Australian Association of Social Marketing

Health and Ambulance Services Committee

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Dear Health and Ambulance Services Committee,

I am writing as President and on behalf of the Australian Association of Social Marketing (AASM) – the peak body representing social marketing behaviour change in Australia.

I would like to hereby make the following submissions on behalf of the AASM to the 'Inquiry into the establishment of a Queensland Health Promotion Committee', and have addressed responses to each point in the terms of reference as follows:

QUEENSLAND HEALTH PROMOTION COMMITTEE INQUIRY: TERMS OF REFERENCE

1. That the Health and Ambulance Services Committee inquire into and report to the Legislative Assembly, by 12 May 2016, on:
a) the potential role, scope and strategic directions of a Queensland Health Promotion Commission,

The AASM would suggest that the committee has a broader scope and strategic orientation reflecting in the name of the committee – for example 'Queensland Health Behaviour Change Committee' would be a more suitable title.

Health promotion refers to communication of expert defined information and education messages to influence health behaviours – primarily drawing from public health and some limited promotion and communications ideas. However, research has consistently shown that health promotion alone is often ineffective – for example people already know that smoking is harmful to their health but some people still smoke. This tells us that providing information and educating people alone does not work.

To address the health problems that would fall under the remit of the committee, interdisciplinary, multiple stakeholder, systems perspectives and solutions are required.

Social marketing offers one such strategic approach to health behaviour change, but what is key is to bring different perspectives together to build consensus for tackling complex health problems.
To offer a quick synopsis social marketing can be described as follows:

Social marketing is the use of marketing principles to facilitate social good. It is not simply use of promotions or social advertising to achieve social goals. Rather, social marketing is a strategic and multi-faceted approach to social interventions and programmes based on core principles of:

- Citizen orientation – designing and delivering services, interventions and programmes around the needs, wants, lives and values of priority groups using a bottom up rather than top down expert driven approach.
- Being research and insight driven – Social marketing programmes are informed by research with priority citizen groups, and stakeholders to gain insight on appropriate intervention approaches that will engage and empower them, and result in positive social outcomes.
- Informed by judicious use of theory – Using behavioural, psychological, social, cultural, and systems theory as appropriate to inform development, implementation, and evaluation of programmes.
- Creating value – Social marketing programmes should focus on value co-creation with and for citizens, stakeholders and society utilising basic human principles of mutuality, exchange and reciprocity.
- Segmentation and positioning – Use segmentation and positioning strategy to ensure that interventions are appropriate for different priority groups – avoiding one size fits all approaches.
- Using a broad social marketing mix – Involves making use of a wide range of tools to deliver programmes from communications and promotion, to service delivery, advocacy, policy changes, and influencing social norms.
- Competition – Good social marketing programmes consider the influence and responses to competing forces to the desired behaviour and social outcomes. For example interventions tackling youth smoking would consider the benefits perceived by smokers of smoking and seek to address this for example by identifying benefits from not smoking (saving money, feeling fitter and more active, less exclusion in social situations).
- Critical and reflexive thinking – Social marketing encourages critical and reflexive thinking about how social interventions and programmes are developed and delivered, and seeks to facilitate multi-stakeholder perspectives, acknowledge biases, and achieve consensus building.
- Systems thinking – Social marketing identifies the important of systems thinking, acknowledging the complexity of contemporary social issues that require strategic, multi-faceted and holistic approaches to achieve social change.

(See French and Gordon, 2015)

b) the effectiveness of collaborative, whole-of-government, and systems approaches for improving and sustaining health and wellbeing, including:

i. models used in other jurisdictions (including specific agencies or whole-of-government policy frameworks); and

Good examples of whole of government, and systems approaches for improving health can be found by considering the examples of tobacco control in countries such as Australia and the UK, or the Foresight report on obesity: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

Work in Victoria on Healthy Together is also using systems thinking behaviour change approaches, see: http://www.healthytogether.vic.gov.au and https://www.youtube.com/watch?v=pZU8MYGqm2s.

This requires holistic government with cross-departmental working groups with real power and agency to tack complex health problems. It also involves multiple stakeholders being provided with time and capacity to network, interact and establish common objectives and goals towards systematic health behaviour change. There are some examples of collaborative, whole of government, and systems approaches for improving health and wellbeing in the book: Jeff French and Ross Gordon (2015). Strategic Social Marketing. London: Sage.

ii. population-based strategies, other than personal interventions delivered by telephone or ICT.

A considerable amount of health behaviour change research has identified that different population groups use and need different channels, services, and spaces and places through which they engage with preventative health, and health service provision and delivery. Therefore, whilst some groups may use and benefit from telephone or ICT strategies, these channels will not be suitable for all groups in any given population. A portfolio of strategies and channels are required, that are tailored and informed from insight generated from different population groups. This aligns with much of the thinking behind social marketing – that generating insight with different population groups, and segmenting and targeting different groups using different packages of strategies and tactics is more effective and more cost effective for improving health outcomes.

2. That, in undertaking the inquiry, the committee should consider: a) approaches to addressing the social determinants of health;

The AASM would submit that strategic multi-level approaches to addressing the social determinants of health are required and are essential. This involves action at the individual behaviour change level, but also the midstream level (influencing workplaces, schools, communities, local and regional services), and upstream (policy, regulation, law, the media and social norms). Comprehensive multi-level approaches are the best way to address social determinants of health, and action at one level alone is often insufficient. Again, the example of tobacco control demonstrates how coordinated action at the upstream, midstream, and downstream level can be very effective.

b) population groups disproportionately affected by chronic disease;

Hard to reach, or disproportionately affected groups often require more intensive approaches to health behaviour change and to improve health outcomes. However, top down, expert

driven approaches with such groups often fail. It is often key to harness and facilitate ownership within such communities of health behaviour change efforts so that people feel that their ideas, priorities and realities are being acknowledged. This advocates for community development, and/or community assets building approaches to change, see: http://www.gcph.co.uk/assets/0000/2627/GCPH_Briefing_Paper_CS9web.pdf

c) economic and social benefits of strategies to improve health and wellbeing;

Economic and social benefits from strategies to improve health and wellbeing are of great importance, and a key focus should be on ensuring proper evaluation is always embedded in programmes, and that skills, knowledge and capacity for good evaluation is developed. Currently, many programmes suffer from poor evaluation due to a lack of skills, capacity and resources. Often evaluation is the 1st thing to be cut. Of note is that Universities can be a sources of assistance with evaluation as many scholars have skills and experience of evaluative research that could assist other organisations wishing to evaluate health services/programmes.

With respect to economic benefits, often the wider economic benefits from improving health and wellbeing are difficult to estimate or are not estimated. Efforts to address this, and at least provide some indications on how this can be done, or what has been achieved as the outcomes of policy, programmes and practices to improve health and wellbeing would be particularly welcomes by the AASM.

Social benefits are of great and equal importance as economic benefits, but often less notice is paid to this. The social co-benefits from improving health and wellbeing are often considerable, but can be difficult to measure and quantify. Equal weight should be put on qualitative insights and evaluations regarding the benefits of improving health and wellbeing, as currently too much or even a singular focus is put on quantifiable statistics, and economic cost-benefit analyses. That is not to say these are not important, but not at expense of social benefits and qualitative insights.

d) emerging approaches and strategies that show significant potential;

The AASM would submit that strategic social marketing approaches (see French and Gordon, 2015) show significant potential for improving health and wellbeing, and there is a good evidence base for this, see:
http://www.emeraldinsight.com/doi/abs/10.1108/09654280710731548

However, what is key is that interdisciplinary, multi-stakeholder, and multi-component strategies are developed, and implement.

e) ways of partnering across government and with industry and community including collaborative funding, evaluation and research; and

It may interest the committee to consider the work on ‘Holistic Government’ carried out in the UK in the late 1990s with a view to partnering across government:
http://www.demos.co.uk/files/holisticgovernment.pdf?1240939425

An important consideration in terms of working across government, industry and the community is to facilitate stakeholder dialogue, interaction and consensus building. This involves facilitating forums, workshops, and round table discussions with all relevant stakeholders, and ensuring all parties have their say and that understanding is generated on how different stakeholders view the key issues. By creating an understanding the differences and how others view the world, a consensus can begin to emerge. See how this has been achieved in tobacco control work: http://www.emeraldinsight.com/doi/abs/10.1108/JSOCM-02-2014-0015?journalCode=jsocm

A big challenge in this space is a lack of time, resources and capacity. Many stakeholder organisations and groups lack the finances, or time to be able to contribute to important stakeholder dialogues. Therefore, modest seed funding that can buy out the time of people to contribute, and facilitate some travel can be a big help here.

f) ways of reducing fragmentation in health promotion efforts and increasing shared responsibility across sectors.

Reducing fragmentation can be a positive outcome from the creation of stakeholder networks, and facilitating stakeholder dialogue and consensus building on health issues. Such efforts should be considered as vitally important 'projects' in themselves with appropriate funding and support.

Funding schemes, and programmes in this space should seek to support such capacity building with a long term view as given the fast paced and changing nature of modern societies, and of health and wellbeing challenges, it is important to maintain dialogue and interaction among relevant stakeholders in any given area.

I trust that these submissions to the committee will be given due consideration, but I would be happy to respond to any specific and further queries. My contact details are listed at the top of this letter.

Kind regards,

Dr Ross Gordon, President, Australian Association of Social Marketing