? What was most effective about them?
  - b. Which channels do you think have been least effective?
  - c. Why? What was least effective about them?
5. Thinking about actual messaging now, which campaign messages do you think have been the most effective in achieving the goal of the campaign? *(interviewer may need to give examples to define for participant what is meant by messaging)*
  - a. The least?
6. How do you think these messages resonate with the target audience?
  - a. How do you think the audience digests the messages?

#### Section IV: Future of the Campaign (5–8 minutes)

Now, I would like to spend our remaining time together talking about the future of the Anchor It! campaign.

1. Looking to the future, do you think that the campaign should be focusing on different target audiences?
  - a. If yes, why? Which audiences?
  - b. If no, why not?
2. What impact would conducting more research on the target audience have? Is more research needed?
  - a. What about the behaviors of the target audience?
3. Do you think that the campaign should be delivering different messages?
  - a. If yes, why? What messages?
  - b. If no, why not?
4. Do you think the campaign should be using different communication channels to deliver these messages?
  - a. If yes, why? Which channels?
  - b. If no, why not?

5. What about partnerships? Do you think the campaign should be partnering with different types of organizations?
  - a. If yes, why? Which ones?
  - b. If not, why not?

### **Section V: Conclusion (2 minutes)**

Thank you very much for participating in this interview. I appreciate you sharing your time and valuable feedback. Is there anything that you would like to share that you didn't have the chance to share yet?

## Appendix B: Stakeholder Interview Summary Memo

Consumer Product Safety Commission (CPSC)

Anchor It! Campaign Evaluation

Stakeholder Interviews

Summary Memo

June 18, 2018

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**Purpose:** *Fors Marsh Group (FMG) recently conducted interviews with stakeholders who have experience working on the Consumer Product Safety Commission's (CPSC) Anchor It! campaign. The purpose of these interviews was to understand current staff members' and affiliates' perspectives on the strategic vision, goal, and development of the campaign, as well as challenges, barriers, and future opportunities. The results of this research will accompany a larger communications audit of campaign materials. Ultimately, the research will inform the development of a logic model and survey instrument to further assess the current reach and impact of the campaign, as well as provide information regarding ways to enhance the campaign in the future. This memo outlines the methodology and key themes from the discussions.*

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### Methodology

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FMG conducted a series of discussions with 13 CPAC stakeholders. All interviews were conducted via phone. Given the range of roles among the stakeholders interviewed, not all questions applied to every stakeholder. Interviews lasted approximately 30 minutes and were fielded from June 4, 2018 to June 7, 2018.

Name	Position Title
Carla Coolman	Public Affairs Specialist, Spanish Liaison
Scott Wolfson	Former Director, Office of Communications
Patty Davis	Deputy Director, Office of Communications

Arthur Lee	Electrical Engineer
Carol Cave	Deputy Director, Compliance
Ann Marie Buerkle	Acting Chairman, CPSC
Elliot Kaye	Commissioner, CPSC
Kim Dulic	Former Public Affairs Specialist, Anchor It Campaign Lead
Michael Taylor	Mechanical Engineer
Hope Nesteruk	General Engineer, CPSC
Robert Adler	Commissioner, CPSC
Cathy Kim	Public Affairs Specialist, Anchor It Lead
Kristen Talcott	Engineering Psychologist

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### **Taking the Next Step: Moving the Audience from Awareness to Action**

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During interviews, when participants were asked to identify the goal of the campaign, most reported that it is to raise awareness and educate the public on the risks associated with furniture tip-over. A few participants took it a step further, reporting that the ultimate goal of the campaign is to prevent death and reduce injury associated with furniture tip-over. They reported that the steps to prevent death and reduce injury include anchoring furniture to the wall. Participants were also largely able to identify the target audience(s) of the Anchor It! campaign, with a few slight variations. Some participants identified parents as the primary audience, while some participants extended the description to include grandparents and caregivers of young children. Still, a few participants reported that the campaign targets consumers in a more general sense. Notwithstanding the difference in describing the primary audience, a common theme in describing the target audience descriptions was that most participants defined target consumers as those who have some interaction with young children regularly or semi-regularly.

A primary component of this campaign, as one stakeholder pointed out, is that the campaign actually includes a “call-to-action” component, encouraging the target audience to change their behavior. However, the idea of taking action often was reported by participants to be a major barrier facing the campaign. Participants reported that, because furniture tip-over is a “hidden hazard,” consumers are typically unaware of the issue until it is too late. Consumers, parents in particular, have numerous priorities competing for attention during their daily lives (e.g., other safety precautions, other daily activities, or even just trying to put food on the table). Ultimately, furniture tip-over is not something that is on the forefront of their minds.

Additionally, as one participant pointed out, there are various kinds of anchors for various kinds of furniture, and consumers often do not know which anchors match up to specific furniture pieces. This lack of knowledge poses a challenge in convincing caregivers that they should spend their time learning how to anchor their furniture. They lack awareness of the issue, awareness of the campaign, and awareness of CPSC, in general.

- *“It’s hard to get parents to actually realize that this can happen, but there is something that you can do about it. Parents and caregivers kind of turn off that this can happen, turn off the reality.”<sup>18</sup>*
- *“I think that consumers are inundated with information in the 24/7 news cycle and everything available on the internet. It’s a challenge to break through some of that noise to tell them what we’re doing, with this issue or recalls. Breaking through to them is difficult.”*
- *“It’s a hidden hazard. When consumers are out purchasing furniture, they don’t really think about the fact that these can tip over and kill children. They don’t understand or know about that hazard. They don’t know how to anchor their furniture.”*
- *“The website isn’t very frequented for the average consumer. The more we can make them aware this campaign exists, the more effective it could be.”*

Additionally, several participants reported that consumers most affected by this issue often have transient housing situations: renting houses or moving often. They might not want to commit to placing furniture in a particular spot in the house if they have just moved in and are still deciding how to decorate, or they might not want to ruin the walls of houses they do not own, particularly if they do not know how to fix the wall once they remove the anchor. In the future, consumers could potentially benefit from information regarding how they can efficiently fix their walls after taking the anchors out.

- *“There’s the time commitment, something that can damage the wall or furniture – a mental barrier if you’re moving around a lot, in a temporary situation. You don’t want to anchor furniture before finalizing the room layout, can’t always find the studs, it’s hard to use anchors in certain surfaces like brick...”*
- *“If there are ways that consumers can learn to anchor it without destroying a wall such that it has to be repaired (like in a rental apartment) – if we could come up with solutions so that it wouldn’t destroy the wall, it could help. When you install an anchoring kit, you’re making a hole in the wall and destroying the wall when you do. If you don’t fix it, the landlord will charge you. Sometimes the cost implications of that are not worth it for the consumers to do it.”*

## Research and Messaging Perceptions: What Has Been Done, and What Should Be Done

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<sup>18</sup> Quotes were obtained from notes and therefore are not transcribed verbatim.

In general, participants who felt able to answer questions related to development of the campaign reported little awareness of audience research or material pretesting prior to campaign launch. A few participants reported they believed there may have been focus groups at one point in time, but were not aware of the major findings that came from them. In terms of material development, participants commonly reported using methods that had been successful during prior campaigns at CPSC:

- *“We went off materials that were based on materials that were used in the past. I don’t think there was really a plan.”*
- *“In terms of publications, social media, we do what we usually do, we do what we believe has worked in other campaigns (press releases, blogs, social media).”*
- *“[We] went based off of historically what has worked in the past— worked meaning what we were familiar with media (interviews), encouraging media reps to show our PSAs during the interview and also paid distribution.”*

Participants who felt they could speak to campaign messaging often reported one main message in the campaign: anchoring furniture. In terms of message testing, one participant recalled testing messages during a focus group, reporting that about half of the parents/caregivers liked hearing messages with hard facts and numbers, but others were less receptive to that strategy. The participant could not remember many other details associated with this focus group or recall other findings that came from it. Message testing or further research into messaging may be a beneficial strategy moving forward to ensure messages resonate with the target audiences.

Looking towards the future, several participants reported that they felt the campaign could benefit from employing a more targeted outreach strategy for reaching specific audiences, especially since the campaign receives fairly low levels of funding. Although a few participants noted that some of the focus of the campaign must remain national in scope, they felt there might be potential to reallocate and adjust some of their efforts to be more targeted towards certain communities that have characteristically higher incidence rates.

- *“Should we be looking at different counties, cities, states, and targeting them in a micro way? There’s usually a higher incidence rate among economically disadvantaged communities and minority communities...it would make more sense to target these communities with a micro approach.”*
- *“They probably should look at what kinds of families are being involved in these incidents that are occurring, that could possibly target more where to go.”*
- *“I think the campaign really needs to take a look at the target audiences...Consumers is extremely broad, parents is extremely broad. Parents in urban, rural areas, with kids younger than 5—I think one of the biggest challenges is the small budget, we need to make sure there’s a hook and that we’re focused.”*



## What's Working: Effective Strategies

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Fact sheets that furniture stores and partners hand out to consumers, as well videos that have been circulated on the agency's website, social media sites, and eventually YouTube, were the most commonly reported effective campaign activities by participants. Fact sheets are a cost-effective, simple strategy that can help facilitate information dissemination to a wide range of audiences. Videos (often referred to by participants as PSAs) are able to capture audience attention quickly and focus on the dangers of tip-over. Specifically, a few participants mentioned that the [video](#) showing the dresser and television falling onto a dummy does an effective job of educating the public about the actual hazards associated with unanchored furniture, despite the video being several years old. Additionally, there was mention of the "Real Moms" videos that include mothers sharing their tragic stories of furniture killing their children (e.g., [Chance's](#) story, [Shane's](#) story). Although multiple participants reported the videos to be effective, one participant thought that the "Real Moms" videos did not receive as much traction as they could have—never going viral or being shared across social media platforms. This sentiment illustrates a need to enhance the ways in which materials, such as these videos, are shared.

In general, however, participants felt that social media has been an effective distribution channel to disseminate campaign messages to target audiences. Participants reported believing social media is effective because society has become so tied to and engrained in social media. A few participants did comment that although consumers might see these messages on social media, questions remain whether consumers actually know how to anchor their furniture to the wall, and whether they are taking the steps to do so. A couple of participants mentioned that a potentially beneficial next step might be producing quick "how-to" videos that last only a few seconds and can be watched on a social media platform. Participants likened this idea to other popular pre-existing videos of that nature (e.g., how to make certain food items, how to craft certain products). A brief, straightforward, video that could easily capture attention and only require attention for a couple of seconds could help alleviate some of the barriers that the campaign is currently facing regarding consumer recognition.

## Using Partners to Propel the Campaign Forward

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Participants reported that they felt working to develop partnerships would benefit the campaign. Although there are already some established connections (e.g., Ikea and SafeKids Worldwide), participants commented on the lack of time staff members have had over the last few years to focus on fostering these partnerships. Looking towards the future, a few participants noted that partnership development, particularly with the American Academy of Pediatrics, hospitals, OBGYNs, daycare centers, and other childcare providers, are of utmost

importance, because they can easily reach the target audience in places that are already part of a routine. Participants reiterated the importance that these partnerships have on helping to enhance audience outreach, especially given the constraints of the campaign's budget.

- *"Infrastructures that have networks where they can give caregivers information...that would be what I would do."*
- *"If they (trade associations, medical conferences) can help us push our message onto the consumer—it's hard for us to push this campaign onto every consumer, we need a bigger picture effort to get these other communities behind us."*
- *"Maybe the ability to get inside the doctor's office when doctors are talking about the various changes that are happening to a toddler, etc. If we could get in there that could increase exposure."*
- *"Would need to be looking more at the state and local programs, like county health departments, maybe hospitals when parents are having children—a lot of times you get the baby welcome kit that has the formula and blanket...maybe having something about how furniture can tip over could be something that could be included in the packet."*

## Tying it all Together

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The primary goal of interviewing stakeholders was to obtain background information regarding their involvement with and knowledge of the campaign. Overall, participants were fairly familiar with the overarching campaign goals and audiences that the campaign seeks to target. Some participants had more specific insights than others; their involvement, knowledge, and awareness were dependent on their role in the campaign and levels of exposure.

Throughout discussions, there were common challenges that participants reported the campaign faces, as well as common recommendations and suggestions for the future of the campaign. Participants reported that consumers are hard to reach because they are inundated with information on a daily basis. Furniture tip-over prevention is not something that is usually top-of-mind for them. Finding straightforward, cost-effective ways to get the message out to consumers would be a beneficial tool for getting consumers to move from awareness of the issue to actually taking action and anchoring their furniture. For example, one participant mentioned doing a short "how-to" video, as is commonly seen for making food or crafts on social media currently.

Participants also often reported that targeting the campaign's outreach efforts and further developing campaign partnerships could be potentially effective strategies for future campaign success. By targeting outreach efforts to audiences with high incidence rates, there is potential to more accurately utilize campaign funding and ensure it is reaching where it is needed the most. Additionally, participants felt that partnering with organizations that parents

and caregivers already listen to and trust, as well as frequent routinely, would be a useful strategy for getting the message to significant proportions of the population.

### Next Steps

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Understanding knowledge, awareness, and perceptions from various levels of stakeholders helps give a well-rounded picture of the campaign. Findings from these interviews will, as a result, assist in a larger communications audit of the Anchor It! campaign and will both inform the development of the logic model, as well as the survey instrument. Ultimately, findings from all of these efforts will help shape recommendations for enhancing the campaign in the future.

## Appendix C: Protocol for Cognitive Interviews

### Introduction (5 minutes)

Hello. My name is \_\_\_\_\_, and I work at Fors Marsh Group, an independent research firm. Thank you for taking the time to speak with me today—your feedback is very important to us as we continue to test and finalize this survey. This survey is intended to help the Consumer Product Safety Commission (CPSC) evaluate knowledge and understanding of anchoring furniture and TVs in homes.

The purpose of the interview today is to make sure that the directions and questions are clear and accurate and to check the items we will be using as part of the survey. We want to make sure that the wording of the questions is not confusing and the response options that we have provided make sense. I'll ask that you go through the survey with me and provide feedback for each of the questions, but your actual survey responses will not be reported to anyone except to the staff who are designing the survey. We're really just looking for your feedback on the content and structure of the survey.

I have a colleague who is helping me take notes so that I can give you my full attention and so I do not have to take too many notes myself. After this testing, I will write a report, and the notes will help me remember our conversation. We are also making an audio recording of our session today, in case I need to reference the recording while I am writing my report. Additional project staff might hear the audio recording, but the recording will be destroyed once the report is finalized. Is it okay if I begin the audio recording now?

Since we are interested in your thoughts and reactions, I would like you to think aloud as you are figuring out your responses to the questions. I would like you to tell me what you are thinking while you are working on your answers. Tell me how you are coming up with your answer to each question, or if any of the words or terms in the questions are confusing or unclear. This is important because we want to ensure that the questions are clear to everyone who is responding to them. Do you have any questions?

Let's begin with a short practice exercise. I am going to ask you a question, and I would like you to think aloud while you come up with your answer. Tell me what you are thinking as you determine your final answer. Are you ready?

How many doors are in your home?

[NOTE: Ensure that the participant discusses how he or she is determining his or her answer:

- For example, the participant might say that there is a front and back door, and there is a door for the bathroom and for the bedroom...any others?
- Then ask if there are any more, such as on a closet or laundry room.
- Then ask if he or she would include cabinet doors and garage doors.

The point is to get the participant to think through this question and consider all possible options.]

That was great. That is exactly what I would like you to do as you are responding to the questions.

### **Survey Instrument (20 minutes)**

Ok, let's begin with the survey. Please remember to think aloud as you work through the items. Start by carefully listening to the question and then talk about how you are coming up with your answer. Let me know if you have any questions. However, please note that I won't be able to help you complete the survey.

[If the participant asks a question while completing the survey, remind the participant to continue as he or she would under normal circumstances and let the participant know that he or she will have the opportunity to ask questions after completing the survey.]

[As the participant completes the survey, please pay attention and make a note of items that might be causing confusion for him or her. Confusion may be indicated by things he or she actually says or things he or she does (e.g., pondering, repeating the question to him- or herself).]

[Participant ends survey]

### **Debrief (20 minutes)**

Okay, great. Now that you have completed the survey, I have several follow-up questions for you.

- Was there anything that was confusing or unclear? [FOLLOW UP as necessary]
- Overall, how did you feel about the length of the survey? [FOLLOW UP as necessary; we want to understand participant fatigue]
  - How did you feel about the order of the survey?
    - What questions, if any, seemed out of place or out of order?
    - What questions, if any, might you ask that we left out?
- I'd like to ask you questions about specific items throughout the survey. [Refer to Questionnaire Appendix and run through probes as outlined]
  - Added probe to include after questions on their understanding of a question.
    - Why did you respond this way for this question? OR
    - Is there a particular reason you answered this question this way?

### Closing (5 minutes)

I believe those are all of the questions that I have for you right now. Is there anything that you would like to share that you have not shared yet? [Note additional feedback; probe as needed.]

I am going to briefly step out and check with my colleagues to see if they have any additional questions to ask before wrapping up.

[FALSE CLOSE. Please check with observers for follow-up questions.]

Thank you very much for participating in this interview. I appreciate your time and great feedback.

## Appendix D: Cognitive Testing Report

Fors Marsh Group (FMG) conducted cognitive interviews from October 9–11, 2018, via remote online interviews to test the Consumer Product Safety Commission’s Anchor It! Campaign Evaluation survey. FMG interviewed nine total parents and caregivers. Participants were recruited for a mix of age, gender, race, ethnicity, and geographic location. Participants were excluded from the study if they had participated in market research within the past six months. Demographic information is listed in Table 1.

Tables 1 and 2. Demographic information for cognitive interview participants.

Age	Gender		Geographic Location				
Range (26–56)	Male	Female	South/Southeast	Northeast	Midatlantic	Midwest	West
	3	6	2	1	3	2	1

Ethnicity		Race			
Not Hispanic	Other Hispanic	White	African American	Chinese	Other Asian
8	1	5	2	1	1

Additional recruitment data that was collected from participants captured caregiver status, and age ranges of children in household.

Table 3. Participants’ caregiver status

Age of Children	Caregiver Relation to Child				Caregiver Status	
Range (0-5)	Mother	Father	Grandparent	Aunt	Parent	Caregiver
	4	3	1	1	7	2

Overall findings are listed below:

- Participants thought that the survey was an appropriate length and that none of the questions seemed to be missing or out of order.
- No participants had heard of CPSC's *Anchor It!* Campaign prior to taking the survey, although five participants had heard of CPSC previously.
- Several participants differentiated between securing TVs versus furniture to the wall.
- Of the participants interviewed, many reported that they secured their furniture for peace of mind, to protect their children, or because their spouse or loved one suggested it.
- Many participants reported that they did not think that the cost of anchoring furniture outweighed the benefits of protecting their children or grandchildren.
- Additionally, although participants did recognize that anchoring furniture would damage their walls slightly, they did not report that as a major deterrent, either.

Recommendations for survey instructions and individual survey items can be found within the summary text boxes beneath each item.

## Introduction

You are being asked to take part in a research study for the Consumer Product Safety Commission (CPSC). We would like to ask you questions to determine your eligibility to participate in a survey that evaluates knowledge and understanding of anchoring furniture in homes. This eligibility survey should take a few minutes to complete. Throughout the survey, please do not use your browser's back button to view previous questions. This may invalidate your responses and end your survey.

- No comments or confusion from participants about the introduction.

**Question Type:** Single Punch

### Question 1

Variable Name: Q1

Variable Label: Q1: Type of Home Owned

**Question Text:** Do you currently own...?

Value	Value Label
1	A single-family home
2	A townhouse or duplex
3	An apartment or condo
4	None of the above
-99	Refused

- No comments or confusion from participants about this item.

// If Q1= 4, -99 GO TO Q2;

If Q1 =1, 2, or 3, GO TO Q3//

**Question Type:** Single Punch

### Question 2

Variable Name: Q2

Variable Label: Q2: Type of Rented Home

**Question Text:** Do you currently rent...?

Value	Value Label
1	A single-family home
2	A townhouse or duplex
3	An apartment or condo

- No comments or confusion from participants about this item.
- Several participants suggested adding "room" to housing that can be rented.

**RECOMMENDATION:** Add "a room in a home" to the list of options.

**Question Type:** Single Punch

**Question 3**

Variable Name: Q3

Variable Label: Q3: Ever Anchored Furniture

**Question Text:** Have you ever anchored furniture (e.g., dressers, bookshelves) and/or TVs in your home? *(By anchoring, this means securing furniture and/or TVs to a wall.)*

Value	Value Label
1	Yes
0	No
-99	Refused

- Several participants explicitly mentioned they have anchored TVs, but did not explicitly mention furniture.

**RECOMMENDATION:** Split this question into two parts in order to differentiate anchoring behavior during analysis.

Q3: Have you ever anchored TVs in your home? ("Anchoring" means securing the TV to a wall)

Q4: Have you ever anchored furniture (e.g., dressers, bookshelves) in your home? ("Anchoring" means securing furniture to a wall)

// IF Q3=1, GO TO Q4;  
If Q3=0, -99 GO TO Q8//

**Question Type:** Open End

**Question 4**

Variable Name: Q4

Variable Label: Q4: Number Pieces of Furniture Anchored

**Question Text:** How many pieces of furniture (e.g., dressers, bookshelves) and/or TVs have you anchored?

-99 Refused

-100 Valid Skip

- No comments or confusion from participants about this item.

**RECOMMENDATION:** Split this question to match the recommended changes in Q3.

IF Q3 = 1, and Q4 =1 or 0, GO TO Q5: How many TVs have you anchored?

IF Q4 =1 and Q3 = 1 or 0, GO TO Q6: How many pieces of furniture have you anchored?

**Question Type:** Multi-Punch

//Randomize response options//

**Question 5**

Variable Name: Q5

Variable Label: Q5: Reasons for Anchoring

**Question Text:** What are the main reasons you decided to anchor your furniture (e.g., dressers, bookshelves) and/or TVs? (*Select all that apply*)

Value	Value Label
1	I saw an ad/news story/public service announcement (PSA) about it
2	I want to protect my children
3	Peace of mind
4	Easy to do
5	Most of my friends/family members have done it
6	I know someone who has experienced furniture/TV tip-over
7	I have previously experienced furniture/TV tip-over
8	My child's pediatrician told me about the dangers of tip-over
9	My furniture came with an anchoring kit and instructions

- A few participants thought “protect my children” and “peace of mind” were similar. Recommend keeping them separate to capture the nuance.
- A few participants mentioned they anchored their furniture because their spouse/partner wanted it anchored.

**RECOMMENDATION:** Add “my spouse/partner/significant other suggested we anchor our furniture and/or TVs” as a response option.

//If Q5=1, GO TO Q6

If Q5 = 2 – 10, GO TO Q7

IF Q5=any single response besides 1, GO TO Q10

**Question Type:** Open End

**Question 6**

Variable Name: Q6

Variable Label: Q6: Source of Information

**Question Text:** What ad/news story/PSA did you see about anchoring furniture?

- No comments or confusion from participants about this item.

**Question Type:** Single Punch

//Randomize response options//

**Question 7**

Variable Name: Q7

Variable Label: Q7: Main Reason for Anchoring

**Question Text:** Of all the reasons previously stated, what is the *most* important reason for why you decided to anchor your furniture (e.g., dressers, bookshelves) and/or TVs?

Value	Value Label
1	I saw an ad/news story/PSA about it
2	I want to protect my children
3	Peace of mind
4	Easy to do
5	Most of my friends/family members have done it
6	I know someone who has experienced furniture/TV tip-over
7	I have previously experienced furniture/TV tip-over
8	My child’s pediatrician told me about the dangers of tip-over
9	My furniture came with an anchoring kit and instructions
10	Other (specify) [Open end]

-99	Refused
-100	Valid Skip

- No comments or confusion from participants about this item.

//Use same order on Q7 as used on Q5

//Only show if Q3=0, -99//

**Question Type:** Multi-Punch

//Randomize response options//

**Question 8**

Variable Name: Q8

Variable Label: Q8: Reasons for Not Anchoring

**Question Text:** What are the main reasons you have *not* anchored your furniture (e.g., dressers, bookshelves) and/or TVs? (*Select all that apply*)

Value	Value Label
1	I didn't know about it
2	I don't know how to
3	It is a waste of money
4	It is a waste of time
5	It is too expensive
6	I don't think I need to
7	I intend to, but I just haven't gotten around to it
8	I can just watch the children instead
9	It will damage my walls
10	My landlord will not allow it
11	I don't know where to get anchors/tools needed
12	I don't know what anchors my furniture/TVs need
13	I don't trust myself to install the anchors properly
14	Other (specify) [Open end]
-99	Refused
100	Valid Skip

- No comments or confusion from participants about this item.
- One participant suggested moving "it will damage my walls" higher on the list.

**RECOMMENDATION:** Randomize response options to ensure their placement in the list changes throughout survey administration.

//If Q8= only 1 response selected, GO TO Q10  
If Q8=multiple responses, GO TO Q9//

**Question Type:** Single Punch  
//Randomize response options//

**Question 9**

Variable Name: Q9

Variable Label: Q9: Main Reason for Not Anchoring

**Question Text:** Of all the reasons previously stated, what is the *most* important reason for why you haven't anchored your furniture (e.g., dressers, bookshelves) and/or TVs?

Value	Value Label
1	I didn't know about it
2	I don't know how to
3	It is a waste of money
4	It is a waste of time
5	It is too expensive
6	I don't think I need to
7	I intend to, but I just haven't gotten around to it
8	I can just watch the children instead
9	It will damage my walls
10	My landlord will not allow it
11	I don't know where to get anchors/tools needed
12	I don't know what anchors my furniture/TVs need
13	I don't trust myself to install the anchors properly
14	Other (specify) [Open end]
-99	Refused
100	Valid Skip

- No comments or confusion from participants about this item.
- One participant suggested moving "it will damage my walls" higher on the list.

**RECOMMENDATION:** Randomize response options to ensure their placement in the list changes throughout survey administration.

**RECOMMENDATION FOR Q10 – Q14:** Add a space in between the “please rate the extent” and the remaining question stem. Question text appears very long otherwise.

**Question Type:** Single Punch

**Question 10**

Variable Name: Q10

Variable Label: Q10: Furniture Not Anchored Tip Over

**Question Text:** Please rate the extent to which you agree or disagree with the following statement: Furniture (e.g., dressers, bookshelves) and/or TVs that are not anchored (or secured) to a wall can tip over.

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither disagree nor agree
4	Agree
5	Strongly agree
-99	Refused

- Nothing confusing or unclear about question stem.

**Question Type:** Single Punch

**Question 11**

Variable Name: Q11

Variable Label: Q11: Furniture Not Anchored Serious Health Outcomes

**Question Text:** Please rate the extent to which you agree or disagree with the following statement: Furniture (e.g., dressers, bookshelves) and/or TVs that are not anchored (or secured) to a wall can lead to injury or death.

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither disagree nor agree
4	Agree
5	Strongly agree
-99	Refused

- Nothing confusing or unclear about question stem.

**Question 12**

Variable Name: Q12

Variable Label: Q12: Furniture Not Anchored If Watch Children

**Question Text:** Please rate the extent to which you agree or disagree with the following statement: Furniture (e.g., dressers, bookshelves) and/or TVs do *not* need to be anchored (secured) to a wall if I watch the child (or children) in my home.

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither disagree nor agree
4	Agree
5	Strongly agree
-99	Refused

- Participants generally understood the term “watch,” and were able to articulate it means looking after the children (physically having an eye on them). They also commented that you cannot monitor children all of the time.

**Question Type:** Single Punch

**Question 13**

Variable Name: Q13

Variable Label: Q13: Furniture Tip Over If Climbing

**Question Text:** Please rate the extent to which you agree or disagree with the following statement: Furniture (e.g., dressers, bookshelves) and/or TVs can only tip over when children are climbing on it.

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither disagree nor agree
4	Agree
5	Strongly agree
-99	Refused

- A few participants did not read the “only” in the question text and/or were missing the main message of this question.

**RECOMMENDATION:** Change question to “The only way furniture and/or TVs can tip over is when children are climbing on it.”

**Question 14:** Single-Select Grid

Variable Name: Q14

Variable Label: Q14: How Likely Experience Tip Over

**Question Text:** How likely do you think you are to experience your furniture (e.g., dressers, bookshelves) and/or TVs tipping over?

Variable Name	Text	Variable Label
Q14A	In the next week	Q14A How Likely Experience Tip Over: Next Week
Q14B	In the next month	Q14B How Likely Experience Tip Over: Next Month
Q14C	In the next six months	Q14C How Likely Experience Tip Over: Next 6 Months
Q14D	In the next year	Q14D How Likely Experience Tip Over: Next Year
Q14E	In the next five years	Q14E How Likely Experience Tip Over: Next 5 Years

- Participants understood the meaning of the term “experience” and did not think another word should be used in its place.
- Participant reactions to the time increments were mixed. Some thought it would be impossible to predict what would happen in the next 5 years. Some mentioned that “anything is likely”. Other participants mentioned that they have already anchored their furniture and therefore do not anticipate it will tip over.

**RECOMMENDATION:** Change question to: “There is a chance that my furniture and/or TVs could tip over within \_\_\_\_\_”

**RECOMMENDATION:** Change answer option from “in the next five years” to “in the next three years.”

**RECOMMENDATION:** Add answer option: “My furniture and/or TVs could not tip over.”

**Question Type:** Single Punch**Question 15**

Variable Name: Q15

Variable Label: Q15: Looked For Information on Anchoring

- Nothing confusing or unclear about this item.

// If Q15= 1, GO TO Q16;  
If Q15 =0 or -99, GO TO Q19//

**Question Type:** Single Punch  
**Question 16**

Variable Name: Q16

Variable Label: Q16: Looked For Information on Anchoring

**Question Text:** Have you ever looked for information about how to anchor furniture (e.g., dressers, bookshelves) and/or TVs to a wall?

Value	Value Label
1	Yes
0	No
-99	Refused
-100	Valid Skip

- Several participants thought that Q15 and Q16 were asking the same thing.

**RECOMMENDATION:** Change question to “Have you ever looked up or researched *how* to anchor furniture (e.g., dressers, bookshelves) and/or TVs to a wall?”

**Question Type:** Single Punch  
//Randomize response options//

**Question 17**

Variable Name: Q17

Variable Label: Q17: Cause to Look For Information Anchoring

**Question Text:** What caused you to look for information about how to anchor furniture (e.g., dressers, bookshelves) and/or TVs to a wall?

Value	Value Label
1	I saw an ad/news story/PSA about it
2	A friend or family member told me about it
3	I learned about it when I purchased furniture
4	I saw something on the news about it
5	I saw a social media post about it
6	I saw another post (blog post, press release) about it
7	Other (specify) [Open End]
-99	Refused
-100	Valid Skip

- No comments or confusion from participants about this item.

**Question Type:** Multi-Punch

//Randomize response options//

**Question 18**

Variable Name: Q18

Variable Label: Q18: Where Look Up Anchoring Information

**Question Text:** Where did you go to look up or find this information? *(Select all that apply)*

Value	Value Label
1	Furniture shopping websites
2	Home improvement store/furniture store
3	Consumer Product Safety Commission's website (CPSC.gov)
4	Anchor It! Campaign website (AnchorIt.gov)
5	Facebook
6	Twitter
7	Wikipedia
8	Other social media sites
9	Child safety websites
10	News/media outlets
11	Friend/Family member
12	Other (specify) [Open End]
-99	Refused
-100	Valid Skip

- Participants suggested adding google (or internet), as well as YouTube and parenting blogs.

**RECOMMENDATION:** Add "Internet" "YouTube" and "parenting blogs" as response options.

//Skip 19 if Q18 = 2//

**Question Type:** Single Punch

**Question 19**

Variable Name: Q19

Variable Label: Q19: Heard of CPSC

**Question Text:** Before taking this survey, had you ever heard of the U.S. Consumer Product Safety Commission (CPSC)?

Value	Value Label
1	Yes
0	No

-99	Refused
-100	Valid Skip

- No comments or confusion from participants about this item.

**RECOMMENDATION:** Add open-end question: “What do you know about CPSC?”

**RECOMMENDATION:** Add single-punch question: “Before taking this survey, had you ever heard of SafeProducts.gov?”

**RECOMMENDATION:** Add single-punch question (if above equals yes): Have you used SaferProducts to report an incident with any product?

**Question Type:** Single Punch

**Question 20**

Variable Name: Q20

Variable Label: Q20: Heard of “Anchor It!”

**Question Text:** Have you ever heard of a campaign called “*Anchor It!*” by CPSC that helps raise awareness about furniture and TV tip-over prevention?

Value	Value Label
1	Yes
0	No
-99	Refused

- No comments or confusion from participants about this item.

// If Q20= 1, GO TO Q21

If Q20=0 or -99, SKIP TO Q26//

**Question Type:** Single Punch

**Question 21**

Variable Name: Q21

Variable Label: Q21: Seen Ads for CPSC’s Anchor It! Campaign

**Question Text:** In the past six months, do you recall seeing an advertisement/public service announcement (PSA) from CPSC’s *Anchor It!* campaign?

Value	Value Label
-------	-------------

1	Yes
0	No
-99	Refused
-100	Valid Skip

- No comments or confusion from participants about this item.

//Only show Q22 if Q 21=1 //

**Question Type:** Open-Ended

**Question 22**

Variable Name: Q22

Variable Label: Q22: Describe Ad, PSA, Fact Sheet for Anchor It!

**Question Text:** Describe the ad/PSA you recall seeing. Please be as specific as possible when describing what happened in the ad/PSA or what the information entailed.

Value	Value Label
-99	Refused
-100	Valid Skip

- No comments or confusion from participants about this item.

//Only show Q23 if Q21=1 //

**Question Type:** Multi Punch

//Randomize response options//

**Question 23**

Variable Name: Q23

Variable Label: Q23: Where Seen Ads/Information for Anchor It!

**Question Text:** Where do you recall seeing or hearing the ad/PSA about “Anchor It!”? (Select all that apply)

Value	Value Label
1	Television
2	Radio

3	Internet website
4	Social media
5	YouTube
6	Other (specify)

- Participants mentioned “internet website” was redundant.

**RECOMMENDATION:** Remove “website”.

**RECOMMENDATION:** Add “billboard”, “shopping center kiosk”, and “conference/event”.

//Only show Q24 if Q21=1//

**Question Type:** Open-Ended

**Question 24**

Variable Name: Q24

Variable Label: Q24: Main Goal of Anchor It! Campaign

**Question Text:** After seeing or hearing these ads/PSAs, what do you think is the main goal of the “Anchor It!” campaign?

Value	Value Label
-99	Refused
-100	Valid Skip

- No comments or confusion on this item. “Main goal” made sense to participants.

//Only show Q25 if Q21=1//

**Question Type:** Single-Select Grid

//Randomize response options//

**Question 25**

Variable Name: Q25

Variable Label: Q25: Statements About Ads/PSAs from Anchor It!

**Question Text:** Thinking about the ads/PSAs you saw or heard about furniture (e.g., dressers, bookshelves) and/or TVs, please indicate whether you agree or disagree with each of the following statements:

Variable Name	Text	Variable Label
Q25A	The ads/PSAs made anchoring furniture seem like a smart option for a person like me.	Q25A Smart Option
Q25B	The ads/PSAs grabbed my attention.	Q25B Grabbed Attention
Q25C	The ads/PSAs told me something new or different about anchoring furniture.	Q25C Told Something Different
Q25D	The ads/PSAs made me want to find out more about anchoring furniture.	Q25D Want to Find Out More

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither disagree nor agree
4	Agree
5	Strongly agree
-99	Refused
-100	Valid Skip

- No comments or confusion from participants about this item.

**Question Type:** Single-Select Grid

//Randomize response options//

**Question 26**

Variable Name: Q26

Variable Label: Q26: Beliefs on Anchoring

**Question Text:** I believe that anchoring my furniture (e.g., dressers, bookshelves) and/or TVs...

Variable Name	Text	Variable Label
Q26A	Will protect the children in my house.	Q26A Will Protect My Children
Q26B	Will prevent accidents.	Q26B Will Prevent Accidents

Q26C	Will provide me peace of mind.	Q26C Give Peace of Mind
Q26D	Is easy to do.	Q26D Easy to do
Q26E	Is easy to purchase.	Q26E Easy to Purchase
Q26F	Is a waste of time.	Q26F Is A Waste of Time
Q26G	Is too expensive.	Q26G Is Too Expensive
Q26H	Is unnecessary because I watch the children in my house.	Q26H Is Unnecessary Because I Watch The Children
Q26I	Is unnecessary because I don't have heavy furniture or large TVs.	Q26I Is Unnecessary Because I Don't Have Heavy Furniture of Large TVs
Q26J	Will damage my walls.	Q26J Will Damage My Walls

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither disagree nor agree
4	Agree
5	Strongly agree
-99	Refused

- No comments or confusion from participants about this item. Participants understood the use of the word "damage."

#### Question Type: Single Punch

#### Question 27

Variable Name: Q27

Variable Label: Q27: Importance of Anchoring Furniture

Question Text: How important is it to you that you anchor your furniture/TVs?

Value	Value Label
1	Very unimportant
2	Somewhat unimportant
3	Neither unimportant nor important
4	Somewhat important

- No comments or confusion from participants about this item.

#### Question Type: Single-Select Grid

//Randomize response options//

## Question 28

Variable Name: Q28

Variable Label: Q28 Confidence to Do Behaviors

**Question Text:** Please indicate how confident you are that you could do each behavior below.

Variable Name	Text	Variable Label
Q28A	Go out and buy the correct anchor and tools to secure my furniture/TVs.	Q28A Go Out and Buy The Correct Anchor For My Furniture/TVs
Q28B	Effectively install the anchor.	Q28B Effectively Install the Anchor
Q28C	Effectively secure the furniture/TV to the wall.	Q28C Effectively Secure the Furniture/TV To The Wall
Q28D	Restore (return to original condition) the wall once I remove the anchor.	Q28D Restore The Wall Once I remove The Anchor

Value	Value Label
1	Definitely no
2	Probably no
3	Maybe yes, maybe no
4	Probably yes
5	Definitely yes
-99	Refused

- Participants were able to articulate that “confidence” meant how likely they are able to complete a task. One participant mentioned the wording was a little confusing. Several participants also mentioned that, although they could not do the behavior, they could find someone to do it for them (such as a spouse).
- One participant also mentioned that you will not necessarily be returning the wall to the original condition, but would be repairing it.
- Participants reported that the “Maybe yes/maybe no” response option was not differentiating enough from other options.

**RECOMMENDATION:** Change question text to: “Please indicate how confident you are that you could complete each action below (or, that someone you know could assist you in completing each action below).”

**RECOMMENDATION:** Change answer option from “restore” to: “Repair the wall once I remove the anchor.” Also, remove “(return to original condition)”

**RECOMMENDATION:** Change “maybe yes/maybe no” to: “Neutral”.

**Question Type:** Single-Select Grid

### Question 29

//Randomize response options//

Variable Name: Q29

Variable Label: Q29: Intentions to Do Behaviors

**Question Text:** In the next few months, how likely is it that you will...?

Variable Name	Text	Variable Label
Q29A	Go out and buy anchors for your furniture/TVs	Q29A Go Out and Buy Anchors For Your Furniture/TVs
Q29B	Install the anchors to my furniture/TVs	Q29B Install The Anchors to Furniture/TVs
Q29C	Consider talking to a friend or family member about anchoring furniture/TVs	Q29C Consider Talking To A Friend Or Family Member About Anchoring Furniture/TVs
Q29D	Visit CPSC's <i>Anchor It!</i> website or social media pages to learn more	Q29D Visit CPSC's Anchor It! Website Or Social Media Pages To Learn More
Q29E	Research the types of anchors for your furniture/TVs	Q29E Research The Types Of Anchors For Your Furniture/TVs
Q29F	I have already anchored all the furniture/TVs in my house	Q29F Have Already Anchored All Furniture/TVs in House

Value	Value Label
1	Definitely no
2	Probably no
3	Maybe yes, maybe no
4	Probably yes
5	Definitely yes
-99	Refused

- Response option “I have already anchored all the furniture/TVs in my house” was confusing to participants because it is in the past tense and the question is future tense.
- Participants reported that the “Maybe yes/maybe no” response option was not differentiating enough from other options.

**RECOMMENDATION:** Add a response option: “N/A – The furniture in my house is already anchored.”

**RECOMMENDATION:** Change “maybe yes/maybe no” to “Neutral”.

**Question Type:** Single-Select Grid

**Question 30**

Variable Name: Q30

Variable Label: Q30: Experience with Tip over

**Question Text:** Have you ever experienced a furniture / TV tip-over incident?

Value	Value Label
1	Yes
0	No
-99	Refused
-100	Valid Skip

**Question Type:** Single-Select Grid

**Question 31**

Variable Name: Q31

Variable Label: Q31: Others Experience with Tip over

**Question Text:** Do you know someone who has experienced a furniture / TV tip-over incident?

Value	Value Label
1	Yes
0	No
-99	Refused
-100	Valid Skip

- Participants reported this and question 30 were somewhat repetitive.

**RECOMMENDATION:** Combine question 30 and 31 to: “Have you or someone you know ever experienced furniture tip-over?”

Response options: 1 Yes, myself  
2 Yes, someone I know  
0 No

**RECOMMENDATION:** Add question (if, yes) “Did you report it to the company you bought the furniture/TV from or CPSC?” with response options: “1. Yes, both. 2. Yes, to the company I bought the product from. 3. Yes, to CPSC. 4. No, I did not report it to anyone. 5. Other (specify): “

## Appendix E: Comparison Analyses

### Parent Analyses

	Sample Distribution (Unweighted)		Sample Distribution (Weighted)		ACS Benchmarks (Underestimation)		ACS Benchmarks (Overestimation)	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent
<b>Gender</b>								
Male	157	38.3%	18,602,905	43.0%	6,602,678	47.8%	12,854,372	45.7%
Female	253	61.7%	24,696,661	57.0%	7,196,092	52.2%	15,261,810	54.3%
<b>Age</b>								
Between 18 and 34	195	47.6%	24,731,177	57.1%	7,270,430	52.7%	15,622,502	55.6%
Between 35 and 64	211	51.5%	18,306,846	42.3%	6,514,834	47.2%	12,473,285	44.4%
Between 65 and 70	4	1.0%	261,543	0.6%	13,506	0.1%	20,395	0.1%
<b>Race/Ethnicity</b>								
NH White	251	61.2%	26,102,129	60.3%	7,785,133	56.4%	15,632,023	55.6%
NH Black	51	12.4%	6,068,328	14.0%	1,721,723	12.5%	3,205,610	11.4%
Hispanic	59	14.4%	7,862,425	18.2%	2,928,113	21.2%	6,369,978	22.7%
NH Others	49	12.0%	3,266,684	7.5%	1,363,801	9.9%	2,908,571	10.3%
<b>Education</b>								
Less than college	239	58.3%	30,414,108	70.2%	8,420,212	61.0%	17,896,248	63.7%
Bachelor's and above	171	41.7%	12,885,458	29.8%	5,378,558	39.0%	10,219,934	36.3%
<b>Region</b>								
Northeast	69	16.8%	7,689,653	17.8%	2,231,870	16.2%	4,512,344	16.0%
Midwest	114	27.8%	11,338,954	26.2%	3,105,965	22.5%	6,016,534	21.4%
South	133	32.4%	14,296,947	33.0%	5,185,751	37.6%	10,574,089	37.6%
West	94	22.9%	9,974,012	23.0%	3,275,184	23.7%	7,013,215	24.9%

## Caregiver Analyses

	Sample Distribution (Unweighted)		Sample Distribution (Weighted)	
	Total	Percent	Total	Percent
<b>Gender</b>				
Male	111	38.0%	11,042,276	40.0%
Female	181	62.0%	16,590,015	60.0%
<b>Age</b>				
Between 18 and 34	37	12.7%	7,669,505	27.8%
Between 35 and 64	187	64.0%	15,534,258	56.2%
Between 65 and 70	68	23.3%	4,428,528	16.0%
<b>Race/Ethnicity</b>				
NH White	211	72.3%	18,029,236	65.2%
NH Black	41	14.0%	3,109,105	11.3%
Hispanic	21	7.2%	4,926,201	17.8%
NH Others	19	6.5%	1,567,748	5.7%
<b>Education</b>				
Less than college	199	68.2%	18,673,509	67.6%
Bachelor's and above	93	31.8%	8,958,781	32.4%
<b>Region</b>				
Northeast	49	16.8%	5,144,303	18.6%
Midwest	83	28.4%	6,709,587	24.3%
South	93	31.8%	9,198,879	33.3%
West	67	22.9%	6,579,522	23.8%

## Appendix F: Survey Questionnaire

### Consumer Product Safety Commission (CPSC) *Anchor It!* Campaign

#### Screeners

#### Programming Notes:

1. For all survey questions, show soft prompt when participant does not respond:  
“Please respond to the question.”
2. Show only one question or introduction/termination language per page.

#### [Intro Language]

You are being asked to take part in a research study for the Consumer Product Safety Commission (CPSC). We would like to ask you questions to determine your eligibility to participate in a survey that evaluates knowledge and understanding of furniture setup and maintenance. This eligibility survey should take a few minutes to complete. Throughout the survey, please do not use your browser’s back button to view previous questions. This may invalidate your responses and end your survey.

#### [TERMINATION LANGUAGE]

Thank you for completing this survey. Unfortunately, based on the responses you provided, you do not meet the criteria we are looking for in this study. We appreciate your time answering these questions.

//Screener and demographic questions// \*estimated 2-3 mins

**Question Type:** Single Punch

**S1.** Are you the parent of a child (or children) 5 years of age or younger?

Value	Label
1	Yes
0	No
-99	Refused

//If S1 = 1, GO TO S4

If S1=0 or -99, GO TO S2//

**Question Type:** Single Punch

**S2:** Do you have a child/children under the age of 5 under your supervision at any time during the week or weekend for a minimum of one day per week?

Value	Label
1	Yes
0	No
-99	Refused
-100	Valid Skip

//If S2=1, GO TO S3

If S2=0 OR =-99, TERMINATE//

**Question Type:** Multi Punch

**S3.** What is your relationship to the child (or children)? *(Select all that apply.)*

Value	Label
1	Family member (aunt, uncle, grandparent, etc.)
2	Nanny/Au pair/Babysitter/Daycare provider
3	Family friend
4	Other non-relative caretaker
-99	Refused
-100	Valid Skip

**//IF S3 = 2 or = -99, TERMINATE//**

**Question Type:** Multi-punch (single-digit numbers)

**S4.** What are the ages of the child or children who are 5 or younger? *(Select all that apply.)*

Value	Label
1	Under 1 year
2	1 to under 2 years
3	2 to under 3 years
4	3 to under 4 years
5	4 to 5 years
-99	Refused
-100	Valid Skip

Show if S1 =1

**Question Type:** Single punch

**S5.** Does your child or do your children aged 5 or younger ever stay with and/or visit with another caretaker at least one day per week? This might include a nanny, babysitter, grandparents, other relative caretakers, other non-relative caretakers, and/or an organized care facility.

Value	Label
1	Yes
0	No, my child never stays or visits with another caretaker at least one day per week
-99	Refused
-100	Valid Skip

//If S5=1, GO TO S6

If S5=0 or -99, GO TO S7//

**Question Type:** Multi-punch

**S6.** Who takes care of your child (or children) when they are not in your immediate care?  
(Select all that apply.)

Variable Name	Variable Text	Variable Label
S6_1	Spouse/Partner	S6_1 Takes: Spouse/Partner
S6_2	Child's other parent (living separately)	S6_2 Takes: Parent_Other
S6_3	Family member (aunt, uncle, grandparent, etc.)	S6_3 Takes: Other family

S6_4	Nanny/Au pair/Babysitter/Other non-relative caretaker	S6_4 Takes: Caretaker
S6_5	An organized care facility (daycare, Montessori, etc.)	S6_5 Takes: Organized care facility
S6_6	Other _____	S6_6 Takes: Other
S6_-99	Refused	S6_-99 Takes: Refused
S6_-100	Valid Skip	S6_-100 Takes: Valid skip

We are inviting you to take part in a research study. This will involve completing a web-based survey. It should take you about 20 minutes to complete.

There are neither risks nor benefits to you for taking part in this survey. Any money you receive is a small token to thank you for taking part, if you choose to do so.

Your participation is voluntary. This means that you are free to choose not to take part, or to skip certain questions. There is no penalty if you choose not to respond. However, your complete participation will help with future campaign efforts. It is important that as many people respond to this survey as possible so that the information we receive is complete.

Your personal information will be kept separate from your survey responses. Government personnel will not have access to your name, address, or email address; they will only have access to your responses. Government personnel will not be able to trace your responses back to you. Answers will be reported only for the whole group. If you have any questions about this survey at any time, please contact the survey administrator by emailing [pi@forsmarshgroup.com](mailto:pi@forsmarshgroup.com).

Thank you for considering participation in this survey.

**CPSC *Anchor It!* Campaign**

**Annotated Questionnaire**

**Question Type:** Single Punch

**Question 1**

Variable Name: Q1

Variable Label: Q1: Type of Home Owned

**Question Text:** Do you currently **own**...?

Value	Value Label
1	A single-family home
2	A townhouse or duplex
3	An apartment or condo
4	None of the above
-99	Refused

// If Q1= 4, -99 GO TO Q2//

//If Q1 =1, 2, or 3, GO TO Q3//

**Question Type:** Single Punch

**Question 2**

Variable Name: Q2

Variable Label: Q2: Type of Rented Home

**Question Text:** Doyou currently **rent**...?

Value	Value Label
1	A single-family home
2	A townhouse or duplex
3	An apartment or condo

4	A room in a home
5	None of the above
-99	Refused
-100	Valid Skip

**Question Type:** Single Punch

### Question 3

Variable Name: Q3

Variable Label: Q3: Climb on Furniture

**Question Text:** Does the child (or do the children) in your home ever climb and/or pull on your furniture (for example: dressers, bookshelves)?

Value	Value Label
1	Yes
0	No
-99	Refused

**Question Type:** Single Punch

### Question 4

Variable Name: Q4

Variable Label: Q4: Ad/News/PSA General

**Question Text:** Have you ever seen an ad/news story/Public service announcement (PSA) about anchoring furniture and/or TVs? (*"Anchoring" means securing the furniture and/or TVs to a wall*)

Value	Value Label
1	Yes
0	No
-99	Refused

//IF Q4 = 1, GO TO Q4A//

//IF Q4=0, -99, GO TO Q5//

**Question Type:** Open End

**Question 4A**

Variable Name: Q4A

Variable Label: Q4A: Open-end follow up

**Question Text:** What ad/news story/PSA did you see about anchoring furniture? Please be as specific as possible.

--

Value	Value Label
-99	Refused
-100	Valid Skip

**Question Type:** Single Punch

**Question 5**

Variable Name: Q5

Variable Label: Q5: Ever Anchored TVs

**Question Text:** Have you ever anchored TVs in your home?

Value	Value Label
1	Yes
0	No
-99	Refused

**Question Type:** Single Punch

**Question 6**

Variable Name: Q6

Variable Label: Q6: Ever Anchored Furniture

**Question Text:** Have you ever anchored furniture (for example: dressers, bookshelves) in your home?

Value	Value Label
1	Yes
0	No
-99	Refused

// IF Q5 =1 and Q6=1, 0, or -99 GO TO Q7//  
//IF Q6=1 and Q5=1, 0, or -99 GO TO Q8//  
//IF Q5=0 or -99 and Q6=0 or -99 GO TO Q11//

**Question Type:** Open End

#### Question 7

Variable Name: Q7

Variable Label: Q7: How many TVs anchored

**Question Text:** How many TVs have you anchored?

--

Value	Value Label
-99	Refused
-100	Valid Skip

**Question Type:** Open End

#### Question 8

Variable Name: Q8

Variable Label: Q8: How many pieces of furniture anchored

**Question Text:** How many pieces of furniture (for example: dressers, bookshelves) have you anchored?

--

Value	Value Label
-99	Refused
-100	Valid Skip

**Question Type:** Multi-Punch

**Question 9**

//Randomize response options//

Variable Name: Q9

Variable Label: Q9: Main reasons to anchor

**Question Text:** What are the main reasons you decided to anchor your furniture (for example: dressers, bookshelves) and/or TVs? *(Select all that apply)*

Value	Value Label
1	I saw an ad/news story/public service announcement (PSA) about it
2	I want to protect my children
3	My children climb and/or pull on furniture
4	Peace of mind
5	Easy to do
6	Most of my friends/family members have done it
7	I know someone who has experienced furniture/TV tip-over
8	I have previously experienced furniture/TV tip-over
9	My child's pediatrician told me about the dangers of tip-over
10	My furniture came with an anchoring kit and instructions
11	My spouse/partner/significant other suggested we anchor our furniture/TVs.
12	Other (specify) [Open end]
-99	Refused
-100	Valid Skip

IF Q9=only 1 response selected, GO TO Q13//

//PIPE IN RESPONSES FROM Q9//

Question Type: Single Punch

### Question 10

//Randomize response options//

Variable Name: Q10

Variable Label: Q10: Most important reason to anchor

**Question Text:** Of all the reasons previously stated, what is the *most* important reason for why you decided to anchor your furniture (for example: dressers, bookshelves) and/or TVs?

Value	Value Label
1	I saw an ad/news story/public service announcement (PSA) about it
2	I want to protect my children
3	My children climb and/or pull on furniture
4	Peace of mind
5	Easy to do
6	Most of my friends/family members have done it
7	I know someone who has experienced furniture/TV tip-over
8	I have previously experienced furniture/TV tip-over
9	My child's pediatrician told me about the dangers of tip-over
10	My furniture came with an anchoring kit and instructions
11	My spouse/partner/significant other suggested we anchor our furniture/TVs.
12	Other (specify) [Open end]
-99	Refused
-100	Valid Skip

Question Type: Multi-Punch

### Question 11

//Randomize response options//

Variable Name: Q11

Variable Label: Q11: Main reasons not to anchor

**Question Text:** What are the main reasons you have *not* anchored your furniture (for example: dressers, bookshelves) and/or TVs? (*Select all that apply.*)

Value	Value Label
1	I didn't know about it
2	I don't know how to
3	It is a waste of money
4	It is a waste of time
5	It is too expensive
6	I don't think I need to
7	I intend to, but I just haven't gotten around to it
8	I can watch the children instead
9	It will damage my walls
10	My landlord will not allow it
11	I don't know where to get anchors/tools needed
12	I don't know what anchors my furniture/TVs need
13	I don't trust myself to install the anchors properly
14	Other (specify) [Open end]
-99	Refused
100	Valid Skip

//IF Q11= only 1 response selected, GO TO Q13

IF Q11= multiple responses, GO TO Q12//

//PIPE IN RESPONSES FROM Q11//

**Question Type:** Single Punch

**Question 12**

Variable Name: Q12

Variable Label: Q12: Most important reason not to anchor

**Question Text:** Of all the reasons previously stated, what is the *most* important reason for why you haven't anchored your furniture (for example: dressers, bookshelves) and/or TVs?

Value	Value Label
1	I didn't know about it
2	I don't know how to
3	It is a waste of money
4	It is a waste of time
5	It is too expensive

6	I don't think I need to
7	I intend to, but I just haven't gotten around to it
8	I can watch the children instead
9	It will damage my walls
10	My landlord will not allow it
11	I don't know where to get anchors/tools needed
12	I don't know what anchors my furniture/TVs need
13	I don't trust myself to install the anchors properly
14	Other (specify) [Open end]
-99	Refused
100	Valid Skip

**Question Type:** Single Punch

### Question 13

Variable Name: Q13

Variable Label: Q13: Unanchored furniture can tip over

**Question Text:** Please rate the extent to which you agree or disagree with the following statement:

Furniture (for example: dressers, bookshelves) and/or TVs that are not anchored to a wall can tip over.

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither disagree nor agree
4	Agree
5	Strongly agree
-99	Refused

**Question Type:** Single Punch

### Question 14

Variable Name: Q14

Variable Label: Q14: Tip-over can lead to injury or death

**Question Text:** Please rate the extent to which you agree or disagree with the following statement:

Furniture (for example: dressers, bookshelves) and/or TVs that are not anchored (or secured) to a wall can lead to injury or death.

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither disagree nor agree
4	Agree
5	Strongly agree
-99	Refused

**Question Type:** Single Punch

**Question 15**

Variable Name: Q15

Variable Label: Q15: Watching children prevents tip-over

**Question Text:** Please rate the extent to which you agree or disagree with the following statement:

Furniture (for example: dressers, bookshelves) and/or TVs do *not* need to be anchored (secured) to a wall if I watch the child (or children) in my home.

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither disagree nor agree
4	Agree
5	Strongly agree
-99	Refused

**Question Type:** Single Punch

**Question 16**

Variable Name: Q16

Variable Label: Q16: Tip-over only happens when children are climbing

**Question Text:** Please rate the extent to which you agree or disagree with the following statement:

The only way furniture and/or TVs can tip over is when children are climbing on it.

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither disagree nor agree
4	Agree
5	Strongly agree
-99	Refused

**Question Type:** Single-Select Grid

**Question 17**

//Randomize response options//

Variable Name: Q17

Variable Label: Q17: Beliefs about anchoring

**Question Text:** I believe that anchoring my furniture (for example: dressers, bookshelves) and/or TVs...

Variable Name	Text	Variable Label
Q17A	Will protect the children in my house.	Q17A Will Protect My Children
Q17B	Will prevent accidents.	Q17B Will Prevent Accidents
Q17C	Will provide me peace of mind.	Q17C Give Peace of Mind
Q17D	Is easy to do.	Q17D Easy to do
Q17E	Is easy to purchase.	Q17E Easy to Purchase
Q17F	Is a waste of time.	Q17F Is A Waste of Time

Q17G	Is too expensive.	Q17G Is Too Expensive
Q17H	Is unnecessary because I watch the children in my house.	Q17H Is Unnecessary Because I Watch The Children
Q17I	Is unnecessary because I don't have heavy furniture or large TVs.	Q17I Is Unnecessary Because I Don't Have Heavy Furniture of Large TVs
Q17J	Will damage my walls.	Q17J Will Damage My Walls

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither disagree nor agree
4	Agree
5	Strongly agree
-99	Refused

**Question 18:** Single-Select Grid

Variable Name: Q18

Variable Label: Q18: Perceived likelihood of tip-over

**Question Text:** My furniture and/or TVs could tip over within \_\_\_\_:

Variable Name	Text	Variable Label
Q18A	The next week	Q18A How Likely Experience Tip Over: Next Week
Q18B	The next month	Q18B How Likely Experience Tip Over: Next Month
Q18C	The next six months	Q18C How Likely Experience Tip Over: Next Six Months
Q18D	The next year	Q18D How Likely Experience Tip Over: Next Year
Q18E	The next three years	Q18E How Likely Experience Tip Over: Next Three Years
Q18F	My furniture and/or TVs could not tip over.	Q18F How likely Experience Tip Over: Won't experience

Value	Value Label
1	Very unlikely
2	Unlikely
3	Neither unlikely nor likely
4	Likely
5	Very likely
-99	Refused

**Question Type:** Single Punch

### Question 19

Variable Name: Q19

Variable Label: Q19: Researched how to anchor furniture

**Question Text:** Have you ever looked up or researched *how* to anchor furniture (for example: dressers, bookshelves) and/or TVs to a wall?

Value	Value Label
1	Yes
0	No
-99	Refused

//If Q19= 0, -99, GO TO Q22

If Q19=1, GO TO Q20//

**Question Type:** Single Punch

### Question 20

//Randomize response options//

Variable Name: Q20

Variable Label: Q20: Reasons for researching

**Question Text:** What caused you to look for information about how to anchor furniture (for example: dressers, bookshelves) and/or TVs to a wall?

Value	Value Label
1	I saw an ad/news story/PSA about it
2	A friend or family member told me about it
3	I learned about it when I purchased furniture
4	I saw a social media post about it
5	I saw another post (blog post, press release) about it
6	Other (specify) [Open End]
-99	Refused
-100	Valid Skip

**Question Type:** Multi-Punch

### Question 21

//Randomize response options//

Variable Name: Q21

Variable Label: Q21: Where searched for information

**Question Text:** Where did you go to look up or find this information? (*Select all that apply.*)

Value	Value Label
1	Furniture shopping websites
2	Home improvement store/furniture store
3	Consumer Product Safety Commission's website (CPSC.gov)
4	Anchor It! campaign website (AnchorIt.gov)
5	Facebook
6	Twitter
7	Internet
8	YouTube
9	Parenting blogs
10	Wikipedia
11	Other social media sites
12	Child safety websites
13	News/media outlets
14	Friend/Family member
15	Saferproducts.gov
16	Furniture instruction manuals
17	Billboard
18	Shopping center kiosk
17	Other (specify) [Open End]
-99	Refused

-100	Valid Skip
------	------------

// If Q21 = 3 GO TO Q23//

**Question Type:** Single Punch

**Question 22**

Variable Name: Q22

Variable Label: Q22: Awareness of CPSC

**Question Text:** Before taking this survey, had you ever heard of the U.S. Consumer Product Safety Commission (CPSC)?

Value	Value Label
1	Yes
0	No
-99	Refused
-100	Valid Skip

If Q22 = 1, GO TO Q23

If Q22 = 0, -99, -100, GO TO Q24

**Question Type:** Open End

**Question 23**

Variable Name: Q23

Variable Label: Q23: Open end follow up

**Question Text:** What do you know about CPSC?

Value	Value Label
-99	Refused
-100	Valid Skip

**Question Type:** Single Punch

#### Question 24

Variable Name: Q24

Variable Label: Q24: Awareness of

**Question Text:** Before taking this survey, had you ever heard of SaferProducts.gov?

Value	Value Label
1	Yes
0	No
-99	Refused

If Q24 = 1, GO TO Q25

If Q24 = 0, -99, -100, GO TO 26

**Question Type:** Single Punch

#### Question 25

Variable Name: Q25

Variable Label: Q25: Use of SaferProducts.gov

**Question Text:** Have you used SaferProducts.gov to report an incident with any product?

Value	Value Label
1	Yes
0	No
-99	Refused

**Question Type:** Single Punch

## Question 26

Variable Name: Q26

Variable Label: Q26: Awareness of Anchor It!

**Question Text:** Before taking this survey, had you ever heard of a campaign called *Anchor It!* by CPSC?

Value	Value Label
1	Yes
0	No
-99	Refused

// If Q26= 1, GO TO Q27//

//If Q26=0 or -99, SKIP TO Q32//

**Question Type:** Single Punch

## Question 27

Variable Name: Q27

Variable Label: Q27: Recall of Anchor It! Advertisement/PSA

**Question Text:** In the past six months, do you recall seeing an advertisement/public service announcement (PSA) from CPSC's *Anchor It!* campaign?

Value	Value Label
1	Yes
0	No
-99	Refused
-100	Valid Skip

//Only show Q28 if Q27=1//

**Question Type:** Open End

## Question 28

Variable Name: Q28

Variable Label: Q28: Open end follow up

**Question Text:** Describe the ad/PSA you recall seeing about *Anchor It!* Please be as specific as possible when describing what happened in the ad/PSA or what the information entailed.

--

Value	Value Label
-99	Refused
-100	Valid Skip

//Only show Q29 if Q27=1//

**Question Type:** Multi Punch

## Question 29

//Randomize response options//

Variable Name: Q29

Variable Label: Q29: Where saw ad/PSA

**Question Text:** Where do you recall seeing or hearing the ad/PSA about *Anchor It!*? (Select all that apply.)

Value	Value Label
1	Television
2	Radio
3	Internet
4	Social media
5	YouTube
6	Other (specify)

7	Billboard
8	Shopping center kiosk
9	Conference/event
-99	Refused
-100	Valid Skip

//Only show Q30 if Q27=1//

**Question Type:** Open-Ended

**Question 30**

Variable Name: Q30

Variable Label: Q30: Open-end follow up

**Question Text:** After seeing or hearing these ads/PSAs, what do you think is the main goal of the *Anchor It!* campaign?

Value	Value Label
-99	Refused
-100	Valid Skip

//Only show Q31 if Q27=1//

**Question Type:** Single-Select Grid

### Question 31

//Randomize response options//

Variable Name: Q31

Variable Label: Q31: Statements about ads/PSAs

**Question Text:** Thinking about the ads/PSAs you saw or heard about *Anchor It!*, please indicate whether you agree or disagree with each of the following statements:

Variable Name	Text	Variable Label
Q31A	The ads/PSAs made anchoring furniture seem like a smart option for a person like me.	Q31A Smart Option
Q31B	The ads/PSAs grabbed my attention.	Q31B Grabbed Attention
Q31C	The ads/PSAs told me something new or different about anchoring furniture.	Q31C Told Something Different
Q31D	The ads/PSAs made me want to find out more about anchoring furniture.	Q31D Want to Find Out More
Q31E	The ads/PSAs made me decide to anchor my furniture.	Q31E Decide to Anchor

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither disagree nor agree
4	Agree
5	Strongly agree
-99	Refused
-100	Valid Skip

**Question Type:** Single Punch

### Question 32

Variable Name: Q32

Variable Label: Q32: Importance of anchoring

**Question Text:** How important is it to you that you anchor your furniture/TVs?

Value	Value Label
1	Very unimportant
2	Somewhat unimportant
3	Neither unimportant nor important
4	Somewhat important
5	Very important
-99	Refused

**Question Type: Single-Select Grid**

**Question 33**

//Randomize response options//

Variable Name: Q33

Variable Label: Q33: Confidence in anchoring furniture/TVs

**Question Text:** Please indicate how confident you are that you could complete each action below (or, that someone you know could assist you in completing each action below):

Variable Name	Text	Variable Label
Q33A	Go out and buy the correct anchor and tools to secure my furniture/TVs.	Q33A Go Out and Buy The Correct Anchor For My Furniture/TVs
Q33B	Effectively install the anchor and secure the furniture/TV to the wall.	Q33B Effectively Install the Anchor
Q33C	Repair the wall once I remove the anchor.	Q33C Repair The Wall Once I remove The Anchor

Value	Value Label
1	Definitely no
2	Probably no
3	Neutral
4	Probably yes
5	Definitely yes
-99	Refused

**Question Type:** Single-Select Grid

**Question 34**

//Randomize response options//

Variable Name: Q34

Variable Label: Q34: Likelihood of anchoring furniture

**Question Text:** In the next few months, how likely is it that you will...?

Variable Name	Text	Variable Label
Q34A	Go out and buy anchors for your furniture/TVs	Q34A Go Out and Buy Anchors For Your Furniture/TVs
Q34B	Install the anchors to my furniture/TVs	Q34B Install The Anchors to Furniture/TVs
Q34C	Consider talking to a friend or family member about anchoring furniture/TVs	Q34C Consider Talking To A Friend Or Family Member About Anchoring Furniture/TVs
Q34D	Visit CPSC's <i>Anchor It!</i> website or social media pages to learn more	Q34D Visit CPSC's Anchor It! Website Or Social Media Pages To Learn More
Q34E	Research the types of anchors for your furniture/TVs	Q34E Research The Types Of Anchors For Your Furniture/TVs
Q34F	Look up more information about anchoring furniture/TVs	Q34F Look up more information

Value	Value Label
1	Definitely no
2	Probably no
3	Neutral
4	Probably yes
5	Definitely yes
6	N/A – The furniture/TVs in my house are already anchored
-99	Refused

**Question Type:** Single-Select Grid

**Question 35**

Variable Name: Q35

Variable Label: Q35: Experience with tip-over

**Question Text:** Have you or someone you know ever experienced furniture and/or TV tip-over?

Value	Value Label
1	Yes, myself
2	Yes, someone I know
0	No
-99	Refused
-100	Valid Skip

**If Q35=1 or 2,G0 TO Q36**

**Question Type:** Single-Select Grid

**Question 36**

Variable Name: Q36

Variable Label: Q36: Report tip-over

**Question Text:** Did you report the tip-over to the company you bought the furniture and/or TV from or CPSC?

Value	Value Label
0	No, I did not report it to anyone
1	Yes, both to the company I bought the product from and to CPSC
2	Yes, to the company I bought the product from
3	Yes, to CPSC
4	Other (specify): [Open End]
-99	Refused
-100	Valid Skip

**Question Type:** Open-End Numerical (2 digit number; -99=refused)

**S7.** What is your age?

 Years

**//SKIP S8 IF ANSWERS S7//**

**Question Type:** Single Punch

**S8.** What is your age?

Value	Label
1	18-24 years old
2	25-34 years old
3	35-44 years old
4	45-54 years old
5	55-64 years old
6	65-74 years old
7	75 years or older
-99	Refused
-100	Valid Skip

**Question Type:** Single Punch

**S9.** What is your sex?

Value	Label
1	Male
2	Female

-99	Refused
-----	---------

**Question Type:** Single Punch

**S10.** Is Spanish spoken in your household?

Value	Label
1	Yes, as a primary language
2	Yes, as a secondary or tertiary language
3	No, Spanish is not spoken in my household
-99	Refused

**Question Type:** Single Punch

**S11.** Are you of Hispanic, Latino, or Spanish origin?

Value	Label
1	No, not of Hispanic, Latino, or Spanish origin
2	Yes, Mexican, Mexican American, Chicano
3	Yes, Puerto Rican
4	Yes, Cuban
5	Yes, Other Hispanic, Latino, or Spanish origin
6	Prefer not to respond
-99	Refused

**Question Type:** Multi-punch

**S12:** What is your race? *(Mark one or more races to indicate what you consider yourself to be.)*

Value	Label
-------	-------

1	American Indian or Alaska Native
2	Asian
3	Black or African American
4	Native Hawaiian or other Pacific Islander
5	White
6	Prefer not to respond
99	Refused

**Question Type:** Open-Ended numerical (U.S. zip code; (IF "DON'T KNOW" ENTER "-99")

**S13.** What is your current ZIP code?

//If S13= -99, GO TO S14//

//SKIP S14 IF ANSWERED S13//

**Question Type:** Drop Down Menu

**S14:** What state do you live in?

Value	Label
1	Alabama
2	Alaska
3	Arizona
4-50	...including DC
51	Wyoming

-99	Refused
-----	---------

//Add in state list

**Question Type:** Single Punch

**S15.** What is your marital status?

Value	Label
1	Single, never married
2	Single, living with a partner
3	Married
4	Separated
5	Widowed
6	Divorced
-99	Refused

Thank you for taking the time to complete the survey. Your feedback is appreciated.

# U.S. Consumer Product Safety Commission (CPSC) *Anchor It!* Survey and Return on Investment (ROI) Analysis Plans

December 14, 2018

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## Campaign Evaluation Overview

### Purpose

The U.S. Consumer Product Safety Commission (CPSC) is tasked with keeping consumers safe from harm from dangerous consumer products. In order to achieve this goal, CPSC promotes public awareness of consumer-related product dangers. In 2015, CPSC implemented an information and education campaign, *Anchor It!*, to raise consumer awareness of furniture and television tip-over dangers. The ultimate goal of the campaign is to reduce the number of injuries and deaths due to furniture and television tip-over. To comprehend whether the *Anchor It!* campaign is achieving its goals, it is important to understand how consumers process and recognize information pertaining to the campaign as well as the harms associated with furniture and TV tip-over.

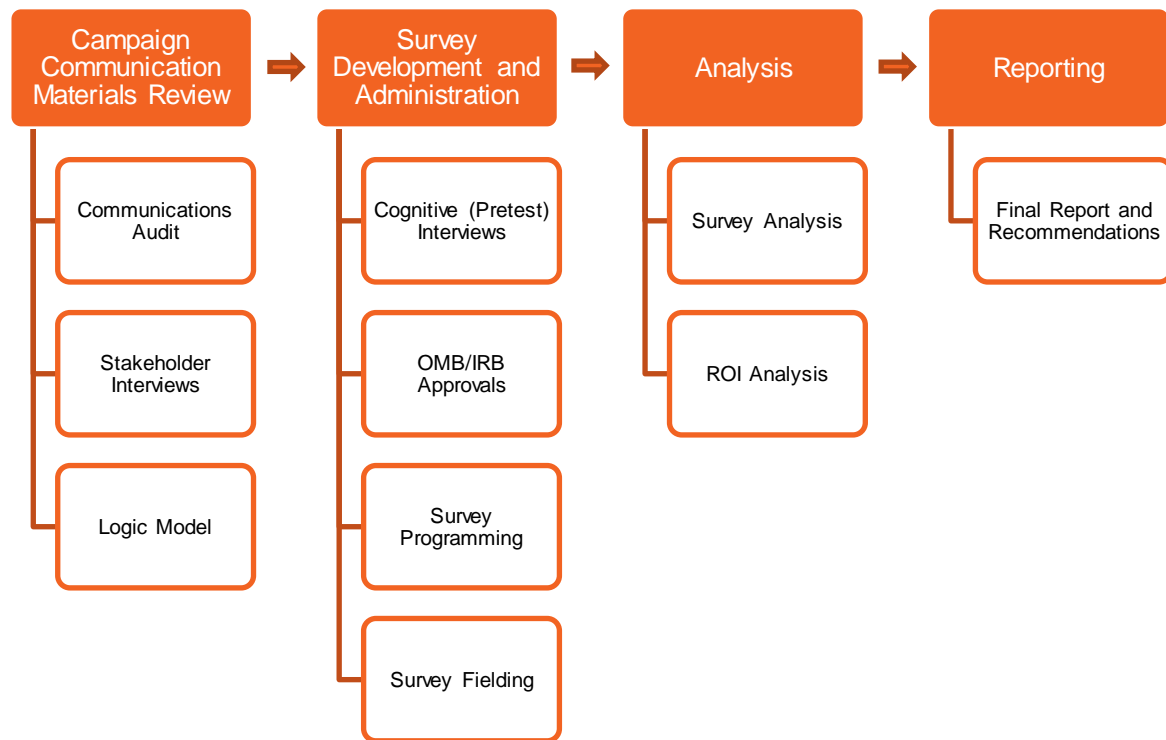
Accordingly, CPSC has contracted with Fors Marsh Group (FMG) to conduct a comprehensive research study with the following objectives:

3. To assess consumer awareness, recognition, and behavior change as a result of the *Anchor It!* campaign; and
4. To assess knowledge, attitudes, and awareness around TV/furniture tip-over and anchoring, including comprehension of hazards, risks, and remedies.

### The Research Process

To accomplish these objectives, the research effort is organized into several phases. These phases are outlined in the process model in Figure 1 below. This process model details how each effort within the research study contributes to subsequent efforts. At the conclusion of the study, a final report will be delivered to CPSC that will detail findings and recommendations for improving and enhancing the *Anchor It!* campaign in the future.

**Figure 1. CPSC *Anchor It!* Process Model**



Findings from the initial phases of research (i.e., the communications audit, stakeholder interviews, and logic model development) have and will inform the subsequent stages of research (i.e., the survey development and administration, as well as analysis and reporting). Specifically, findings from the audit of campaign materials and stakeholder interviews suggest that knowledge and awareness of the *Anchor It!* campaign—as well as of campaign outreach activities—is low. Consumers are often unaware of the campaign and unaware of the risks associated with unanchored furniture. Several stakeholders commented that parents and caregivers often have competing priorities when it comes to children’s safety, and as a result, do not necessarily prioritize anchoring their furniture. Additionally, barriers such as fear of damaging their walls and lack of knowledge regarding anchors were other factors commonly mentioned.

## Survey Analysis Plan

### Survey Development

The survey was designed to assess not only the awareness of the campaign and outreach activities, but also some of these other reported barriers and beliefs that were initially reported during stakeholder interviews. The survey allows these insights to be obtained on a larger scale ( $N = 600$  as outlined in the Statement of Work [SOW]) with parent and caregivers. Additionally, the survey seeks to understand behaviors associated with

anchoring furniture and comprehension of hazards and risks associated with furniture and/or TV tip-over to help inform the overarching objectives outlined in the SOW as referenced above in the study's research objectives.

The survey design is also largely based on constructs from the health belief model,<sup>19</sup> which is used in communication research to guide health-related behavior change. Understanding how individuals perceive the severity of certain risks, as well as their susceptibility to them, lends insight into their willingness to adopt a behavior or adhere to a health message. Other factors, such as individuals' confidence in their ability to do the behavior (or adhere to a message), or their perceptions of benefits and barriers (i.e., if the benefits outweigh the barriers), are also part of this model. As such, the health belief model was a relevant framework to understand these constructs among consumers.

The purpose of conducting this survey is to contribute findings that support the overall objectives of the research study. Specifically, the survey seeks to understand the following constructs among parents and caregivers with children ages 0–5 years old:

- Knowledge of anchoring furniture and TVs;
- Knowledge of furniture and TV tip-over;
- Knowledge of the risks associated with not anchoring furniture;
- Beliefs associated with anchoring furniture;
- Behaviors associated with anchoring furniture; and
- Awareness of CPSC and CPSC's *Anchor It!* campaign and related outreach activities.

These findings, as well as information gleaned from the return on investment (ROI) analysis (see ROI Analysis Plan on page 9) will significantly contribute to the recommendations in the final report.

## Survey Sample

The sample for this survey will be derived from the AmeriSpeak panel, a probability-based panel that is operated by NORC (please see the Sampling Strategy document previously delivered to CPSC for more information). For the purposes of this survey, we are targeting two populations for the sample:

1.  $N = 400$  parents of children ages 0 to 5. Using profile data that indicate the presence and age of children in the home, we can anticipate with approximately ~95% certainty which households will be eligible for this category. We will confirm eligibility in a screener that precedes the main survey.
2.  $N = 200$  caregivers of children ages 0 to 5. These may be nannies, grandparents, or other family members, as long as they spend a minimum of one day per week with

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<sup>19</sup> Social learning theory and the health belief model. Rosenstock IM, Strecher VJ, Becker MH Health Educ Q. 1988 Summer; 15(2):175–183.

the child. We do not have profile data on non-parental caregiving status, but can screen for this status among any adult panelists not included in #1 above. We anticipate ~3% eligibility among households without a 0- to 5-year-old child in the home on a full-time basis.

Caregivers can be broadly classified as relatives or nonrelatives of children. Relatives include mothers, fathers, siblings, grandparents; other relatives are individuals such as aunts, uncles, and cousins. Nonrelatives include neighbors, friends, and other nonrelatives providing care in either the child's or the provider's home.

## Survey Analysis<sup>20</sup>

### Data Set Cleaning Overview

Each variable will be clearly named and labeled, and each will be properly identified by type (e.g., Likert-type variables designated as interval variables). Open-ended items will be coded by two analysts, and interrater reliability will be calculated and reported for each item coded. Any personally identifiable information (PII) provided by respondents will be removed. The data set cleaning procedures will include:

- Receiving the data set
- Checking variable names and labels
- Checking value labels
- Checking skip patterns
- Checking raw data frequencies
- For both parent and caregivers, comparison analyses will be conducted based on panel information. Demographic and/or geographic information from the panel will be used to compare that from the external benchmarks (e.g., American Community Survey [ACS]), to see how large the risk of potential survey bias arises from the nonresponse and/or coverage error.
- Run recodes:
  - Caregiver Status (Parent and caregivers)
- Check recoded variables against raw variables and resolve inconsistencies
- Parse down to final data set
- Independent review of data set creation to ensure accuracy

### Response Rates

Survey response rates will be also be calculated. Rates will be delineated as follows:

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<sup>20</sup> Note that this analysis plan is subject to change pending CPSC approval of the final survey instrument. Significant changes to the final survey instrument and, thus, this plan will affect the scope of this project.

NORC uses the American Association for Public Opinion Research (AAPOR) Weighted Response Rate #3 calculation to determine response rates on surveys using the AmeriSpeak Panel. The calculation takes into account three key components: the panel recruitment rate (# joined/# invited), the panel retention rate (# currently enrolled/# ever joined), and the survey cooperation rate of a particular survey using the panel (# completing that survey/# invited to participate). The survey cooperation rate equals the screener completion rate (# screened/# invited) and the survey completion rate (# completing the survey/# eligible).

The following table (Table 1) outlines the items in the survey and the topic areas under which the items align. The first column details the questions that the survey items (third column) seek to address. These questions relate to the overall objectives of the research study. In the second column are the comparisons that may be run during analysis to answer these questions. Comparisons will include comparing percentages and proportions primarily by conducting *t*-tests to understand the relationships among variables. Significant differences will be reported at the 95% confidence level, and will be noted with asterisks and arrows indicating the significantly higher value.

**Table 1. Survey Items and Potential Comparisons**

Research Question(s)	Description	Survey Items
<b>Risk Severity</b>		
How do perceptions of risk severity relate to knowledge of the harms associated with furniture and/or TV tip-over?	Compute descriptive and correlational statistics on items that pertain to the research question: <ul style="list-style-type: none"> <li>• Comparisons by risk susceptibility items</li> <li>• Comparisons by awareness items</li> </ul>	Q12: Unanchored furniture can tip over Q13: Tip-over can lead to injury or death
How do perceptions of risk severity relate to behaviors typically associated with anchoring furniture?		
<b>Risk Susceptibility</b>		
How do perceptions of risk susceptibility relate to knowledge of the harms associated with furniture and/or TV tip-over?	Compute descriptive and correlational statistics on items that pertain to the research question: <ul style="list-style-type: none"> <li>• Comparisons by risk severity items</li> <li>• Comparisons by awareness items</li> </ul>	Q14: Watching children prevents tip-over Q15: Tip-over only happens when children are climbing Q16: Perceived likelihood of tip-over Q34: Experience with tip-over
How do perceptions of risk susceptibility relate to behaviors associated with anchoring furniture?		
<b>Awareness</b>		
What proportions of parent and caregivers have anchored their furniture and/or TVs?	Compute descriptive statistics on items that pertain to the research question: <ul style="list-style-type: none"> <li>• Awareness items will establish baseline data by</li> </ul>	Q3: Ever anchored TVs Q4: Ever anchored furniture Q5: How many TVs anchored Q6: How many pieces of furniture anchored Q17: Researched how to anchor furniture
Where do they go to find this information?		

	providing frequencies	Q18: Reasons for researching Q19: Where searched for information
<b>Brand and Campaign Awareness</b>		
<p>How does CPSC brand/campaign awareness relate to knowledge of the harms associated with furniture and/or TV tip-over?</p> <p>How does CPSC brand/campaign awareness relate to behaviors associated with anchoring furniture?</p>	<p>Compute descriptive and correlational statistics on items that pertain to the research question:</p> <ul style="list-style-type: none"> <li>• Comparisons by risk severity items</li> <li>• Comparisons by risk susceptibility items</li> <li>• Q29E will establish baseline data on campaign awareness and anchoring furniture by providing frequencies</li> </ul>	<p>Q20: Awareness of CPSC Q21: Open-ended follow-up Q22: Awareness of SaferProducts.gov Q23: Use of SaferProducts Q24: Awareness of <i>Anchor It!</i> Q25: Recall of <i>Anchor It!</i> Advertisement/PSA Q26: Open-ended follow-up Q27: Where saw ad/PSA Q28: Open-ended follow-up Q29: Statements about ads/PSAs</p> <ul style="list-style-type: none"> <li>• Q29A: Smart option</li> <li>• Q29B: Grabbed attention</li> <li>• Q29C: Told something different</li> <li>• Q29D: Want to find out more</li> <li>• Q29E: Decide to anchor</li> </ul>
<b>Beliefs about Benefits and Barriers</b>		
How do beliefs about the benefits of and barriers to anchoring furniture relate to behaviors associated with anchoring furniture?	<p>Compute descriptive statistics on items that pertain to the research question:</p> <ul style="list-style-type: none"> <li>• Comparisons by awareness items</li> </ul>	<p>Q7: Main reasons to anchor Q8: Open-ended follow-up Q9: Most important reason to anchor Q10: Main reasons not to anchor Q11: Most important reason not to anchor Q30: Beliefs about anchoring Q31: Importance of anchoring</p>
<b>Efficacy</b>		
How does self-efficacy in one's ability to anchor furniture relate to behaviors associated with anchoring furniture?	<p>Compute descriptive statistics on items that pertain to the research question:</p> <ul style="list-style-type: none"> <li>• Comparisons by awareness items</li> </ul>	<p>Q32: Confidence in anchoring furniture/TVs Q35: Report tip-over</p>
<b>Intentions</b>		
How do knowledge and awareness of the harms associated with tip-over relate to intentions to anchor furniture and/or TVs in the future?	<p>Compute descriptive statistics on items that pertain to the research question:</p> <ul style="list-style-type: none"> <li>• Comparisons by risk severity items</li> <li>• Comparisons by risk susceptibility items</li> </ul>	Q33: Likelihood of anchoring furniture

## ROI Analysis Plan

### Purpose

An ROI analysis, such as the one planned for CPSC, aims to estimate the association between efforts taken to increase awareness of a marketing campaign, or other behavior change-oriented intervention, and indicators of change in the behavior of interest.

### Methodology

For the CPSC *Anchor It!* Evaluation ROI Analysis, our team will use marketing communication spend and generated impressions (earned media impressions and PSA impressions) over the period of FY 2015 through FY 2018 to estimate the effect of, and time-related lags associated with, furniture and appliance tip-over injuries and deaths over the same time period extending from FY 2015 to FY 2018 (specific months included depend on data availability). Before conducting ROI analysis, FMG will collaborate with CPSC to determine inputs for marketing communication spend.

We expect to use CPSC's National Electronic Injury Surveillance System (NEISS) data repository for the purpose of collecting tip-over injuries and deaths. The criteria for inclusion in our analysis will follow from those reported in appendices A and B in the report "Product Instability or Tip-Over Injuries and Fatalities Associated with Televisions, Furniture, and Appliances: 2018 report." We intend to obtain the data directly from NEISS and use the date field offered in an effort to obtain month-by-month counts of injuries and fatalities as opposed to year-by-year estimates reported in the 2018 report.

We expect to collect NEISS data for two to three years prior to FY 2015 in an effort to train a time series model that will adjust the data for natural fluctuations over time such as seasons or months in which consumers are more exposed to possible tip overs (e.g., winter months spend more indoors in colder climates) in terms of injuries and fatalities. This adjustment for natural fluctuation will assist in ensuring that chance correlations with marketing communication spend will not be associated with injuries and fatalities as they change over years, seasons, and months in the data.

We also expect to distribute the yearly marketing communication spend across all months in which the spend is allocated in a fiscal year as well as when the impressions were generated. We will use CPSC's expertise to attempt to best allocate the spend and impressions to different months to accurately reflect when the spend was likely to have been allocated. As an alternative, we may simply allocate spend and impressions equally to all months in the fiscal year period.

### ROI Deliverable (Encompassed in Final Report)

The ROI deliverable will provide CPSC with both an estimate of the association between marketing communication spend as well as media impressions and tip-over injuries and

fatalities. It will also provide an estimation of “lag time” in months between when the spend is implemented to when a change in the number of injuries and fatalities among the American population is observed.

### **Final Report**

The final report at the conclusion of the research will include the findings gleaned from all phases of the research as outlined in the process model. This report will include findings from the communications audit, stakeholder interviews, logic model development, survey pretesting, fielding, survey analysis, and ROI analysis. The report will synthesize the research findings into recommendations for improving the future of the campaign. The report will recommend best practices in reaching targeting audiences, will identify benchmarks for measuring success, and will include a communications strategy plan that identifies gaps and opportunities to improve effective communication of campaign information.

## Appendix H: Additional Analyses

The following analyses were conducted to test several exploratory hypotheses related to the priority research questions. Significance for all tests was conducted at the  $p < .05$  level to balance the potential between type I and type II errors. Because of the quantity of tests performed (i.e., multiple comparisons) and the relatively small sample size, results should be interpreted with caution. Overall, these statistical tests were chosen due to their robustness (i.e., their ability to provide accurate answers even when assumptions are violated) and ease of interpretation.

- Chi-square tests were conducted to compare categorical item frequencies between two or more subgroups, to determine whether there was a relationship between subgroups and frequencies of response to the survey item of interest.
- T-tests were conducted to test differences in proportions between binary variables (e.g., both variables could be coded as yes/no).
- Likert-type scale items (e.g., items on a scale of one to five, or ‘strongly disagree’ to ‘strongly agree’) were treated as continuous variables to facilitate mean score comparisons between subgroups.<sup>21</sup>
  - Likert scales can be very close to being normally distributed, sufficiently so that they fit better to a Normal than to an ordered logistic distribution. This is because the Normal distribution is more efficient in representing the data (i.e., in terms of fewer parameters to represent the same data than an alternative like an ordered logit).
  - Independent sample two-tailed *t*-tests were performed to compare mean scores for two subgroups, and one-way analysis of variance (ANOVA) tests were performed to compare mean scores for three or more subgroups.
  - When one-way ANOVA tests indicated a significant difference, we conducted post-hoc pairwise comparisons between subgroups with a Bonferroni adjustment to identify which subgroups differed from each other.
- Pearson correlations were conducted to examine the relationship between two Likert-type scaled variables; responses for these variables were approximately normally distributed in general.
  - Regarding a normality assumption for Pearson correlations, it is a useful approximation and alternatives like the Spearman correlation tend to produce identical results especially at large sample sizes. Pearson correlations tend to be smaller than Spearman correlations for most categorical variables as well, which makes them more conservative overall.

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<sup>21</sup> Norman, G. (2010). Likert scales, levels of measurement and the “laws” of statistics. *Advances in Health Sciences Education*,

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All reported analyses were independently replicated by a second analyst to reduce the likelihood of errors. Numbers, tables, findings, and interpretation were double-checked independently to ensure accuracy, according to FMG-standard procedures.

### **Awareness and Behavior**

There was one statistically significant difference in anchoring behavior related to sex. According to a *t*-test, there was a marginal but not statistically significant difference in reported TV anchoring behavior between men and women,  $t(700) = 1.89, p = .06$ . However, a significantly greater proportion of men than women reported ever anchoring furniture,  $t(700) = 2.67, p = .008$ .

Overall, a chi-square test revealed that there was a significant relationship between caregiver type and anchoring behavior,  $(X^2(1, N = 702) = 13.97, p = .003)$ . A greater proportion of parents reported ever anchoring both furniture and TV compared to caregivers  $(X^2(1, N = 702) = 13.84, p < .001)$ . There were no statistically significant differences between parents and caregivers for the frequency of anchoring TVs only ( $p = .49$ ), anchoring furniture only ( $p = .11$ ), and anchoring neither ( $p = .06$ ). However, there was a non-significant indication that a higher proportion of caregivers had not anchored at all compared to parents. A significantly greater proportion of homeowners reported ever anchoring both TVs and furniture compared to renters,  $X^2(1, N = 685) = 6.05, p = .014$ .

### **Risk Severity**

ANOVAs were conducted among different subgroups of respondents to better understand how perceptions of risk severity (Q13 and Q14) relate to respondents' personal experience with furniture and/or TV tip-over (Q35). It was hypothesized that personal experience with tip-over would be associated with increased risk severity, due to respondents with personal tip-over experience being more likely to understand the risk severity. The results below support this hypothesis.

In order to facilitate comparisons across subgroups, subgroups' mean agreement scores were calculated for Likert-type scale items (1 = strongly disagree to 5 = strongly agree). A one-way ANOVA determined that the mean agreement scores for the statement "unanchored furniture can tip over" significantly differed among respondents with various tip-over experience ( $F(2,699) = 3.14, p = .044$ ). A Bonferroni post hoc test revealed that the mean score for respondents who experienced tip-over themselves ( $M = 4.21, SD = 1.02$ ) was marginally, but not significantly higher ( $p = .059$ ) than respondents who have not experienced tip-over ( $M = 3.95, SD = 1.08$ ). This finding presents mixed results that respondents who have personally experienced tip-over more strongly agreed that unanchored tv furniture can tip-over compared to respondents who have not experienced tip-over.

Similarly, a one-way ANOVA determined that the mean agreement scores for the statement “unanchored furniture or TVs can lead to injury or death” significantly differed among respondents with various tip-over experience (Q35;  $F(2,699) = 3.91, p = .021$ ; see Table 6). Bonferroni post hoc analyses revealed that the mean score for respondents who have not experienced tip-over ( $M = 4.04, SD = 0.95$ ) was significantly lower ( $p = .045$ ) than respondents who know someone who has experienced tip-over ( $M = 4.28, SD = 0.92$ ). Respondents who have experienced tip-over had a mean agreement score ( $M = 4.22, SD = 0.93$ ) that fell between respondents who know someone who has experienced tip-over ( $M = 4.28, SD = 0.92, p = 1.00$ ) and respondents who have not experienced tip-over at all ( $M = 4.22, SD = 0.93; p = .203$ ), though this did not significantly differ from the other two subgroups. Overall, respondents who know someone who has experienced tip-over indicate higher agreement that unanchored furniture or TVs can lead to injury or death compared to respondents who have no experience with tip-over.

### **Risk Severity Perceptions Related to Anchoring Behavior (Composite of Q5 and Q6)**

ANOVAs were conducted to better understand how perceptions of risk severity (Q13 and Q14) relate to anchoring behaviors (Q5 and Q6). It was hypothesized that respondents who had ever anchored would report greater agreement with risk severity statements than those who do not. People who perceive greater risk severity would be more likely to take action to mitigate that risk, according to the HBM. The results below support this hypothesis.

ANOVA tests were conducted on the mean agreement scores to more closely examine differences among anchoring behavior subgroups. A one-way ANOVA test revealed that the mean agreement scores for the statement that “unanchored furniture can tip over” (Q13) significantly differed among respondents with differing anchoring behaviors ( $F(3, 698) = 3.86, p = .009$ ). A Bonferroni post hoc test showed that the mean score for respondents who anchor both their TVs and furniture ( $M = 4.15, SD = 1.21$ ) was significantly higher than respondents who had not anchored their TVs or their furniture ( $M = 3.86, SD = 0.95; p = .027$ ). Therefore, respondents who ever anchored both their TVs and furniture have a higher mean agreement to the statement that unanchored furniture can tip over compared to respondents who had not anchored their TVs or their furniture.

A one-way ANOVA determined that the mean agreement scores for the statement, “unanchored furniture or TVs can lead to injury or death” significantly differed among respondents with various anchoring behaviors ( $F(3, 698) = 12.71, p < .001$ ). Bonferroni post hoc tests were conducted to examine which anchoring behavior subgroups’ agreement scores differed from each other (see Table H.1). Overall, respondents who had anchored both furniture and/or TVs and those who had only anchored their furniture have higher mean agreement scores compared to those who had anchored only their TVs or who had anchored neither TVs nor furniture.

**Table H.1. Risk Severity Mean Agreement Scores by Anchoring Behavior**

Statements	Anchoring Behavior				Overall ANOVA <i>F</i> (3,698)
	Both <i>n</i> = 238	TV only <i>n</i> = 89	Furniture Only <i>n</i> = 150	Neither <i>n</i> = 225	
Q13: Unanchored furniture and/or TVs can tip over	4.15 <sub>a</sub>	3.87 <sub>ab</sub>	4.13 <sub>ab</sub>	3.86 <sub>b</sub>	3.86, <i>p</i> = .009
Q14: Furniture and/or TV tip-overs can lead to injury or death	4.35 <sub>a</sub>	3.85 <sub>b</sub>	4.23 <sub>a</sub>	3.89 <sub>b</sub>	12.71, <i>p</i> < .001

Note. Within each row, means with different subscripts differ at the .05 level of significance according to a Bonferroni test.

Overall, parents more frequently agreed with risk severity statements compared to caregivers. Awareness of risks is related to anchoring behavior as expected—in general, respondents who anchor indicated more agreement with these risks than those who do not anchor at all.

Furthermore, as hypothesized, there is evidence that respondents who have personally experienced tip-over or know someone who has experienced tip-over have higher agreement with these statements about tip-over risk compared to those who have not experienced tip-over. This subgroup difference highlights that having a personal experience or knowing someone that has experienced tip-over can affect general acknowledgement of the risks associated with not anchoring furniture and/or TVs. However, this finding presents a potential challenge—the need to educate parents and caregivers who lack personal tip-over experience about these risks and encourage them to prevent tip-over incidents that could harm their children.

Overall, these findings highlight that the majority of respondents are aware of the consequences associated with not anchoring furniture and/or TVs and that increased awareness could relate to their taking actions to prevent tip-over.

### Risk Susceptibility

ANOVAs were conducted to better understand whether perceptions of risk susceptibility (Q15 and Q16) differ based on anchoring behavior (Q5 and Q6). A one-way ANOVA test revealed that the mean agreement scores for the claim that “furniture and/or TVs do not need to be anchored to a wall if I watch the child (or children) in my home” (Q15) significantly differed among respondents with various anchoring behaviors ( $F(3, 698) = 45.48, p < .001$ ). Bonferroni post hoc tests further showed that the mean agreement score for respondents who had not anchored at all is significantly higher than for respondents who had ever anchored their furniture ( $p < .001$ ), who had ever anchored their TVs ( $p = .041$ ), and who had ever anchored both their furniture and TVs ( $p < .001$ ). Therefore, the subgroup of respondents who had not anchored have a significantly higher mean agreement score with this misconception than all three subgroups who had anchored, supporting the hypothesis. Additionally, the mean agreement score for the subgroup that only had anchored

TVs is higher than for the subgroups who had anchored furniture only ( $p = .001$ ) and who anchor both ( $p < .001$ ).

A one-way ANOVA test revealed that the mean agreement scores for the claim, “the only way furniture and/or TVs can tip over is when children are climbing on it” (Q16) significantly differ among respondents with various anchoring behaviors ( $F(3, 698) = 45.48, p < .001$ ). A Bonferroni post hoc test further showed that the mean agreement score for respondents who had not anchored is significantly higher than for respondents who had ever anchored their furniture ( $p < .001$ ), respondents who anchor their TVs ( $p < .001$ ), and respondents who had anchored both their furniture and TVs ( $p < .001$ ). Therefore, respondents who had not anchored at all have a higher mean agreement score regarding the statement that tip-over can only occur when children are climbing on furniture and/or TVs compared to respondents who had ever anchored their furniture, TVs, or both, supporting the hypothesis (see Table H.2).

**Table H.2. Risk Severity Mean Agreement Scores by Anchoring Behavior**

Statements	Anchoring Behavior				Overall ANOVA $F(3,698)$
	Both	TV only	Furniture Only	Neither	
Q15: Furniture (e.g., dressers, bookshelves) and/or TVs do not need to be anchored (secured) to a wall if I watch the child (or children) in my home.	1.92 <sub>a</sub>	2.61 <sub>b</sub>	2.11 <sub>a</sub>	2.95 <sub>c</sub>	45.58, $p < .001$
Q16: The only way furniture and/or TVs can tip over is when children are climbing on it	2.08 <sub>a</sub>	2.36 <sub>a</sub>	2.15 <sub>a</sub>	2.90 <sub>b</sub>	31.51, $p < .001$

Note. Within each row, means with different subscripts differ at the .05 level of significance according to a Bonferroni test

## Risk Susceptibility

Pearson correlation tests were conducted to better understand how respondents’ risk severity (Q13 and Q14) relates to respondents’ risk susceptibility assessments (perceived likelihood of tip-over) (Q18). It was hypothesized that respondents who indicate more agreement with the harms associated with tip-over are more likely to agree that tip-over could occur during various time periods (e.g., the next week through the next three years), as those who perceive greater risk severity may also perceive greater risk susceptibility. This hypothesis was not supported. Pearson correlation tests indicated no significant relationships between respondents’ agreement with risk susceptibility and respondents’ perceived likelihood of tip-over (all  $p > .05$ ).

Similar to risk severity, respondents’ anchoring behavior directly relates to agreement of risk susceptibility statements, as hypothesized. Compared to those who had ever anchored, a higher proportion of respondents who had not anchored their furniture or TVs agreed with the beliefs that anchoring is unnecessary if you watch your children and that tip-over can

only occur when children are climbing on furniture and/or TVs. This finding supports the statement that believing these misconceptions contributes to some parents and caregivers not anchoring.

### General Tip-Over Awareness

A *t*-test revealed that the mean agreement score for the statement that “unanchored furniture and/or TVs can tip over” was significantly higher for respondents who recall being exposed to tip-over information ( $M = 4.06$ ,  $SD = 1.11$ ) compared to respondents who recalled no exposure to tip-over information ( $M = 3.82$ ,  $SD = 1.02$ ;  $t(700) = -2.28$ ,  $p = .023$ ). Overall, respondents who recalled exposure to tip-over information have a higher mean agreement score for the statement that furniture and/or TVs that are not anchored to the wall can tip over (Q13), supporting the general hypothesis.

Similarly, a *t*-test revealed that the mean score for agreement with the statement that “furniture and/or TV tip-overs can lead to injury or death” was significantly higher for respondents who reported exposure to tip-over information ( $M = 4.17$ ,  $SD = 0.94$ ) compared to respondents who reported no exposure to tip-over information ( $M = 3.83$ ,  $SD = 0.94$ );  $t(700) = -3.69$ ,  $p < .001$ . Therefore, respondents who reported exposure to tip-over information indicate higher mean agreement that furniture and/or TVs that are not anchored to a wall can lead to injury or death (Q14) compared to respondents who reported no exposure to anchoring information, also supporting the hypothesis.

*T*-tests were conducted to gain better insight into how exposure to tip-over information (Q4) relates to respondents’ anchoring behaviors (Q5 and Q6). It was hypothesized that a higher proportion of respondents who recalled exposure to tip-over information would report anchoring behavior, compared to those who had not been previously exposed. A *t*-test of proportions was conducted to examine how respondents’ exposure to tip-over information relates to respondents’ TV anchoring behavior. The *t*-test highlighted that there was no significant relationship between these variables,  $t(700) = -1.32$ ,  $p = .19$ .

Similarly, a *t*-test was performed to examine how respondents’ exposure to tip-over information (Q4) relates to respondents’ furniture anchoring behavior (Q6). The relationship between these variables was significant,  $t(700) = -3.92$ ,  $p < .001$ . A greater proportion of respondents who recalled being exposed to tip-over information reported ever anchoring their furniture compared to those who reported no exposure to tip-over information.

A chi-square test of independence was conducted to examine how respondents’ exposure to tip-over information relates to their overall anchoring behavior. The chi-square test demonstrated a significant relationship between these two variables,  $\chi^2(3, N = 702) = 15.48$ ,  $p < .001$ . Specifically, a higher proportion of respondents who recall exposure to anchoring information (both  $p$ ’s  $< .05$ ) reported having ever anchored furniture or ever anchoring both TVs and furniture (see Table 3.10), supporting the hypothesis. Compared to those who

reported no exposure to anchoring information (29%), a higher proportion of respondents who reported no exposure to anchoring information reported that they had neither anchored TV nor furniture (44%) ( $p = .032$ ). The proportion of respondents who had ever anchored their TV only did not differ between those who reported exposure (12%) and who reported no exposure (16%) to anchoring information ( $p = .23$ ).

T-tests were conducted to better understand how respondents' exposure to tip-over information (e.g., ads, news, PSAs) (Q4) relates to respondents' risk severity perceptions (Q13 and Q14).

As hypothesized, a larger proportion of respondents that have been exposed to tip-over information agreed that unanchored furniture and/or TVs can tip over, which can lead to injury or death, compared to those that have not been exposed. This finding supports the statement that tip-over information exposure could effectively lead to greater awareness and acknowledgement of associated risks.

As hypothesized, a higher proportion of respondents who have been exposed to anchoring information also reported having anchored their furniture or anchoring both furniture and TV. There was a lack of significance between respondents who have been exposed to anchoring information and reported having anchored only their TV. Conversely, a larger proportion of respondents who had not been exposed to anchoring information reported that they had neither anchored their TV nor furniture. This collection of findings further supports the hypothesis that exposure to tip-over information could increase knowledge about the dangers of not anchoring, which in turn leads caregivers to take action by anchoring their furniture and/or TVs.

### **Brand and Campaign Awareness**

T-tests were conducted to better understand how respondents' awareness of CPSC and the *Anchor It!* campaign relates to respondents' knowledge of harms associated with furniture and/or TV tip-over.

#### **CPSC and *Anchor It!* Awareness and Awareness of Tip-over**

A t-test revealed that respondents who are aware of CPSC have a significantly different mean agreement score to the statement that unanchored furniture can tip over compared to respondents who are not aware of CPSC,  $t(682) = -2.33$ ,  $p = .02$ . Findings suggest that respondents who are aware of CPSC have greater mean agreement that unanchored furniture can tip over compared to respondents who are not aware of CPSC.

A t-test revealed that respondents who are aware of CPSC have a significantly different mean agreement score for the statement that unanchored furniture can lead to injury or death compared to respondents who are not aware of CPSC,  $t(682) = -2.83$ ,  $p = .005$ . The data suggests that respondents who are aware of CPSC have a higher mean agreement score for

the statement that unanchored furniture can lead to injury or death, compared to respondents who are not aware of CPSC. This finding supports the hypothesis of awareness of CPSC relating to more awareness and agreement regarding tip-over risk.

A *t*-test showed that there was not a statistically significant difference between respondents who are aware or not aware of the *Anchor It!* campaign in relation to the statement that unanchored furniture can tip over,  $t(700) = -1.65$ ,  $p = .099$ , though the mean agreement scores are trending in the desired direction ( $M = 4.20$ ,  $SD = 1.12$  for those aware of the *Anchor It!* campaign and  $M = 3.99$ ,  $SD = 1.09$  for those who were not aware of the campaign). Thus, there is not clear evidence that campaign awareness is related to increased risk severity agreement about the possibility of tip-over.

A *t*-test revealed that there is a significant difference related to *Anchor It!* awareness for having knowledge of harm related to furniture and/or tip-over,  $t(700) = -2.32$ ,  $p = .021$ . Results suggest that respondents who are aware of the *Anchor It!* campaign indicated higher mean agreement that unanchored furniture can lead to injury or death compared to respondents who are not aware of the *Anchor It!* campaign, supporting the overall hypothesis.

As hypothesized, a greater proportion of respondents who were aware of CPSC agreed that unanchored furniture can tip over and lead to injury or death compared to those that were not aware of CPSC. In addition, awareness of the *Anchor It!* campaign is also related to higher agreement that unanchored furniture can lead to injury or death. A combination of these findings suggests a positive relationship between awareness of CPSC and/or the *Anchor It!* campaign and knowledge of dangers from not anchoring. These findings show support for the preliminary effectiveness of CPSC's messaging efforts.

### **CPSC and *Anchor It!* Awareness and Perceived Likelihood of Tip-over**

*T*-tests were conducted to gain insight into how respondents' awareness of CPSC and the *Anchor It!* campaign relates to respondents' perceived likelihood of tip-over. It was hypothesized that awareness of CPSC and the campaign would be related to higher perceived likelihood of tip-over, due to increased awareness.

*T*-tests suggest that respondents who are aware of CPSC agree significantly more that they will experience tip-over in the next 6 months,  $t(679) = 2.06$ ,  $p = .04$ , next year,  $t(678) = 2.58$ ,  $p = .01$ , and in the next three years,  $t(679) = 2.84$ ,  $p = .005$ , compared to those who are not aware of CPSC. There were no differences in mean agreement scores between those aware of CPSC and unaware of CPSC for likely tip-over in the next week or month, nor the statement "my furniture and/or TVs could not tip over" (all  $p > .05$ ). Overall, respondents who are aware of CPSC may be more likely to agree that they will experience tip-over in the next six months, the next year, and the next three years compared to those that are not aware of CPSC, partially supporting the hypothesis.

T-tests showed that there were no differences in perceived likelihood of tip-over over various time spans between those who were aware versus unaware of *Anchor It!* (all  $p > .05$ ), not supporting the hypothesis. A  $t$ -test revealed that respondents who are aware of the *Anchor It!* campaign ( $M = 3.14$ ,  $SD = 1.42$ ) have significantly higher mean agreement scores related to the statement that their furniture and/or TVs could not tip over compared to respondents who are not aware of the campaign ( $M = 2.84$ ,  $SD = 1.24$ ),  $t(600) = -2.06$ ,  $p = .04$ . Findings suggest that respondents who are aware of the *Anchor It!* campaign more frequently agree that their furniture and/or TVs could not tip over compared to respondents who are not aware of the campaign.

### **How Awareness of CPSC and the *Anchor It!* Campaign Relate to Anchoring Behaviors**

Chi-square tests were conducted to better understand how respondents' awareness of CPSC and the *Anchor It!* campaign relate to respondents' anchoring behaviors. It was hypothesized that a higher proportion of respondents who are aware of CPSC or who have been exposed to the *Anchor It!* campaign will have ever anchored their furniture or TVs. The following results support this hypothesis.

A  $t$ -test revealed a significant relationship between respondents who are aware of CPSC and ever anchoring TVs,  $t(682) = -2.93$ ,  $p = .004$ . Results indicate that a larger proportion of respondents who were aware of CPSC reported anchoring their TVs compared to those who were not aware of CPSC.

Similarly, a  $t$ -test showed a significant relationship between respondents who are aware of CPSC and ever anchoring furniture,  $t(682) = -4.12$ ,  $p < 0.001$ . This suggests that a greater proportion of respondents who were aware of CPSC reported ever anchoring their furniture compared to those who were not aware of CPSC.

A  $t$ -test revealed that there was a significant relationship between respondents who are aware of the *Anchor It!* campaign and ever anchoring TVs,  $t(700) = -2.43$ ,  $p = 0.015$ . Data suggests that a larger proportion of respondents who were aware of the *Anchor It!* campaign reported ever anchoring their TVs compared to those who were not aware of the campaign.

A  $t$ -test indicated that there was a significant relationship between respondents who are aware of the *Anchor It!* campaign and anchoring furniture,  $t(700) = -4.07$ ,  $p < .001$ . Overall, results suggest that a higher proportion of respondents who were aware of the *Anchor It!* campaign reported ever anchoring their furniture compared to those who are not aware of the campaign.

Together, these findings support the hypothesis that a higher proportion of respondents who are aware of CPSC or who have been exposed to the *Anchor It!* campaign have ever anchored their furniture and TVs, indicating a positive relationship between awareness of CPSC and/or *Anchor It!* and desired anchoring behavior. However, this research cannot

determine the causal direction of that relationship. More specifically, respondents who are aware of CPSC and the *Anchor It!* campaign had a higher prevalence of anchoring furniture than anchoring TVs. This particular finding indicates that respondents may prioritize anchoring furniture over TVs or that they may not be aware that they need to anchor their TVs to prevent tip-over.

Overall, the findings demonstrate that awareness of CPSC and the *Anchor It!* campaign does positively relate with respondents' anchoring behaviors as intended and hypothesized. However, this study is unable to determine whether CPSC's efforts were the primary drivers of parents and caregivers' anchoring actions, as respondents reported many sources of information.

A majority of respondents assessed that tip-over is very unlikely or unlikely to occur within their home. This could be because they do not acknowledge tip-over risks or that they have taken proper steps to anchor to prevent tip-over by anchoring. Examining this finding more closely, it was evident that respondents who are aware of the *Anchor It!* campaign more frequently agreed that their furniture and/or TVs could not tip over compared to those who are not aware of the campaign. This interesting finding may be due to participants anchoring their furniture and coming to the conclusion that their furniture and/or TVs will not tip over due to the preventative actions they took.

### **Beliefs about Benefits and Barriers**

ANOVAs were conducted to further understand how respondents' anchoring beliefs relate to their anchoring behaviors and identify any significant differences among various subgroups of respondents based on their behaviors. It was hypothesized that participants who had ever anchored will indicate higher mean agreement with the benefits of anchoring (Q17A–E) and have lower mean agreement with barriers to anchoring (Q17F–J). The HBM predicts that perceived benefits and perceived barriers relate to the likelihood of performing a behavior to reduce risk. The results below support this hypothesis.

Although there are a few differences in mean agreement scores among the subpopulations who anchor (see Table H.4), respondents who have not anchored consistently have significantly lower mean agreement scores for the benefits of anchoring (Q17A–E). Furthermore, respondents who have not anchored have significantly higher mean agreement scores for the barriers related to anchoring (Q17F–J) compared to respondents who anchor their furniture and/or TVs. These analyses support the hypothesis that differences in endorsements of anchoring benefits and barriers systematically varies between those who had and had not ever anchored.

**Table H.4. Mean Agreement with Anchoring Beliefs by Overall Anchoring Behavior**

Q17 Statements: I believe that anchoring my furniture and TVs...	Anchoring Behavior				ANOVA <i>F</i> (3,699)
	Both	TV only	Furniture Only	Neither	
Q17A: Will protect my children	4.46 <sub>a</sub>	4.09 <sub>b</sub>	4.23 <sub>b</sub>	3.83 <sub>c</sub>	28.73, <i>p</i> < .001
Q17B: Will prevent accidents	4.29 <sub>a</sub>	4.16 <sub>a</sub>	4.15 <sub>a</sub>	3.76 <sub>b</sub>	17.76, <i>p</i> < .001
Q17C: Give peace of mind	4.39 <sub>a</sub>	4.17 <sub>a</sub>	4.28 <sub>a</sub>	3.58 <sub>b</sub>	43.68, <i>p</i> < .001
Q17D: Easy to do	3.92 <sub>a</sub>	3.45 <sub>b</sub>	3.68 <sub>b</sub>	3.07 <sub>c</sub>	33.79, <i>p</i> < .001
Q17E: Easy to purchase	4.07 <sub>a</sub>	3.66 <sub>b</sub>	3.69 <sub>b</sub>	3.30 <sub>c</sub>	30.89, <i>p</i> < .001
Q17F: Is a waste of time	1.56 <sub>a</sub>	1.85 <sub>b</sub>	1.66 <sub>ab</sub>	2.45 <sub>c</sub>	57.68, <i>p</i> < .001
Q17G: Is too expensive	1.87 <sub>a</sub>	2.13 <sub>a</sub>	2.03 <sub>a</sub>	2.55 <sub>b</sub>	26.17, <i>p</i> < .001
Q17H: Is unnecessary because I watch the children	1.86 <sub>a</sub>	2.37 <sub>b</sub>	2.09 <sub>ab</sub>	3.10 <sub>c</sub>	68.28, <i>p</i> < .001
Q17I: Is unnecessary because I don't have heavy furniture or large TVs	1.92 <sub>a</sub>	2.31 <sub>b</sub>	2.09 <sub>ab</sub>	2.82 <sub>c</sub>	42.46, <i>p</i> < .001
Q17J: Will damage my walls	2.64 <sub>a</sub>	2.83 <sub>a</sub>	2.72 <sub>a</sub>	3.34 <sub>b</sub>	20.35, <i>p</i> < .001

Note. Within each row, means with different subscripts differ at the .05 level of significance according to a Bonferroni test. For Q17D, Both and Furniture Only differ at the .10 level of significance

### Importance of Anchoring in Relation to Anchoring Behavior

A one-way ANOVA was conducted to better understand if there was a significant relationship between respondents' anchoring behavior and their beliefs toward the importance of anchoring (Q32),

The one-way ANOVA test revealed that the mean agreement score for the importance of anchoring (Q32) significantly differs among respondents with varying anchoring behaviors ( $F(3, 698) = 18.84, p < .001$ ) (see Table H.5).

**Table H.5. Importance of Anchoring by Anchoring Behavior**

Statement	Overall	Anchoring Behavior				<i>F</i> (3,698)
		Both	TV only	Furniture Only	Neither	
Q32: Importance of Anchoring	3.62	3.94 <sub>a</sub>	3.48 <sub>b</sub>	3.89 <sub>a</sub>	3.15 <sub>b</sub>	18.84, <i>p</i> < .001

Note. Within the row, means with different subscripts differ at the .05 level of significance according to a Bonferroni test. However, the TV only and Furniture only subgroups differ at a  $p < .10$  level of significance.

Overall, respondents who had ever anchored their furniture only or both TV and furniture had higher mean agreement that anchoring is important, compared to respondents who had ever anchor TV only and those who had not anchored.

As hypothesized, respondents who had not anchored did not agree as much with the benefits of anchoring and more frequently agreed with the barriers to anchoring. This finding supports our hypothesis that differences in endorsements of anchoring benefits and barriers varies between respondents who do and do not anchor. Therefore, special consideration should be given to helping parents and caregivers overcome anchoring barriers by correcting these misconceptions through messaging.

### Self-Efficacy

According to several *t*-tests, on average, men indicated higher self-efficacy regarding going out and buying correct products,  $t(699) = 3.77, p < .001$ , effectively installing anchors,  $t(700) = 4.88, p < .001$ , and repairing walls after removing anchors  $t(700) = 4.59, p < .001$ , compared to women.

**Table H.6. Self-Efficacy in Ability to Anchor by Gender**

Q33: How confident are you that you can complete each action below?	Sex	
	Female	Male
Q33A: Go out and buy the correct anchor and tools to secure my furniture/TVs.	3.93	4.23
Q33B: Effectively install the anchor and secure the furniture/TV to the wall.	3.87	4.24
Q33C: Repair the wall once I remove the anchor.	3.65	4.05

### Behavioral Intentions

A one-way ANOVA was conducted to better understand how self-efficacy regarding anchoring furniture relates to behavior associated with anchoring furniture. It was hypothesized that respondents who anchor their furniture will report more confidence in their ability to anchor furniture. Overall, the results support this hypothesis, such that respondents who do not anchor at all report lower self-efficacy for all three actions compared to respondents who anchor their furniture and/ or TVs (see Table H.7). In addition, respondents who anchor both their furniture and TVs have a higher self-efficacy than respondents who only anchor their furniture or only anchor their TVs.

**Table H.7. Mean Self-Efficacy Scores by Anchoring Behavior**

Q33: How confident are you that you can complete each action below?	Anchoring Behavior				F (3,698)
	Both	TV only	Furniture Only	Neither	
Q33A: Go out and buy the correct anchor and tools to secure my furniture/TVs.	4.44 <sub>a</sub>	4.06 <sub>b</sub>	4.11 <sub>b</sub>	3.58 <sub>c</sub>	29.92, $p < .001$
Q33B: Effectively install the anchor and secure the furniture/TV to the wall.	4.43 <sub>a</sub>	4.07 <sub>b</sub>	4.17 <sub>b</sub>	3.44 <sub>c</sub>	39.25, $p < .001$
Q33C: Repair the wall once I remove the anchor.	4.18 <sub>a</sub>	3.81 <sub>b</sub>	3.83 <sub>b</sub>	3.39 <sub>c</sub>	18.69, $p < .001$

Note. Within the row, means with different subscripts differ at the .05 level of significance according to a Bonferroni test. However, for Q33B, the Both and Furniture only subgroups differ at a  $p < .10$  level of significance. For Q33C, the post hoc test comparing Both and Anchor TV only subgroups differ at a  $p < .10$  level of significance.

A one-way ANOVA revealed numerous significant relationships between respondents' behavioral intentions to anchor and respondents' tip-over experience. Overall, respondents who have personal experience with tip-over or know someone who has experienced tip-over have higher mean likelihood scores related to carrying out the listed anchoring actions than those with no experience with tip-over, supporting our hypothesis.

Gender differences emerged for the behavioral intention items. Among those who had not anchored, women indicated a higher mean intention of conducting various information-seeking and anchoring behaviors compared to men, all  $t < -2.91$ , all  $p < .05$  (see Table H.8).

**Table H.8. Behavioral Intentions by Sex**

Q34: In the next few months, how likely is it that you will...?	Sex	
	Female	Male
Q34A: Go out and buy anchors for your furniture/TVs	2.98	2.77
Q34B: Install the anchors to my furniture/TVs	3.11	2.81
Q34C: Consider talking to a friend or family member about anchoring furniture/TVs	3.43	3.02
Q34D: Visit CPSC's <i>Anchor It!</i> website or social media pages to learn more	3.07	2.73
Q34E: Research the types of anchors for your furniture/TVs	3.12	2.81
Q34F: Look up more information about anchoring furniture/TVs	3.16	2.78

### Knowledge and Awareness of Harms Associated with Tip-Over in Relation to Intention to Anchor

A Pearson correlation test was conducted to better understand how knowledge and awareness of the harms associated with tip-over (Q13–Q16) relates to respondents' intentions to anchor furniture and/or TVs in the future. It was hypothesized that respondents' level of agreement with tip-over harms would be positively related to their likelihood of taking steps to anchor their furniture, TVs, and/or both. Conversely, we

hypothesized that respondents' endorsements of tip-over misconceptions would be negatively related to their likelihood to anchor furniture and/or TVs. The results below support both hypotheses.

Overall, respondents' agreement with risk susceptibility statements (Q13 and Q14) significantly positively correlated with all anchoring behavioral intentions (Q34; see Table H.9). Furthermore, respondents' agreement with the claim that furniture does not need to be anchored if you watch your child and the only way furniture and/or TVs can tip over is when children are climbing on it (Q15 and Q16) negatively correlated with all behavior intentions (Q34). Therefore, respondents who had a higher agreement with these claims had a lower likelihood of intending to perform steps related to anchoring behaviors. These findings supported the hypothesis.

**Table H.9. Correlations between Risk Susceptibility Perceptions and Behavioral Intentions**

Statements	Q34: In the next few months, how likely is it that you will...?					
	Q34A: Go out and buy anchors for your furniture/TVs	Q34B: Install the anchors to my furniture/TVs	Q34C: Consider talking to a friend or family member about anchoring furniture/TVs	Q34D: Visit CPSC's <i>Anchor It!</i> website or social media pages to learn more	Q34E: Research the types of anchors for your furniture/TVs	Q34F: Look up more information about anchoring furniture/TVs
Q13: Unanchored furniture and/or TVs can tip over	.11**	.14***	.13***	.12**	.11**	.12**
Q14: Furniture and/or TV tip-overs can lead to injury or death	.15**	.18***	.17***	.15**	.13***	.13***
Q15: Furniture (e.g., dressers, bookshelves) and/or TVs do not need to be anchored (secured) to a wall if I watch the child (or children) in my home.	-.20***	-.19***	-.25***	-.16***	-.19***	-.15***
Q16: The only way furniture and/or TVs can tip over is when children are climbing on it	-.15**	-.16**	-.18***	-.15**	-.13**	-.13**

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

As hypothesized, respondents' agreement with risk susceptibility statements positively correlates with all behavioral intentions, indicating that tip-over risk awareness is an important component in driving behavior. In addition, respondents' agreement with the claims that furniture does not need to be anchored if you watch your child and that tip-over only occurs when children are climbing on it negatively correlates with behavioral intentions.

### Intentions to Anchor in Relation to Tip-Over Experience

A one-way ANOVA was conducted to better understand how respondents' intentions to anchor (Q34) relate to personal tip-over experience (Q35). It was hypothesized that respondents who have experienced tip-over or know someone who has will be more likely to take steps to anchor their furniture and/or TVs because they may have greater perceptions of threat, according to the HBM. The following results support this hypothesis.

**Table H.10. Anchoring Behavioral Intentions by Experience with Tip-Over**

Statements	Q35: Have you or someone you know ever experienced furniture and/or TV tip-over?			F (3,698)
	Yes, myself (n = 94)	Yes, someone I know (n = 92)	No (n = 400)	
Q34A: Go out and buy anchors for your furniture/TVs	3.17 <sub>a</sub>	3.05 <sub>b</sub>	2.80 <sub>b</sub>	4.70, $p = .01$
Q34B: Install the anchors to my furniture/TVs	3.24 <sub>a</sub>	3.31 <sub>a</sub>	2.87 <sub>b</sub>	6.93, $p = .001$
Q34C: Consider talking to a friend or family member about anchoring furniture/TVs	3.55 <sub>a</sub>	3.56 <sub>a</sub>	3.13 <sub>b</sub>	9.83, $p < .001$
Q34D: Visit CPSC's <i>Anchor It!</i> website or social media pages to learn more	3.21 <sub>a</sub>	3.26 <sub>a</sub>	2.80 <sub>b</sub>	9.41, $p < .001$
Q34E: Research the types of anchors for your furniture/TVs	3.23 <sub>a</sub>	3.24 <sub>a</sub>	2.89 <sub>b</sub>	5.40, $p = .005$

Note. Within each row, means with different subscripts differ at the .05 level of significance according to a Bonferroni test.

## Appendix I: Return on Investment Analysis

### Set-up and data management

Here the random seed is set, the data are opened and a new year variable “yr” that starts at 0 is defined instead of 2009. The new year variable is preferable to the original in that the model intercept/constant is equivalent to the rate at the start of the data in 2009 using this approach.

```
. version 16

.
. clear all

.
. set seed 1052426

.
. cd "C:\Users\jluchman\Desktop\CPSC\2020\ROI"
C:\Users\jluchman\Desktop\CPSC\2020\ROI

.
. use "C:\Users\jluchman\Desktop\CPSC\2020\ROI\data\CPSC_20_AnchorIt.dta"
(CPSC AnchorIt ROI Analysis)

.
. generate yr = year - 2009
>

.
. label define yr 0 "2009" 1 "2010" 2 "2011" 3 "2012" 4 "2013" 5 "2014" 6
"2015" ///
>          7 "2016" 8 "2017" 9 "2018"

.
. label values yr yr

.
```

### Primary analysis results

For the Poisson regression below, “us\_pop” is used as an exposure factor. The idea here is that now the Poisson model is not predicting “tv\_inj” but, the rate of “tv\_inj” variable a rate out of “us\_pop”.

Spend does not have a significant effect. This is most likely due to the small sample size involved.

The incidence rate ratio for all the effects are reported after the original Poisson.

Bootstrap replications (250)

Poisson regression	Number of obs	=
10		
	Replications	=
249		
	Wald chi2(2)	=
75.74		
	Prob > chi2	=
0.0000		
Log likelihood = -533.49542	Pseudo R2	=
0.9455		

Note: One or more parameters could not be estimated in 1 bootstrap replicate; standard-error estimates include only complete replications.

Poisson regression	Number of obs	=
10		
	Replications	=
249		

```

75.74                                Wald chi2(2)      =
0.0000                                Prob > chi2      =
Log likelihood = -533.49542            Pseudo R2       =
0.9455

```

-----						
		Observed	Bootstrap			Normal-based
tv_inj		IRR	Std. Err.	z	P> z	[95% Conf.
-----+-----						
spend		.9999998	6.28e-07	-0.28	0.778	.9999986
1.000001						
yr		.8690215	.0223139	-5.47	0.000	.8263693
.9138751						
_cons		.0000606	5.01e-06	-117.37	0.000	.0000515
.0000712						
ln(us_pop)		1	(exposure)			
-----						

```

Note: _cons estimates baseline incidence rate.
Note: One or more parameters could not be estimated in 1 bootstrap replicate;
      standard-error estimates include only complete replications.

```

## Follow-up Results

### Marginal effect of spend

The first follow-up result is the marginal effect of spend that presents the expenditure effect in a way that is easier to interpret but mischaracterizes the effect a bit.

This result suggests that, on average, as the effect of spend increases 100%, injuries decrease by ~5%.

```
. margins if year > 2014, eyex(spend)
```

```

Average marginal effects            Number of obs      =
4
Model VCE      : Bootstrap

Expression      : Predicted number of events, predict()
ey/ex w.r.t.    : spend

```

-----						
		Delta-method				
		ey/ex	Std. Err.	z	P> z	[95% Conf.
Interval]						

```

-----+-----
-
      spend |   -.053562   .1897245   -0.28   0.778   -.4254152
.3182911
-----
-

```

## Marginal effect of spend for an example year

This section outlines the hypothetical effect of different spend levels for the first year of the Anchor It! campaign.

It is intended to be an example of the effect spend has on reducing injuries.

```

. margins if year == 2015, at(spend = (0(100000)400000))
Warning: prediction constant over observations.

```

```

Predictive margins                                Number of obs      =
1
Model VCE      : Bootstrap

Expression     : Predicted number of events, predict()

1._at          : spend                =              0
2._at          : spend                =          100000
3._at          : spend                =          200000
4._at          : spend                =          300000
5._at          : spend                =          400000

```

```

-----+-----
-
      |               Delta-method
      |      Margin   Std. Err.      z    P>|z|     [95% Conf.
Interval]
-----+-----
-
      _at |
1      1 |   8364.193   800.6548   10.45   0.000   6794.939
9933.448
2      2 |   8217.109   476.2881   17.25   0.000   7283.602
9150.617
3      3 |   8072.612   596.2093   13.54   0.000   6904.063
9241.161
4      4 |   7930.656   985.702    8.05   0.000   5998.715
9862.596
5      5 |   7791.196  1422.608    5.48   0.000   5002.935
10579.46
-----
-

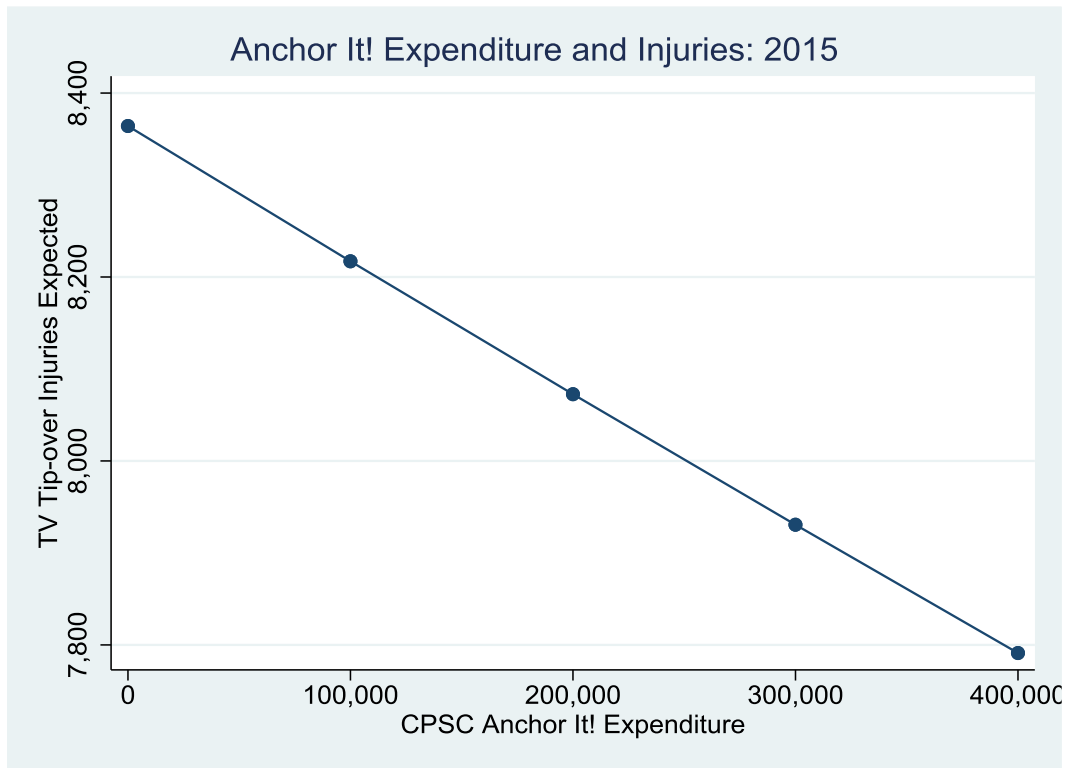
```

```

. marginsplot, noci title("Anchor It! Expenditure and Injuries: 2015") ///
>          xtitle("CPSC Anchor It! Expenditure") ytitle("TV Tip-over Injuries
Expected") ///
>          ylabel(,format(%9.0gc))

```

Variables that uniquely identify margins: spend



## Injuries without spend

This section outlines what the expected trend in injuries would be omitting spend entirely. It is intended to give some context as to what we would expect in the absence of the Anchor It! campaign.

```

. margins, at(yr = (0/9) spend = (0))

```

Adjusted predictions		Number of obs	=
10			
Model VCE	: Bootstrap		
Expression	: Predicted number of events, predict()		
1._at	: spend	=	0
	yr	=	0
2._at	: spend	=	0

	yr	=	1
3._at	: spend	=	0
	yr	=	2
4._at	: spend	=	0
	yr	=	3
5._at	: spend	=	0
	yr	=	4
6._at	: spend	=	0
	yr	=	5
7._at	: spend	=	0
	yr	=	6
8._at	: spend	=	0
	yr	=	7
9._at	: spend	=	0
	yr	=	8
10._at	: spend	=	0
	yr	=	9

		Delta-method				
		Margin	Std. Err.	z	P> z	[95% Conf.
Interval]						
	_at					
22320.72	1	19205.84	1589.254	12.08	0.000	16090.96
18742.77	2	16690.29	1047.203	15.94	0.000	14637.81
15880.77	3	14504.22	702.3324	20.65	0.000	13127.67
13728.84	4	12604.48	573.6639	21.97	0.000	11480.12
12152.1	5	10953.56	611.5074	17.91	0.000	9755.031
10900.05	6	9518.882	704.6919	13.51	0.000	8137.711
9824.092	7	8272.113	791.8405	10.45	0.000	6720.134
8865.484	8	7188.644	855.5466	8.40	0.000	5511.803
7999.485	9	6247.086	894.0976	6.99	0.000	4494.687
7213.211	10	5428.852	910.4039	5.96	0.000	3644.493

```
. marginsplot, noci title("Injuries per Year Assuming No Anchor It!  
Campaign") ///  
>      xtitle("Year") ytitle("TV Tip-over Injuries Expected") ///  
>      ylabel(,format(%9.0gc))
```

Variables that uniquely identify margins: yr

