What Is a Health Promotion Campaign?

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This is the first issue of the first Australian journal to deal exclusively with health promotion. Its emergence is a natural consequence of the development of health promotion in all of its manifestations in Australia over the past decade.

In order to change risk behaviours, Australian health promotion programs have used strategies as varied as community development, advocacy, policy and school-based health education. The most notable however, has been the use of structured campaigns which have often employed paid mass media advertising.

While it is true that health promotion has also developed rapidly in other Western countries in the past decade, we believe no other country has used large scale campaigns to achieve health goals in the way that has occurred in Australia.

Unfortunately, many of the excellent campaigns that have been conducted in Australia have not been publicly documented. The first issue of the Journal will begin to correct this deficiency by presenting reports on significant Australian campaigns.

Some public health workers have adopted a negative view of campaigns. They see the use of campaigns as a two dimensional response to complex problems.[1-3] For many people involved in community development programs, the mere suggestion of the use of campaigns raises anxiety, opposition, and even anger. They believe that campaigns use simplistic television advertising in a conceptual framework that is not supported by an organisational structure appropriate to the complexity of the social issue involved.

Critics claim that campaigns often target the victims rather than the social structures which lead to ill health.[3]

It is true that some health related campaigns in Australia and elsewhere have relied on little more than the work done for them by an advertising agency. However, the great majority of health promotion campaigns conducted in Australia over the past decade have been carefully planned and have made use of the full range of health promotion strategies to achieve their goals. Among these strategies, paid mass media advertising has often been used when budgets were available — not surprising considering that it is by far the most efficient way to draw the attention of the public or particular target groups to issues that have been raised.[2,4] Despite the power of the electronic mass media, we acknowledge that use of this strategy is not always appropriate and many successful health promotion campaigns have relied instead on a range of other strategies.[5-7]

What Then Constitutes a Campaign? What Makes it Different from a Program?

What most characterises a campaign is its duration. As Davis says, a campaign "requires comprehensive and coordinated action on a very broad front, sustained over a long period".[8] A public health campaign, like a military campaign, should be planned to run for a long time, preferably as long as it takes to achieve the desired goal. While many individual battles may be fought within the campaign, the campaign provides the planning framework within which all available appropriate strategies can be used to achieve the desired outcome.

In addition to longevity, the other characteristic features of a campaign are coordination, use of multiple strategies, a multi-level approach, adaptability, research basis, and evaluation.

Characteristics of a Health Promotion Campaign

1. **Duration**
   Almost all substantial public health campaigns have a projected life of at least three to five years.[9-11] In the case of some issues, such as smoking, the need for action will extend even longer, but campaign planning usually occurs in blocks of three to five years. The planned duration of a campaign must take into account the current stage of community acceptance of an idea or behaviour and the rate of diffusion in society. This process has been described in detail by Rogers.[12]

2. **Coordination**
   A campaign should be planned so that its activities are coordinated. Intervention strategies must be coherent and consistent. Control over the application of the strategies is necessary to ensure that inappropriate or ill-timed efforts do not impede the progress of the campaign.

3. **Use of Multiple Strategies**
   Health campaigns, like military campaigns, should make use of the full range of the available and appropriate strategies. While military campaigns are most often remembered for the battles that have been fought, military objectives are also achieved by diplomacy, blockades, and trickery. Health promotion campaigns are most often remembered for the use of the electronic media, but successful campaigns should choose from the full range of available strategies in a way that is most likely to achieve the goal of the campaign.

The major available strategies are:

- Community development
- Community education programs
- Intervention in clinical settings
- Professional education
- Community advocacy
- Legislation and regulation
- Economic measures (such as taxation)
- Use of paid advertising (radio, television, print media, direct mail, etc)
- Use of unpaid media stories ('earned media')
- Use of existing institutions for local educational programs (schools, universities, trade unions, worksites, churches, etc).

The Quit Smoking Campaigns in South Australia and Western Australia reported in this issue illustrate the way that large campaigns can successfully employ a wide range of strategies.

4. Multi-level Approach

A campaign must have a defined target in terms of its goals for behaviour change. But it is vital that the campaign also address ancillary target groups such as opinion leaders ('persuaders'), and policy-makers.[8] For example, an AIDS campaign aimed at adolescents should take into account the potential influence of teachers, general practitioners, parents, and politicians in a given community.

5. Adaptability

One of the main advantages in running a campaign over a long period of time is the ability to monitor the effect of strategies employed and the state of community knowledge and attitudes. In this way, adjustments can be made to strategies and even the objectives of the campaign. This means that the campaign can adapt to changes in target groups, social norms and even government policies.

Opportunism is another form of adaptability; events that occur in the course of the campaign can be used to promote the messages of the campaign. A good example of this was the WA use of a USA advertisement recorded by Yul Brynner just before his death from smoking-related cancer. The WA Health Department attempted to use the advertisement as part of the 1986 Quit campaign. But when it was declared that the advertisement breached Australian broadcast standards (too much foreign content), a highly organised public relations campaign by the Health Department was able to generate an enormous amount of unpaid media publicity. This included over 70 minutes of television news and current affairs coverage in WA alone. The advertisement had far more exposure than could have been achieved by paid placements.

6. Research-based

Campaign planning is dependent upon research at a number of different levels. The purpose or goal of a campaign should be based on epidemiological data relating to prevalence of both disease and risk factors. This research defines the problem and suggests the desirable outcomes for the campaign.

Campaign strategies should be based on identified psychological and sociological theories of behaviour change. A campaign may rely on more than one theory of behaviour change as long as these theories do not conflict. In fact, most campaigns employ a combination of such theories.[13]

Finally, communication research on the attitudes, knowledge and psychological profile of the target group must be conducted. Potential campaign messages should be tested with representatives of the target group in order to ensure their understandability and appropriateness.[14] The article by Donovan provides practical guidelines for the execution of campaign messages.

7. Evaluation

Most campaigns are expensive. This increases the obligation to ensure that the outcomes are fully evaluated but we must also remember that the least complicated evaluation is the best.[15,16] The articles in this issue illustrate the full range of formative, process and outcome evaluations. The reader must decide which level of evaluation is appropriate for specific objectives within the overall campaign.

Finally, the goals of a campaign must be achievable. This means that the society must be at least ready to receive, and preferably to act on, the messages of the campaign. Campaigns that run contrary to the general opinions of society are unlikely to succeed. This is perhaps fortunate since the power of the campaign to manipulate the public is often of concern to social theorists. In fact, very few campaigns in the health area, or in other areas of marketing, have been able to achieve a behavioural change in a manner that was not actually favoured by the society at that time.

Summary

In this discussion, we have identified the features which distinguish a campaign from an isolated or discrete program. Given the enormous advantages of comprehensive campaigns it is reasonable to ask whether programs should ever be conducted in isolation from a campaign structure.

When a program is conducted within the context of a campaign, it can take advantage of the agenda set by the campaign and the knowledge of the issue that has already been accumulated by the public. Moreover it is likely that each program will add to the momentum of the campaign. The fact that the campaign endures beyond the life of individual programs will in many cases ensure that the message of each specific program is reinforced and supported in the long term. On the other hand, the impact of a program conducted in isolation will always be limited by the resources and commitment of the facilitator or coordinator.

Individual, isolated programs may be ephemeral because they do not have access to the long term support that is available within a campaign framework.

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