Centre for Chronic Disease Prevention & Health Advancement

Integrated Chronic Disease Prevention Campaign

Health Impact Statement

Acknowledgements

The project team responsible for completing this Health Impact Statement would like to acknowledge the support of members of the Steering Group, namely:
- Ms Jenny Hughes
- Ms Therese Milham
- Ms Sharon Hills

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- Dr Tom Carroll
- Prof Rob Donovan
- Ms Elaine Buggy

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- Community Profile
- Literature Review
- Focus Groups

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Reference:

O'Hara B, Baird H, Hughes J, Hills S & Milham T (2004) The Health Impact Assessment Statement on the NSW Integrated Chronic Disease Prevention Campaign: December 2004
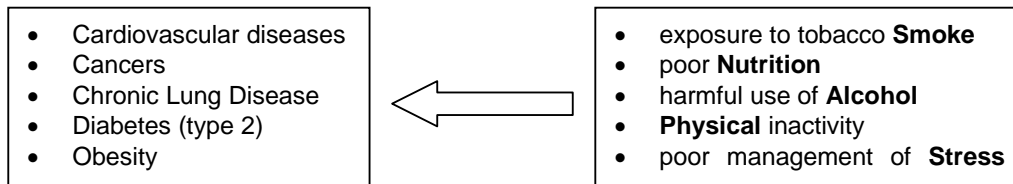
1. Background

1.1 Health Impact Assessment Developmental sites

In late 2003, a proposal from the Centre for Chronic Disease Prevention and Health Advancement was accepted as one of five developmental sites to participate in the NSW Health Impact Assessment Project - Phase 2.

From February to October 2004, the Centre undertook a health impact assessment of the Integrated Chronic Disease Prevention campaign. This 'learning by doing' approach involved attending training sessions and working closely with the Centre for Health Equity Training Research and Evaluation, who were funding by NSW Health to manage the Health Impact Assessment Project.

1.2 Integrated Chronic Disease Prevention Campaign

In September 2003, the NSW Chronic Disease Prevention Strategy 2003 – 2007[1] was released. It details the strategic directions for the prevention of chronic diseases in New South Wales, from a population health perspective with an emphasis on primary prevention. For the purposes of the Strategy, chronic diseases and conditions are detailed as including:

• Cardiovascular diseases • Cancers • Chronic Lung Disease • Diabetes (type 2) • Obesity	• exposure to tobacco **Smoke** • poor **Nutrition** • harmful use of **Alcohol** • **Physical** inactivity • poor management of **Stress**

Figure one: *Risk factors associated with Chronic Diseases as outlined in the NSW Chronic Disease Prevention Strategy 2003*

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:

> *"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*

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promotion with a view to progressing state-wide implementation if the evaluation results are favourable"[2].

The campaign will promote the benefits of taking positive, healthy control of lifestyles, increase support for and knowledge of information sources to make positive change and increase the numbers of people engaging in health protecting behaviours, including:

- Avoiding tobacco smoke
- Eating more vegetables and fruit
- Using alcohol sensibly
- Increasing daily physical activity
- Managing stress.

Whilst it is evident that the Chronic Disease Prevention Strategy details the development, implementation and evaluation of a pilot, the subject of this HIA process is the whole campaign, not just the pilot.

1.3   Aims, goals and targets of Campaign

The aim of the campaign is to prevent and decrease the prevalence of chronic disease[3] among 35 – 55 year olds with a particular focus on disadvantaged groups.

The goals of the campaign are:
1. To increase **knowledge** of risk factors[4] 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.

The **primary targets** for this campaign is men and women aged 35 – 55 who are not meeting 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, counselling professionals and the general community.

1.4   Steering Group

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

[3] For the purposes of this campaign chronic diseases includes cardiovascular diseases, cancers, chronic lung diseases and type 2diabetes.
[4] 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

A Steering Group was established and its purpose was to provide advice and guidance to the Chronic Disease Prevention Campaign Health Impact Assessment project team on the conduct of the HIA.

The Steering Group included representation from:
- Centre for Chronic Disease Prevention and Health Advancement, NSW Health
- Population Health, Wentworth Area Health Service; and
- Aboriginal Health Branch

and was chaired by the Manager, Health Promotion Strategies & Settings Branch, Centre for Chronic Disease Prevention and Health Advancement.

The responsibilities of the Steering Group included:
i. Participating in Chronic Disease Prevention Campaign HIA Steering Group meetings – in person, by teleconference and/or prior feedback on key documents.
ii. Undertaking the screening and scoping steps of the Chronic Disease Prevention Campaign HIA.
iii. Using existing networks and forums to communicate about the Chronic Disease Prevention Campaign HIA, including the main findings.
iv. Undertaking the negotiation and decision making step of the Chronic Disease Prevention Campaign HIA.
v. Facilitating presentation of the HIA to members of the Chronic Disease Prevention Campaign Management Committee and members of the Centre for Health Promotion.

Disseminating findings from the HIA to stakeholders/other agencies and other relevant persons.

There were seven meetings of the Steering Group held in total, between February and September 2004.

1.5	About this document

This Health Impact Statement is the culmination of the health impact assessment 'journey' through the five steps:
➢ screening
➢ scoping
➢ assessment
➢ negotiation and decision making and;
➢ recommendations.

Drawn from the comprehensive reports developed at each stage of the process, it provides a summary of each step, outlines rationale for identifying and engaging other stakeholders, establishes the scope of the HIA including definitions, levels of evidence, principles, process for negotiation and decision making, provides advice in relation to undertaking a HIA process, outlines recommendations and provides an outline for undertaking an evaluation of the HIA.

2. Community Profile

The Community Profile was conducted on the population of New South Wales, and outlines the incidence of five chronic diseases; cardiovascular disease, cancer, chronic lung disease, type 2 diabetes and obesity.

The profile provides an outline of the incidence of five key risk factor areas, namely exposure to tobacco smoke, poor nutrition, harmful use of alcohol, physical inactivity and poor management of stress. These risk factors are modifiable and lifestyle-based.

The *NSW Adult Health Survey* and *The Health of the NSW People – Report of the Chief Health Officer* were the primary sources of epidemiological data used to create this profile.

2.1 Disease burden

Cardio vascular disease accounts for the biggest chronic disease burden, with 40% of all deaths in NSW each year attributable to the disease. Cancer is the second most common cause of disease burden, accounting for just over 27% of all deaths in NSW. Chronic lung disease, which includes chronic bronchitis, emphysema and asthma are responsible for around 5% of all deaths each year in NSW. Diabetes causes approximately 2% of all deaths in NSW but is a contributing factor in 8% of all deaths. There are an estimated 600,000 people in NSW who have been diagnosed with diabetes, but due to the fact it is widely regarded that there is one undiagnosed case for every diagnosed case, the likely prevalence is over 1 million. Obesity contributes to premature morbidity and mortality, affecting an estimated 14% of the population. A further 32% of the population are considered overweight.

2.2 Chronic disease risk factors

21% of the NSW population are current smokers, with the highest rates of smoking amongst males, young adults and people living in rural areas. Lowest rates were among people in the most advantaged socio-economic status quintile.

84% of the population have reported not eating the recommended daily intake of vegetables per day and 54% are not eating adequate amounts of fruit. Males and younger people comprise of a significant proportion of this group.

More than 33% of the NSW population engage in some risky alcohol drinking behaviours, of which males, young people and rural residents reported a higher prevalence. The proportion of women engaging in risk taking behaviours increased with higher socio-economic status (SES) levels, with little observable differences amongst men.

Approximately 12% of the NSW population have high or very high levels of psychological distress, with a greater proportion of females and particularly young females experiencing this distress. A significantly higher proportion of people in the lowest SES quintile reported high or very high proportions of psychological distress.

53% respondents reported inadequate levels of physical activity, with a greater proportion of females and older population in this group. A significantly greater proportion of higher SES quintile groups undertook adequate physical activity.

3.   Screening

The screening step detailed that the components of the proposed campaign are as follows:
- Mass Media communication
- Appropriate Branding
- Appropriate, accessible information and merchandise:
- Public Relations activities:
- Supporting community initiatives:
- Promotion of appropriate referral points:

In a similar vein, the following assumptions were articulated to ensure that they were made in a transparent and upfront manner.
- This proposal is based on the assumption that the chronic diseases outlined above are amenable to prevention and early intervention.
- The proposal is also based on the assumption that the risk factors are lifestyle based, interactive, modifiable and preventable.
- Social marketing models are based on the assumption that an individual's belief about behaviour will determine the individual's attitudes and intentions with respect to that behaviour.
- However, these intentions are subject to environmental facilitators and inhibitors (ie: barriers) that will predict how the individual actually acts with respect to that behaviour. The Campaign does acknowledge that it is too simplistic to assume that changing beliefs, attitudes and intentions will result in a change in behaviour. Individuals do live within a social context and setting which influences their ability to make changes to their lifestyle.
- It is assumed that the campaign will promote the benefits of taking positive, healthy control of lifestyles, increase support for and knowledge of information sources to make positive change and increase the numbers of people engaging in health protecting behaviours, namely:
  - ➢ Avoiding tobacco smoke
  - ➢ Eating more vegetables and fruit
  - ➢ Using alcohol sensibly
  - ➢ Increasing daily physical activity
  - ➢ Managing stress.

- The proposal does assume that individuals will act on the campaign message to seek further information from General Practitioners and Community Health professionals.
- The campaign assumes that with a level of involvement and information regarding the campaign that General Practices and Community Health will be able (ie: have the time & resources) to provide more information to the community.

The screening step also followed a process to determine the appropriateness and applicability of undertaking a Health Impact Assessment on the proposed Integrated Chronic Disease Prevention Campaign proposal. This process included answering questions in relation to:

❑ The ability to influence the decision makers in relation to the campaign proposal
❑ The appropriateness of other forms of data collection methods having been completed, namely a needs assessment and consultation processes
❑ The effect of the campaign on the population particularly in relation to the social determinants of health, including the expected and unexpected effects of the campaign

A screening tool was developed to assist in this process.

At the completion of the screening step it was determined that it was indeed appropriate to undertake a Health Impact Assessment process on the proposed Integrated Chronic Disease Prevention Campaign.

4.   Scoping stage

The scoping step of the HIA was instrumental in determining how to undertake the HIA process particularly in relation to:

- the management of the HIA process;
- the HIA assessment question to be answered;
- the type of HIA process to undertake;
- the parameters governing the HIA process;
- the involvement of key stakeholders
- evaluation of the HIA process

Accordingly the scoping step saw the establishment of the steering group and delineated the roles and responsibilities of the project team and members of the steering group.

The steering group assisted in the development of the two research questions which formed the basis for the assessment stage of the HIA, the research questions were:

⇒ In the NSW population at risk of chronic diseases, are lifestyle risk factors campaigns[5] effective in reducing risk factor behaviours.

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

$\Rightarrow$ In sub groups of the NSW population are there differential effects[6] resulting from lifestyle campaigns

The type of Health Impact Assessment to be undertaken was also determined in the scoping step, and it was determined by exploring issues in relation to
- Level of investment
- Time required
- Certainty of effects

that the level of HIA to be undertaken on the campaign was to be of intermediate in nature. A tool was developed to assist in this decision making process.

This step determined the methodology required to collect the necessary evidence to address the two assessment questions, namely:
- Community profile
- Literature review & Exploration of themes
- Expert opinion & key informant interviews
- Focus group discussions.

The scoping step also provided the parameters of the involvement of the stakeholders and provided a framework in relation to the evaluation of the HIA process.

5.	Assessment stage

The assessment stage of the HIA process was utilised to:
  i.   Collect the evidence relevant to this HIA process by the methods detailed in scoping stage, namely
- Community profile
- Literature review & identification of themes
- Expert opinion & key informant interviews
- Focus group discussions
  ii. Synthesize the evidence and identify emerging themes

In essence, the assessment report provides a summary of the evidence that was collected to assess the likely impact of the implementation of the Chronic Disease Prevention campaign on the health of the target population of men and women aged 35-55 years in NSW. The HIA Steering Group considered community perspectives to be as valid and valued as other evidence obtained in this process such as systematic reviews and accordingly it is worth noting that the information obtained to address the assessment questions was given equal weight.

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[6] 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

The key themes for the assessment stage of the Chronic Disease Prevention Campaign HIA were categorised following an examination of the evidence from the above mentioned sources, as follows:
1. Messages
2. Target groups / Disadvantaged groups
3. Integrated approaches / Broad definition
4. Stress
5. Partnerships / Referrals
6. Structural support and barriers
7. Community perceptions/social norms
8. Specific campaign elements

6.	Negotiation, Decision Making & Recommendation stage

The fourth step in this Health Impact Assessment process had the following purpose:
 i. Appraise the key issues that were identified in the Assessment stage of this Health Impact Assessment;
 ii. Make decisions in relation to these, namely the importance and relevance of these themes to the Integrated Chronic Disease Prevention Campaign;
iii. Resolve any conflicts in relation to these themes;
iv. Develop action orientated recommendations to enhance the Integrated Chronic Disease Prevention Campaign proposal.

This stage detailed that there was less evidence available that specifically answered the research questions in relation to "lifestyle risk factor campaigns", namely smoking, nutrition, alcohol, physical activity and stress, than was originally expected. However there was a wealth of information available in relation to generic social marketing campaigns in the literature, and the key informant interviews provided valid and useful insights.

Accordingly, a process was undertaken to determine firstly what evidence was available that specifically related to the research questions, and secondly what evidence was available broadly in relation to social marketing campaigns that might provide useful insights to the process. The terms used to describe these two forms of evidence are specific and parallel. After determining which findings were specific or parallel, a process was then undertaken that gave a priority rating to the information that was obtained in the assessment process. The rating that was given is described as:
- **High** – Information was considered to be high when it had three of more pieces of evidence of either nature;
- **Medium** – Information was considered to be medium when it had two pieces of evidence either parallel, specific or both;
- **Low** - Information was considered to be low when it had one parallel or one specific piece of evidence.

It was clear from this process that the majority of information and evidence collected in this HIA process was rated as high or medium. It was determined that the information that was of a low rating did not warrant further analysis.

However, the information that was determined to be of a high or moderate rating then underwent further analysis. This analysis included describing the potential impact of the themes and sub themes, whether the potential impact was of a positive or negative nature and what the likelihood of impact was to be.

This stage of the HIA process provided an opportunity to focus again on the nature of the impact of an Integrated Chronic Disease Prevention Campaign and provided more detailed information on which to determine the potential impact, the positive or negative nature of this impact and the definite, probable or speculative likelihood of this impact. Attachment three details the results of this process and details the specific themes that emerged as a result of the negotiation stage.

Whilst undertaking this analysis, two conflicting issues emerged and these were in relation to:
- Integrated Campaign messages
- Internet based supporting activities.

6.1   Integrated Campaign messages

In relation to integrated campaign messages, it became apparent that there were concerns that an integrated campaign promoting messages in relation to a number of risk factors may not be as effective as campaigns promoting messages in respect of individual risk factors. In contradiction evidence also suggested that integrated campaigns could be effective. To resolve this conflict, further evidence was identified which detailed that the greatest potential for an integrated campaign is to portray separate message streams or strategies under a co-ordinated effort or program.

6.2   Internet based supporting activities

In relation to internet based supporting activities, evidence supported the utilisation of such activities to support a campaign this is of particular relevance because the such initiatives provide accessible, tailored and targeted support at a relatively low cost. However, the evidence also provides a caution, namely that the internet is available to younger, better educated, higher SES, affluent and urban groups, not necessarily the target group of the integrated chronic disease prevention campaign. Nor would such an intervention be appropriate for secondary or tertiary prevention. To resolve this issue, a recommendation has been detailed that suggests the utilisation of internet based support, but that it is not the only support provided to the campaign and that the utilisation of the internet be evaluated to determine its effectiveness in relation to the target group demographics.

6.3   Key findings

Table one: Key findings from the HIA process

Messages	Messages should be positive, inclusive, empowering, meaningful, encouraging and promote confidence
	Messages should promote short term benefits rather than long term benefits as these are re seen as more motivating
	Messages should be reinforcing in nature, this is important to ensure behaviour maintenance also to reach new individuals being exposed to the messages
	Messages should encourage the uptake of new behaviour
	Messages should be simple and catchy
	Messages should encourage help seeking messages
	Messages should not promote shock or instil fear
	Messages that provide new health and/ or other information are likely to be effective
	The implementation of an integrated campaign should incorporate separate message streams or strategies undertaken in systematic way under a co-ordinated effort or program
	Transition points and life changes should be utilised in the communication of messages
Target Groups / Disadvantaged Groups	Campaign needs to be tailored for subgroups in the population, for example - mainstream messages for white Australia will not have an no impact on indigenous communities and such messages could benefit from the use of role models
	Campaign must have an explicit consumer orientation which incorporates a well defined target group and indepth knowledge of the target
	The issues addressed by the Campaign must be relevant to the community. This is particularly important for Aboriginal Communities and lower SES groups
	The target group must be well known including drilling down into the demographics of CALD communities
	Market segmentation should be undertaken to clearly define the make up of the target group
	Lower SES groups should be the focus of communications, which by its nature will communicate to higher SES groups
Integrated Approaches / Broad Definition	Social Marketing Campaigns should have the ultimate goal of achieving behaviour change BUT this cannot be achieved immediately – but rather the audience is moved through a range of priming steps
	Structural change and supportive environments should be considered within the development of a comprehensive approach to social marketing
	Social Marketing should be seen in its broad definition and should include a comprehensive and multifaceted range of interventions
	Particular importance should be placed in the development of local level initiatives to support the mass media component of the social marketing campaign
	The marketing mix in relation to product, price, promotion and placement should be considered in the development of the campaign
	Identified barriers should also be addressed through the campaign
Stress	The issue of stress should be dealt with in a campaign, as the issue of stress is one that potentially differentiates between SES groups. With those from higher SES groups able to better deal with stress and those from lower SES groups experiencing higher levels of stress and are less able to deal effectively with stress
	A campaign dealing with stress should focus on source and symptoms of stress offer greatest opportunity for addressing stress
	The issue of stress should be dealt within in a campaign as it is seen as a recognisable and salient issue which is inclusive and relevant to most individuals. It is also seen as a driver of unhealthy behaviours and people are open to suggestions to improve the way they deal with stress
Partnerships & Referrals	Partnerships with primary health care professionals (particularly GPs and Pharmacists) should be established as they are important in providing structural support to the campaign messages
	Key stakeholders should be involved in the campaign, as they are important in assisting in the success of a campaign (reach, duration, intensity & effect size)

	Supporting internet based interventions should be established as they provide an opportunity to give tailored and targeted responses regarding messages but that the utilisation of this internet support be evaluated to determine its effectiveness in relation to the target group demographics
	The development of partnerships should also focus on workforce development and reciprocity
	Social Marketing campaign should focus on self efficacy, although professional support should be recommended for those requiring further help
Community perceptions / Social norms	Social Marketing campaigns are vital in addressing the imbalance of counter advertising and to maintain a visibility against a background of such messages – which is of particular importance for SES groups
	Social Marketing campaign should also contribute to the modification of social norms
Structural support and barriers	Social Marketing campaigns need to address the knowledge barriers that have been identified including faulty assumptions, underestimation of their current behaviours
	Social Marketing campaigns need to address structural barriers including financial pressures, lack of time, competing schedules and preferences in the household
	Social Marketing campaigns need to address personal barriers including poor self image, poor self efficacy, limited self confidence and fear of failure
	Structural supports need to be incorporated in the campaign to facilitate behaviour change and accordingly the rhetoric must match the action
	Social marketing campaigns need to ensure that the messages that are promoted are affordable and that the costs are justified or exceed the benefits
Specific Campaign elements	Need to ensure that there are appropriate resources allocated to the evaluation phase and that such information contributes to addressing the lack of evidence

Legend

	These findings are based on a Definite likelihood of impact
	These findings are based on a Probable likelihood of impact
	These findings are based on a Speculative likelihood of impact

6.4   Recommendations

This step provided for the following list of recommendations which was developed and endorsed by the Steering Group for the Integrated Chronic Disease Prevention Campaign, they relate specifically to the components of the campaign as detailed in the screening stage of the HIA process.

1. It is recommended that the Campaign be undertaken as such a campaign is vital in addressing the imbalance of counter advertising and maintain visibility against such advertising focused particularly on lower socio economic status groups.
2. It is recommended that the goal of the Campaign should be to influence the priming steps of behaviour change rather than behaviour change itself.
3. It is recommended that an important focus be placed on the development of local level initiatives to support the mass media component of the Campaign.
4. It is recommended partnerships with primary health care professionals (particularly GPs and Pharmacists) be established to support the Campaign.
5. It is recommended that key stakeholders by involved in the development of the Campaign.
6. It is recommended that the messages promoted by the Chronic Disease Prevention Campaign should:

- be positive, inclusive, empowering, meaningful, encouraging and promote confidence;
- promote short term benefits;
- be reinforcing;
- encourage the uptake of new behaviour;
- be simple and catchy; and
- encourage help seeking messages

7.   It is recommended that the promotion of a range of messages under an "integrated" banner only be undertaken in a systematic manner, with separate messages be promoted under different streams or strategies.

8.   It is recommended that the Campaign acknowledge and where possible address the following barriers:
- Knowledge barriers including faulty assumptions and underestimation of current behaviours;
- Structural barriers including financial pressures, lack of time, competing schedules and preferences within the household;
- Personal barriers including poor self image, poor self efficacy, limited self confidence and fear of failure.

9.   It is recommended that the Campaign be tailored for sub groups of the population including indigenous communities.

10.   It is recommended that the Campaign have an explicit consumer orientation that incorporates in-depth knowledge of the target group and ensuring that the target group is well defined. This must include ensuring that the issues to be addressed by the campaign are of relevance to the community or target group.

11.   It is recommended that the Campaign include a comprehensive and multifaceted range of interventions that encourage the development of supportive environments and structural change.

12.   It is recommended that the issue of stress be addressed by the Campaign as it is an issue that potentially differentiates between socio economic status groups and accordingly the campaign must focus on the source and symptoms of stress.

7.   Evaluation stage

The final step in the Health Impact Assessment process was the evaluation stage, this provided insight into the HIA process and determined the effectiveness of the process in influencing the original proposal and accordingly the intended and unintended positive and negative consequences.

7.1   Process evaluation

The process evaluation included:
- 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.

The personal reflections included reflections on the following issues:
- The role of health impact assessment buddies
- The logical processes for screening and scoping stages

- The cyclical nature of scoping
- The importance of research questions
- The HIA vortex and the time taken to complete a HIA process.

The critical review process provided information in relation to the following range of issues:
- The composition of the group
- Problem setting
- Direction setting
- Structuring

The information obtained by this process was very positive and the experience of being involved in this particular HIA was considered to be valuable, challenging and rewarding.

Similarly a process of critical review also detailed a number of lessons that were learnt along the way:

i. **Steering Group & Small Project Team** - the importance of the Steering Group cannot be over-stated, with the members of the steering group and the process of the steering group meetings vital in:Defining parametersDebating and making decisionsProviding ongoing support & motivation and creating a supportive environment for the HIA journeyIn a similar way – a small project team was vital 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.**Time taken & Realistic expectations** – all the steps 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.

iii. **Harnessing extra resources** - it was not possible for all the necessary activities to be done within the staff time resources of the Centre for Chronic Disease Prevention and Health Advancement. Although there is a note of caution for outsourcing components of the process, it does involve considerable work, developing specifications and the management of the process, and it does not preclude the need for complete and in-depth knowledge of all the information gathered to inform the HIA process by the project officers.

iv. **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.

v. **Logical Process** - as detailed earlier, it was found necessary to develop logical transparent processes to assist in making decisions in relation to the screening and scoping stages

7.2	Impact Evaluation

In relation to impact evaluation, all of the recommendations were accepted and it is assumed that changes to the Chronic Disease Prevention Campaign proposal will be made as a result of the HIA process. However, it is only after the implementation of the campaign will it be possible to determine the translation of these recommendations into an actuality.

7.3   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 appropriately dealt with on completion of the HIA process.

8.   Conclusion

The Health Impact Assessment process that was undertaken on the Integrated Chronic Disease Prevention Campaign proposal has provided a detailed information on how to improve the proposal and assist in the magnifying the positive aspects of the proposal and decreasing any negative unintended consequences.

__Attachment one: Screening tool__

Attachment two: Scoping tool

Attachment three::   _Description of potential and likelihood of impact_

Sub Themes	Potential Impact	+ ve / - ve	Likelihood of impact
Messages			
Messages should be positive, inclusive, empowering, meaningful, encouraging and promote confidence	The target audience will be more receptive to engaging with the messages being promoted leading to greater uptake of health protecting behaviours	Positive	Definite
Messages should not promote shock or instil fear	The target audience may engage with the messages being promoted but the effective will rarely succeed and have less effect over time	Negative	Speculate
Messages that encourage uptake of new behaviour	The target audience will be more likely to adopt new health behaviours rather than extinguish an existing behaviour	Positive	Probable
Messages promoting short term benefits are seen as more motivating than messages promoting longer term messages	The target audience will be more receptive to engaging with the messages being promoted leading to greater uptake of health protecting behaviours	Positive	Definite
Messages should be simple and catchy	The target audience will be more receptive to engaging with the messages being promoted leading to greater uptake of health protecting behaviours	Positive	Probable
Messages that provide new health and/ or other information are likely to be effective	The target audience will be more likely to engage with new information rather than "old" or already known information.	Positive	Speculative
Messages also need to be reinforcing in nature. Need to ensure that reinforcing follow up messages are provided to ensure behaviour maintenance and also to reach new individuals being exposed to the messages	The target audience who have already adopted health protecting behaviours are more likely to sustain and maintain these behaviours if messages are reinforced	Positive	Definite
Messages that encourage help seeking messages are likely to be effective	The target audience will be more receptive to engaging with the messages being promoted leading to greater uptake of health protecting behaviours	Positive	Probable

The portrayal of integrated campaign messages may be effective if undertaken in a systematic way but have yet to be tried	Integrated campaigns could be effective ie: target group may engaged in campaign and undertake health protecting behaviours but this approach has yet to be tried and there are concerns that an integrated approach may not be as effective as individual approaches	Positive & Negative	Speculative
The greatest potential is to portray separate message streams or strategies under a co-ordinated effort or program	The target audience will be more receptive to engaging with the messages being promoted leading to greater uptake of health protecting behaviours	Positive	Speculative
Information suggests that utilising naturally occurring transition points or life changes may be an effective time to communicate messages	The target audience are more open to considering changes in lifestyle when they are already undergoing a life change or transition point so messages at these times will be more likely resonate with the target group and lead to greater uptake of health protecting behaviours	Positive	Speculative
Target Groups / Disadvantaged Groups			
Social marketing campaigns need to be tailored for subgroups in the population For example - Mainstream messages for white Australia will not have an impact on Indigenous communities and such messages could benefit from the use of Role Models	The target audience will be more receptive to engaging with the messages being promoted leading to greater uptake of health protecting behaviours	Positive	Definite
It is possible to communicate to higher SES groups through low SES means but not vice versa	A campaign targeting lower SES groups will by its nature be relevant to high and low SES groups which will promote greater uptake of health protecting behaviours across the community	Positive	Speculative
Need to ensure that a social marketing campaign has an explicit consumer orientation – need to have a well defined target group and "know" the target	The target audience will be more receptive to engaging with the messages being promoted leading to greater uptake of health protecting behaviours	Positive	Definite
Knowing the target also includes drilling down into the demographics of CALD communities	The target audience will be more receptive to engaging with the messages being promoted leading to greater uptake of health protecting behaviours	Positive	Probable

Market segmentation may also be important to clearly define the make up of the target group	The target audience will be more receptive to engaging with the messages being promoted leading to greater uptake of health protecting behaviours	Positive	Probable
Need to ensure that the issues that are the subject of the Campaign are relevant to the community. This is particularly important for Aboriginal Communities and lower SES groups	If the issues raised are *relevant* to the community the target audience will be more receptive to engaging with the messages being promoted leading to greater uptake of health protecting behaviours	Positive	Definite

Integrated Approaches / Broad Definition			
Social Marketing should be seen in its broad definition and should include a comprehensive and multifaceted range of interventions	If social marketing campaign's are integrated and comprehensive, the target audience will be more likely to engage in health protecting behaviours that are sustained and supported over a longer time period	Positive	Definite
Within this comprehensive approach policy, structural change and supportive environments must be considered	If social marketing campaign's are integrated and address a range of issues including structural change and supportive environments, the target audience will be more likely to engage in health protecting behaviours that are sustained and supported over a longer time period	Positive	Definite
The marketing mix in relation to product, price, promotion and placement should be considered	If social marketing campaign's are integrated and comprehensive, addressing all the key elements the target audience will be more likely to engage in health protecting behaviours that are sustained and supported over a longer time period	Positive	Probable
Social Marketing Campaigns should have the ultimate goal of achieving behaviour change BUT this cannot be achieved immediately – but rather the audience is moved through a range of priming steps	If social marketing campaigns address: i. Creating awareness that this is a problem behaviour i. Creating awareness of solutions to the problem behaviour i. Creating awareness of the costs of inaction v. Providing people with the skills or resources to change their behaviour v. Providing people with the confidence to change their behaviour i. Providing people with the stimulation to take the first steps i. Providing reinforcement or feedback to maintain the desired behaviours The target audience will be more likely to engage in health protecting behaviours	Positive	Definite
Addressing barriers should also be addressed through the campaign	If social marketing campaign's address overcoming the barriers to implementing the desired health behaviours, the target audience will be more likely to engage in health protecting behaviours that are sustained and supported over a longer time period	Positive	Probable

Social marketing campaigns are made up of multiple elements of particular importance to support the mass media component is the support provided at the local level	If social marketing campaign's provide local level supporting services, the target audience will be more likely to engage in health protecting behaviours that are sustained and supported over a longer time period	Positive	Definite
Stress			
The issue of stress is one that potentially differentiates between SES groups. With those from higher SES groups able to better deal with stress and those from lower SES groups experiencing higher levels of stress and are less able to deal effectively with stress	Addressing the issue of stress is by its nature likely to have a greater impact on lower SES groups, as those from lower SES groups experience higher levels of stress and have limited coping strategies. A campaign that addresses stress can potentially improve the health differentials by improving the health of lower SES groups	Positive	Definite
Stress has rarely been directly targeted in public health campaign, stress management interventions that focus on source and symptoms of stress offer greatest opportunity for addressing stress	A campaign targeting stress has yet to be tried but this approach needs to focus on source (structural) and symptoms of stress. A campaign that addresses stress can potentially improve the health differentials by improving the health of lower SES groups. Accordingly – new information offered as the source of a campaign is likely to have a greater impact with the target group and health protecting behaviours	Positive	Definite
Stress is seen as a recognisable and salient issue which is inclusive and relevant to most individuals. It is also seen as a driver of unhealthy behaviours and people are open to suggestions to improve the way they deal with stress	A campaign targeting stress has yet to be tried but this approach can potentially improve the health differentials by improving the health of lower SES groups who are likely to engage in such an issue	Positive	Definite
Partnerships & Referrals			
Developing partnerships with primary health care professionals (particularly GPs and Pharmacists) is important in providing structural support to the campaign messages	A campaign recommending further assistance by GPs and Pharmacists is likely to lead to greater health protecting behaviours being undertaken by the target group	Positive	Definite
In developing these partnerships, workforce development and reciprocity is important	Partnerships that are developed that incorporate workforce development and reciprocity with primary health care professionals is likely to lead to greater health protecting behaviours being undertaken by the target group	Positive	Speculative

Key stakeholder involvement is important to assist in the success of a campaign (reach, duration, intensity & effect size)	Key stakeholder involve will improve the effectiveness of a campaign and lead to greater health protecting behaviours being undertaken by the target group	Positive	Definite
Internet based interventions may be able to provide an opportunity to give tailored and targeted responses regarding messages	Internet based support may provide accessible, tailored and targeted support to the target audience at a relatively low cost. The cautionary impact is that internet access is more available to younger, better educated, higher SES and more affluent and tend to be urban groups and may result in increasing the health differential.	Positive & Negative	Probable
Social Marketing campaign should focus on self efficacy, although professional support should be recommended for those requiring further help	A campaign focusing on self efficacy and peer support is likely to lead to greater health protecting behaviours however, should also recommend further assistance by GPs and Pharmacists where necessary	Positive	Speculative
Community perceptions / Social norms			
Social Marketing campaigns are vital in addressing the imbalance of counter advertising and to maintain a visibility against a background of such messages – which is of particular importance for SES groups	A campaign that maintains visibility and counters competitive advertising has the potential to impact on social differentials as it is lower SES groups who are more exposed / vulnerable to counter messages and accordingly may lead to greater health protecting behaviours	Positive	Definite
Social Marketing campaign should also contribute to the modification of social norms	A campaign that contributes to changing social norms has the potential to impact on the social acceptability of risk taking behaviours and structural supports and accordingly may lead to greater health protecting behaviours among the target group	Positive	Probable
Structural support and barriers			
Knowledge barriers have been identified including faulty assumptions, underestimation of their current behaviours – need to be addressed in social marketing campaigns	A campaign that acknowledges explicitly and addresses erroneous assumption and deficits in knowledge is more likely to be effective at engaging the target audience in health protecting behaviours	Positive	Definite

Structural barriers including financial pressures, lack of time, competing schedules and preferences in the household – need to be addressed in social marketing campaigns	A campaign that acknowledges explicitly and addresses structural barriers is more likely to be effective at engaging the target audience in health protecting behaviours	Positive	Definite
Personal barriers including poor self image, poor self efficacy, limited self confidence and fear of failure – need to be addressed in social marketing campaigns	A campaign that acknowledges explicitly and addresses personal barriers structural barriers is more likely to be effective at engaging the target audience in health protecting behaviours	Positive	Probable
Social marketing campaigns need to ensure that the messages that are promoted are affordable and that the costs are justified or exceed the benefits	A campaign that ensures that the messages / interventions are affordable and the costs are justified or exceed the benefits are more likely to be effective at engaging the target audience in health protecting behaviours	Positive	Speculative
Structural supports are need to facilitate behaviour change and accordingly the rhetoric must match the action	A campaign that ensures that structural supports and the rhetoric match the action are more likely to be effective at engaging the target audience in health protecting behaviours	Positive	Probable
Specific Campaign elements			
Need to ensure that there are appropriate resources allocated to the evaluation phase and that such information contributes to addressing the lack of evidence	A campaign that ensures that there are appropriate resources allocated to evaluation of campaigns and such information contributes to evidence in relation to campaigns and disadvantaged groups is likely to impact on the potential health of disadvantaged groups	Positive	Speculative