

# C ampaigning for H ealth



# Campaigning for Health

## BACKGROUND

The Health Promotion Agency for Northern Ireland frequently receives requests from students who wish to receive information about health promotion campaigns. This publication has been produced in response to these requests. It aims to explain how public information campaigns on health issues are planned, developed and delivered by the Agency.

The resource should be particularly useful for teachers of GNVQ Health and Social Care courses and can be photocopied for students as required.

## INTRODUCTION

It is difficult to define what 'health' means but it is generally agreed that it means much more than 'not being sick'. It also incorporates 'wellbeing' and the ability to meet one's full potential, mentally, physically and socially. The World Health Organisation (WHO) defines health promotion as: "A process of enabling people to increase control over and improve their health."

Health is influenced by many factors. Some, like lifestyles and behaviour, can be controlled by individuals, but generally people have little or no control over others such as adequate income, good housing, accessible transport systems and clean air. Health promotion takes account of the need to create the kind of environments which support people in making choices which benefit their health. It also recognises the need to provide timely and appropriate information to enable people to have the information they need to make these 'healthy choices'.

The Health Promotion Agency for Northern Ireland is a regional organisation which has the role of improving the health and wellbeing of the public in Northern Ireland. The Agency was established by law on 1 October 1990. It is a special agency of the Department of Health and Social Services and reports formally through its Board to the Minister with responsibility for health in Northern Ireland.

The Regional Strategy for Health and Social Wellbeing 1997-2002 is a document setting out the priorities, objectives and targets for all those working in the health and personal social services over the five year period 1997-2002. It is also relevant to other Government Departments and many organisations in the wider statutory, voluntary, community and private sectors that support those working in the health and personal social services.

The primary aim of the Strategy is to secure improvements in the health and social wellbeing of the people of Northern Ireland into the next century.

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The Agency aims to make a positive contribution to the targets for health promotion set out in this Strategy. It does this through work in the following four business areas.

1. Policy development and advice;
2. Research and evaluation;
3. Public and professional information;
4. Training and professional development.

Public information campaigns are part of the work which the Agency does in providing public and professional information.

## **WHAT IS A PUBLIC INFORMATION CAMPAIGN?**

Promoting health is different to promoting commercial products or services. 'Health' cannot be seen or touched and the benefits of responding to the message of a campaign are in many cases not immediate, but obtained at some point in the future. With a commercial product or service the opposite is usually the case and it is natural for people to want an immediate benefit if some kind of action is required from them.

A campaign involves a coordinated supply of information or a series of events or activities. The purpose of a public information campaign could be any one or a combination of the following:

- to provide new information;
- to change beliefs or attitudes;
- to encourage the adoption of a new practice or change in lifestyle.

It is always best to aim to communicate a simple message. It is difficult to change attitudes or encourage people to adopt new behaviours especially if they involve particular effort or giving up something they currently enjoy!

It is important to remember when targeting information that there is no such thing as 'the public'. This involves too wide a range of ages, interests and needs to enable a simple message to be delivered effectively. A key to the success of any public information campaign is to define as tightly as possible exactly who you wish to respond to the campaign.

## **DEVELOPING A PUBLIC INFORMATION CAMPAIGN**

Developing public information campaigns and making sure they reach the right people is a complex process. As mentioned above, there is no average individual, everybody is different and as such has different information needs. Health promotion information must take into account factors such as where people live, their age, gender, income group and educational attainment.

Also there are a number of channels of communication which can be used in a public information campaign. These include television, radio, newspapers, information helplines, seminars, workshops, training and printed literature such as posters or leaflets.

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Each of these media has strengths and weaknesses. The decision on which to use will depend on matching media strengths with the requirements of the campaign objectives, target group, timescale and budget.

Whatever the campaign, it requires a clear framework for development. The following questions are a good starting point when thinking about developing a campaign.

### **What is currently known about the issue being promoted?**

It is important to determine people's current knowledge, attitudes and behaviour associated with the health issue which is going to be the focus of a campaign. This will not only help in setting aims and objectives but also means there is a baseline of information against which to measure any changes in awareness or understanding of an issue and any shift in attitudes and behaviour when evaluating the campaign.

There may already be research available that provides this information. If there is not research available or the research was carried out a long time ago and is now out of date, there is a need to carry out new research.

The type and scope of any research carried out will depend on the type of information needed and the budget available. The overall budget for the campaign will determine how much is available to spend on research.

### **What are the campaign's aims and objectives?**

When enough information has been obtained about current levels of public knowledge, attitudes and behaviour in relation to a particular health issue, aims and objectives can be set for the campaign. For example, if current research shows that there is a low level of awareness about the health benefits of fibre in the diet, the aim could be to increase awareness about the benefits of including more fibre in the diet. The objectives are more specific than the aim and should be measurable. For example, an objective could be to increase awareness levels about the health benefits of fibre from 10% to 30% within a defined time.

### **Who is the campaign aimed at?**

The target group for a particular public information campaign will generally be guided by the health issue and any available research which allows you to define the target audience more specifically. For example, a campaign to promote breast screening will target women aged 50 to 64 because it is only women from this age group who are regularly called for breast screening. The target group might be further defined if research indicates that women from particular income groups or who live in particular areas do not attend breast screening sessions.

Defining the target audience is important because it means that campaign resources can be used more effectively.

There may be a number of target groups for a particular public information campaign. For example, in a campaign to promote a new immunisation programme for children, the target audience would be mothers with children in the age band that are to receive the immunisation. A secondary target group would be health professionals who deliver the immunisation programme or those who have regular contact with mothers such as doctors, practice nurses and health visitors.

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It is important that where there are a number of target groups to be informed, the core information or message is always consistent. This ensures that people are not receiving conflicting advice on the same issue.

### **What resources are available?**

The amount of resources such as money, people and time that are available for the campaign will help determine the range of approaches that can be developed. A small budget may, for example, rule out television advertising which is expensive to produce and broadcast. It is necessary then to look at how the same number of people can be reached using a cheaper medium.

Some organisations employ staff with a range of skills. There may be enough in-house expertise within such an organisation to develop a health promotion campaign. A health promotion campaign usually involves health professionals such as dietitians and nurses, specialists in particular areas such as physical activity or drugs and communications experts such as designers, writers and marketing professionals. If this range of skills is not available in-house it may be necessary to buy in some of this expertise on a consultancy basis.

If, for example, a leaflet needs designed and the organisation does not have a graphic designer, a design company could be commissioned to help with this if the budget allows. When involving outside companies with any part of the campaign a brief must be prepared to guide the company. A brief for the design and production of a leaflet would include information such as who the leaflet is aimed at, what it aims to achieve, how many copies are required and how much is available to spend on its design and printing.

If the time available to develop a campaign is limited, certain activities may not be possible. For example, working with supermarket chains to encourage them to support a campaign to promote healthy eating takes a lot of time to organise. Advance notice is required by supermarket chains to allow them time to organise in-store activities such as price promotions, where the price of some foods is reduced for a set period, as well as tastings of healthier foods and the production of promotional materials. Working in partnership with other organisations can be very rewarding but it can often take time to discuss and arrange.

### **How will the message be communicated?**

If all the above questions have been answered it will be easy to decide how the information will be communicated. The key elements in deciding how this should happen are the nature of the information to be communicated, the target audience and the resources that are available.

Whether it is television, radio, press or poster advertising, a leaflet, seminar, exhibition, video, CD-Rom or something completely different which is the central focus of the campaign, where possible the views of the target group should be sought and used to guide the campaign development. This can be done by bringing together representatives from the target group to discuss proposals for advertising concepts and text, printed materials or supporting activities, to ensure they communicate the right messages and appeal to the intended end user.

It also important to think about the time of year that would be most appropriate to run a campaign. For example, it would be better to launch a campaign about taking care in the sun in the summer months rather than the winter months and there is less interest in healthy eating around Christmas compared to the New Year when people tend to make their resolutions!

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## **How will the campaign be evaluated?**

It is important to evaluate the outcome of a campaign. This not only helps establish whether or not the campaign met its objectives but it also provides information on how future campaigns could be made more effective.

*The following is an example of a recent campaign undertaken by the Health Promotion Agency to promote the benefits of taking folic acid. It aimed to encourage more women to take folic acid, a B vitamin, before becoming pregnant and in the early weeks of pregnancy.*

*It traces the development of work from a national context, to why a recommendation was made that action be taken locally, and through the different elements of the campaign that was then commissioned from the Health Promotion Agency.*

# The Health Promotion Agency for Northern Ireland

## Design and Implementation of a Public Information Campaign on Folic Acid

### BACKGROUND

Folate is a safe and naturally occurring B vitamin which is found mainly in green leafy vegetables such as Brussels sprouts, cabbage and broccoli. Current average intake of folate from the diet is about 200 micrograms per day per person. It is also available in tablet form as a supplement known as folic acid. Folic acid is also used to fortify foods such as some breads and breakfast cereals.

Research published in 1991 showed that by increasing the amount of folic acid taken before and during pregnancy, the number of babies born with neural tube defects (NTDs) such as anencephaly, encephalocele and spina bifida could be significantly reduced.<sup>1</sup> On the basis of this research an Expert Advisory Group was set up by the Department of Health in London to make recommendations for the prevention of NTDs.

In 1992 a report from the Expert Advisory Group recommended that to reduce the risk of first time occurrence of NTDs, all women should take a daily 400 microgram (mcg) folic acid supplement, increase their intake of folic acid from fortified foods and increase folate from folate-rich foods, prior to conception and during the first 12 weeks of pregnancy.<sup>2</sup> Women with a family history of NTDs should seek advice before becoming pregnant as they are more likely to have babies with a NTD and so will need a higher dose of folic acid.

The Expert Advisory Group also recommended that there should be education programmes for both health professionals and the general public to convey the advice about folic acid to women.

In February 1996 an information campaign was launched in Great Britain (GB). In Northern Ireland the Department of Health and Social Services launched a complementary campaign to coincide with this work. The 1996 Northern Ireland campaign had two elements:

- Leaflets purchased from the GB campaign were distributed to the public.
- Information packs containing detailed information about folic acid were distributed to relevant health professionals together with a covering letter, signed jointly by the Chief Medical, Nursing and Pharmaceutical Officers for Northern Ireland, urging widespread support for this initiative.

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In addition to these two elements, public awareness was raised by publications and products which were available across the United Kingdom as part of the GB campaign. For example, advertising and editorial about folic acid appeared in national women's magazines and health professionals' journals and folic acid 'flashes' appeared on foods that were fortified with folic acid, such as some breads and breakfast cereals. Information promoting the use of folic acid was also enclosed with women's sanitary products and pregnancy testing kits.

## INTRODUCTION

In October 1996, nine months after the launch of the campaign in Great Britain and Northern Ireland, the Health Promotion Agency for Northern Ireland was commissioned by the Department of Health and Social Services to assess public knowledge, attitudes and behaviour in relation to folic acid in Northern Ireland. It was agreed that the findings from this research would also be used to establish whether a local follow-up to the campaign was necessary.<sup>3</sup>

The research showed that while awareness of folic acid was relatively high, knowledge of the benefits of taking folic acid supplements was limited and there was a lot of confusion over the times when usage would be most beneficial.

Following this research the Health Promotion Agency made a recommendation to the Department of Health and Social Services (DHSS) that a public information programme be prepared and implemented locally to build on the awareness of folic acid and address the confusion highlighted in the research.

In February 1998 the Health Promotion Agency was commissioned by the DHSS to prepare and implement a public information campaign on folic acid for Northern Ireland.

## TARGET GROUP

The target audience for this campaign was women who could become pregnant, ie women aged 16 to 45 years, particularly those from the lower socio-economic groups ie C2, D and E, because research showed that women in these groups were least aware of folic acid and the benefits of taking it.<sup>4</sup>

Records detailing births in Northern Ireland showed that women become pregnant mainly between the ages of 16 to 45 years with the largest number of births among women aged between 20 and 34 years.<sup>4</sup>

## AIM

To increase knowledge of the benefits of folic acid, to encourage a positive attitude to taking it and to promote behaviour change so that more women take sufficient folic acid both before becoming pregnant and in the early weeks of pregnancy.

## OBJECTIVES

- 1 To increase the number of women who recognise that folic acid is safe, both for them and their unborn child.
- 2 To increase awareness of the importance of taking folic acid in preventing neural tube defects.
- 3 To increase awareness about the need to take folic acid before conception and up to the end of the twelfth week of pregnancy.
- 4 To increase awareness that the recommended level of folic acid cannot be obtained from food alone and a daily folic acid supplement is also needed.
- 5 To increase the number of women who would take folic acid during pregnancy.
- 6 To not make anyone feel guilty or responsible if they have a child with a neural tube defect or cause anxiety among women who are already pregnant and have not taken folic acid because they did not know about it.

## THE CAMPAIGN

The main elements of the campaign were:

### Public Relations

The campaign was launched on Tuesday 13 October 1998 by UTV personality Lynda Bryans. Professor Nevin from the Regional Genetics Centre, who was involved in the research which highlighted the link between folic acid and neural tube defects, also spoke at the launch.

The press and broadcast media were invited to the launch of the campaign which resulted in widespread coverage on the television news, radio and in the daily and weekly newspapers.



## Television and cinema advertising

Four different television advertisements were pretested during focus group discussions with women aged 16 to 45 years. The women were mainly from the lower socio-economic groups.

The purpose of the group discussions was to ensure the advertisement not only appealed to the target audience but also communicated the right messages in an easy to understand way.

The advertisement which was selected during pretesting highlighted that folic acid is a vitamin which helps prevent conditions such as spina bifida and should be taken before a woman becomes pregnant and until the 12th week of pregnancy.

The advertisement was shown on cinema screens as well as television between October 1998 and January 1999.

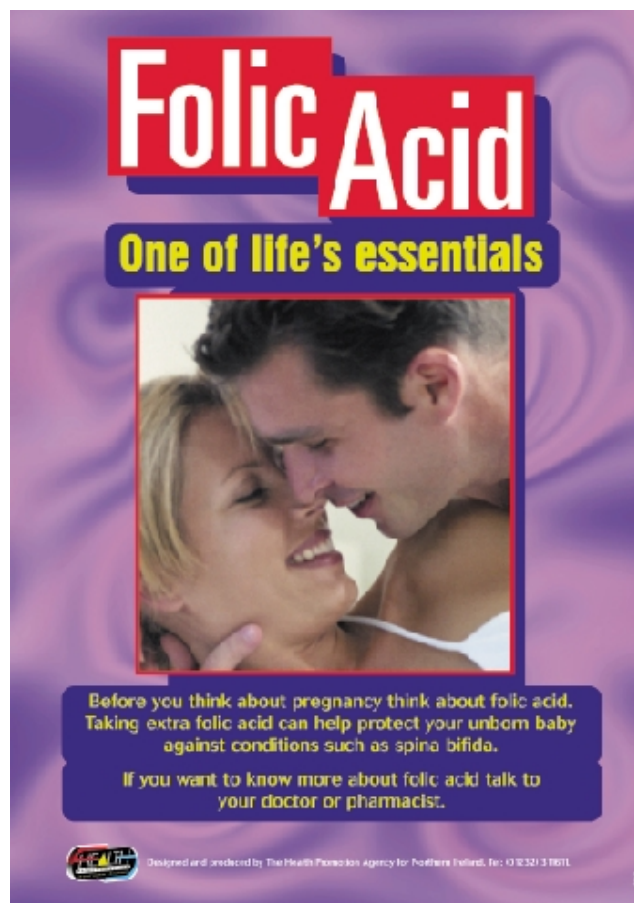


## Leaflet and poster

Both give information on the importance of taking folic acid. They are available in pharmacies, supermarkets and health service facilities such as health centres and doctors surgeries.



The leaflet



The poster

## Magazine

This was produced because it is unlikely that women who are not thinking about pregnancy would pick up a leaflet about folic acid. While the magazine contains information about folic acid, the information has been presented in recipes, celebrity interviews, puzzles and true life experiences along with other health information of interest to women.

The magazine was produced in a style similar to popular magazines such as 'Bella', 'Chat' and 'Best' which are on sale in newsagents and are particularly popular with the target group.

The magazine was also pretested, using focus group discussions, with the target audience. The pretesting resulted in changes to the design, layout and text of the magazine. The title 'It's You!' was given to the magazine following pretesting.

'It's You!' was inserted into the 'Newsletter', 'Irish News' and 'Mirror' newspapers on 14 October 1998.

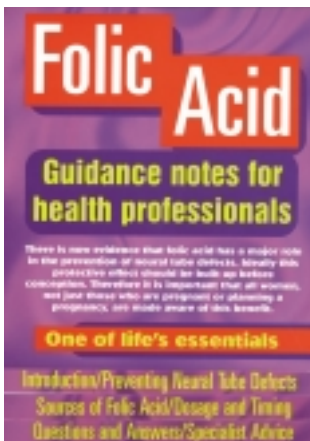
It was also sent to hairdressing salons, dental surgeries and health centres for their waiting areas and a number of copies were sent to pharmacies to give out to customers.



## Guidance notes for health professionals

The general public value the health information they are given by health professionals, particularly their GP. It was therefore important to encourage health professionals to highlight the benefits of folic acid to women of child bearing age.

Folic acid guidance notes were produced for health professionals. This was developed following research with health professionals to assess their own attitudes, knowledge and needs in relation to folic acid.



The notes include background information, the sources of folic acid/folate, information about dosage and timing, questions people generally ask about folic acid with suggested answers and contact addresses for specialist information and advice.

The guidance notes were sent to health professionals who would be asked for such advice including GPs, practice nurses, pharmacists, family planning staff, health visitors, midwives and dietitians.

## Evaluation

The campaign evaluation involved assessing the knowledge and attitudes of women aged 16 to 45 years in relation to folic acid. This information can be compared with the baseline research carried out in 1996 to assess whether the campaign met its objectives. The evaluation will be used to assess the effectiveness of the campaign and to plan future work in relation to raising public awareness of folic acid.

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## REFERENCES

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## GLOSSARY

**Anencephaly:** A condition where most of the brain and skull are absent and still birth or death very soon after delivery is inevitable.

**Encephalocele:** This is a very rare condition where the brain protrudes through a defect in the skull.

**First time occurrence of neural tube defects:** There is no family history of a neural tube defect (NTD). In Northern Ireland this accounts for 95% of NTDs.

**Folate:** Naturally occurring B vitamin, found mainly in green leafy vegetables such as Brussels sprouts, cabbage and broccoli.

**Folic acid:** Manufactured form of vitamin B, available as a vitamin supplement or used to fortify foods such as some breads and breakfast cereals.

**Socio-economic groups:** A classification of the adult population based on economic and social factors, for example the occupation of the head of the household.

**Spina bifida:** This is the most common neural tube defect. It occurs when the spinal canal in the vertebral column does not close. Babies born with spina bifida show a wide range of disabilities, for example they may be unable to walk or may have difficulty controlling their bladder or bowel.