

CASE STUDY: Health Impact Assessment on the Integrated Chronic Disease Prevention Campaign

1. BACKGROUND:

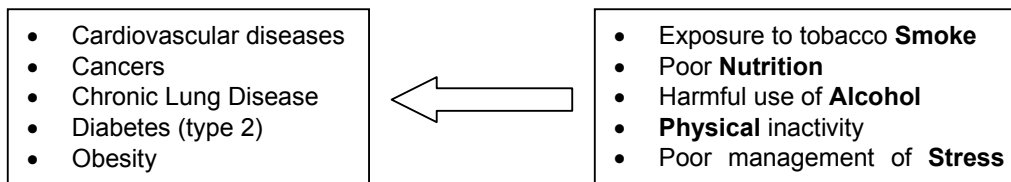
1.1 Description of the Proposal

The NSW Chronic Disease Prevention Strategy sets out a multifaceted approach to preventing and managing chronic disease in NSW by simultaneously addressing these issues as integrated risk factors. This approach is based on findings that these risk factors are lifestyle based, interactive, modifiable and preventable.

1.1.1 Strategic Framework

In September 2003, the NSW Chronic Disease Prevention Strategy 2003 – 2007ⁱ was released, which detailed the strategic direction for the prevention of chronic diseases in New South Wales, using a population health perspective.

For the purposes of the Strategy, chronic diseases and conditions are detailed as including:



These diseases and conditions have been chosen not only because they place a high burden on the community and the health system, are amenable to prevention and early intervention but also because they share a range of behavioural risk factors.

A key priority for action detailed in the NSW Chronic Disease Prevention Strategy is the development, implementation and evaluation of a pilot integrated chronic disease prevention campaign, namely to:

*“Design, test, develop and evaluate a state-based pilot of an overarching ‘integration’ strategy to draw together existing programs and activities dealing with tobacco, alcohol, nutrition, physical activity and mental health promotion with a view to progressing state-wide implementation if the evaluation results are favourable”.*ⁱⁱ

1.1.2 Aim, Goals and Targets of Proposal

The aim of the campaign is to prevent and decrease the prevalence of chronic disease¹ among 35 – 55 year olds, with a particular focus on disadvantaged groups.

The goals of the campaign are:

1. To increase **knowledge** of risk factors² that contribute to chronic diseases.
2. To change **attitudes** to reflect an increase in knowledge of risk factors that contribute to chronic diseases.
3. To increase protective **behaviours** and reduce at risk behaviours in relation to the risk factors that contribute to chronic diseases.

¹ For the purposes of this campaign chronic diseases includes cardiovascular diseases, cancers, chronic lung diseases and type 2 diabetes.

² For the purposes of this campaign risk factors refer to: exposure to tobacco smoke, poor nutrition, harmful use of alcohol, physical inactivity and poor management of stress

The **primary targets** for this campaign are men and women aged 35 – 55 who are not meeting the recommendations for good health in relation to smoking, nutrition, alcohol use, physical activity and stress management. The campaign also has a focus on disadvantaged groups within the community; of particular importance are those from lower socio economic groups, culturally and linguistically diverse communities and Aboriginal communities.

The **secondary targets** for this campaign are General Practitioners, health professionals, Area Health Services, sport, recreation & fitness leaders, counseling professionals and the general community.

The aim of the Campaign pilot is to increase awareness and change behaviour among 35 – 55 year olds in relation to the risk factors associated with many chronic diseases. The campaign would include components that we know to be associated with best practice in relation to the development, implementation and evaluation of social marketing campaigns, which are explored in the next sectionⁱⁱⁱ:

1.1.3 Components of the Proposal

Mass Media communication:

It is proposed that a mass media campaign be undertaken to engage the target groups, including television, radio and other appropriate media or advertising. Messages will encourage healthy lifestyle choices, provide clear simple and effective information on how to improve health, including modelling appropriate behaviours and referring audiences to health professionals. Creative agencies will advise on the most effective and cost efficient way to communicate with the target audiences.

Media and advertising vehicles may include direct marketing and advertising in professional press and journals and co-ordination through Divisions of General Practice to ensure the health workforce is aware of the campaign and is able to support the promotion of messages.

Appropriate Branding:

The key campaign element will be the development of a campaign brand that will be incorporated on all activities associated with campaign initiatives and resources. This serves two main purposes; to spread the reach and extent of the campaign messages and to enable the promotion of existing initiatives to be incorporated within the campaign.

Appropriate, accessible information and merchandise:

It is envisaged that accessible, printed and online resources will be developed to support the mass media component of the campaign and provide more detailed information on key messages in relation to each of the risk factor areas. Agency advice will be used to develop the strategy for the distribution of information through general practitioners, health professionals and at community centres such as local councils. It is also proposed that appropriate merchandise be developed which extends the reach of the campaign, promotes appropriate referral points and heightens awareness of the branding message.

Public Relations activities:

To support the ability of campaign messages to impact on the community, public relations activities will be undertaken aimed at promoting public debate increasing awareness and extending the campaign reach beyond budgetary limitations.

Public relations activities will also provide further opportunities to promote uptake of campaign messages supporting materials and services.

Supporting community initiatives:

The success of the campaign is dependent on the support and leverage from key stakeholders such as Area Health Services, community health settings and Divisions of General Practice. These health practitioners will reinforce campaign messages and ensure

that more in depth information is provided at one-on-one sessions on the risk factors and appropriate preventative behaviours.

Promotion of appropriate referral points:

Similarly it is important that appropriate referral points be determined to ensure that target audiences can access further information on the campaign and act on particular messages.

Evaluation framework:

It is proposed that an extensive evaluation framework be put in place that evaluates the impact that a campaign of this nature has on the target group, referral points and utilisation of supporting activities and services

1.2 Description of HIA

The screening process identified that it was appropriate to undertake a HIA process on the Integrated Chronic Disease Prevention Campaign proposal. The scoping process recommended that the appropriate level of HIA to be undertaken on this proposal was one of intermediate level, a Health Impact Statement. Attachment one, details the logic and decision making process that was undertaken to determine this. The HIA was also prospective in nature.

1.3 Those involved in the HIA process

The HIA was jointly undertaken by two Senior Project Officers from the Health Promotion Strategies and Settings Branch, Centre for Chronic Disease Prevention and Health Advancement. The time taken on the HIA was extensive and varied upon the competing priorities of the Branch and other work responsibilities. The HIA was strongly supported by the Manager, Health Promotion Strategies and Settings Branch who was responsible for chairing the Steering Committee, committing organisational support to the HIA and supervising the activities of the Senior Project Officers. Considerable resources were also allocated to the project through the outsourcing of a number of activities associated with the assessment stage of the HIA process, primarily the:

- Community Profile
- Literature Review and identification of themes
- Focus Groups (as a component of the proposed campaign)
- Drafting of assessment stage report

2. RATIONALE FOR HIA

The scoping stage of this Health Impact Assessment process on the Integrated Chronic Disease Prevention Campaign identified two key research questions that are crucial to this health impact assessment process, namely:

- ⇒ In the NSW population at risk of chronic diseases, are lifestyle risk factors campaigns³ effective in reducing risk factor behaviours?
- ⇒ In sub groups of the NSW population are there differential effects⁴ resulting from lifestyle campaigns?

³ for the purpose of this Health Impact Assessment, lifestyle risk factors incorporate smoking, nutrition, alcohol, physical activity and stress

⁴ for the purpose of this Health Impact Assessment, differential effects refers to the effects between SES quintiles, Aboriginal & Torres Strait Islander groups, groups of differing SES measures including employment, earnings, locational disadvantage, education level etc

3. UNDERTAKING THE HIA

3.1 Members of the Steering Group

A Steering Group was established to provide advice and guidance to the Chronic Disease Prevention Campaign Health Impact Assessment project team on conducting the HIA. In particular the Steering Group provided advice and guidance on:

- The identification and engagement of key stakeholders;
- The establishment of the scope of the HIA including definitions, levels of evidence, principles, process for negotiation and decision making;
- The provision of advice in relation to undertaking a HIA process;
- The framing of recommendations arising from the results of the HIA;
- The process evaluation of the HIA.

The Steering Group included representation from:

- Aboriginal Health Branch, NSW Health Department
- Health Promotion from an Area Health Service
- Health Promotion Strategies & Settings Branch, Centre for Chronic Disease Prevention & Health Advancement

The Manager of the Health Promotion Strategy and Settings Branch chaired the Steering Group. The Steering Group met eight times during the HIA process, each meeting taking up to two hours in duration.

A smaller project team was also established and consisted of two Senior Project Officers from the Health Promotion Strategies and Settings Branch, Centre for Chronic Disease Prevention and Health Advancement. This project team were vested with the responsibility of undertaking the HIA process and reporting back to the Steering Group.

3.2 HIA process

The scoping stage of the HIA detailed the evidence that was collected to provide information in relation to the research questions, namely:

- **Community profile** –This provided demographic information regarding the incidence of chronic disease and prevalence of risk factors and information in relation to socio economic status.
- **Literature review & identification of themes** –Published literature was sourced and analysed, with discussion on the key themes emerging and identification of the gaps in the available evidence.

The following details the key terms, issues, populations and sources that informed the search:

<i>Key terms</i>	<ul style="list-style-type: none">• Health campaigns• Social marketing campaigns• Health advertising	<ul style="list-style-type: none">• Mass media advertising• Population / Public health interventions• Prevention initiatives
<i>Issue</i>	<ul style="list-style-type: none">• Lifestyle campaigns• Individual risk factor campaigns: smoking, nutrition, alcohol, physical activity, stress	
<i>Population</i>	<ul style="list-style-type: none">• General population,• Targeted populations,• Socio economic groups: CALD, Aboriginal & Torres Strait Islander status, profession, education level, level of income, other	
<i>Source</i>	<ul style="list-style-type: none">• Peer reviewed literature• Grey Literature• Newspaper articles	

- **Key informant interviews** – Five key informant interviews were undertaken with “experts” within the sphere of social marketing campaigns, aboriginal health, chronic disease and disadvantaged groups.

- **Focus group discussions** – As a component of the formative research undertaken for the Campaign, thirteen focus groups were held with a further eight key informant interviews with the target group (males and females aged 35 – 55 year olds from lower socio economic status background), to explore issues in relation to the risk factors, particularly in relation to knowledge, attitudes and behaviours.

4. MAIN FINDINGS & RECOMMENATIONS

4.1 Summary of key health impacts identified

As outlined in the screening and scoping stage of the HIA process, it was evident that the potential health impacts of the Chronic Disease Prevention Campaign could be quite expansive when viewed in relation to broad issues of health and social determinants of health. Accordingly, the assessment stage focused on the identification of these potential health impacts on:

- The effect of lifestyle risk factor social marketing campaigns on the population.
- The differential effect of such campaigns on sub groups of the population.

The evidence collected was assessed and rated according to the number of times it was mentioned. A process was then undertaken to determine the likelihood of impact – definite, probable and speculative. The Steering Group discussed the health impacts identified and a decision made to include them as recommendations, so that the richness of the data collected and assessed was not lost. The following section provides a summary of those recommendations.

4.2 Summary of key recommendations arising from HIA

Summaries of the recommendations are outlined below:

- **Messages** – should be simple, positive, empowering and meaningful, not promoting shock or fear and promote short term benefits
- **Appropriate branding** – messages should be reinforcing in nature
- **Accessible information** – messages should encourage the uptake of new behaviour, provide help seeking messages and use separate message streams for separate audiences
- **Public relations** – key stakeholders should be involved in the campaign to ensure greater reach, duration, intensity and effect size
- **Supporting community initiatives** – local initiatives should be planned to support the mass media component of the campaign
- **Promotion of appropriate referral points** – partnerships with primary health care professionals are important for the success of the campaign
- **Evaluation framework** – Appropriate resources should be allocated to the evaluation phase
- **Target groups** – important to have an explicit consumer orientation by segmenting the market in order to ‘know the audience’, tailor messages for sub groups of the population particularly focusing communications towards lower SES groups
- **Integrated approaches** – structural change and supportive environments should be considered as integral to any social marketing campaign, considering the marketing mix and identifying barriers
- **Stress** – an important and salient lifestyle issue, any campaign on stress should focus on both source and symptoms as the greatest levers for change
- **Community perceptions** – social marketing campaigns are vital in addressing the imbalance of counter advertising and in increasing the visibility of healthy behaviour, particularly for lower SES groups
- **Structural support / barriers** – campaigns should address both the knowledge and structural barriers to change.

4.3 Conflicting issues

There were two conflicting issues identified during the HIA. These were:

- **Integrated campaign messages** – evidence showed that integrated campaigns could be effective however this approach has yet to be tried across the five identified risk factors and there are concerns that it may not be as effective as individual approaches
- **Internet based supporting activities** – evidence showed that while these initiatives can provide accessible, tailored and targeted approaches, there are concerns that the target audience that accesses the internet tend to be younger, better educated and from a higher SES group. This could impact on increasing the differential of health outcomes between higher and lower SES groups.

4.4 Process for involving decision makers

The scoping stage of the HIA identified the relevant decision makers and a process for involving them in the HIA process. As highlighted at this stage, it was possible to involve the decision makers through:

- **Steering Group representation on the Campaign Management Committee** – the issue of the HIA was a standing item on the Management Committees agenda with update reports being provided by the Senior Project Officer and Chair of the Steering Group.
- **Regular presentations and updates** to the Director, Centre for Chronic Disease Prevention and Health Advancement, who is also the Chair of the Campaigns Management Committee.

Two further stakeholder groups were identified at the scoping stage, who have not been engaged at this stage:

- **Directors of Population Health**
- **Aboriginal Health Branch management**

The process for informing key decision makers regarding the recommendations of the HIA on the campaign will involve:

- Presentation to the Director, Centre for Chronic Disease Prevention and Health Advancement
- Presentation to the Campaign Management Committee
- Tabling of HIA report and recommendations at the Management Committee
- Seeking endorsement of the HIA report and recommendations by the Management Committee
- Amending the Integrated Chronic Disease Prevention Campaign proposal to incorporate recommendations and submitting this proposal for approval.

5. PROPOSED PROCESS FOR MONITORING AND EVALUATION

The scoping stage of the HIA detailed the following proposed process for monitoring and evaluating this Health Impact Assessment.

5.1 Process evaluation:

The following information will be collected during the HIA process and at the completion of the HIA process, namely:

- Personal reflections on issues of importance during the HIA process
- Critical review of the HIA process by those involved, namely Steering Group, key informants and decision makers
- Interviews of Steering Group members after the completion of the assessment and recommendation stage of the HIA

The *Checklist 1: Assessing the Strength of a Coalition* as detailed in the Indicators to Help with Capacity Building in health promotion⁵ will also be utilised to provide a process of reviewing the Steering Groups involvement in the HIA process.

5.2 Impact evaluation

In relation to impact evaluation, it will be possible to assess after stage 5 of the HIA process how many recommendations were accepted and what changes to the Chronic Disease Prevention Campaign proposal were made as a result of the HIA process. This will be documented and included in the evaluation report for the HIA.

5.3 Outcome evaluation

In regard to outcome evaluation it will be necessary to build into the evaluation framework for the Chronic Disease Prevention Campaign measures that focus on the recommendations of this HIA process. This will be dealt with on completion of the HIA process.

6. KEY LEARNINGS FOR PRACTITIONERS OF HIA

6.1 Overall learning's

6.1.1 Steering Group & Small Project Team

An active **Steering Group** is essential, with members participating in:

- Defining parameters
- Debating and making decisions
- Providing ongoing support & motivation and creating a supportive environment for the HIA journey

In a similar way – a **small project team** is important for the HIA process to maintain the ongoing momentum and to conduct the assessment in an in-depth and focused way, particularly in light of competing workloads and priorities.

6.1.2 Time taken & Realistic expectations

It is safe to say that every step took much longer than was originally envisaged and that often it was necessary to do a “reality check” on what was achievable within a climate of competing priorities and definite time frames. It was apparent that many of the time frames and activities originally envisaged for this HIA were too ambitious. The Steering Group was instrumental in keeping the expectations realistic.

A component of ‘putting theory into practice’ is that a considerable time is spent researching, reading, thinking and digesting and it is necessary to allow time for this to happen.

6.1.3 Harnessing extra resources

It was not possible for all the necessary activities to be done within the staff time and resources of the Centre for Chronic Disease Prevention and Health Advancement. It became necessary to harness **extra resources** and in an ideal world these resources would have been harnessed at the beginning of the HIA process as part of the organisational commitment to the process. Although there is a note of caution for outsourcing components of the process, it still involves considerable work, developing specifications, management of the process, and does not preclude the need for complete and in-depth knowledge of all the information gathered to inform the HIA process being done by the service providers.

⁵ NSW Health Department & Australian Centre for Health Promotion 1999 Indicators to Help with Capacity Building in Health Promotion. SHPN: (HP) 990099 ISBN: 0734730640 June 2000

6.1.4 Organisational commitment

It was essential to the HIA process that it had **organisational commitment** for BOTH:

- Listening to the results of the HIA; and
- Ensuring adequate and appropriate resources are available.

6.1.5 Logical Process

It was found to be necessary to develop logical transparent processes to assist in making decisions in relation to:

- Whether to undertake an HIA; and
- What type of HIA to be undertaken

6.2 Learning's specific to each stage

6.2.1 Screening stage

It was felt that it was necessary in the screening stage to be explicit and “unpack” (ie: clearly define and articulate) the process particularly in relation to the assumptions behind the proposal and assumptions behind the HIA process itself.

6.2.2 Scoping stage

In the scoping stage, it was necessary to scope realistically. It became obvious that the original scoping of activities planned for the assessment stage was too broad and that these expectations needed to be scaled back quite considerably. For example, sixteen key informant interviews were originally planned, which were re-scoped to eleven and then further re-scoped to six when it became apparent that the time taken to interview, transcribe and theme each individual interview was unrealistic and unachievable for this project.

Defining the research questions, or clearly articulating the purpose of the HIA process was incredibly helpful at this stage, as the questions provided clarity, definition and focus to the process.

6.2.3 Identifying and assessing health impacts

It became apparent that the only way to identify and assess the health impacts was to spend a considerable amount of time becoming immersed in the evidence/ information obtained. It was also detrimental to the process to summarise too much at the early stages of this appraisal, as it resulted in losing some of the richness of the evidence obtained.

6.2.4 Negotiating, decision-making and recommendations

It was apparent that there was a need to constantly focus on the research questions, as they provided a structure on which to assess the information obtained and on which to base the recommendations.

It was also necessary to ensure that the process for appraising the evidence needed to be transparent and obvious, to ensure that the process which was felt to be quite subjective was open to scrutiny by other members of the Steering Group.

6.2.5 Evaluation and monitoring

Providing an ongoing “reflection” account has been found to be beneficial in focusing on components of the evaluation and the HIA process in general.

7. CONCLUSION

The HIA process that the Centre for Chronic Disease Prevention and Health Advancement undertook in respect of the proposed Integrated Chronic Disease Prevention Campaign was considered valuable for the following reasons:

- It provided evidence for decisions and strategies, in this instance social marketing campaigns that are the subject of many varied and diverse opinions in regard to their usefulness
- It ensured / guaranteed that issues relating to equity and disadvantaged groups will be explicitly considered
- The HIA provided an interesting and rewarding intellectual challenge

However, a number of things would be amended if this process were to be undertaken again:

- Allow more time
- Be more cautious (maybe less ambitious) about what we hope to achieve
- Acknowledge the implication of the \$ resources required
- Harness more resources (human & financial) up front

ⁱ NSW Health (2003) **NSW Chronic Disease Prevention Strategy 2003 – 2007**, Sydney; SHPN: (HP)030210;ISBN 0 7347 3592 8

ⁱⁱ NSW Health (2003) **NSW Chronic Disease Prevention Strategy 2003 – 2007**, Sydney; SHPN: (HP)030210;ISBN 0 7347 3592 8 p 6

ⁱⁱⁱ Adapted from Egger, Spark, Lawson & Donovan (1999) **Health Promotion Strategies & Methods**. McGraw-Hill Australia: Sydney