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Communications Plan
Middlesex London Health Unit
2025-2026 Risk of Electric Scooter Usage

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1. Introduction

For the Middlesex-London Health Unit, innovating public health has always been essential in ensuring the wellness and safety of London citizens. Our team of nearly 300 public health workers seek to promote health and safety resources, practices and clinics on topics including, but not limited to, Infectious Diseases, Immunization and Personal Health & Wellness.

There is a misconception that individuals experience health crises solely based on their lifestyle decisions. At Middlesex-London Health Unit, we acknowledge that there are larger, oppressive barriers to receiving the care a person deserves. We approach our initiatives through a [health equity lens](#) so that everyone--regardless of race, ethnicity, religion, gender, age, or socioeconomic status--is entitled to a safe and healthy life.

Our upcoming campaign educates parents about the risks of electric scooter (e-scooter) usage among their adolescent children and teenagers. Data shows that due to the popularity of e-scooters, there is an increase in injuries. With a focus on education and harm reduction, the purpose of the campaign is to significantly decrease the amount of e-scooter accidents among youths by the end of June 2026.

2. Background

Unlike regular kick-scooters, [e-scooters](#) are powered by a motor with a brake and throttle built into the handlebars. The upsurge of scooter-sharing programs in Canada has introduced a new and innovative way to travel. While e-scooters are a fun, sustainable and accessible form of transportation, they are not toys. [Local legislation](#) says that scooters may reach a maximum of 24km/h, but some [high performance scooters](#) on the market can reach speeds of 64 km/h and even 88km/h.

The [Canadian Institute for Health Information \(CIHI\)](#), reported a 33 per cent increase in e-scooter hospitalizations over-a one year period. From 2022 to 2023, 375 hospitalizations were recorded. In comparison, the following year saw nearly 500 hospitalizations.

Children overrepresent the population of people admitted for e-scooter related injuries.

From 2022 to 2023 alone, riders aged five to 17 represented 55 hospitalizations. Emergency doctors warn the public about the severity of these injuries. Physicians and trauma co-ordinators at the [Montreal Children's Hospital](#) have seen head injuries,

fractured ribs and shattered collarbones that have required trauma teams and specialized surgery for treatment.

Legislation on the policing of e-scooter usage is still in its infancy. [The City of London](#) dictates that it is legal for riders 16 and up to use e-scooters, those under 18 must wear helmets and establish a speed limit of 24 km/h. That said, there is no mention of a safety consideration to rationalize this age limit. The official federal and provincial websites on the issue do not have a safety section.

3. Goals

- To reduce adolescent and teenage injury from e-scooters through parental education about the risk of e-scooters.

4. SMART Objectives

Our objectives for parents of children and teenagers aged 10 to 17 in the Middlesex County and the City of London, Ontario:

- 1) To have an effect on awareness, specifically to increase comprehension about the physical risks and dangers of e-scooter riding by 60 per cent in six months.
- 2) To have an effect on acceptance, specifically to increase interest about the legislative restrictions around e-scooter riding and safety and training lessons by 40 per cent in six months.
- 3) To have an effect on action, specifically to increase the number of enrollments of children and teenagers in London Middlesex Health Unit's new e-scooter safety and training lessons by 20 per cent in six months.

5. KPIs

1. KPIs to be used in our first objective include:
 - a. Social Media Engagement: The collective amount of likes, reposts, comments and shares our content garners to measure the impact of our messaging.
 - b. Search engine rankings: Where our website appears on the search engine results page.
2. KPIs to be used in our second objective include:
 - a. Referral Traffic: The number of visitors that land on the London-Middlesex Health Unit's e-scooter safety and policy page.

- b. Organic Search Traffic: An increase in web traffic to the London-Middlesex Health Unit's e-scooter policy page from key word searches motivated by viewing public advertising and social media content.
 - c. Click-through rate (CTR): The measure of how many clicks our digital ads are receiving.
3. KPIs to be used in our third objective include:
- a. Conversion Rate: The percentage of visitors to the London-Middlesex Health Unit's e-scooter policy page that enroll in e-scooter safety courses.
 - b. End Action Rate: Does the last action taken by viewers of our public service announcements and social media accounts result in bounce rates or lesson enrollments.
 - c. Content downloads: Do policy page landings convert to leads that signal acceptance of e-scooter risks (e.g., parents downloading the e-version of print materials that their children bring home from school)

6. Research Summary and Research Tools

The research for this project was conducted through a variety of secondary sources including provincial and local legislation, surveys, recent news media and documentation related to the [Ontario E-Scooter Pilot Program](#).

Through this research it was determined there is a rise in scooter related injuries and a rise in news coverage regarding this issue; In the past six months [30 news articles](#) were published on these topics. A recent [CBC article](#) reported between 2022 and 2024, hospitalizations involving e-scooters for kids between five and 17 years of age increased by 61 per cent. Moreover, [Medical Life Sciences News](#) reported e-scooter riders are three times more likely than cyclists to end up in hospitals.

While there is some data at the [national level](#), there is a lack of data available at the local level about e-scooter related injuries.

Although local legislation states the minimum age for e-scooter use is [16 years old](#), some news articles reported children younger than 16 injured in e-scooter related accidents. Moreover, due to a [lack of overseeing authority](#) and an apparent [lack of parental knowledge](#), it was decided this campaign would target parents with children ages 10 to 17 as a preventative measure.

Despite the rise in reported injuries and news coverage on the issue, it was determined there is a lack of materials and resources readily available to inform parents about the risks of e-scooter usage.

A recent Environmental Scan conducted by [Public Health Ontario](#), discussing the implementation of the Ontario E-Scooter Pilot Program, determined there were “concerns with injuries were reported by many jurisdictions given a lack of familiarity with the scooters, reported lack of riding skills, and riders using e-scooters under the influence of drugs and/or alcohol.” Thus it follows that action must be taken to fill this gap in knowledge and motor skills for the betterment of public health and safety.

A [2013 study](#) determined bicycle training was a useful first step in the development of safe cycling behaviours. Thus, it would be reasonable to assume that a similar course specific to e-scooters would be useful in developing safe e-scooter behaviours and decreasing e-scooter related injuries.

It was also determined that there is a gap of information at the local level regarding a variety of key factors relevant to this campaign. For example, there is a lack of information on parents' current levels of awareness and attention towards e-scooter safety and legislation, and parents willingness and ability to enroll their children into e-scooter safety and training courses. Thus, as a supplement to the gathered secondary research, this campaign should also employ primary research methods.

Since this campaign focuses on Middlesex County and the City of London, a series of focus groups with parents of children aged 10 to 17 from these areas would be conducted. Discussions would centre around parents' e-scooter risk awareness, current parental restrictions on motorized rideables, parental knowledge on local limits on e-scooter use, general attitudes towards e-scooters and barriers that would prevent parents from enrolling their children into safety and training lessons. These focus groups would also gather data from parents of a variety of economic, cultural and ethnic backgrounds to ensure an equity focused approach could be employed in this campaign.

The data from these focus groups would help inform key messaging and key words for future communications campaigns and identify specific gaps in knowledge to include in educational materials. This data would also help identify parental obstacles in enrollment for safety lessons. These obstacles could then be addressed by Middlesex-London Health Unit's and their e-scooter safety and training course offerings could be adjusted accordingly.

7. Situational Analysis

Environmental Scan

From an internal standpoint, the London-Middlesex Health Unit has the resources and infrastructure to support a public awareness campaign and safety course on the usage of e-scooters among youth. Community partners that can help fund and manage these initiatives include:

- [Child & Youth Network](#)
- [City of London](#)
- [Thames Valley District Catholic School Board](#)
- [London District Catholic School Board](#)
- [London Police](#)
- [Ontario Healthy Schools Coalition](#)

These organizations can also help bolster our promotional content and social media to engage with parents, warning them of the risks of e-scooter usage. In particular, the Child & Youth Network and school boards can help distribute literature and resources to bring home to parents or caregivers. Elementary and secondary school teachers can opt to teach their classes safe practices for physical activity by including a section on e-scooters in our [Curriculum Resources](#) page on our website. Furthermore, the health unit can integrate any e-scooter related projects into existing departments such as [Road Safety](#) and [Active Living](#).

Although London-Middlesex does not currently have any vehicular safety training, we do offer a wide range of [community services](#) that provide residents with face-to-face care such as our clinics and drop-in home visits. Paired with our community partners, we can use this approach to facilitate classes on a sign-up basis at locations like schools, community centres, or extracurricular camps. This way, there is little barrier to entry for parents to hear about these opportunities, but also to access them.

What's more, our [Board of Health](#) is composed of both Provincial and Municipal Representatives, including three [County of Middlesex](#) Representatives and three [City of London](#) Representatives. Working in close proximity with the City and the Province of Ontario, we are well-positioned to enforce the existing legislation on e-scooter usage within the next year.

Externally, educational e-scooter risk initiatives are in high demand given the recent context of rapid hospitalization rates, especially in children. That said, we recognize that there are a variety of reasons that may prevent caregivers from participating in this campaign. Namely, our latent/inactive public would not be privy to the rising injuries linked to e-scooters in the first place. As a result, they would not realize that programs as specialized as e-scooter certification exist.

According to [Statistics Canada](#), in 2022, 34 per cent of people aged 15 to 49 state that they do not intend to have any children. Additionally, millennial Canadians--many of which are parents or are prospective parents--are [choosing to have no children](#) despite living in a dual income household. As busy working professionals in an affordability crisis, this is a completely valid lifestyle decision we must consider. To mitigate this, we will still use pointed marketing metric strategies to attract this public (e.g. posting and reposting safety data and testimonials on social media, public service announcements, distributing print materials at popular locales like cafes). The content will still be compelling for the sake of contributing to social sentiments, as the public opinion of the risk of e-scooter serves as a beginning sharing point.

For our active public (parents who know those or have children hurt in an e-scooter accident and are willing to enroll them in safety and training lessons) there is a similar concern of having limited time and the financial resources dedicated to enrolling children into these lessons as well as transportation back and forth. With this in mind, we propose to work alongside community partners that already operate in a way that considers the busy schedules of caregivers. We plan to adopt a similar model to [CAN-BIKE London](#), who collaborate with schools, the City and summer camps to deliver safety programming. Lately, given that the health unit is publicly funded by the province, these lessons would be free, thus eliminating any barriers to entry.

In summary, our SWOT analysis is as follows:

Strengths

- Our e-scooter certification lessons are free of charge, instructional-based courses that provide children with the experience and skills to safely operate an e-scooter
- We offer different three levels: novice (10 to 12 years), junior (13 to 15 years) and intermediate (16+ years)
 - Targeting [adolescent children](#) prepares preteens the practical skills to ride an e-scooter under supervision by the time the City of London recognizes them as legal drivers

Weaknesses

- With the ongoing trend of childless families, our promotional materials may reach our inactive public (childrenless households) at a similar rate as our active public (caregivers with adolescent children)
 - This is an opportunity to co-opt social sentiments, particularly with our social media content and testimonials to inform the overarching public

opinion of e-scooter. Therefore compelling parents to take action by enrolling them in safety and training courses

- Working professional caregivers may be deterred by the time commitment and financial strain common among private lessons (e.g., swimming, recreational sports)
 - This serves as a strong foundation to advertise that our programs are free of charge

Opportunities

- Although e-scooter usage will be extremely limited in the winter months, this time can be dedicated to collecting and publishing e-scooter related data to begin promoting awareness
 - (e.g. releasing a call-out for a parent will to speak about their children who has been injured using an e-scooter and pitching to local newsrooms to host an op-ed based on the interview)
- The spring and summer months will be when lessons will operate as community spaces like schools will have free space

Threats

- There may be a delay in executing actionables due to the restructuring of the health unit
 - This is an excellent opportunity to reintegrate personnel and resources to focus on community outreach beyond the health services that are already in place (e.g., Naloxone, Healthy Babies Healthy Children)

8. Risks Summary

We acknowledge that **negative media coverage** is a serious risk to this campaign. Specifically, the current record of incidents in relation to e-scooters in the news as well as social media signals to the public that willing purchasers and riders of e-scooters may possess a certain degree of irresponsibility.

Furthermore, the London-Middlesex Health Unit may experience a **loss of goodwill**; potentially being perceived as an authoritative organization that encourages reckless behavior, thus questioning our legitimacy in protecting the public's safety. To prevent this, we plan to use a reduction approach rather than an outright preventional campaign. This demonstrates an understanding that like any form of mobile transportation like a bike or a vehicle, people are prone to injury. While we have no stake in e-scooter manufacturing or distribution, we can at least deter the use of young children using e-scooters and inform those eligible how to avoid incidents.

It is also worth noting that **salary or wage cuts** of personnel in other departments of the health unit may need to be dealt with internally in order for the e-scooter safety and training program to operate. To mitigate this, we can use personnel of other departments such as [Road Safety](#) and [Active Living](#) to help run and promote the course. Additionally, [iCan Bike - London, ON](#), the program could facilitate on the basis of a tier-based system of staff with a sliding scale of payment (e.g. volunteers, supporters, team members).

9. Audience Analysis

Categories of Publics

Costumers

- Local parents of children aged 10 to 17 who are not informed on the use and risks of e-scooter usage.

Producers

- Volunteers with the Middlesex-London Health Units, specifically the Parent Resources, Child Safety and Road Safety teams.
- Community partners with access to a parental audience.

Enablers

- Parents of children who have experienced injury due to e-scooters.
- The City of London.
- London Middlesex Health Unit Community partners that have access to a local parent audience such as the London District Catholic School Board, Thames Valley Children's Board, etc.
- Local news media can be an enabler if highlighting the recent increase of injuries related to e-scooters.

Limiters

- Retailers that sell e-scooters without safety and risk information (e.g., Best Buy and Walmart).
- Online videos and influencers promoting unsafe e-scooter usage (e.g., e-scooter tricks at skateparks, electric scooter racing).
- Local and national news media which solely portrays e-scooters in a positive light without recognition of safety warnings (e.g., the environmentally friendly advantages of e-scooters).

Phases of Development

Non-publics

- Adults who do not have children.

Inactive Publics

- Parents of children who don't know about the rising public concern of e-scooter usage and that there are e-scooter safety and training lessons available for children.

Aware Publics

- Parents who do not know there are e-scooter safety and training lessons available for their children.
- Parents who don't permit children to use any form of motorized rideable including e-scooters.

Active Publics

- Parents who have children or know of children who have been injured in e-scooter incidents.
- Parents who have currently or previously enrolled their children in bike safety and training courses.

10. Key Messages

(- is a key message, + is a talking point)

Key Message for Awareness Objective

- Children are the leading population of e-scooter users to end up in the hospital.
 - + Between [2022 and 2024](#), hospitalizations involving e-scooters for kids between five and 17 years of age increased by 61 per cent.
 - + More severe injuries include fractures and trauma to the brain.
 - + E-scooters are not toys given that most children under 16 do not have the strength, coordination, or experience to operate them safely.

Key Message for Acceptance Objective

- E-scooter injuries are preventable.
 - + Obey traffic laws and avoid busy roads.
 - + Adjust speed based on your locale and conditions such as weather, traffic and pedestrians.
 - + Helmets are required for those under 18.

Key Message for Action Objective

- The London-Middle Health Unit offers training courses to use e-scooters safely.
 - + Using a harm reduction approach, providing children with road safety knowledge equips them with the skills to responsibly operate an e-scooter.
 - + We serve different three levels: novice (10 to 12 years), junior (13 to 15 years) and intermediate (16+ years).

11. Strategies and Tactics

- 1) Our objective for parents of children and teenagers aged 10 to 17 in the Middlesex County and the City of London, Ontario to have an effect on awareness, specifically to increase comprehension about the physical risks and dangers of e-scooter riding by 60 per cent in six months.
 - Strategy #1: Use our website as an educational access point about risks and dangers of using e-scooters.
 - Tactic #1: Implement a section on e-scooter safety under the Road Safety section.
 - Tactic #2: Write and publish a news article under the News & Events segment about the current rise in risks and dangers.
 - Tactic #3: Include a link under services page to e-scooter safety and training lessons.
 - Strategy #2: Use social media to spread awareness about risks and dangers.
 - Tactic #1: Post infographics once a week on X, Instagram, Facebook and LinkedIn about current statistics and data.
 - Tactic #2: Post weekly videos of safety tips videos to share on YouTube and Instagram Reels.
 - Tactic #3: Repost infographics and reels to Instagram stories with links to the e-scooter safety section on the Middlesex-London Health Unit website.
 - Strategy #3: Share experiences of parents whose children have been injured because of e-scooters.
 - Tactic #1: Publish an op-ed in a local paper.
 - Tactic #2: Create and share on YouTube and Instagram testimonial videos of parents' experience in the style of [workplace safety videos](#).

- 2) Our objective for parents of children and teenagers aged 10 to 17 in the Middlesex County and the City of London, Ontario to have an effect on

acceptance, specifically to increase interest about the legislative restrictions around e-scooter riding and safety and training lessons by 40 per cent in six months.

- Strategy #1: Use city infrastructure to rent advertising space to promote awareness about e-scooter legislation.
 - Tactic #1: City bus shelter and bus advertisements with QR codes directing to Middlesex-London Health Unit and City of London websites.
 - Tactic #2: Billboard advertisements in alignment with our key messaging about e-scooter legislation.

- Strategy #2: Create print materials such as stickers and posters to promote awareness about legislation around e-scooters.
 - Tactic #1: Distribute print materials to community partners where parents might frequent (e.g., London Public Library, Canadian Centre for Activity and Aging, Thames Valley Children's Center).
 - Tactic #2: Distribute print materials to local businesses where parents might frequent (e.g., local coffee shops, grocery stores).

- 3) Our objective for parents of children and teenagers aged 10 to 17 in the Middlesex County and the City of London, Ontario to have an effect on action, specifically to increase the number of enrolments in children and teenagers in London Middlesex Health Unit's new e-scooter safety and training lessons by 20 per cent in six months.
 - Strategy #1: Design series of ad posters promoting e-scooter safety and training courses with QR code embedded.
 - Tactic #1: Pay for static advertising (e.g, banners, sky banners), in local malls.
 - Tactic #2: Distribute posters to community partners to display in windows or community posting boards.
 - Strategy #2: Create an informational newsletter promoting e-scooter safety lessons and certification.
 - Tactic #1: Send out a print newsletter to school board community partners to be distributed to parents via children.
 - Tactic #2: Include e-version of newsletter on Middlesex-London Health Unit website under School Resources > Resources for Parents and Caretakers and School Newsletter Inserts.

 - Strategy #3: Digital advertising.

- Tactic #1: Invest in Google Ads to link to safety lessons and certification information and sign-up pages.
- Tactic #2: Invest in display ads on webpages frequented by parents for parenting advice and tips.

12. Action Plan

Tactic	Audience	Delivery Date
Compile research and write section on e-scooter safety	Organization's staff	Jan. 5, 2026
Publish section on e-scooter safety under Road Safety health topic on website	Public	Jan.9, 2026
Write and publish news article under Road Safety	Organization staff and Public	Jan. 9, 2026
Design e-scooter safety and certifications lessons page	Organization staff	Jan. 2, 2026
Publish e-scooter safety and certifications lessons page and implement link from Road Safety subsection	Public	Jan.5, 2026
Design infographic posts	Organization Staff	Jan.30,2026
Post infographics on a weekly basis	Public	Feb.2 ,2026 Feb. 9, 2026 Feb. 16, 2026 Feb.23, 2026...
Reposting infographics onto Instagram stories with links to the website.	Public	Feb.2 ,2026 Feb. 9, 2026 Feb. 16, 2026 Feb.23, 2026...
Pitch safety tip videos	Organizational Staff	Feb.2, 2026.
Film and edit safety tip videos	Organizational Staff	Feb. 27, 2026
Post weekly safety tip videos	Public	March. 5, 2026 March. 12, 2026

		March. 19, 2026 March. 26, 2026..
Reposting safety tip videos onto Instagram stories with links to the website.	Public	March. 5, 2026 March. 12, 2026 March. 19, 2026 March. 26, 2026..
Call out for parent with child(ren) who experienced e-scooter related injury	Public	Jan. 15, 2026.
Pitching and reaching out to local news to host op-ed	Media	Feb.15, 2026.
Write and publish op-ed	Media/Public	March.2,2026.
Film and edit parent video testimonials	Organizational Staff	March. 16, 2026
Publish parent testimonial videos on Youtube and Instagram Reels	Public	March. 20, 2026
Contact city about advertisements spaces and confirm placements	Organizational Staff	March. 23, 2026
Design city advertisements	Organizational Staff	March. 30, 2026
Roll out city bus shelter and bus advertisements with QR codes	Public	April.3, 2026
Roll out city billboard advertisements	Public	April.3, 2026
Design sticker and poster print materials	Organizational Staff	April. 6, 2026
Print sticker and poster print materials	Organizational Staff	April.13, 2026
Distribute print materials to community partners	Community partner managers and Public	April. 17, 2026
Distribute print materials to local businesses	Local Businesses' Managers and Public	April. 17, 2026
Design ad posters with QR embedded	Organizational Staff	May. 11, 2026
Roll out ad posters for static advertising in malls	Public	May. 18, 2026

Print and distribute ad posters to community partners	Community partner managers and public	May. 27, 2026
Research and design informational newsletter	Organizational Staff	April. 27, 2026
Upload informational newsletter to Website	Public	May. 1, 2026
Print informational newsletter	Organizational Staff	May. 1, 2026
Send out informational newsletters to School Board Community Partners	Community Partners and Public	May. 8, 2026
Design digital advertisements	Organizational Staff	May. 25, 2026
Roll out digital advertisements on Google ads and display ads	Public	June. 1, 2026

13. Evaluation

To evaluate the success of the campaign and analyzing the results, our evaluation plan is as followed with checkpoints at select stages of the action plan.

Firstly, we will perform examination of the data of enrollment to the e-scooter riding and safety lessons and certification programs. Our main objective is to prevent the rapid increase of e-scooter related accidents among adolescents by the end of June 2026 with a focus on education and harm reduction. With this in mind, we can use the End Action Rate KPI to determine if our public service announcements and social media accounts result in bounce rates or lesson enrollments.

On this note, reviewing our social media insights and engagement, particularly the Facebook Business Suite, likes, comments and shares. We plan to hold marketing meetings with the organizational staff after the posting and reposting of safety tip videos to investigate their effectiveness will aid in determining the messaging and tone of our newsletters and city and digital advertisements.

A similar approach will be used for the testimonial-based content we plan to release such as the parent experience on YouTube. As for the op-ed in the local paper, the Media/Public team will facilitate its reach and success in informing public opinion in partnership with the newsroom. For instance, for the print edition, analyzing story prominence will take place with the aim of being the front page or leading news story.

Following the completion of the campaign, we plan to conduct research of its effectiveness one year later. By this time, one entire season of e-scooter riding would have taken place with the spring and summer months being the best weather and timing for children's outdoor recreational activity. This will be done by comparing findings and statistics of hospitalizations of e-scooter related injuries from Jan. 2026 and Jan. 202.