

The effectiveness of public health campaigns

Choosing Health Briefings

As part of 'Choosing Health?' – the national consultation on a new public health white paper – the government appointed task groups to lead on eight key themes: Better health for children and young people; Consumers and markets; Focusing on delivery; Leisure; Maximising the NHS contribution – the NHS as a whole; Maximising the NHS contribution – in primary care; Working for health/opportunities in employment; and Working with and for communities.

The HDA supported the task groups, which met during April–May 2004, with these briefing papers.

Background

There is renewed interest in the possibility of achieving policy goals through behaviour change. For example, a recent report commissioned for the Cabinet Office (Halpern and Bates, 2004) states that: 'Behaviourally based interventions can be significantly more cost-effective than traditional service delivery.'

Interventions to change health-related behaviour may range from a simple, face-to-face consultation between professional and patient to a complex programme, often involving the use of mass media. This briefing looks first at the evidence on the

effectiveness of interventions in changing behaviour generally; and second at the evidence concerning mass media campaigns.

What interventions are used to change behaviour?

A range of types of intervention aim to change 'risky' behaviours:

- Increasing knowledge and awareness of risks (through information and awareness-raising), or knowledge and awareness of services to help prevent risks
- Changing attitudes and motivations, eg through messages aimed at young people about the harm smoking does to skin and appearance
- Increasing physical or interpersonal skills, eg in using condoms, or deploying assertiveness skills to suggest that condoms be used
- Changing beliefs and perceptions, eg through interventions aimed at increasing testicular self-examination in men by raising their awareness of risk and 'normalising' self-examination
- Influencing social norms, eg by changing public perceptions of secondary smoking, or public acceptance of breastfeeding

- Changing structural factors and influencing the wider determinants of health, eg by implementing clean-air policies to decrease pollution and improve health
- Influencing the availability and accessibility of health services.

What is the evidence for effectiveness of interventions?

The evidence suggests that the following characteristics are the key elements for success in changing behaviour:

- Using theoretical models in developing interventions
- Intervening at multiple levels when appropriate
- Targeted and tailored (in terms of age, gender, culture, etc), making use of needs assessment or formative research
- Providing basic, accurate information through clear, unambiguous messages
- Using behavioural skills training, including self-efficacy
- Joining up services with other community provisions, eg providing transport links from community centres to clinics, or situating health services in accessible community settings
- Working with community members as advocates of appropriate services
- Providing alternative choices and risk reduction (eg promoting condom use), rather than simply telling people not to do something (eg don't take drugs, don't have sex)
- Addressing peer norms and social pressures.

Role and effectiveness of campaigns using mass media

Mass media campaigns have usually been one element of broader health promotion programmes with mutually reinforcing components:

- Mobilising and supporting local agencies and professionals who have direct access to individuals within the target population
- Bringing together partnerships of public, voluntary and private sector bodies and professional organisations
- Informing and educating the public, but also setting the agenda for public debate about the health topic, thereby modifying the climate of opinion surrounding it
- Encouraging local and national policy changes so as to create a supportive environment within which people are more able to change their behaviour.

Mass media campaigns have generally aimed primarily to change knowledge, awareness and attitudes, contributing to the goal of changing behaviour. There

has not normally been a high expectation that such campaigns on their own would change people's behaviour.

However, a controlled trial of a TV advertising campaign in central and northern England provides evidence that mass media campaigns may be able to change behaviour. The campaign was effective in reducing smoking prevalence by about 1.2% over 18 months.

More ambiguous were the results of the *ACTIVE* for LIFE campaign in the 1990s. This campaign aimed first, to increase knowledge and acceptance of new recommendations that adults should take part in at least five sessions of 30 minutes' moderate intensity physical activity a week, and second, to contribute to increased participation in this level of activity. A study found that the proportion of people who were knowledgeable about the new recommendations increased significantly after the campaign, although it was unclear whether it was TV advertising or other elements of the campaign that made the difference (Hillsdon *et al.*, 2001). However, there was no evidence that the campaign raised levels of physical activity.

Some examples of changes in knowledge, awareness, attitudes or (in some cases) behaviour achieved during periods of mass media public health campaigns are given in Box 1.

Lessons about implementing mass media campaigns

A report on anti-smoking campaigns in the 1990s highlighted lessons, some of which may be of general value:

- Campaigns need to contain a variety of messages – 'threatening' and 'supportive' styles of delivery can complement each other
- Anti-smoking advertising has to compete in a crowded media marketplace – a hook is needed to engage the emotions of the target audience
- Emotions can be engaged using humour, fear, sympathy or aspiration
- TV advertising, in particular, is better at jolting smokers than delivering encouraging or supportive messages
- Smokers want help and encouragement to quit
- Advertising should not tell people what they should do
- Smokers are motivated by knowing that they are not alone, and that support and help are available – they need reminding of the benefits of not smoking
- Content and style of delivery are of equal importance – smokers can accept unpalatable messages if the context is encouraging and supportive.

Box 1: Changes in levels of knowledge and awareness during mass media public health campaigns

Alcohol

- Awareness of 'sensible drinking message' unit – up from 39 to 76%, 1989–94
- Knowledge of units in popular drinks – up 300%, 1989–94
- People's accurate assessment of their own drinking – up 5%, 1990–94.

HIV/AIDS

- Changes in levels of tolerance: those in the general public who say that homosexual relations are always or mostly wrong – 74% in 1987; 44% in 1997
- Attitudes to people with HIV infection: those who think people with AIDS have only themselves to blame – 57% in 1987; 36% in 1996
- Belief that a condom protects against HIV: 66% in 1986; 95% in 1997
- Women aged 18–19 whose partners used condoms: 6% in 1986; 22% in 1993.

Folic acid

- Spontaneous awareness of folic acid – 9% in 1995; 39% in 1997
- Sales of folic acid supplements and prescription rates – up 50% in an eight-month period.

Immunisation – the Hib vaccine

- Awareness of the Hib vaccine: 5% in 1992; 89% in 1993.

Skin cancer

- Proportion of the public who thought a suntan was important – 28% in 1995; 25% in 1996
- Proportion of people who say they use a sunscreen when sunbathing in this country – 34% in 1995; 41% in 1996.

Note

With complex interventions that are intended to work synergistically it is difficult to attribute impacts to particular intervention components. Also, factors external to interventions – particularly if they are about sensitive subjects – may add to or subtract from their impact.

The study of the *ACTIVE* for LIFE campaign noted:

- The need to be realistic about the time it takes to affect ingrained social trends
- The need to be realistic about the limitations of using health promotion campaigns at national level to stimulate short-term behaviour changes in the population
- That future physical activity campaigns may result in higher levels of behaviour change if they target people ready to adopt moderately intense physical activity.

Conclusions – when to use the media

It is apparent from the evidence that the media can be an effective tool in health promotion, given the appropriate circumstances and conditions (French, 2004). Some of the situations in which media have been found to be most appropriate are as follows.

- **When wide exposure is desired.** Mass media offer the widest possible exposure, although this may be at some cost. Cost–benefit considerations are at the core of media selection.
- **When the timeframe is urgent.** Mass media offer the best opportunity for reaching either large numbers of people or specific target groups within a short timeframe.
- **When public discussion is likely to facilitate the educational process.** Media messages can be emotional and thought provoking. Because of the possible breadth of coverage, they can be targeted at many different levels, stimulating discussion and thereby expanding the impact of a message.
- **When awareness is a main goal.** By their very nature, the media are awareness-creating tools. Where awareness of a health issue is important to its resolution, the mass media can increase awareness quickly and effectively.
- **When media authorities are 'on-side'.** Where journalists, editors and programmers are on-side with

a particular health issue, this often guarantees greater support in terms of space and editorial content.

- **When accompanying back-up can be provided on the ground.** Regardless of whether media alone are sufficient to influence health behaviour, it is clear that the success of media will be improved with the support of back-up programmes and services.
- **When long-term follow-up is possible.** Most changes in health behaviour require constant reinforcement. Media programmes are most effective where the opportunity exists for long-term follow-up. This can take the form of short bursts of media activity over an extended period, or follow-up activities unrelated to media.
- **When a generous budget exists.** Paid advertising, especially on television, can be very expensive. Even media with limited reach, such as pamphlets and posters, can be expensive depending on the quality and quantity. For media to be considered as a

strategy in health promotion, careful consideration of costs and benefits needs to be undertaken.

- **When the behavioural goal is simple.** Although complex behaviour change such as smoking cessation or exercise adoption may be initiated through media programmes, the nature of media is such that simple behaviour changes such as immunisation or cholesterol testing are more easily stimulated through the media. In general, the more complex the behaviour change, the more back-up is required to supplement a media health programme.
- **When the agenda includes public relations.** Many, if not most, health promotion programmes have an agenda which is not always explicit – maybe to gain public support or acknowledgement, to solicit political favour, or to raise funds for further programmes. Where public relations are either an explicit or implicit goal of a programme, mass media are effective because of their wide-ranging exposure.

Sources

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ISBN 1-84279-283-0

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