

Equality impact assessment

on

Delivery of public information campaigns

by



Final report - Summary
November 2004

Executive summary

This document reports the outcome of an equality impact assessment (EQIA) by the Health Promotion Agency for Northern Ireland (HPA) on the Delivery of Public Information Campaigns.

The EQIA was carried out with reference to the Equality Commission's 'Practical guidance on equality impact assessment' (Equality Commission 2001a).

This document will be made available on request in formats such as Braille, audiocassette, large print, and disc and in minority languages to meet the needs of those not fluent in English.

The full report is available both in electronic format (on the organisation's website) and as a paper copy on request from:

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The organisation

The HPA was set up in 1990. We are accountable to the Minister responsible for Health, Social Services and Public Safety.

Our aim is to provide leadership, strategic direction and support, where possible, to all those involved in promoting health in Northern Ireland. Priority areas of work include nutrition, physical activity, drug and alcohol misuse, smoking, mental health and sexual health.

The work of the HPA is carried out through five core business areas: policy development and advice; research, information and analysis; public and professional information (campaigns and publications); training and professional development; and corporate HPA business.

It is important to understand that the work of the HPA is largely regional. More localised health promotion work is carried out by the Health and Social Services Trusts in each of the four Health and Social Services Board areas. This typically involves more interactive approaches, such as delivering health messages through health visitors, community nurses or in cooperation with voluntary sector organisations.

The policy

The aim of the policy is to deliver public information campaigns on behalf of the Department of Health, Social Services and Public Safety (DHSSPS). The aim of any campaign is to enable people to increase control over, and to improve, their health needs (in accordance with the World Health Organization's definition of health promotion). This involves the two objectives of:

- raising awareness of a particular health issue;
- seeking to affect behavioural change which is conducive to improving or protecting a person's health.

In most cases, the decision to undertake a campaign is taken by the DHSSPS who then tasks the HPA with delivering it. No one health promotion campaign is like another. Nevertheless, a number of steps are typically involved in the delivery of any public information campaign:

- identifying the campaign need (research based);
- developing the campaign;
- pre-testing the campaign;
- implementing the campaign;
- evaluating the campaign.

It is important to note that a number of constraints are imposed by the DHSSPS with regards to public information campaigns as the Department usually determines the health need, resources and in some cases the target groups. Moreover, it is important to understand that target groups are tightly defined, usually on the basis of age.

The scope of the EQIA

In order to assess the equality implications of the policy in a meaningful way, it was decided that information would be collected with regards to:

- public information campaigns delivered by the HPA in general;
- a range of case studies.

The case studies were chosen with a view to reflecting the diversity of issues addressed by HPA campaigns and to gaining insight into impacts regarding as many Section 75 groups as possible. In view of this, five campaigns were selected:

- *Up2You* – teenage anti-smoking
- *Every cigarette is doing you damage* – adult anti-smoking
- *Never underestimate peace of mind* – sexual health
- *Protect your child – be wise immunise* – MMR vaccination
- *Catch the vaccine not the flu* – flu vaccination.

Screening

The policy on public information campaigns had been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

A series of screening consultation meetings (with representatives of voluntary organisations) carried out during 2001, identified the potential for differential impact arising from the operation of the policy, in particular with regards to the categories of ethnicity and disability.

Taking account of comments received during consultation it was decided to undertake an EQIA on the policy. The outcome of the screening exercise was reported to the Equality Commission in July 2001.

Data collection and consultation

For the purpose of the EQIA, data was collected from three main sources:

- In-house research reports (evaluations of the campaigns chosen as case studies) were reviewed in relation to data on Section 75 groups. This produced some data on age and gender.
- Over 40 voluntary sector organisations representing the interests of people from various Section 75 groups (mainly ethnicity, disability, dependants, marital status, and sexual orientation) were approached regarding the possibility to engage in a roundtable and/ or a one-to-one discussion on the equality implications of the policy. Eventually, 13 interviews in total were conducted.
- Secondary sources (reports from research conducted elsewhere) were reviewed in order to collect information on (a) health promotion and Section 75 groups and (b) particular health issues and Section 75 groups. EQIAs on public information campaigns by other statutory agencies were also reviewed.

The various efforts to gather data, however, revealed that the amount, quality, and type of data which can be used for this assessment differs greatly from one Section 75 group to another, which is clearly reflected in the analysis. In relation to age and gender some quantitative information was obtained. Most information which could be collected through the interviews related to people from black and minority ethnic groups and persons with a disability; some to people from the lesbian, gay, bisexual and trans (LGBT) community. Little information on Section 75 groups was gained from secondary sources beyond black and minority ethnic groups. Overall, while both quantitative and qualitative data were collected in the course of the EQIA, most of the data obtained were of a qualitative nature.

The draft EQIA report was published for consultation on 19 December 2003. A range of *dissemination methods* were used, including ads placed in Northern Ireland-wide newspapers, reports placed on the HPA's website, and summary reports sent via email and post to nearly 300 consultees.

The consultation period lasted for 12 weeks from 19 December 2003 to 12 March 2004. During this period, three main *consultation methods* were employed:

- a roundtable consultation meeting with voluntary sector organisations;
- in-depth interviews;
- a pro forma for written comments.

A range of issues were raised by consultees, in particular:

- a perceived need for the HPA to widen its engagement with Section 75 groups;
- the HPA to explore ways of harnessing feedback from health practitioners to a greater extent;
- the HPA to focus on local action;
- the HPA to explore the most appropriate ways of monitoring in consultation with Section 75 groups;
- the HPA to deliver further focused training to staff;
- the HPA ensuring that all its websites are accessible.

The HPA has taken these comments on board and has amended the action points accordingly.

Key findings

The assessment suggests differential impacts of the policy on two Section 75 groups: disability and ethnicity. There is some evidence to suggest that the opportunities for people with a disability or from a black and minority ethnic background may find it more difficult to access campaigns. While differential outcomes are noted on the basis of gender, it is reasonable to assume that they are less due to the impact of the campaigns but rather on wider factors beyond their scope. No evidence emerged regarding adverse impacts depending on sexual orientation, age, religious affiliation, political opinion, marital status and dependants.

- In many cases, men appear to take less note of public information campaigns than women. The evaluation research does not produce any evidence of this being due to adverse impacts in the way the campaigns are delivered; male and female participants of the research do not differ substantially in their assessment of the content and design of the campaign. The observed differences may arguably be ascribed to wider factors, such as the priority attached to health issues by men and women respectively.
- The efforts undertaken by the HPA – in particular the production of tailored posters and leaflets on sexual health issues and the systematic assessment of health promotion needs – appear to be successful steps in addressing past inequalities of access to health promotion campaigns by Lesbian Gay Bisexual and Trans (LGBT) people. The findings do not produce evidence of perceived current adverse impacts.
- There are indications that public information campaigns may continue to have some differential impacts on people with a disability. On the one hand, the production of material in alternative formats for some of the campaigns (eg audiotapes for people with a visual disability; subtitles for TV advertisements for people with a hearing difficulty) has been an important way of mitigating impacts on people from these groups. On the other hand, some concerns remain in relation to people with a severe mental illness and people with a learning disability. Written health promotion materials such as leaflets and posters may not necessarily reach them due to barriers posed by their format. While in the case of some campaigns, for example recent sexual health campaigns on sexually transmitted infections, the reliance on venues such as pubs and clubs in the distribution of information material may appear to disadvantage people with a severe mental illness, it should be noted that baseline research would show that because of their isolation they would be less likely to be involved with a number of sexual partners and hence would not belong to the target group of the campaign.
- The assessment revealed a number of issues indicating that public information campaigns may have differential impacts on some black and minority ethnic groups. Barriers were identified in relation to language; literacy; a lack of familiarity with some of the concepts promoted; the chosen media of communication;

the distribution of written material; and cultural sensitivities. Not all barriers apply to the same extent to all black and minority ethnic groups. Experiences and views also differ within groups.

Various suggestions were raised by interviewees on how equality of opportunity could be promoted to a greater extent:

- Portraying people with a disability and people from black and minority ethnic groups in its campaigns, for example by showing a disabled person playing sports in the context of physical activity campaigns.

The HPA endorses this suggestion. It is clearly in line with its own thinking and in fact with its recent activities: persons with a disability were portrayed in recent physical activity ads by the HPA.

- Disseminating information to people with a disability and to black and minority ethnic groups through more interactive methods (eg via road shows, through outpatient clinics, or through peers and lay health workers).

The HPA agrees that these methods of disseminating information are highly effective. We would like to clarify, however, that these activities fall in the remit of the health promotion delivered by HSS Boards and Trusts on a local level. The HPA proposes to raise this suggestion with these organisations (see following section –Action points).

- Disseminating information to black and minority ethnic groups and people with certain disabilities (eg a mental illness) through voluntary sector organisations.

The HPA proposes to discuss dissemination methods with voluntary sector organisations in the context of an information-sharing seminar (see following section – Action points).

- Undertaking systematic efforts to determine the health promotion needs and experiences of health promotion by black and minority ethnic groups and people with a disability.

The HPA agrees that such efforts are vital and proposes to raise this issue on a broader basis (ie the need to determine health promotion needs with regards to all Section 75 groups) with

those organisations involved in health promotion in Northern Ireland (see following section – Action points).

Action points

The HPA values the new information which this assessment has brought to light. In deciding on the most appropriate course of action, the HPA is bound to take into consideration the Value for Money framework within which its public information campaigns are to be delivered. In deciding on the best allocation of resources the extent of exclusion is considered just as important as the numbers of people affected.

Taking account of this, the HPA proposes to undertake the following actions:

(1) Public information campaigns are ultimately just one of many ways in which public health is promoted, and are linked with the activities of other statutory bodies. The HPA, therefore, proposes to use its influence in relation to other organisations involved in health promotion in Northern Ireland to explore the scope for a more comprehensive, joint review of equality of opportunity in relation to health promotion. Importantly, such a review should involve developing an action plan for a more systematic assessment of health promotion needs and experiences of health promotion of all Section 75 groups alongside the collection of baseline equality data in relation to key health issues. The HPA will ensure that this proposal is brought to the attention of the Regional Planning Forum, which brings together the key stakeholders.

(2) The HPA will continue to identify opportunities for promoting greater diversity in their campaigns (such as in TV advertisements and printed material), in particular in relation to people with a disability and people from black and minority ethnic groups.

(3) The HPA commits itself to reviewing its websites in order to ensure accessibility for people with a disability (in line with established standards such as ‘Bobby Approval’).

(4) The HPA will explore the scope for utilising audio-descriptions of TV ads.

(5) The HPA will, in conjunction with other HPSS agencies and bodies, continue to develop and deliver a programme of focused training to their staff.

(6) The HPA will review its engagement with organisations representing the interests of people from Section 75 groups. To begin the process, it will seek to organise an informal seminar in conjunction with the DHSSPS aimed at sharing information, which would involve:

- a) providing further information on the work of the HPA and the context in which it is set;
- b) identifying appropriate ways of fostering ongoing, meaningful engagement with Section 75 groups (eg through a standing liaison group);
- c) identifying further opportunities for promoting equality of opportunity in HPA campaigns for the most marginalised groups;
- d) consulting on how campaign leaflets and posters can best be disseminated to people from Section 75 groups;
- e) consulting on the idea of piloting the launch of a campaign with an event bringing together voluntary organisations which represent the interests of people from Section 75 groups (depending on the campaign it may be the DHSSPS which decides on the location of its launch yet the HPA commits itself to giving this further consideration);
- f) identifying the most meaningful ways of monitoring the policy qualitatively.

(7) The HPA will review how feedback by practitioners in the health promotion field can best be harnessed.

(8) The HPA commits itself to exploring the scope for drafting new Terms of Reference to include the collection of further Section 75 data on survey participants.

Monitoring

After the completion of the EQIA a delivery plan will be drawn up to implement specific action points resulting from the assessment. The delivery will be monitored on an ongoing basis and the organisation's Annual Review of Progress will contain a report on the EQIA implementation.

The organisation will seek to put in place arrangements for monitoring in relation to the nine categories and commits itself to revising the policy if monitoring shows adverse impacts.