Scoping study on communication to address and prevent chronic diseases: Final Report

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Report submitted by ICF Consulting Services, in association with:

- European Centre for Social Welfare Policy and Research; and,
- LAMA Development and Cooperation Agency.

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Final Report

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Executive summary

Chronic disease is the leading cause of mortality and morbidity in Europe; communications campaigns are an established part of the policy response

Chronic diseases, such as heart disease, diabetes and chronic obstructive pulmonary disease, are non-communicable and, besides being of long duration, are usually characterised by their slow progression. They are caused by a complex interaction of genetic, social and environmental factors.

Within this context, the importance of a healthy lifestyle has received increasing policy emphasis. The European Union has a vital role to play in adding value to Member States' policies – including on approaches to tackling chronic disease. The European policy response has been broad and multi-faceted, and within the range of approaches used, communication plays a key role – especially in relation to primary prevention.

Communication campaigns have been implemented at international, national, regional and local levels. Campaigns usually aim at behaviour change, trying to prevent the adoption of negative or harmful behaviours - and/or to modify an existing damaging behaviour. Different media, activities and tools have been used: ranging from public events, to TV and radio advertisements. As new technologies have emerged techniques used in communication campaigns have also evolved, for example making use of social media, mobile apps and 'big data'. The challenge for campaign designers is therefore to make the best use of existing evidence while considering the possibilities opened up by technological innovation.

This scoping study developed a basis for cross-border campaigns aiming to tackle chronic disease in Europe

This scoping study was commissioned by the Directorate General for Health and Food Safety (DG SANTE) and provided by ICF International, working in partnership with the European Centre for Social Welfare Policy and Research, LAMA Development and Cooperation Agency and independent experts in communications (Paul Brewer and Kevin Traverse-Healy).

The study's purpose was to provide evidence and insights to inform DG SANTE's work in future cross-border campaigning. The study therefore:

- provided an overview of the key issues on communication to tackle chronic disease;
- identified differences in communicating about major risk factors;
- identified the characteristics of existing good practice; and
- developed a set of Key Design Principles (KDPs) to underpin future campaigns.

The study focused on the four main risk factors of smoking, unhealthy diet, sedentary lifestyle and alcohol consumption. The study also considered mental health, both as an outcome resulting from changes in the risk factors listed above, and as a chronic disease in itself. The focus was on behaviour change – rather than awareness raising - as the primary outcome of interest; the study also covered EU and cross-border communications, striking a balance in terms of countries and languages.

The study gathered a wide and varied evidence base

In order to address the above aims and focus, a mixed-methods approach was adopted. Following a review of contextual materials to understand the nature and scale of the problem of chronic disease in Europe – and the resulting policy responses - the evidence based for the study was gathered from four main sources:

1. A detailed international literature review, including publications from Europe, the United States, Canada, Australia and New Zealand, to examine lessons from peer-reviewed evidence;
2. A supplementary literature review examining the use of social media and the potential of 'big data';
3. Six case studies of European campaigns, to examine lessons from practice; and

4. A 'call for evidence', issued through European networks, again to gather examples and lessons from practice.

Each of these sources provided insights and evidence on particular aspects of communications campaigns. In combination, these sources provided the study with an empirical and theoretical basis for making recommendations for future efforts. A summary of the main findings from the four sources noted above is presented below.

The literature review provided insights for successful cross-border campaigns; no major differences were found among the risk factors

A number of insights were derived the international literature review. These insights included:

- the importance of conducting formative research with target audiences;
- the need for a theoretical basis for campaign development, to provide insight into why people behave the way they do and to describe factors leading to behaviour change; and,
- using campaign channels that are relevant to the target audience, as well as ensuring that campaign content is culturally appropriate.

No main differences were found in how campaigns communicated in relation to the different risk factors: the fundamental principles were common regardless of the behaviour addressed. There were, however, subtle differences in the type of messaging used; for example, physical activity campaigns concentrated on a 'fun and social' angle.

The supplementary review on social media and big data found that the technologies available, and the uses for which they are employed, are 'running ahead' of the published evidence base. This provides uncertainties; it also provides room for innovation and creativity.

In relation to social media, the review found that factors such as creating (and maintaining) social ties, engagement, participation and sharing information were all important. Social media was also seen as effective in combination with other forms of campaigning: it is one of the tools in the box, to be deployed alongside and in conjunction with other planned communications. On big data, the review found a series of hypothesised benefits largely relating to the enhanced ability to understand and know (much) more about the target groups for campaigns.

The case studies further highlighted the role of formative research and the development of strategic partnerships in successful campaigning

Although the case studies looked at six diverse campaigns addressing different risk factors, common themes ran throughout. For example:

- The need for a strong basis for campaign design and development - through formative research and market analysis - was evident in all the case studies;
- Partnerships – used during the design/roll-out of the campaign - were also found to be pivotal in producing an appropriate design and increasing the reach and effectiveness of campaigns;
- Striking the right balance and mix between different media types was confirmed by all cases studies as helping the target audience to more easily adopt the behaviour change being promoted;
- The role of monitoring and evaluation was highlighted as crucial in continual development and improvement of cross-border campaigns;
- Remaining flexible and having mechanisms to monitor campaign reach and effectiveness provided valuable monitoring information and helped to identify immediate challenges/pitfalls during campaign rollout.

The 'call for evidence' highlighted the specific importance of monitoring and evaluation

The call for evidence was issued, following a standard template, to relevant European networks and organisations working on chronic disease prevention. This exercise provided additional examples and insights from stakeholders involved in implementing campaigns. In particular, the call for evidence augmented evidence in the area of mental health campaigning. As well as gathering information on

the type of target audience, media used, geographical coverage, the call for evidence highlighted the fundamental importance of monitoring and evaluation.

The evidence base was synthesised into a set of 'initial KDPs', which were then tested and refined

In order to move from the particularities of the assembled evidence base to more general guidance, the study used 'Key Design Principles' (KDPs). There are multiple challenges in producing such principles. For example, principles must be expressed at an appropriate level of abstraction: if they are too detailed, they will not apply across all/most cases (failing the test of being 'a principle'); if they are too general they cannot meaningfully guide action (failing the test of utility). The specificity of 'EU-cross border' campaign formulation presents further challenges, since a diversity of geographies, partners, target audiences and cultural settings must be accounted for.

Given these challenges, in order to produce and validate a useable set of KDPs, the study used a two-step process, comprising:

- An internal (to the study team) expert workshop where the evidence based was synthesised into a set of initial KDPs; and,
- A series of four focus groups, comprising academics, practitioners and policy experts, where the initial KDPs were then considered and applied to the specific cases of smoking, diet, physical activity and alcohol consumption.

The results of the focus groups were then used to produce a final set of KDPs, incorporating all the lessons learnt and feedback received – and framed as a tool to aid the thinking of campaign designers. This final set is summarised briefly in the table overleaf.

Finally, the purpose of this study was to develop a strong basis for the development of communication tools at European level to tackle chronic disease. This has been a scoping exercise, with a requirement for insights and principles that could underpin multiple campaigns. The results are underpinned by a strong evidence base and expert contributions and can serve as a practical tool for campaign development and a source of further guidance. Within DG SANTE, this report should therefore be useful in shaping future campaigning where the Commission plays the leading role but also when it takes up a more supporting role - adding value to the efforts of Member States.

UNDERPINNING PRINCIPLE: Act, reflect, react

The use of evidence is fundamental to good campaigning. The exact role of evidence depends upon the stage of the campaign, as does the nature of the evidence needed. Yet throughout, campaigns should aim for a cycle of continuous improvement, rather than the design / implementation / evaluation of 'the perfect campaign'. This requires an open mind set as well as strong technical skills.

Define, define, define…then design

You need a clear understanding of the nature, scale and evolution of the problem(s) to be addressed. Background research is the backbone of campaign design. This also includes defining the target group of interest and the behavioural outcome(s) desired with as much precision as possible.

Nothing so practical as a good theory

Accepting that no single model or discipline has 'the answer', it is important to draw behavioural insights from theory developed in, e.g., psychology, sociology, economics, history, marketing, etc. These can be used to set out the theory of change for the campaign: by what mechanisms will your intervention translate into changes in behaviour?

Communication…plus

Greater effects can be achieved by combining communications with other interventions, e.g. taxation, service provision, regulation, public engagement. In isolation, provision of information is unlikely to be sufficient to bring about widespread behavioural change.

Mix methods and products

Effective campaigns typically use more than one media type – using different means of communicating the same message. The choice and mix of channels always depends on the context, resources available and media used by the target group in the particular countries included in the scope of a campaign. The addition of 'tools' (e.g. self-assessment tools, progress trackers) to help promote the desired behaviour should also be considered; if provided digitally they can be spread widely and can create a connection with your target group that can be used again.

Really understand your audience

Formative research is vital in gaining insights into the motivations, values, attitudes, behaviours, influencers and media choices of the target group. This is especially important in cross-cultural settings and / or when targeting specific groups to address inequalities. Doing this groundwork early on will fundamentally shape your campaign strategy.

Find the right frame

The choice of messages should be the result of all the preliminary research and analysis. It very much depends on the context, objectives and target audiences of the campaign. Radically different approaches are available: from 'shock tactics' to positive testimony; from emphasising long- to short-term benefit. Effectiveness then depends upon the cultural context within which it is received.

Lead a coalition

How will your efforts be supported and multiplied? Which organisations can be used to transmit your message? How does this relate to the influencers of your target group? For partnerships to be effective and sustainable they need to constitute a win-win for all partners; they also require time and effort.

Time your entrance; plan your exit

A 'life course' approach will help with the definition of your target group by considering behaviours within the context of 'their time of life'. There are points in life (e.g. first pregnancy) when individuals are more open to change. Thinking seasonally will also help to time the campaign within the year, e.g. using 'points in the year', such as New Year's resolutions or summer holidays. At some point, your campaign will end. This point will be dictated by multiple factors, but this doesn't affect the need to consider sustainability from the outset.

PART A: INTRODUCTION AND CONTEXT

1 Introduction

ICF International (ICF), working in partnership with the European Centre for Social Welfare Policy and Research and LAMA Development and Cooperation Agency, was appointed by the Directorate General for Health and Food Safety (DG SANTE) to carry out a *Scoping study on communication to address and prevent chronic diseases,* under the Framework Contract (Lot 1) for the provision of Evaluation, Impact Assessment and related services.

This document contains the Final Report from the study. It is the third output, following the Inception Report (October 2014) and Interim Report (February 2015). A draft of this final report was discussed with the study steering group on the 27th April 2015 and, following comments from that group, revised to form this final version.

1.1 Study purpose and focus

The purpose of the study was to develop a strong basis for the development of communication tools at European level to tackle chronic disease. The study therefore sought to provide evidence and insights to help the European Commission (the Commission) design effective communications campaigns, which could then be:

- adapted for different target groups; and
- conducted across several Member States (MS).

In meeting the above aims, the Commission required that the scoping study:

- provide an overview of the key issues on communication to tackle chronic disease;
- identify differences in communicating about major risk factors; and,
- identify the characteristics of existing good practice.

During the inception stage, DG SANTE emphasised that this was a genuine scoping exercise, not tied to any particular policy theme or anticipated campaign. Recommendations were therefore sought to gain insights and principles that could underpin multiple campaigns.

Following the terms of reference, the study focused on the following risk factors for chronic disease:

- Smoking;
- Unhealthy diet;
- Physical inactivity; and
- Alcohol consumption.

Following discussion at the inception stage, it was also agreed that the study would consider mental health and well-being – as outcomes resulting from changes in the risk factors listed above (e.g. increases in physical activity leading to better mental health), and thinking about poor mental health as a chronic disease in itself. In addition, it was agreed that there would be a focus on behaviour change – rather than awareness raising - as the primary outcome of interest.

Geographically, the study focused on EU and cross-border communication action; striking a balance in terms of countries and languages. While 'cross-border' campaigns were the primary focus, this was taken as a synonym for 'cross-cultural' in order to extend the range of evidence that can be drawn upon (more campaigns are cross-cultural than cross-border).

1.2 Study method

In order to address the above aims and focus, a mixed-methods approach was adopted. In summary, this comprised:

- Tasks designed to **gather an evidence base**:

  - A review of policy and research literature to understand the nature and scale of the problem of chronic disease in Europe – and the resulting policy responses;
  - A detailed international literature review, including publications from Europe, United States, Canada, Australia and New Zealand, to examine lessons from published evidence;
  - A supplementary literature review examining the use of social media and the potential of 'big data';
  - Six case studies of European campaigns, to examine lessons from practice; and
  - A 'call for evidence', issued through European networks, again to gather examples and lessons from practice.
- Tasks designed to **synthesise and build upon the evidence**:
  - An 'internal' expert workshop where the findings from the evidence gathered was synthesised into a set of 'key design principles' (KDPs) for campaigns;
  - A series of focus groups where these KDPs were considered and applied to the specific cases of smoking, diet, physical activity and alcohol consumption.

The results of the above tasks are presented in this report, which presents a series of recommendations and options for the European Commission to take forward in future campaign related work.

1.3 Report structure

The report is structured in the following Parts and Sections:

PART A: Introduction and context, which contains one further section:

2. *Context to the study*, which presents a summary of the causes, effects and prevalence of chronic disease in Europe and the EU policy response. The aim here is to situate this study in a wider body of activity.

PART B: Evidence base, which presents the results of the evidence-gathering elements of the study and has three sections:

3. *Evidence from the literature*, which summarises findings from published EU and International literature, as well as the supplementary analysis on social media and big data;
4. *Evidence from the case studies*, which provides a series of six case studies covering the main risk factors; and,
5. *Results of the call for evidence,* which summarises the responses provided by relevant stakeholders.

PART C: Synthesis and application of the evidence, which takes the evidence gathered and applies it in order to provide forward-looking guidance. Part C has three sections:

6. *Initial KDPs,* which presents the early design principles based on a first synthesis of the evidence presented in Part B;
7. *Application of the initial KDPs: results of the focus groups,* which gives the results of the four expert focus groups used to test and validate the initial KDPs; and
8. *Refined KDPs and considerations for development,* which presents a set of final KDPs to guide future campaign development.

These sections are supported by the following Annexes:

- Annex 1: Bibliography.
- Annex 2: Method used for the focus groups.

- Annex 3: Examples of cross-border / cross-cultural communication campaign.
- Annex 4: List of organisations contacted during 'Call for Evidence'.
- Annex 5: Table of campaigns reported in the Call for Evidence.
- Annex 6: Literature review screening form.
- Annex 7: Information abstracted from published articles.
- Annex 8: Literature review tracking log.
- Annex 9: Search hits documentation.

2 Context to the study

This section introduces the nature of chronic diseases, the various risk factors associated with them, and describes current policy responses. It draws upon a review of policy and research literature.

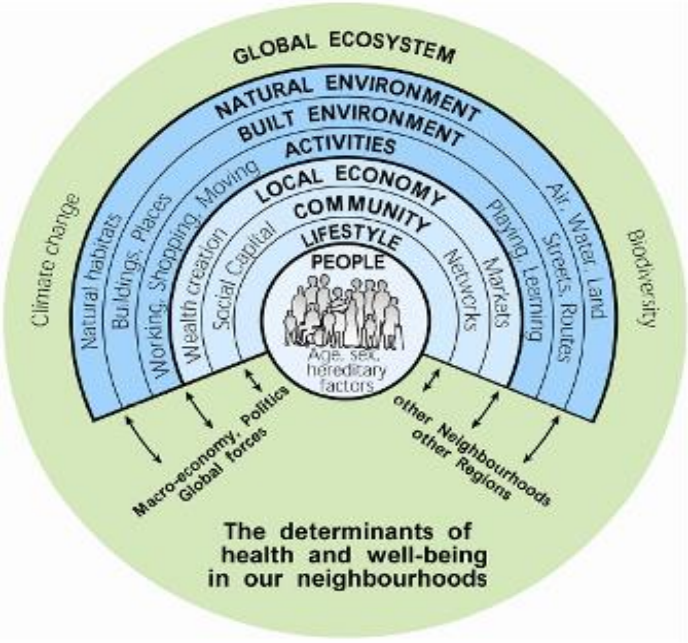
2.1 The causes and effects of chronic disease

Chronic diseases, also known as non-communicable diseases (NCDs), are “health problems that require ongoing management over a period of years or decades” (WHO, 2002). They are not passed from person to person and, besides being of long duration, are usually characterised by their slow progression (WHO, 2014a).The definition of chronic disease has been expanded in the last years. Traditionally, the four main types of chronic diseases were (and still are) heart disease, diabetes, cancer, and asthma or chronic obstructive pulmonary disease (COPD) (WHO, 2013a; WHO, 2013b). However, mental disorders such as depression, schizophrenia and dementia are now also considered chronic disease, as well as disabilities, such as sight impairment and arthroses (Busse et al., 2010: 1).

Chronic diseases are caused by a complex interaction of factors. Genetic factors interact with social and environmental factors, such as poverty, lack of educational opportunities, unemployment and social inequality (including inequalities in access to healthcare) (WHO, 2010a). More immediately, most chronic diseases are linked to lifestyle related factors, such as smoking, alcohol consumption, sexual behaviour, diet, sedentary lifestyle and some of their consequences, such as high blood pressure, overweight/obesity, Type 2 diabetes, hyperglycemia and hyperlipidemia. The importance of individual lifestyle as an explanatory factor has therefore increased in the last decades and especially in the developed world.

These factors are summarised in Dahlgren and Whitehead’s often-cited determinants of health model which describes the layers of influence of the different factors on the health of individuals. Dahlgren and Whitehead’s model is one of the most widely cited and used. Other models have elaborated upon and iterated elements of it. An updated model, documenting a broader health map, was developed in 2006 by Barton and Grant and the UK Public Health Association, on the basis of Dahlgren and Whitehead’s model. This is illustrated in Figure 2.1 and shows how individual lifestyle factors are influenced and mediated by broader contextual factors, including the natural and built environment, the global ecosystem, social networks, work and living conditions. In policy terms, both models suggest the need for a broad-based approach to preventing chronic disease.

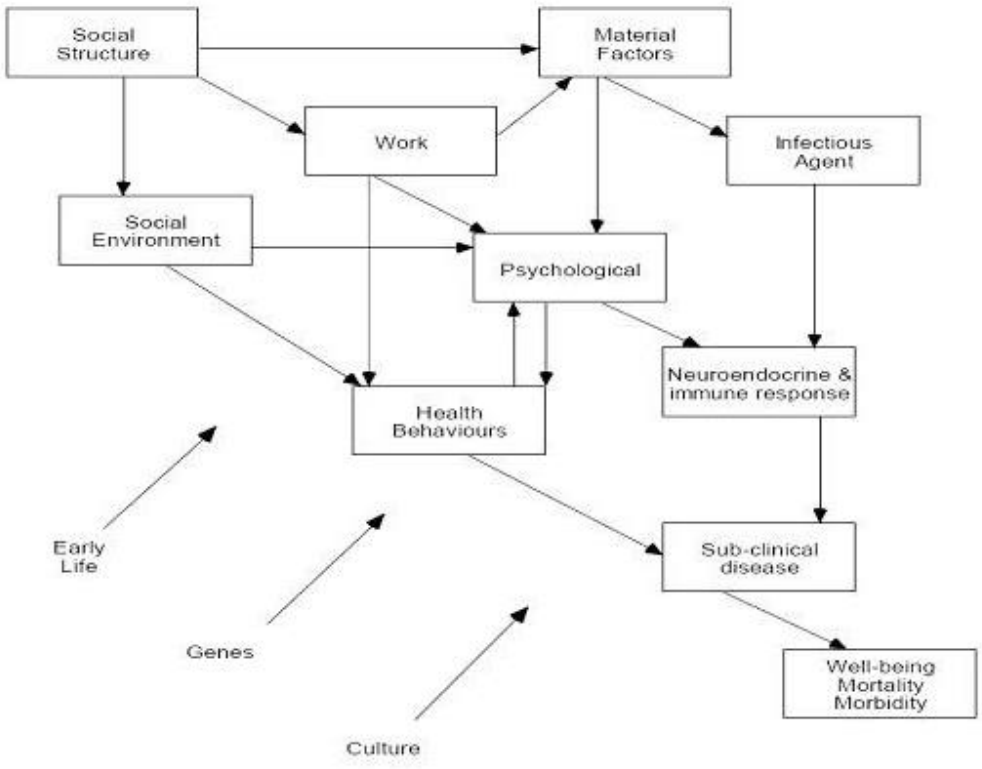
Figure 2.1 Barton and Grant's Health Map



Source: Based on Dahlgren and Whitehead (1991), amended by Barton and Grant (2006) and the UK Public Health Association (UKPHA) Strategic Interest Group

In addition, Brunner and Marmot created a model that links socioeconomic factors (social structure and material factors) with disease and mortality, in a context where early life, genes and culture also play a fundamental role (Figure 2.2).

Figure 2.2 Marmot and Brunner's determinants of health model

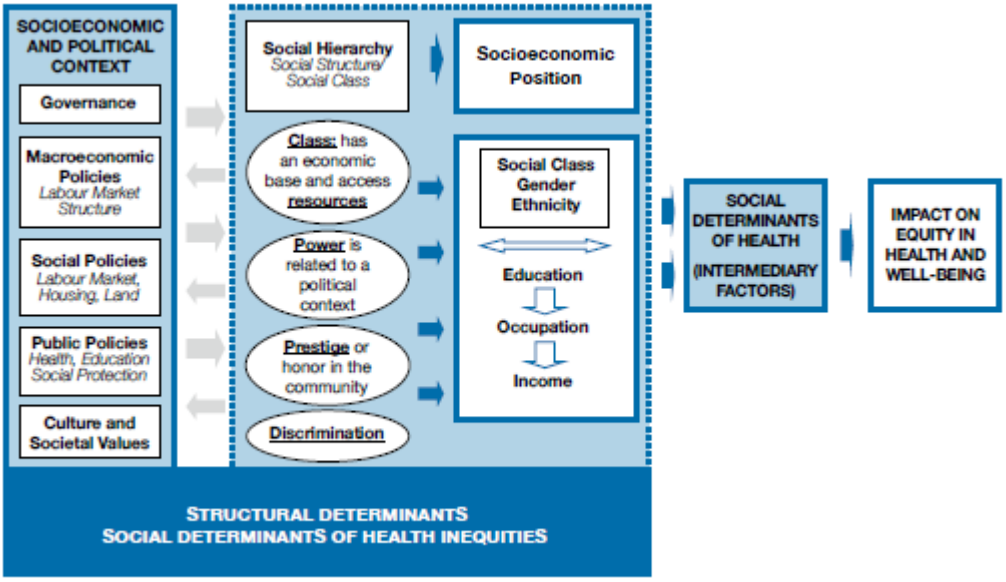


E. Brunner and M. Marmot. (2006). Social organization, stress, and health. In M. Marmot and R.G. Wilkinson (eds) *Social Determinants of Health*. Oxford: Oxford University Press, pp. 6-30.

The WHO has also highlighted the importance of tackling the social determinants of health to improve health equity. In its report *A Conceptual Framework for Action on the Social Determinants of Health* (WHO 2010b), the WHO presented a figure describing the socio-economic determinants of health inequalities (Figure 2.3).

These models offer a powerful means of explaining health inequalities in that inequalities in determinants lead to inequalities of outcome. Moreover, empirical work demonstrates that these inequalities are not between people who are 'rich' (good outcomes) and people who are 'poor' (bad outcomes); rather, they are expressed as a social gradient, with outcomes worsening progressively down the socio-economic scale (Marmot 2013).

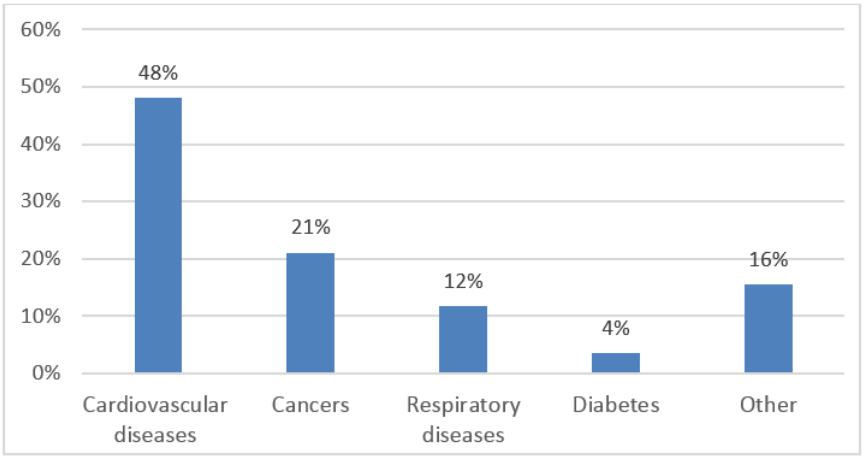
Figure 2.3 WHO model on determinants of health



Source: WHO 2010b

Chronic diseases are the main cause of mortality in the world. In 2008, out of the 57 global million deaths, 36 million (63%) were due to chronic diseases – notably heart disease, stroke, cancer, chronic respiratory diseases and diabetes (WHO 2010). Deaths from chronic disease are double those resulting from all communicable diseases (including HIV/AIDS, tuberculosis, and malaria) maternal and perinatal conditions and malnutrition. Chronic diseases are the most common causes of death in most countries in the Americas, the Eastern Mediterranean, Europe, South-East Asia, and the Western Pacific (WHO 2010). Cardiovascular diseases, cancers, respiratory diseases and diabetes account for around 80% of all chronic diseases deaths (WHO, 2013b), as can be observed in Figure 2.4:

Figure 2.4 Cardiovascular diseases account for nearly half of all deaths from chronic disease



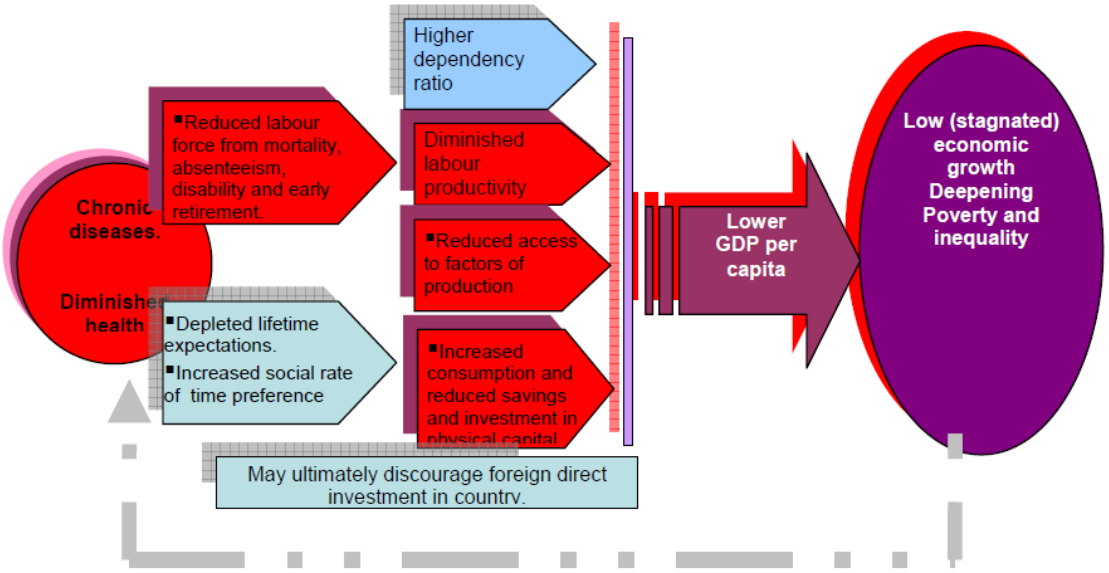
Source: ICF, based on WHO (2013b) data

Globally, low and middle income countries comprise 80% of the deaths caused by chronic diseases (WHO, 2013b). In 2008, the overall chronic diseases death rates in low and middle income countries were “756 per 100 000 for males and 565 per 100 000 for females – respectively 65% and 85% higher than for men and women in high-income countries” (WHO 2010). As United Nations Secretary Ban Ki-Moon noted at the 2009 Forum on Global Health: “Cancer, diabetes, and heart diseases are no longer the diseases of the wealthy. Today, they hamper the people and the economies of the poorest populations even more than infectious diseases. This represents a public health emergency in slow motion” (UN, 2009).

Furthermore, with an ageing world population, it is expected that deaths caused by chronic diseases will increase. By 2020, chronic diseases are expected to be the cause of 7 of every 10 deaths in the world (Anderson, 2011). However, chronic diseases do not only affect the elderly. More than 9 million of deaths associated to chronic diseases occur to those under 60 and 90% of these "premature" deaths occurred in low- and middle-income countries (WHO, 2013b).

Chronic diseases have a negative impact at multiple levels: individually, in families, companies, health systems and societies as a whole. Chronic diseases harm the quality of life and cause early death. They also impose a significant economic burden through associated healthcare costs and reduced opportunity to participate in the workforce. These effects can be seen at the national level: each 10% increase in chronic diseases within a nation is associated with 0.5% lower rate of annual economic growth (WHO, 2011). Figure 2.5 shows the links between chronic disease and the economy; described as the poverty spiral (Abegunde and Stanciole, 2006).

Figure 2.5 Chronic disease has a negative impact on economic growth



Source: Abegunde and Stanciole 2006

2.2 Chronic disease in Europe

This sub-section outlines the prevalence of chronic disease in Europe. It begins with a general outline, before looking at specific diseases in more detail. Throughout this sub-section 'Europe' refers to the WHO's European Region (a far broader geography than the European Union area[1]), unless otherwise stated, for example 'the EU'.

2.2.1 Summary of overall prevalence and costs

Chronic disease is the leading cause of mortality and morbidity in Europe (Busse et al., 2010). Heart disease and stroke, diabetes, cancer, chronic lung diseases and mental health disorders are responsible for 86% of all deaths (WHO, 2010). Within this, cardiovascular diseases are the cause of almost half of all deaths in the WHO European region.

The incidence of diabetes is also increasing in all age groups: around 60 million people in the WHO European Region have diabetes — about 10.3% of men and 9.6% of women over 25 years old (WHO, 2011) and deaths are also expected to rise following increases in levels of obesity (Mathers and Loncar, 2006; Pomerleau, Knai and Nolte, 2008). Deaths caused by chronic obstructive pulmonary disease are also estimated to rise by about 20% in 2030 (Mathers and Loncar, 2006).

The WHO European region and WHO estimates that by 2030, chronic diseases will cause the death of 52 million people in the European Region (European Union Health Policy Forum, 2012). Overall, in the European Union, 40% of the population over 15 years old have one or more chronic diseases; two-thirds over 65 have at least two chronic conditions (European Union Health Policy Forum, 2012).

[1] The WHO European region covers the EU MSs and other European countries: Andorra, Iceland, Monaco, Norway, San Marino, Switzerland, Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Tajikistan, The former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Uzbekistan, Yugoslavia, Belarus, Kazakhstan, Republic of Moldova, Russian Federation and Ukraine. Israel is also part of the WHO European region (see http://www.who.int/choice/demography/euro_region/en/)

Currently, between 70% and 80% of healthcare costs are spent on chronic diseases (an estimated €700 billion per year) challenging the sustainability of health and social care systems (The Economist 2012).

2.2.2 Cardiovascular diseases

Cardiovascular diseases (CVDs) are the main cause of death and morbidity in Europe. They are the main cause of death in women in all countries and the main cause of death in men in all but six countries (France, Israel, the Netherlands, San Marino, Slovenia and Spain). CVDs represent 47% of all deaths in Europe (52% of deaths in women and 42% of deaths in men) and 40% in the EU (43% of deaths in women and 36% of deaths in men). Overall, death rates are higher in Central and Eastern Europe than in Northern, Southern and Western Europe (European Heart Network and European Society of Cardiology, 2012).

The main forms of CVD are coronary heart disease and stroke. Almost 50% of all deaths from CVD in Europe are from coronary heart disease, while stroke accounts for almost a third of deaths in women and a quarter of deaths in men. Focusing on the EU, over a third of deaths from CVD are from coronary heart disease and just over a quarter are from stroke. CVDs are the main cause of death before the age of 75 in Europe, whilst in the EU, they are the second caused after cancer (European Heart Network and European Society of Cardiology, 2012).

There are different risk factors that explain the prevalence of CVDs. For example, health during pregnancy is important: low birth weight is linked to a higher risk of developing coronary heart disease, stroke and high blood pressure. Mothers that are young, poor or have low educational attainment are more likely to produce a low-birth-weight baby and less likely to breastfeed. Stress and depression are also associated with the likelihood to suffer from CVDs influence (WHO Europe, 2014a) and genetic make-up plays an important role.

CVD is also caused by unhealthy lifestyles. The proportion of premature deaths from CVD in the EU-25 due to smoking was 28% in men aged 35 to 69 years and 13% in women. Unhealthy habits are also related to parental and peer group influence (European Heart Network and European Society of Cardiology, 2012).

Men aged 20-64 in semi- and unskilled manual occupations are the most likely to suffer from CVD. They are three times more likely to die from premature death than men in professional and managerial positions. Furthermore, people from lower socioeconomic groups are also more likely to suffer CVD (WHO Europe, 2014a).

There are multiple costs associated with CVDs. In economic terms, CVDs cost the EU almost €196 billion per year. Out of the total cost, around 54% is due to direct health care costs, 24% to productivity losses and 22% to the informal care of people with CVDs. Around a third of the overall cost of CVDs relates to coronary heart diseases (European Heart Network and European Society of Cardiology, 2012).

2.2.3 Cancers

Cancer is the second most common cause of death and morbidity after CVDs. In the European Union (EU-27), 2.5 million people were diagnosed with cancer in 2008 and cancer accounts for 29% of deaths for men and the 23% for women. Lung cancer is the most frequent cause of cancer death among men (followed by colorectal), while in women, it is breast cancer (also followed by colorectal).

There are significant differences in cancer incidence across the EU. For instance, data from 2008 showed that colorectal cancer incidence is three times higher in the MS with highest mortality rate than in the MS with lowest mortality rate and the same happens with lung cancer among men and cervical cancer among women. In the case of cervical cancer the difference is even greater: it is four times higher in the in the MS with highest mortality rate than in the MS with lowest mortality rate (European Commission, 2014a).

Risk factors for cancers are common to those for other chronic diseases. However, different factors are more pertinent according to cancer type. For instance, smoking is strongly linked

to an increased risk for lung, stomach, kidney or oral cavity cancers. Alcohol abuse is linked to breast cancer, colorectal cancer or liver cancer. There is a strong relationship between obesity and a higher risk of colorectal cancer, endometrial cancer, oesophageal cancer, kidney cancer or pancreatic cancer (National Cancer Institute, 2014).

The costs of cancer in the EU were around €126 billion in 2009, with health care accounting for €51 billion (40%) of this. Across the EU, the health-care costs of cancer were equivalent to €102 per citizen, but varied between €16 per citizen in Bulgaria and €184 in Luxembourg. Lung cancer had the highest economic cost (€18.8 billion, 15% of overall cancer costs), followed by breast cancer (€15 billion, 12%), colorectal cancer (€13.1 billion, 10%), and prostate cancer (€8.43 billion, 7%) (Luengo-Fernandez et al., 2013).

2.2.4 Respiratory diseases

The most common respiratory diseases are chronic obstructive pulmonary disease (COPD) and asthma, followed by lung cancer, tuberculosis, pneumonia/acute lower respiratory infections, obstructive sleep apnoea syndrome and cystic fibrosis. These diseases reduce quality of life and can lead to early death. They also have negative economic effects on families, communities and societies (Gibson et al., 2013).

The most important risk factors for developing chronic respiratory diseases in Europe are (WHO Europe, 2014c):

- *"tobacco smoke;*
- *indoor air pollution (caused by mould, dampness, tobacco smoke or the burning of biomass fuels);*
- *outdoor pollution;*
- *allergens;*
- *low birth weight, poor nutrition, acute respiratory infections of early childhood; and,*
- *occupational exposure to dusts and chemicals"*.

Approximately half of the economic burden of respiratory diseases is attributable to smoking (Gibson et al. 2013). Death from these diseases is highly associated with poverty (Burney, 2012).

The total cost of respiratory disease in the EU-28 is around €380 billion per year, including the costs of primary and hospital healthcare (around €55 billion), the costs of lost production (minimum of €42 billion) and the value of disability-adjusted life-years (DALYs) lost (at least €280 billion) (Gibson et al., 2013).

2.2.5 Diabetes

The International Diabetes Federation in Europe (composed of 47 countries[2]) signalled that more than 55 million people in their region have diabetes; by 2030 this is expected to rise to 64 million. In the Europe Region, 8.4% of adults have diabetes and diabetes was the cause of 622,114 deaths in 2012 (International Diabetes Federation[3], 2012).

Problems associated with diabetes comprise diabetic retinopathy (one of the main causes of blindness and visual disability), kidney failure, heart diseases, neuropathy and diabetic foot disease. Diabetes causes substantial physical and psychological morbidity, disability and premature mortality among those affected, as well as financial costs on health services (European Commission, 2014b).

There are important distinctions between type 1 and type 2 diabetes. Type 1 diabetes is characterised by deficient insulin production and requires daily administration of insulin; it

[2] EU MSs and Albania, Armenia, Azerbaijan, Belarus, Faroe Islands, Georgia, Iceland, Israel, Kazakhstan, Kyrgyzstan, Macedonia, Moldova, Norway, Russia, Serbia, Switzerland, Turkey, Ukraine, Uzbekistan.

[3] https://www.idf.org/sites/default/files/EUR_5E_Update_Country.pdf

cannot be prevented. Type 2 is consequence of the body's insulin resistance. 90% of people with diabetes in the world have type 2 and this is preventable (WHO Europe 2014d). The occurrence of diabetes is rising and the number affected is expected to double by 2030.

The main risk factors associated with type 2 diabetes are (International Diabetes Federation, 2014):

- *"Family history of diabetes;*
- *Overweight;*
- *Unhealthy diet;*
- *Physical inactivity;*
- *Increasing age;*
- *High blood pressure;*
- *Ethnicity;*
- *Impaired glucose tolerance;*
- *History of gestational diabetes; and,*
- *Poor nutrition during pregnancy"*.

Socioeconomic disadvantage is also a risk factor (WHO Europe, 2011). As documented in a Diabetes UK report 'Diabetes and the disadvantaged: reducing health inequalities in the UK', such socio-economic disadvantages affect many people from diverse groups: "The most deprived in the UK population are two-and-a-half times as likely to have diabetes at any given age"[4]

In the European region, €138.8 billion was spent on treating diabetes (International Diabetes Federation, 2012). Of the total health budget in the EU, 9.3% is spent on diabetes. The yearly average healthcare cost for a person with diabetes in the EU is €2,450. Diabetes also leads to lower productivity, absenteeism, early retirement, and payments for social benefits and professional careers (European Diabetes leadership forum, 2014).

2.2.6 Mental disorders

20% of the burden of disease in the WHO European Region is caused by mental ill health. One in four people suffer from mental health problems at some time in life and nine of the ten countries with the highest rates of suicide in the world are in the European Region (WHO Europe, 2014e). Table 2.1 shows the most important risk and protective factors for mental health and well-being.

Table 2.1 Risk and protective factors associated with mental health and well-being

Level	Adverse factors	Protective factors
Individual Attributes	■ Low self-esteem ■ Cognitive/emotional immaturity Difficulties in communicating Medical illness, substance use	■ Self-esteem, confidence ■ Ability to solve problems and ■ manage stress or adversity ■ Communication skills ■ Physical health, fitness
Social circumstances	■ Loneliness, bereavement ■ Neglect, family conflict ■ Exposure to violence/abuse ■ Low income and poverty ■ Difficulties or failure at school ■ Work stress, unemployment	■ Social support of family and friends ■ Good parenting / family interaction ■ Physical security and safety ■ Economic security ■ Scholastic achievement ■ Satisfaction and success at work
Environmental	■ Poor access to basic services	■ Equality of access to basic services

[4] http://www.diabetes.org.uk/documents/reports/diabetes_disadvantaged_nov2006.pdf

Level	Adverse factors	Protective factors
factors	■ Injustice and discrimination ■ Social and gender inequalities ■ Exposure to war or disaster	■ Social justice, tolerance, integration ■ Social and gender equality ■ Physical security and safety

Source: WHO 2012

One of the problems of mental illnesses, as identified by a recent research focused on the EU-28, Norway and Switzerland, is that these are "…poorly understood and more subject to prejudice" than other diseases (The Economist 2014). Furthermore, according to the Joint Action on Mental health and Well-being (2014), "…much is now known about what works in mental health promotion, prevention, care and treatment of mental disorders. The challenge is now to implement this knowledge".

2.3 The policy response to chronic disease

The nature and scale of the problems outlined above has drawn a multi-faceted policy response. This sub-section describes this response at international and European levels.

2.3.1 The international response

In 2013, the WHO 'Global Action Plan for the Prevention and Control of NCDs 2013-2020' was approved. The action planned has six objectives with actions for nation states, the WHO Secretariat and international partners (WHO, 2013a):

1. *"To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy;*
2. *To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases;*
3. *To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments;*
4. *To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage;*
5. *To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases;*
6. *To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control".*

And the following voluntary global targets were adopted:

- *"A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases;*
- *At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context;*
- *A 10% relative reduction in prevalence of insufficient physical activity;*
- *A 30% relative reduction in mean population intake of salt/sodium;*
- *30% relative reduction in prevalence of current tobacco use in persons aged 15+ years;*
- *A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances;*
- *Halt the rise in diabetes and obesity;*

- *At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes;*
- *An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities"* (WHO, 2013a).

WHO has also taken several specific measures to address the risk factors associated with chronic disease, for example:

- Anti-tobacco measures in the WHO Framework Convention on Tobacco Control;
- The WHO Global strategy on diet, physical activity and health, aiming to promote and protect health by reducing disease and death rates related to unhealthy diet and sedentary life;
- The WHO Global strategy to reduce the harmful use of alcohol; offering measures and identifying key areas of action to protect people; and
- At regional, national and local level there are also strategies to tackle chronic diseases and prevent them. The following sections focus on the problem and responses to chronic diseases in Europe.

2.3.2 The European response

Managing chronic diseases in Europe is a critical challenge to systems of care (Busse et al., 2013). Yet, as the previous section shows, many chronic diseases are also preventable through better lifestyle choices. Although the policy and delivery of healthcare is competence of the MS, the European Union has the role of adding value to MS' public health policies: especially in those areas where common needs/threats exist, such as chronic diseases.

European policy in relation to chronic disease evolved over recent decades. It was in the Treaty of Rome (1956) when health was first mentioned in relation to various topics: goods, imports and exports; the free movement of services; health and safety in the workplace. The Maastricht Treaty (1992) allocated power and competences to the European Union in relation to public health. It established a framework with eight action areas: combat cancer; prevention of AIDS and other communicable diseases; health promotion, information, education and training; prevention of drug dependence; health monitoring; rare diseases; pollution-related diseases; and prevention of accidents and injuries.

In 1998, the public health framework was revised. It was then decided that a common health strategy and health programme were needed. The first *Community Health Strategy (2000)* and the *Community Action Plan 2003-2008* (or Health Programme 2003-2008) were adopted with the goal of contributing to health protection across Europe. The strategy and programme pursued three main objectives:

- Improve information and knowledge for the development of public health;
- Enhance the capability of responding rapidly and in a coordinated fashion to health threats; and,
- Promote health and prevent disease through addressing health determinants across all policies and activities.

In 2007, the second health strategy *'Together for Health: A Strategic Approach for the EU 2008-2013'* was developed (European Commission, 2007a). The *Second Programme of Community Action in the Field of Health 2008-2013* (Health Programme 2008-2013), was the financial instrument to support the strategy and its objectives. It was a €321.5 million programme with three objectives: improving the health security of citizens; promoting health and reducing health inequalities; and generating and disseminate health information and knowledge. The third Health Programme: *Health for Growth (2014-2020)* was adopted by the European Commission in 2011. Its main aims are to "encourage innovation in healthcare and increase the sustainability of health systems, to improve the health of the EU citizens and

protect them from cross-border health threats" (European Commission, 2011) and it has a proposed budget of €446 million.

Currently, and as indicated in *The EU explained: Public health* (European Commission, 2013)**,** the main objectives of EU health policy are to:

- *"prevent disease,*
- *promote healthier lifestyles,*
- *promote well-being,*
- *protect people from serious cross-border threats to health,*
- *improve access to healthcare,*
- *promote health information and education,*
- *improve patient safety,*
- *support dynamic health systems and new technologies,*
- *set high quality and safety standards for organs and other substances of human origin,*
- *ensure high quality, safety and efficacy for medicinal products and devices for medical use".*

In implementation, the EU collaborates with MS and international organisations to develop, implement, and promote public health. One of the main mechanisms used is to convene organisations, experts and states to discuss common problems and agree ways forward. The box below provides an example of this.

The 2014 EU Summit on Chronic Diseases

The first chronic diseases summit, organised by the European Commission, was held in Brussels on 3-4 April 2014 and brought together over 500 participants (mainly MS representatives, NGOs, professionals, business operators, academics, and EU institutions). The objective was to explore ways to address chronic diseases effectively in the EU and to develop a set of recommendations clarifying how the medical and socioeconomic problem of chronic diseases should be tackled.

During the summit the following elements were identified as necessary in a comprehensive response to chronic disease:

- Strengthen political leadership to address chronic diseases.
- Importance of treating chronic diseases them as a transversal problem, the necessary involvement of civil society in policy development and implementation, prevention to strengthen effective action on the main risk factors.
- Target key societal challenges:
  - Ageing societies need investment and innovation in health and social systems. For instance, by promoting better integration of services and ensuring the continuity of care.
  - Usually, the most vulnerable are more affected by chronic illnesses. Therefore, it is necessary to address the health, social and equity dimensions of chronic diseases and help overcome health inequalities.
  - Public health actions should focus on those chronic diseases with the highest burden.
- More efficient use of available resources, focusing on prevention, behaviour and lifestyle change, integration into other policies (e.g. employment, education), exploit e-health, m-health and other IT solutions.
- Strengthen the role and the involvement of citizens, patients and the health and social

sector in policy development and implementation: citizen and patient empowerment, considering equity issues and he social and gender dimension.

- Strengthen evidence and information: research and development of medicines, treatment and prevention methods; Better and comparable data on the medical, economic and social dimension of major chronic diseases. Include monitoring and evaluation of the actions to prevent and tackle chronic diseases for their effectiveness, develop a strategy considering demographic change and population ageing.

Finally, the summit called for a coalition to be formed in order to help tackle chronic diseases where all relevant sectors (society, patients and citizens) would be involved.

Source: European Commission (2014f) The 2014 EU summit on chronic diseases. Brussels, 3 and 4 April 2014. Conference conclusions.

2.3.2.1 Specific policies to address the four main risk factors for chronic disease

This sub-section describes more specific European actions developed in relation to: smoking, diet and physical activity, alcohol and mental health.

2.3.2.1.1 Smoking

Smoking is the main cause of premature death in the EU, responsible for almost 700,000 deaths every year. Around 50% of people that smoke die prematurely (on average 14 years earlier than non-smokers) and they have more life years in poor health. Several cancers, cardiovascular and respiratory diseases are causally linked to smoking (European Commission 2014e).

The EU and MS have therefore developed and implemented policies to tackle tobacco consumption through legislation, recommendations and communication campaigns (European Commission 2014e); for example:

- The tobacco products directive (2014/40/EU of the European Parliament and the Council, 3rd April 2014) on manufacture, presentation and sale of tobacco and related products in the EU market. This:
  - bans tobacco with characterising flavours;
  - requires that health warnings appear on packages of tobacco;
  - bans all promotional and misleading elements on tobacco products;
  - allows MS to prohibit internet sales; and,
  - requires the tobacco industry to submit detailed reports to the MS on the ingredients used in tobacco products
- Ban on cross-border tobacco advertising and sponsorship;
- Council Recommendation on Smoke-free Environments of 2009. All EU countries have adopted actions to protect citizens against exposure to tobacco smoke.
- High taxes on tobacco products, elimination of tobacco subsidies (which were previously part of agricultural policy) and activities against illegal tobacco trading.
- Anti-smoking campaigns, such as HELP - For a life without tobacco (2005-2010) and Ex-Smokers are Unstoppable (2011-2013).
- Projects funded in the framework of the Health Programme.

2.3.2.1.2 Alcohol

Alcohol causes over 7% of all ill health and early deaths in the EU. Young people are particularly at risk, as alcohol causes about 25% of all deaths in young men aged15-29 (mainly in accidents and violence).

Alcohol was seen as a main concern already in the first Health Programme (2003-2008) (European Commission, 2009a). Thus, in 2006 the EU developed the first EU alcohol strategy to help MS tackle the problem of alcohol consumption (European Commission 2006). As part of the implementation of the strategy the European Commission has set up the following bodies (EUROCARE, 2014):

- An EU Alcohol and Health Forum, composed of NGOs and economic operators. Members of the Forum have made a commitments to reduce alcohol-related harm;
- A Committee for National Alcohol Policy and Action (CNAPA), bringing representatives from the national governments to share information, knowledge and good practice on reducing damaging alcohol consumption;
- A Committee on data collection, indicators and definitions to develop key indicators for monitoring the performance of the strategy.

The First Progress Report on the Implementation of the EU Alcohol Strategy (European Commission, 2009b) already revealed that, although being too early to see results, some of the EU recommendations had been put into practice by the MS, such as the raise in the age limits to drink alcohol, introducing more education and awareness campaigns and stronger labelling actions.

In order to achieve the objectives of the strategy, there have been other actions in place, such as the *Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking) (2014-2016),* focused on the prevention of alcohol-related harm among young people. The trends in alcohol consumption and alcohol-related harm in the EU are monitored by the European Union Information System on Alcohol and Health (EUSAH), which is sustained through cooperation with the WHO. Alcohol consumption is also tackled through the Health Programme, which funds projects that address alcohol related harm.

The WHO European action plan to reduce the harmful use of alcohol 2012–2020 on alcohol 2012-2020 also emphasises the importance of tackling the harmful consumption of alcohol. The action plan has been endorsed by 53 European States (including EU MS). It recommends that MS and regional organisations, such as the EU:

- *"use the action plan to formulate or, if appropriate, reformulate national alcohol policies and national alcohol action plans;*
- *strengthen international collaboration I the face of increasing levels of common and transboundary challenges and threats in this area;*
- *promote and support policies an interventions to decrease the harmful use of alcohol that preserve and protect public health interests while ensuring that measures to this effect remain proportionate and evidence-based;*
- *promote an evidence-based approach that includes all levels of government, as well as all affected sectors and stakeholders involved including communities, civil society and the private sector in the actions needed to prevent or reduce alcohol-related harm;*
- *promote alcohol-free policies in an increasing number of settings and circumstances such as the workplace, means of public transport, the environments of children and youth and during pregnancy;*
- *reduce exposure to alcohol marketing, and in particular to protect children and youth from alcohol marketing of all kinds;*
- ensure that in doing so, the measures aiming at reducing the harmful use of alcohol comply with international treaties and agreements" (WHO Europe, 2012).

2.3.2.1.3 Diet and physical activity

Insufficient fruit and vegetable intake and physical inactivity are also relevant causes of chronic diseases. In contrast to smoking, obesity is increasing - especially among children.

The European Commission developed a *Strategy on nutrition, overweight, and obesity-related health issues* in 2007 to reduce the risks linked to unhealthy diets and physical inactivity in the EU. The strategy builds on initiatives such as the EU Platform for Action on Diet, Physical Activity and Health and the Green Paper 'Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases'.

The actions aim to be transversal and at different levels of government (local, regional, national and European), using legislation, networking, public-private approaches, and engaging the private sector and civil society (European Commission, 2007b). At the same time, a high level group of representatives from all MS has been created to share knowledge, good practises and the coordination of national initiatives.

Recently, during the 2014 Greek presidency, an EU Action Plan on Childhood Obesity 2014-2020 was developed to support MS in developing policies to tackle childhood obesity, with the aim of "demonstrating the shared commitment of EU MS to addressing childhood obesity; set out priority areas for action and a possible toolbox of measures for consideration and propose ways of collectively keeping track of progress". The action areas are the promotion of a healthy start in life; healthier schools and pre-schools; encourage healthier choices and exercise, limit marketing and advertising that targets children; involve and inform families, increase research in this area and carry out monitoring and evaluation. Each of these action areas are accompanied by operational objectives, indicators and methods of data collection for monitoring, the expected target and the timeline for reaching the target. At the same time, the plan clearly states which actors are responsible for implementing each action: the MS, stakeholders, the European Commission and the WHO (European Union 2014).

2.3.2.1.4 Mental health

In 2005, the Commission published the Green paper – *Promoting the Mental Health of the Population. Towards a mental health strategy for the EU* in order to launch a debate with wide range of relevant actors. Following the Green paper, the EU high-level conference *Together for mental health and wellbeing* in 2008 launched the European pact for mental health and well-being. The pact had five priority themes:

- Prevention of Depression and Suicide;
- Mental Health in Youth and Education
- Mental Health in Workplace Settings;
- Mental Health of Older People; and,
- Combating Stigma and Social Exclusion.

It was agreed that the EU, MS, international organisations and other relevant stakeholders would establish a mechanism for the exchange of information; would work together to identify good practices and success factors and would develop appropriate recommendations and action plans. They would communicate the results of such work through a series of conferences on the Pact's priority themes over the coming years (EU, 2008).

A group of government experts on mental health and well-being was created to implement the pact. In 2013, the three year Joint Action Mental health and Well-being was launched with funding from the Health Programme. It involves 50 partners from 27 EU MS, associated countries and 12 EU-level organisations. It concentrates "on the promotion of mental health at the workplace and schools, development of actions against depression and suicide and implementation of e-health approaches, developing community-based and socially inclusive mental health care for people with severe mental disorders, and promoting the integration of mental health in all policies" (Joint Action on Mental Health and Well-being, 2014).

2.4 The role of communications as part of the policy response to chronic diseases

The above shows that the policy response to chronic disease has been broad and multi-faceted. Within the range of approaches used, communication plays an important role – especially in relation to primary prevention. Communication campaigns have been implemented by all institutions working at international, national, regional and local levels. They usually aim at behaviour change, trying to prevent the adoption of negative or harmful behaviours; and/or to change or modify an existing damaging behaviour.

Communication campaigns use different media, activities and tools. Activities range from public events, such as information fairs or providing information through leaflets, to TV and radio advertisements. With the rise of the new information technologies, communication campaigns have adapted consequently. Today, there are many public health campaigns that use websites, mobile apps (such as the iCoach app used in the Ex-Smokers campaign) and social media to communicate with the target audience.

The effectiveness of public health campaigns can be strengthened by numerous policy tools and control measures. WHO indicates that “Policy-makers can strengthen public health action by adopting a combination of prevention and control strategies that cut across specific diseases and address common risk factors in individuals and across populations” (WHO Policy brief). For instance, in the case of smoking cessation, Halpin et al (2010) argue that campaigns to reduce smoking, especially when targeting teenagers “are effective when implemented with excise tax increases and community-based education programs”. A publication of the International Bank of Reconstruction and Development (2006) also suggests that “Comprehensive bans on advertising and promoting tobacco may reduce smoking and make public awareness campaigns more effective”.

Finally, and by way of providing a high-level summary of the role and expected operation of an EU communication campaign, Figure 2.6 and Figure 2.7 describe the intervention logic of such a campaign. Figure 2.6 provides a template for this exercise, showing the component parts of an intervention logic (rationale, inputs, outputs, etc.), before Figure 2.7 shows the broad application of this template in the case of an EU campaign.

This exercise highlights the importance of ‘contextual conditions’, showing that the messages and tools provided in a campaign operate within a broader set of influences. It also shows the primacy of behaviour change within campaigns: if the desired impact (reductions in chronic disease) is to be achieved then changes in behaviour are required. The report returns to this issue in the next Section, where international evidence from published literature is reviewed; this shows the difficulty of establishing behaviour change as part of campaign evaluation and the common use of proxy measures such as stated intention to change behaviour. The net result is uncertainty. Policy makers and campaign designers are required to invest and to act in the knowledge that contextual factors are significant and that evidence of ‘what works’ is not often derived from the strongest study designs.

Figure 2.6 Intervention logic template

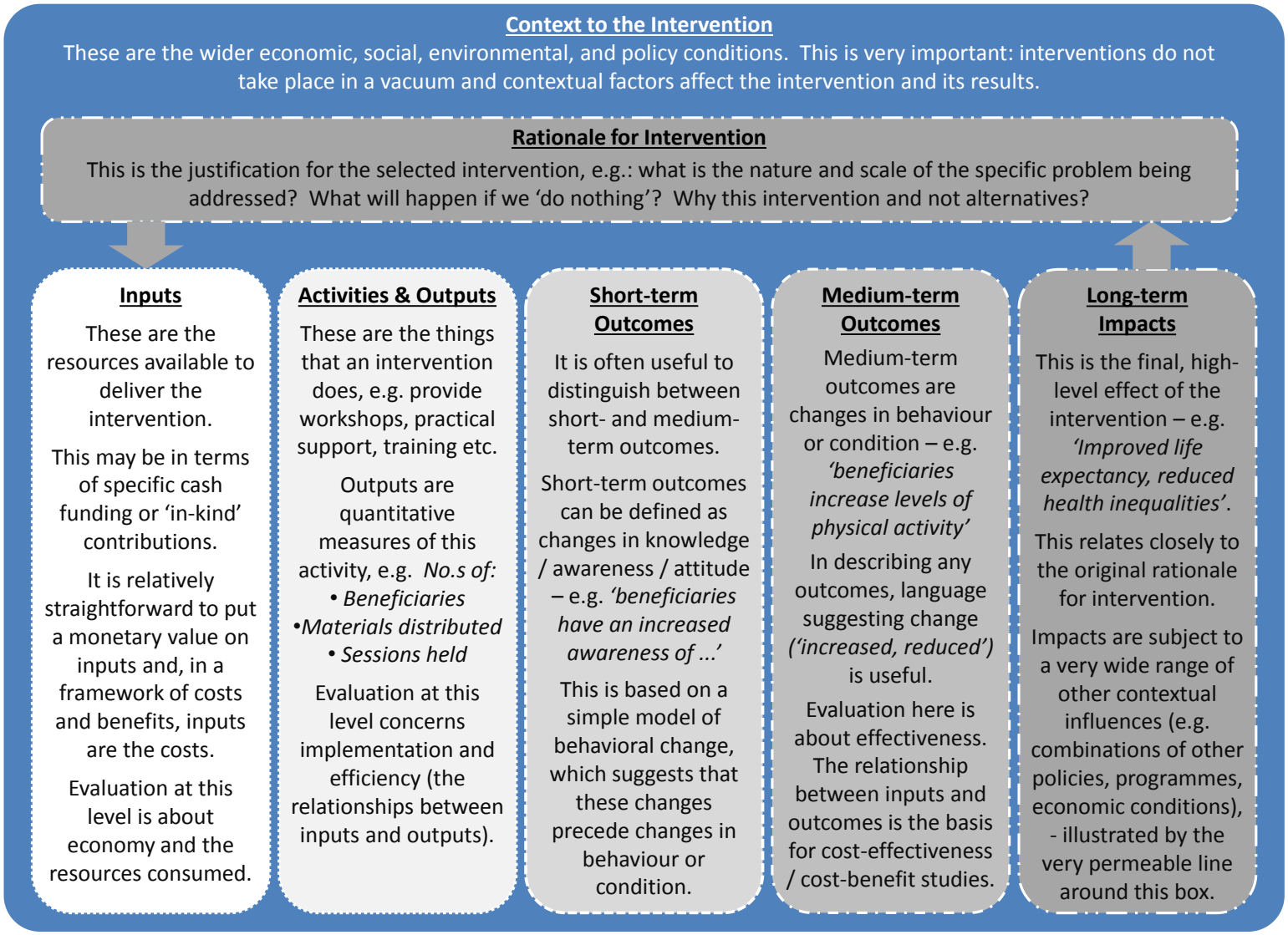
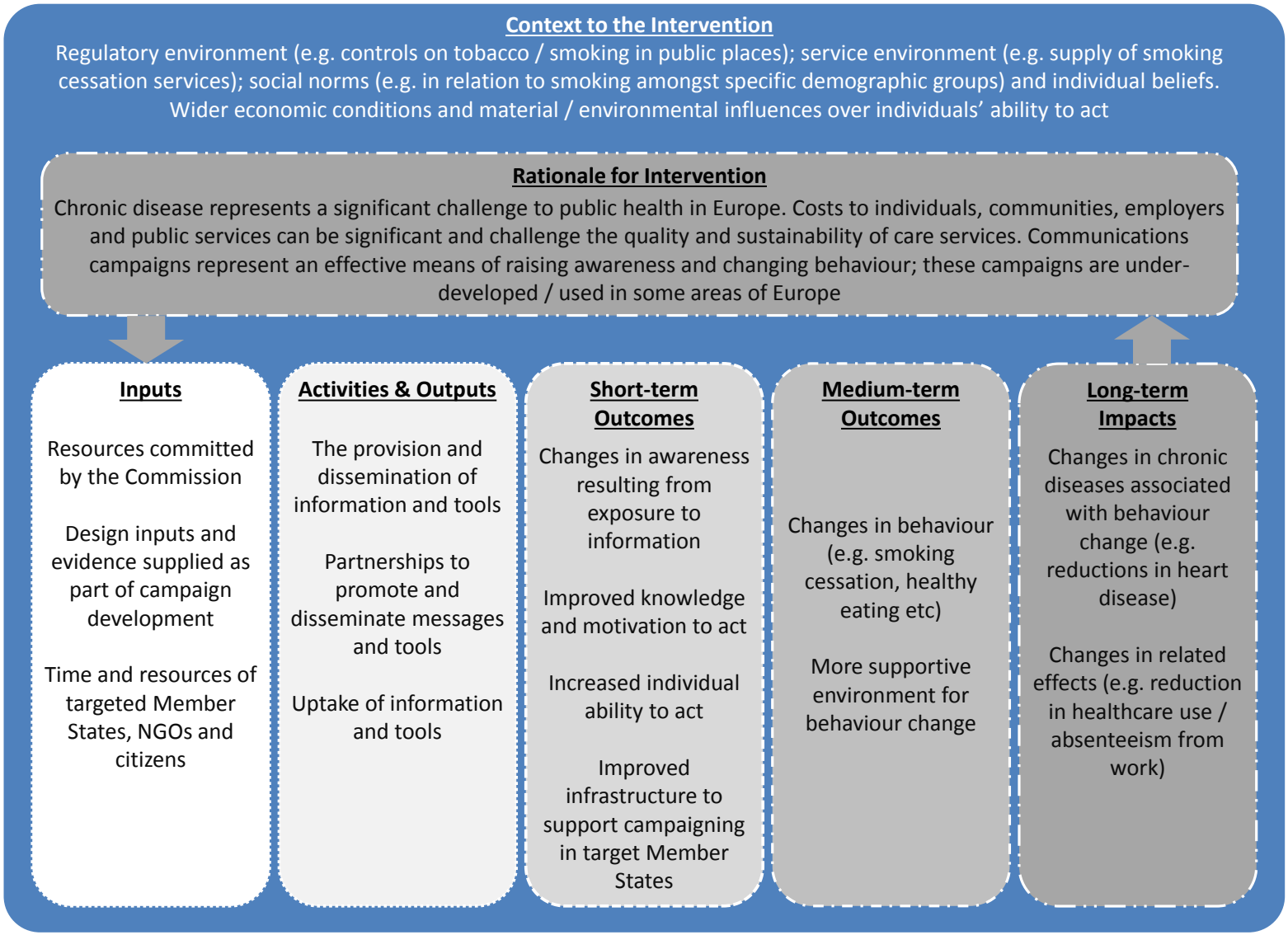


Figure 2.7 Initial intervention logic for EU communications campaign on chronic disease



PART B: EVIDENCE BASE

This Part of the report summarises the evidence base gathered for the study. Evidence was gathered from:

- A review of the international literature;
- A 'call for evidence' issued to relevant networks; and
- Six case study examples.

Each is presented in the following sections.

3 Evidence from the international literature

A literature review was conducted to identify messages from published peer reviewed evidence on communication campaigns to prevent chronic disease. The focus was particularly on campaigns to promote healthy eating, physical activity, smoking cessation, and reduced alcohol consumption. In order to maintain rigour, the review concentrated upon published and peer reviewed literature. This section presents the method, results and conclusions of the review.

The literature search was broad-based so as to identify a range of published sources. In order to ensure that the evidence had a broad application and was not limited to specific cultural contexts, international literature was reviewed, including publications from: Europe, United States, Canada, Australia and New Zealand.

The majority of this section presents the results from this literature. The concluding sub-section (**Error! Reference source not found.**) then presents the results of a supplementary review of evidence, which followed a different method, focused on social media and the potential of 'big data'.

3.1 Methodology

This sub-section describes the approach taken to gather and synthesise the evidence.

3.1.1 Research Questions

The following research questions, agreed as part of the Inception Report for this study, were addressed:

1. What are the most important principles underpinning successful public health communication campaigns to promote: healthy eating, physical activity, smoking cessation and reduced alcohol consumption?
    a. What are the main differences (if any) in communicating about these four behaviours?
2. What factors should be considered when designing communications campaigns that are promoting behaviour change in cross border/culture settings?
3. What factors should be considered in promoting behaviour change among groups that experience poor health outcomes?
4. What are the most effective means of communicating to promote behaviour change (e.g. by media type)?
    a. How does the effectiveness of different means differ by target group?

3.1.2 Search Terms and Parameters

To answer the research questions a set of keywords and parameters were developed. The search terms/keywords and parameters were developed in order to identify published literature to answer the research questions. The agreed set of search terms are provided in Table 3.1.

Table 3.1 Literature Review Search Terms

Search Terms/Keywords	
Chronic disease Alcohol consumption Moderate drinking Responsible drinking Healthy eating Healthy diet	Social marketing Social media Health determinants Health promotion Public health promotion Member States (of the EU) / Country (e.g.

Search Terms/Keywords	
Physical activity Active living Exercise Smoking cessation Quitting smoking Communication campaigns Health communication	Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and United Kingdom) Behaviour change Mental Health Well-being Cardiovascular diseases COPD Cancer Diabetes

The search terms and combinations were used to retrieve relevant articles in the following published databases:

- Applied Social Sciences Index and Abstracts (ASSIA).
- Cinahl.
- EBSCO.
- PsycInfo.
- PubMed.
- Social Care Online.
- Social Science Citation Index.

The search/coding parameters are detailed below.

3.1.3 Search Stages and coding levels

A three-stage screening system was used:

Stage 1 – The focus of the Stage 1 search was to identify published, peer-reviewed literature focused on "communications to address and affect behavioural changes" (broad search). To identify articles that focused on this broad topic, the keywords listed above were used while searching the databases. The search strategy was documented by capturing the: terms used, databases searched, and number of results from searches conducted in each database.

The stage 1 search identified over 1,000 articles. Because keywords yielded multiple articles, the title and abstract of the published literature were scanned to identify sources relevant to the development, implementation and/or evaluation of health communication campaigns to promote health protective behaviours. A screening form was used to review the abstracts resulting from the search (see Annex 6).

The following inclusion/exclusion criteria were applied to articles identified via the Stage 1 process:

1. Study needed to focus on at least one of the main risk factors (alcohol consumption, healthy eating, physical activity or smoking).
2. Study needed to be published between 2005 – present.
3. Publication type needed to be appropriate (e.g. not an editorial comment, dissertation, thesis, opinion article or systematic review).
4. Study needed to describe formative, process or outcome evaluation of a health communication effort/campaign.

Articles that met these criteria were deemed relevant and reviewed again during Stage 2.

Stage 2 –The articles were further examined to refine the search results. Specifically, titles and abstracts of the selected articles from Stage 1 were reviewed to identify articles focused on the main risk factors. The screening form was used to quickly review selected abstracts for basic inclusion and exclusion criteria. Inclusion/exclusion decisions for the articles reviewed at Stage 2 were documented in a tracking sheet (Annex 7). The following items were used to determine abstracts' eligibility:

1. Study needed to focus on at least one of the main risk factors (e.g. alcohol consumption, healthy eating, physical activity or smoking) – *reconfirmed this eligibility criteria from Stage 1.*
2. Study needed to be published between 2005 – present – *reconfirmed this eligibility criteria from Stage 1.*
3. Publication type must be appropriate (e.g. not an editorial comment, dissertation, thesis, opinion article or systematic review[5]) – *reconfirmed this eligibility criteria from Stage 1.*
4. Study needed to describe formative, process or outcome evaluation of a health communication effort/campaign – *reconfirmed this eligibility criteria from Stage 1.*
5. Study conducted within Australia, Canada, America, Europe and/or New Zealand.
6. Published in English, Polish, Spanish, French or German.

Once published articles were deemed eligible for review, full text reports were retrieved. The reference lists of all publications were examined for other articles that may be relevant. The review of bibliographies for these core studies helped to identify additional research not identified via the search process above. Due to budget restrictions, articles that could not be obtained at no extra cost were not included in the study (only one article was identified via the search that could not be obtained for free). This information was documented in the literature review tracking log (Annex 7).

Stage 3 – Articles identified during Stage 2 were coded to abstract data on campaigns, health communication efforts, strategies and best practices, chronic diseases and risk factors/behaviours of interest to answer the above stated four research questions. Once eligible publications were retrieved, data were abstracted using a Microsoft Excel document. The items that were abstracted are listed and described in Annex 7.

Textual data were abstracted from full report PDFs of each article and all data for the "eligible" articles (e.g. articles that were not "Excluded" along the Stage 3 coding process) were entered into the data abstraction table. If an article was excluded during Stage 3 the article's "coding status" was updated in the literature review tracking log. Information that was abstracted during Stage 3 coding was used to answer the research questions.

The following exclusion criteria were used during the Stage 3 coding process:

1. Target Audiences: If the article did not report a target audience it was excluded.
2. Behaviours targeted: If the article did not report a desired targeted behaviour associated with alcohol consumption, nutrition, physical activity, or smoking, it was excluded at stage 3.
3. Health communication effort or campaign channel: If the article did not report the campaign's communication channel(s), it was excluded at stage 3.
4. Evaluation design/methodology: If the article did not report an evaluation design or methodology (e.g., experimental design, quasi-experimental design, non-experimental/observational design), the article was excluded at stage 3.

[5] Although systematic reviews were not deemed as eligible for coding purposes, the team reviewed these reference types/articles to ensure applicable/relevant studies were included in the literature review.

5. Reported behaviour change: If the article did not report an intent for behaviour change to take place as a result of the campaign, the article was excluded at stage 3. For the purposes of this review, behaviour change was defined as any intended change related to alcohol consumption (e.g., moderate/reduction), nutrition (e.g., improving/maintaining), physical activity (e.g., increase/maintaining), and/ or smoking (e.g., cessation/reduction).
6. Results/Reported Risk Factors: If the article did not report results related to risk factors it was excluded at stage 3.

3.1.3.1 Thematic analysis and synthesis of findings

Following identification and retrieval of relevant literature and subsequent abstraction of data from the article, data were reviewed to identify common themes in the literature to answer the research questions, as well as any patterns across the published literature, and similarities and differences in the data relevant to answer the research questions.

3.1.4 Limitations

There are three important limitations to note in considering the results presented below:

- The searches did not yield many articles using rigorous evaluation designs to assess actual behaviour change resulting from communication campaigns to prevent chronic disease. Although there is a growing body of literature using such methods (e.g., experimental and quasi experimental designs), many studies captured for this review use non-experimental designs and/or focus on assessing knowledge, awareness or behavioral intentions rather than actual behavior change. This is an important limitation, since there is a well-established gap between expressed intention and actual behaviour change[6]. The study team's knowledge of this field suggests that many evaluations suffer from limited resources, limited time and/or have methodological weaknesses making it challenging to attribute individuals' behavioural changes to a specific health communication programme.
- The searches did not yield many eligible articles that focused on cross border health communication campaigns. This could be due to the fact that searches were limited to published, peer reviewed articles; it will also be a function of the relative rarity of this type of campaign.
- The review is also limited by a lack of evidence relating to the use of social media. Again, our assumption is that this is due to the nascent use / form of this media.
- The review is limited by the lack of literature on campaigning to improve mental wellbeing; our assumption is that the lack of results is a function of the early state of this type of campaign.

In light of the above, and following discussion of the draft version of this report, it was agreed that a non-systematic supplementary search of literature on social media would be undertaken. This would also include the related issue of 'big data', where there would be an examination of the extent to which campaigning via social media would allow the gathering and use of such data to better target / learn from campaigns. This supplementary review is presented at the end of this section.

3.2 Results

Over 1,000 articles were initially identified via the searching process (see Annex 9 for the Search Hits documentation). Eligibility criteria for Stages 1 and 2 were applied to all identified articles. Based on the Stage 1 and 2 eligibility criteria a total of 117 articles were identified for Stage 3 coding.

[6] For example, in a 2006 meta-analysis Webb and Sheeran concluded that: *"…a medium-to-large sized change in intention engenders only a small-to-medium change in behavior. Findings also showed that intentions have less impact on behavior when participants lack control over the behaviour…"*

Of the 117 articles coded at the full report level, 55 were excluded. The articles were excluded for one of the following reasons:

- They did not review a health communication effort/campaign;
- The publication type was not relevant (e.g. systematic review, commentary);
- The article was not available for no additional charge (in practice this was one article).

62 articles were therefore reviewed and are listed in Annex 1. Table 3.2 provides an at-a-glance view of the main health communication campaign descriptors in aggregate for the 62 articles coded at the full report level.

The 62 articles cover the four main behavioural areas of interest, alongside one on mental wellbeing (only one eligible article focused on this topic). The geography of the campaign varied across the articles and topic areas. Only one article presented data on a European cross-border campaign, while the majority reported data at the national campaign or sub-national levels. Additionally, the articles focus on a wide-range of populations (e.g. children, 'tweens', and adults) and a variety of different target populations (e.g. women, Latinos, people of African descent). The articles use qualitative and/or quantitative study methodologies across the four topic areas and, among the 62 articles, six reported an experimental design, while three reported a quasi-experimental design. The majority – 45 - reported use of a non-experimental design.

While the best practices or KDPs were not explicitly stated as such in each coded article, the coding team extracted information from the article that appeared to be a best practice, design principle or lesson learned related to developing or implementing a communication campaign. Finally, a wide range of theories, models/frameworks, and/or approaches were reported as a basis for many of the campaigns. Although many articles did not explicitly report specific health communication theories, the coding team abstracted any author-reported public health theory/model, framework or approach upon which the health communication campaign or programme was based. 'Social marketing' was the approach most commonly cited in the data to develop health communication campaigns or programmes.[7] Other commonly used health communication theories included social cognitive theory and entertainment education theory.

[7] Social marketing is not a theory, but an approach to promoting health behaviour. It is the: *"application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of society."* (See Andreasen A. Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment. San Francisco, Calif.: Jossey-Bass, 1995 for more information.)

Table 3.2 Health communication campaign descriptors (in aggregate)

Campaign Descriptor	# of articles reporting the campaign descriptor				
	Alcohol	Diet	Mental Health	Physical Activity	Smoking
Total number of eligible articles coded at Stage 3	12 articles	8 articles	1 Article	15 articles	26 articles
Geography of the health communication or marketing effort and/or campaign	■ EU-wide: 0 ■ EU cross border: 0 ■ non-EU, cross border: 0 ■ National campaign: 2 ■ Sub-national: 10	■ EU-wide: 0 ■ EU cross border: 1 ■ non-EU, cross border: 0 ■ National campaign: 2 ■ Sub-national: 5	■ Sub-national: 1	■ EU-wide: 0 ■ EU cross border: 0 ■ non-EU, cross border: 0 ■ National campaign: 5 ■ Sub-national: 10	■ EU-wide: 0 ■ EU cross border: 0 ■ non-EU, cross border: 0 ■ National campaign: 6 ■ Sub-national: 20
Reported target audience(s)	■ Women/childbearing women: 3 ■ College students: 6 ■ College Athletes: 1 ■ Pregnant women: 1 ■ Teenagers age 15-18: 1 ■ Young adults age 19-22: 1	■ African-American women age 18-49: 1 ■ Asian and Pacific Islander adults: 1 ■ Adults living in Nunavut and Northwest territories of Canada: 1 ■ 6th grade students: 1 ■ Adults at least 18 years of age who were enrolled in the txt4health pilot program: 1 ■ Families with children age 0-11: 1 ■ Pregnant women: 1 ■ Low income and minority youth and young adults: 1	■ Adults in Western Australia: 1	■ Youth age 9-13 years: 4 ■ Adults age ≥ 50: 2 ■ Adults 45-64, low income, high school education or less: 1 ■ 25-50 year old adults with children: 1 ■ Adult residents of St. Joseph, MO: 1 ■ All Canadians: 1 ■ Cancer survivors: 1 ■ Parents of children age 9-13: 1 ■ Adolescents grade 6-12: 1 ■ Aged 65 and older: 1 ■ Population of Omaha: 1	■ Adolescents (12-18): 4 ■ Young adults (18-26): 2 ■ College students: 1 ■ Female adults: 1 ■ Current/recently quit smokers: 14 ■ General public: 2 ■ Teens and their parents: 1 ■ Healthcare providers: 1
Study methods in the published article	■ Experimental: 3 ■ Quasi-experimental: 2	■ Experimental:1 ■ Quasi-experimental: 2	■ Experimental: 0 ■ Quasi-experimental: 0	■ Experimental: 2 ■ Quasi-experimental:	■ Experimental: 1 ■ Quasi-experimental: 0

	■ Non-experimental: 7	■ Non-experimental: 5	■ Non-experimental: 1	0 ■ Non-experimental: 13	■ Non-experimental: 25
Best practices reported in the article	7 articles	5 Articles	1 Article	11 Articles	5 articles
Reported theory model or approach guiding a communication campaign or programme	■ Social Marketing Principles ■ Narrowcasting ■ Intermedia Theory ■ Social Learning Theory ■ Strategic ambiguity approaches	■ RE-AIM Framework ■ Social Cognitive theory ■ Social Ecological Model ■ Social Marketing principles ■ Attribution Theory ■ Entertainment education	■ Community development approaches ■ Social marketing principles	■ Theory of planned behaviour ■ Social cognitive theory ■ Hierarchy of effects model ■ Self-efficacy ■ Control theory ■ Ecological theory ■ Social network theory ■ Health Belief Model	■ Perceived effectiveness ■ Social Contagion Theory ■ Social Marketing Theory ■ SMART goals ■ PRIME Theory ■ Te whare tapa wha' - this is a Maori/local framework ■ Entertainment Education ■ Health belief model ■ Theory of reasoned action ■ Social learning theory

The following presents more detailed findings against each of the research questions:

Research Question 1: What are the most important principles underpinning successful public health communication campaigns to promote: healthy eating, physical activity, smoking cessation, and reduced alcohol consumption?

The literature suggests that the most important principles underpinning successful public health communication campaigns are as follows:

Conduct formative research with target audiences

Articles reporting a positive behavioural outcome from implementation of health communication campaigns/programmes commonly described use of formative research with target audiences to inform development and implementation of the intervention. Formative research enables campaign developers to really understand target audiences. This is especially important when programme planners and designers have different cultural backgrounds than campaign target audiences.

Some of the most common methods used for formative research include literature reviews, focus groups, interviews and surveys. Additionally, formative research includes message and materials testing with target audiences before launching a full health communication campaign. For example:

- To develop the New Zealand *"It's about whanau" (IAW)* campaign, formative research including a literature review, qualitative interviews, pre-testing of campaign concepts and baseline studies with the target audience of Māori smokers was conducted. Grigg et al. (2008) describe how the IAW campaign was developed to increase motivation to quit smoking and to encourage calls to the Quitline among Māori smokers. The campaign also sought to 'denormalise' smoking and create a supportive quitting environment for Māori smokers. Formative research to develop the campaign found that many Māori smokers were distrustful of government-driven anti-tobacco programs.

  Given this, the campaign did not use overt threat appeal advertisements targeting smokers, but instead used a strategy built on Māori identity through the use of empowering positive messages. Use of formative research spurred the use of testimonial messages of 'what it was like' to quit smoking - helping make the campaign believable and relevant to target audiences.

  The authors also describe the establishment and use of a collaborative workgroup with representatives from Māori organisations and Māori experts in public health, research, tobacco control and communications to help develop the campaign. This workgroup not only assisted in the development of the campaign, but also participated in the formative research activities to fully develop and implement the campaign.

  - To evaluate audience awareness of the campaign, how key audiences perceived the campaign and any self-reported changes in behaviour associated with campaign objectives, researchers fielded questionnaires administered via a computer aided telephone interviewing (CATI) system following the campaign's first year of airing. Repeated cross sectional surveys were used to gather study data. Specifically, two baseline surveys were conducted before the campaign was launched, and two follow up surveys were fielded four months and one year after the launch with current smokers and recent quitters. Authors reported behaviour change as a result of the campaign. Behaviour change was defined as the participant's ability to recall the campaign, as well as their intention to quit smoking. Survey findings revealed that 78% of the population could recall the campaign, while 54% stated the adverts influenced their intended behaviour change (e.g. to quit smoking). Finally, analysis of the intention to quit outcome measure indicated that 67% of the population reported that they planned to quit smoking in the next six months.

- Another example can be found in Beaudoin et al. (2007), which describes the short-term effects of a campaign to promote healthy eating and physical activity. The authors describe the *Steps to a Healthier New Orleans mass media campaign* promoting

walking, as well as increased fruit and vegetable consumption in a low income, predominantly African American urban community in New Orleans, United States. The researchers conducted two formative research focus groups with the target population of African American women in order to develop and refine culturally appropriate campaign messages to motivate healthy eating and physical activity. The focus groups revealed that - while cost influenced healthy eating - time constraints were a bigger barrier to healthy eating as well as physical activity.

  - To evaluate the campaign, researchers used random digit dial telephone surveys using cross sectional representative samples at baseline and following launch of the campaign. The surveys sought to gather data on respondents' campaign message recall, attitudes toward healthy eating and physical activity and behaviours related to fruit, vegetable and snack consumption and walking. Findings showed that the campaign was successful: brand/campaign recall increased from 4% in 2004 to 44% in 2005. The study also found that participants' recall of the fruit and vegetable messages increased from 57% in 2004 to 61% in 2005 (a statistically significant increase).

- A third example can be found in Anwar-McHenry et al (2012), which describes findings from a 2010 evaluation of the *Act-Belong-Commit* campaign. The *Act-Belong-Commit* campaign is a mental health promotion campaign implemented in Western Australia to promote target audience engagement in mental health promotion activities, which included keeping mentally, physically and socially active, joining formal and informal community groups, and taking up realistic challenges, setting goals and getting involved in a cause or volunteering.

  Prior to campaign implementation, formative research with members of the general population and stakeholders in mental health/mental illness, and pilot testing to tailor campaign messages was conducted. Further, campaign organisers partnered with community organisations to disseminate campaign materials and promote the campaign. Community organisations also used the campaign logo to develop their own promotions, publicity and paid advertising on behalf of the campaign. Based on the campaign media schedule, campaign reach was estimated to be 50% and actual reach was 75% of the Western Australian population. After successful implementation in Western Australia, the campaign was expanded for use in organisations in all but two states and territories in Australia. Additionally, a site in the UK has signed an agreement to promote the campaign to clients and messages have been adapted for use with Japanese school children in the aftermath of the 2011 tsunami.

  - A cross-sectional evaluation was conducted to evaluate the campaign using a single survey using computer-assisted telephone interviews. The survey asked questions to assess campaign reach, whether respondents' reported a change in beliefs and behaviours as a result of campaign exposure (the survey specifically asked respondents to specify what change in beliefs or behaviours they experienced due to campaign exposure), whether the campaign would reduce/increase stigma associated with mental illness, and whether the campaign would make people more/less open to talk about mental health issues. These last two questions were each asked of only half of the respondents. Evaluation findings showed that more than 3 in 4 respondents (77%) perceived the campaign to make people more open to talk about mental health issues, and 2 out of 3 (68%) perceived the campaign would reduce mental health stigma.

Use a theoretical basis or approach for development of a campaign

A common theme across several of the coded articles was the importance of using a theory, model or approach to guide development of a health communication programme or campaign. Using behavioural theories, models or approaches to guide research and development of the campaign or programme helps provide insight into why people behave the way they do and helps campaign/programme developers describe the factors that can lead to behaviour change - as well as what outcomes should be measured if/when the

programme is evaluated. Related to this, it is important to identify those factors that are most relevant for specific target audience(s) (e.g. different cultural groups), in their specific situations.

Many articles that reported a positive impact of a campaign or health communication programme on message recall and/or health protective behaviours also reported use of a health communication theory, approach or model to develop the intervention. Nearly half (27) of the 62 articles identified a theory, model or approach. Among these 27 articles, 21 reported successful engagement in health protective knowledge/behaviours. For example:

- Bazzo et al. (2012) presents an example of a campaign using social marketing approach to guide campaign development. This article presents information on the *'Mamma Beve, Bimbo Beve'* campaign in Italy, used to address Fetal Alcohol Syndrome (FAS) (see case study in section 4.3). The campaign specifically targeted women of childbearing age with messages about how "drinking alcohol during pregnancy and breast feeding can damage the physical and mental development of your baby". The article detailed how social marketing principles were used to develop the campaign, which involved use of partnerships with social and commercial stakeholders to spread health communication messages in a community.
  - To evaluate the campaign, evaluators fielded a single survey using a semi-structured, self-reported questionnaire of all parents or caregivers who accompanied 0-2 year old children for vaccinations in vaccination clinics. The survey sought to gather data on survey respondents' campaign recall and emotions that they experienced when exposed to campaign messages. Evaluation findings revealed that 84.3% of respondents remembered campaign messages; approximately 50% of caregivers surveyed were distressed by the campaign messages.
- Paek et al. (2008) reported on the use of the Theory of Planned Behaviour (TPB) as a model for *the VERB campaign*, a longitudinal national, multicultural, social marketing campaign that targeted 'tweens'[8]/youth age 9-13 with a mission to increase physical activity in the United States. VERB was guided by the TPB which stipulates that behaviour depends on intention and that intention is determined by a person's attitudes, subjective norms and perceived behavioural control. The authors state that TPB provides many implications for message design and persuasion technique because it highlights the simultaneous importance of individuals' own confidence, motivation, and evaluative judgment about their behavioural goals.
  - To evaluate the effect of the VERB researchers analysed 2003-2005 longitudinal data from the Youth Media Campaign Longitudinal Survey, conducted among nationally representative tweens between ages 9 and 13 by phone using a list-assisted, random digit dialling method. The survey gathered data on audiences' recall, awareness, media channels on which people saw the campaign, beliefs about and attitudes toward physical activity, and multiple types of physical activity. Evaluation findings show that tweens who had the greatest amount of exposure to the VERB campaign were more likely to perceive that they can control their behaviour of engaging in physical activity. Additionally, tweens who in 2004 had a stronger intention to engage in physical activity engaged in more physical activity in 2005 - either as part of an organised group, or in their free time.
- Solomon et al., (2007) reported the use of the Social Cognitive Theory (SCT) to inform the development of a smoking cession campaign designed to increase adolescent smokers confidence in their ability to resist smoking and increase their perception that good things happen to teens who quit smoking. Using television and radio as campaign channels, the campaign was implemented in randomly selected designated marker areas in South Carolina, Florida, Texas and Wisconsin in the United States. Radio and

[8] A 'tween' is a young person usually between the ages of 10 and 12 years old. They are considered too old to be a child, but too young to be a teenager.

television advertisements included racially diverse adolescent smokers in order to be culturally appropriate and appeal to target audience members in each campaign location.

  - A non-experimental study design using baseline and follow-up surveys with the target audiences in intervention and comparison groups in each campaign location to assess campaign effectiveness was implemented. The surveys gathered information on target audience demographics, smoking characteristics, self-efficacy to resist smoking, outcome expectations for quitting, perceived prevalence of teen smoking, perceived teen approval of smoking and teens' intention to quit smoking. Evaluation findings indicated that a 16% quit rate from baseline to three-year follow-up among groups exposed to the campaign versus a 12.8% quit rate in the comparison groups. Additionally, fewer youth in the intervention group exposed to the campaign reported having a cigarette in the past 30 days compared to the comparison group. From baseline to the three-year follow-up 59.4% of youth in the intervention group began smoking again compared to 66.1% in the comparison group.

Identify and utilise appropriate campaign channels identified by the target audience

Many of the articles reported that the use of appropriate communication channels ('channel' being the means by which a communication message is sent) identified by target audiences during formative research were critical for successfully reaching those audiences[9]. For example:

- John-Leader et al. (2008) implemented a campaign in rural South Wales, Australia, called *"Stay Active – Stay Independent"* to promote physical activity and reduce falls among older people. Formative research was central to campaign development which involved the development, testing and refinement of campaign messages shown using different channels (e.g. print and television advertisements) via focus groups with older people. Findings from formative research indicated that use of print and television advertisements using humour and reminiscence was most appealing to the target audience of older adults. The campaign was launched using channels including television spots; newspaper ads; posters at relevant, regional venues; and outdoor media such as 'bus-back' transit advertisements on regional bus routes. An evaluation found that final campaign messages were perceived positively and promoted accessible and affordable physical activity opportunities for older adults.
- MacAller et al. (2011) described the *"Do You cAARd?" a statewide, California, educational campaign* promoting referrals to California's tobacco quit line among healthcare providers and diabetes educators. The authors described use of a brief, online survey to gather information on target audience (providers and educators) interest in educational materials and their thoughts about effective campaign implementation channels. Findings from the survey informed programme development and led to the development and utilisation of diabetes toolkits; presentations at American Association of Diabetes Educators chapter meetings; pocket-sized smoking cessation materials; and printed posters to implement the campaign. Evaluation findings showed that, using these channels, the campaign reached 170 diabetes educators via educational presentations; 76% of post-campaign, online survey respondents knew the smoking cessation Helpline phone number; 70% distributed Helpline materials; and 80% reported referring their clients to a smoking cessation Helpline.
- Bazzo et al., (2012) reported on implementation of the *"Mamma Beve, Bimbo Beve"* campaign (see above) and described use of campaign channels identified by the target populations during campaign planning formative research. The formative research indicated that audience relevant channels included outdoor banners; bus banners; rollup banners; posters; and leaflets disseminated in community hospitals, territorial health services of the Local Health Unit, paediatrician offices, television, newspapers, roads,

[9] The study team's experts also noted the vital role of communication planning agencies, which typically have sophisticated audience based planning tools. With this expertise and background knowledge in place by them, the target audience's role would then become one of testing and refining the most suitable communication channels.

physician offices, private health clinics, restaurants/bar/pubs and via the internet. The authors suggest that use of these audience-relevant channels facilitated target audiences' remembrance and recall of the campaign messages.

Ensure that the campaign is culturally appropriate for the target audience

When designing interventions to reach vulnerable audiences or populations that experience poor health outcomes, it is important to ensure that the campaigns are culturally appropriate. Ensuring cultural appropriateness requires focused attention to surface and especially deep structure issues - as illustrated in the example provided below in response to research question 3.

Question 1 Sub question: What are the main differences (if any) in communicating about these four behaviours?

There were not any main differences reported in how (e.g. channels) authors communicate about the four risk factors of sedentary lifestyle, unhealthy diet, smoking, alcohol related harm (or conversely focused on promoting the physical activity, health eating, smoking cessation, and moderate alcohol consumption as health protective behaviours) in successful public health communication campaigns. Moreover, the design principles listed above were consistent principles commonly reported regardless of the risk factors/health behaviour addressed in the literature.

There were, however, differences in the messaging among the topic areas. The literature reveals that different messaging was used for different topic areas and sometimes different target audiences. Within each topic area, some common themes related to messaging or message frames arose, which include the following:

- Many of the articles related to alcohol consumption focused on one of two types of message: alcohol cessation during pregnancy or reducing the alcohol intake (e.g. binge drinking) by college students. For example, Moore et al. (2013) described a *campaign to reduce student drinking at universities in Wales, United Kingdom*. The campaign targeted first year college students and took place at four universities in Wales. The campaign framed messages around the idea that people are not drinking as much as others think they are, and that it is critical to reduce drinking in large part to limit bad behaviour while drinking.
- Unlike alcohol cessation campaigns which focused on *curbing* a behaviour (i.e., alcohol consumption), healthy eating campaign messages *promoted* behaviours such as eating more fruits and vegetables and increasing daily physical activity. For example, Buchthal et al. (2011) reported on *The.Start.Living.Healthy campaign*, a media-based social marketing campaign designed to be culturally salient for the complex, multi-ethnic population of Hawaii. Eating healthy was framed as positive because fruits and vegetables are good for you, and walking 30 minutes a day at least five days a week is critical for good health. A non-experimental cross-sectional evaluation design using a random digit dial phone survey to assess campaign reach was used to evaluate this campaign and revealed that, although behaviour change was not observed in survey analysis, 54% of respondents had heard of the campaign.
- For physical activity, messaging was commonly focused on physical activity as a fun and social activity. Furthermore, for adults, physical activity messaging was often goal oriented and encouraged adults to get 30 minutes of physical activity per day. For example, Barnes et al. (2013) reported on the *Find 30 Everyday campaign*, which took place in Western Australia, and presented physical activity as necessary, and specifically promoted at least 30 minutes (minimum) of moderate to vigorous physical activity per day to adults. A pre- and post- evaluation design found that campaign survey respondents' levels of awareness, message comprehension and behavioural intention to act were higher after campaign implementation, and also they increased their overall walking (but only in lower walkability neighbourhoods).

- Two themes arose regarding messaging for smoking cessation campaigns: (1) campaign messaging to provide information (e.g. what smoking does to your body, where to get support) to encourage people to quit smoking; and campaign messaging (2) linking smoking to other health problems. For example, Boyle et al. (2010) described the *Bubblewrap campaign* to reduce smoking prevalence among aboriginal smokers in the state of Western Australia. The campaign consisted of a 30 second television advertisement that depicted a piece of plastic bubble-wrap in the shape of lungs and showed a lit cigarette burning the "lungs". This was to illustrate what smoking does to your body by showing the effects of smoking on the air sacs in the lungs. The authors used intercept surveys and interviews to evaluate the campaign; findings showed that 83% of respondents recalled seeing the television advertisements; 81% stated they thought about cutting down as a result of the ad; 68.1% considered quitting as a result of the ad; 59% stated they spoke with family and friends about quitting, and 26.5% said they got information about quitting from their doctor or health worker.

Although mental health was not one of the four main topic areas of interest, "mental health" was included as one of the search terms/keywords in order to identify any published literature on health communication campaigns focused on promoting activities to improve mental health – or examining better mental health as an outcome. The literature search yielded one article that discussed campaign messaging to promote good mental health.

- As stated in Anwar-McHenry, 2012, campaign messaging for the Act-Belong-Commit Campaign communicated that keeping mentally, physically and socially active, participating in group based activities by joining formal and informal community groups, and having meaning and purpose in life by taking up realistic challenges, setting goals and getting involved in a cause or volunteering are the foundations of good mental health. During campaign implementation, community organisations with proven ability to reach target audiences were engaged as partners to help implementers expand the campaign's reach by disseminating campaign messages to their clients, staff and members of the target audience. Evaluation findings indicated that 75% of interview respondents were members of the target audience; 17% of interview respondents said that they changed their beliefs about mental health after campaign exposure, including increased consciousness about mental health, being more understanding of people with mental health problems, and the de-stigmatising of people with mental health and mental illness; 15% of respondents said that they changed their behaviours in an effort to improve their mental health, including becoming more physically active/increasing exercise, socialising more/volunteering and joining in clubs, groups and community groups; and 18% reported that they discussed their mental health issues with family or friends.

Research Question 2: What factors should be considered when designing communications campaigns that are promoting behaviour change in cross border / culture settings?

In general, the literature suggests that the following factors should be considered when designing *any* health communication campaign to promote behaviour change to prevent chronic disease:

- Key target audience(s);
- Secondary or peripheral target audiences- which can often be influential and work with primary audiences;
- Key behaviours of interest:
  - Existing target audience attitudes and perceptions;
  - Facilitators to engaging in health protective behaviours of interest;
  - Barriers or challenges to engaging in health protective behaviours of interest;
  - Viable channels and sources for campaign or programme implementation.
- Context or environment for campaign or programme implementation.

As it relates to the reviewed literature, Chew and Palmer (2005) was the only article retrieved including discussion of a health communication campaign implemented across borders. Chew and Palmer 2005 described the implementation and evaluation of a campaign to increase individuals' intentions to exercise regularly, smoke less (or not at all), drink less alcohol and consume more fruit and vegetables. The campaign promoted these behaviour changes among people aged 18 and over in Russia, Hungary, Poland and Czech Republic. The campaign presented messages via a television show and the reported study timeframe was April 1996 – July 1998. The campaign's communication message and source were not reported. Evaluation of the campaign was conducted via surveys administered at multiple time points between 1996-1998. The authors measured the participants' intent to change as it related to the following behaviours: exercise; fruit and vegetable intake; and alcohol consumption. Follow-up surveys were conducted post-campaign to assess intended behaviour change. The following findings were reported:

- Among the Hungarian study population, 34% reported intent to change their behaviour. Specifically, within the study group 34% reported they would exercise more regularly, 26% reported they would smoke less, 24% would eat more fruit and vegetables, and 3% would drink less alcohol.
- Among the Russian participants: 37.9% reported intent to change their behaviour. Specifically, within this group 41.7% reported they would exercise more regularly, 13.6% would smoke less, 60.2% would eat more fruit and vegetables, and 21.4% would drink less alcohol.
- 32% of the Czech Republic participants reported intent to change their behaviour. For example, 24.3% reported they would exercise more regularly, 5.3% would smoke less, 31.6% would eat more fruit and vegetables, and 9.9% would drink less alcohol.
- Finally, 29.5% of the Poland participants reported intent to change their behaviour. Specifically. 17.1% reported they would exercise more regularly, 9.3% would smoke less, 25.4% would eat more fruit and vegetables, and 10.4% would drink less alcohol.

Factors that should be considered when developing campaigns that are promoting behaviour change in cross culture/border settings are re-iterations of those summarised above, namely: designing communication channels that are specific to the target audience and piloting/testing the campaign with its target audience prior to implementation of the campaign. For example:

- Mead et al. (2012) describes the *"Healthy Foods North" intervention* implemented across territories in the Canadian Arctic (i.e., in and across Nunavut and Northwest territories) from 1990 – 1995. The campaign (based on social cognitive theory and the socioecological model) targeted adults living in the Nunavut and Northwest territories of Canada and sought to increase healthy food consumption in order to reduce obesity and cancer diagnoses among the community. Based on the formative research (e.g. in-depth interviews, community meetings, engaging community stakeholders) researchers developed a campaign to motivate target audiences to make better food consumption choices. Formative research revealed that viable channels included radio, television, and community-wide activities in recreational centres, health and wellness centres, worksites, and schools (such as cooking classes, taste tests, community feasts, walking clubs, and pedometer challenges). Evaluation findings indicated that campaign intervention and comparison groups had an increase in their knowledge about healthy eating, intentions to consume healthy foods, and knowledge about healthy food preparation.

Research Question 3: What factors should be considered in promoting behaviour change among groups that experience poor health outcomes?

Nine articles featured health communication campaigns that target populations that typically experience poor health outcomes (e.g. low income and minority ethnic groups). These articles add further evidence in support of the theme described above to "*ensure that the health communication campaign or programme being implemented is culturally appropriate*

for the desired target population". The literature suggests that the factors to consider in promoting behaviour change among groups that experience poor health outcomes include:

Consider the culture of the group experiencing poor health outcomes

- Hanson et al. (2012) describe *"The Yuonihan Project",* a campaign that targeted childbearing age (18-44), American Indian women of the Northern Plains. The campaign aimed to reduce Fetal Alcohol Spectrum Disorders (FASD) among the target population. In order to implement a campaign that was culturally appropriate the authors spent the first two years (of their five year funding opportunity) to develop the project and conduct formative research with community members. To evaluate the campaign, a convenience sample of 119 women was asked their opinions of the campaign. These surveys were conducted at one point in time. Evaluation results indicate a successful campaign in which 85.7% of the survey respondents reported that the campaign was culturally appropriate and 91.6% stated that the campaign increased their FASD knowledge.

Determine the most appropriate channel(s) to reach groups experiencing poor health outcomes (ideally via formative research)

As previously discussed, utilising appropriate channels to reach the intended target population is critical to the success of communication campaigns. Many of the articles describing (and/or evaluating) campaigns targeting populations that experience poor health outcomes reported use of campaign channels (e.g. Internet, television, print media) known to not only have broad reach, but also be ideal channels to reach vulnerable audiences.

- Rogers et al. (2014) describes *"The Bigger Picture"* campaign. This targeted low-income and minority youth and young adults living in distressed neighbourhoods in San Francisco, United States. The purpose of the campaign was to use youth-generated spoken-word messages related to environmental and social prevention targets as the means to engage, educate and activate youth to find solutions to the complex and challenging problem of type 2 diabetes. Based on collaboration with youth and their understanding of this audience, Rogers et al., selected writing workshops, online platforms, social media, videos, and print materials as campaign channels. Because youth are heavy social media users, the campaign built an online platform to disseminate the campaign. The authors explained specifically how using online platforms provided the opportunity for direct communication between individuals and large audiences about health disparities and environmental barriers, enabling members of marginalised groups to speak for themselves and to call attention to the environmental conditions that obstruct healthy living.

Research Question 4: What are the most effective means of communicating to promote behaviour change (e.g. by media type)? How does the effectiveness of different means differ by target group?

The most viable or effective means/channels to communicate with audiences to promote behaviour change to prevent chronic disease (across various geographical settings, such as national or sub-national settings) commonly reported in the 62 articles include:

- Television;
- Radio;
- Print media (e.g. posters, brochures, newspapers); and,
- Internet.

These means of communicating with audiences were used with a variety of target audiences, including different genders, race/ethnicity and cultural groups, and age groups. Table 3.3 presents the most commonly reported communication channels included in the literature to promote the behaviours analysed for this study.

While articles indicate the importance of selecting target audience appropriate and identified communication channels, the literature does not expose any *key differences* in the

effectiveness of different campaign or programme means or channels by target group. Therefore although the literature eligible for this study does not detail, for example, that television or radio are any more or less effective with (for example) women or men, authors still discuss the importance of formative research to inform selection of viable means for communicating health communication messages.

Moreover, it is noted that researchers commonly described use of some or all of the above listed communication means or channels with diverse audiences *and* report varying levels of campaign or programme success. Based on this, we surmise that, a blend of communication channels is a necessary but not sufficient condition for effective campaigning. Other components of campaign development such as conducting sound formative research, having a guiding theory or model and being culturally appropriate are also necessary.

Table 3.3 Target audience and reported communication channel

Target Audience	Communication channels used
Children	■ Television ■ Print Media (e.g. newspapers, magazines) ■ Outdoor Advertising (posters, billboards) ■ Physical activity requirement/activities ■ Giveaways (Frisbees, bags, wrist bands)[10]
Adolescents (9-18):	■ Internet/social media ■ Television ■ Radio ■ Outdoor Advertising (e.g. Bill boards) ■ Mall kiosks ■ Other (community events, partnerships with local groups/organisations)
College students	■ Social media (e.g. Facebook) ■ Mobile (e.g. texting, smart phone applications, hand held devices) ■ Videos ■ Printed media (e.g. personalised 21st birthday cards)
Adults age (25-64)	■ Internet (e.g. Websites, online marketing) ■ Mobile texts/applications ■ Television ■ Radio ■ Outdoor Advertising (e.g. Bill boards and other outdoor media) ■ Telephone ■ Community events (e.g. worksite and school-based events)
Current/recently quit smokers	■ Internet (e.g. Websites) ■ Social media (e.g. Twitter, Facebook) ■ Television ■ Radio ■ Printed materials (e.g. brochures) ■ Outdoor Advertising (e.g. Billboards, bus wraps, advertisement posters in bus shelters or convenience stores ■ Quit lines ■ Other (in-person counselling)

[10] Although physical activity requirements/activities and giveaways are not channels, these were used in an implementation of campaigns with children.

Families with children age 0-11	■ Internet (e.g. Websites) ■ Television ■ Printed materials
Low income and minority youth and young adults	■ Internet ■ Social Media (e.g. Facebook, Twitter) ■ Printed materials (e.g. toolkit, poems written by participants, educational materials) ■ Workshops ■ Videos (Public Service Announcements online at www.thebiggerpicture.org/watch)
Minority ethnic groups (e.g. African-American, Asian and Pacific Islander)	■ Television ■ Radio ■ Print media (e.g. Newspapers) ■ Printed materials (e.g. , Brochures, Posters) ■ Other (community events/walk a-thons)
Women/childbearing women	■ Television ■ Radio ■ Printed materials (e.g. rollup banners, posters, leaflets) ■ Outdoor Advertising (e.g. banners, bus banners)
General public	■ Automated informational lines ■ Printed materials (e.g. leaflets, posters)
Healthcare providers	■ Conferences/trainings ■ Professional development group meetings ■ Printed materials (e.g. informational cards, posters)

3.3 Summary of findings

Four questions guided this review and ensured retrieval of the most appropriate articles to identify the KDPs of communication campaigns to prevent chronic disease. In conclusion, Table 3.4 provides a synthesis of the results per research question.

Table 3.4 Synthesised findings by research question

Research questions	Synthesised findings
1. What are the most important principles underpinning successful public health communication campaigns to promote healthy eating and physical activity, smoking cessation, and reduced alcohol consumption? What are the main differences (if any) in communicating about these four behaviours?	■ It is critical to conduct formative research with target audiences ■ Use a theoretical basis for the communication campaign ■ Utilise appropriate campaign channels identified for the target audience ■ Ensure that the campaigns are culturally appropriate. There were not any main differences reported in how (e.g. campaign channels) authors communicate about the four risk factors of sedentary lifestyle, unhealthy diet, smoking, alcohol related harm. There were, however, differences in the messaging among the topic areas. Common prevention messages varied among the topic areas and in some cases among target audiences. For instance: ■ Many articles related to ***alcohol consumption*** focused on (1) alcohol cessation during pregnancy; or (2) reducing student alcohol intake. ■ Articles focused on ***healthy eating*** described messaging to promote eating more fruits and vegetables and increasing daily physical activity. ■ ***Physical activity*** articles often included messages for target audiences, such as messages for tweens framing physical activity as a fun, social activity. For adults, messaging was goal oriented, encouraging adults to get 30 minutes of physical activity per day. ■ Two themes arose regarding messaging related to ***smoking*** cessation campaigns: (1) campaign messaging focused on providing information (e.g. where to get help, resources, support) to help people quit smoking; and (2) smoking framed as linked to other health problems.
2. What factors should be considered when designing communications campaigns that are promoting behaviour change in cross border / culture settings?	The following factors should be considered when designing any health communication campaign to promote behaviour change to prevent chronic disease: ■ Key target audience(s) ■ The secondary or peripheral target audiences ■ Key behaviours of interest ■ Context or environment for campaign/programme implementation Additional requirements for cross border / cultural settings include taking action to ensure that the culture of target groups is clearly understood and that messages are tailored appropriately (e.g. through research to ensure that your campaign - e.g. message frames, messages, channels and sources - is culturally appropriate).
3. What factors should be considered in promoting behaviour change among groups that experience poor health outcomes?	■ Consider the culture of the group experiencing poor health outcomes. When designing a health communication campaign for a population that often experiences poor health outcomes, it is imperative that the campaign is culturally appropriate to ensure the desired target population is reached ■ Consider what are the most appropriate communication channels to reach groups experiencing poor health outcomes
4. What are the most effective means of communicating to promote behaviour change (e.g. by media type)?	The most consistently reported channels are: ■ Internet ■ Television ■ Radio ■ Print Media ■ Outdoor Advertising ■ Printed Materials

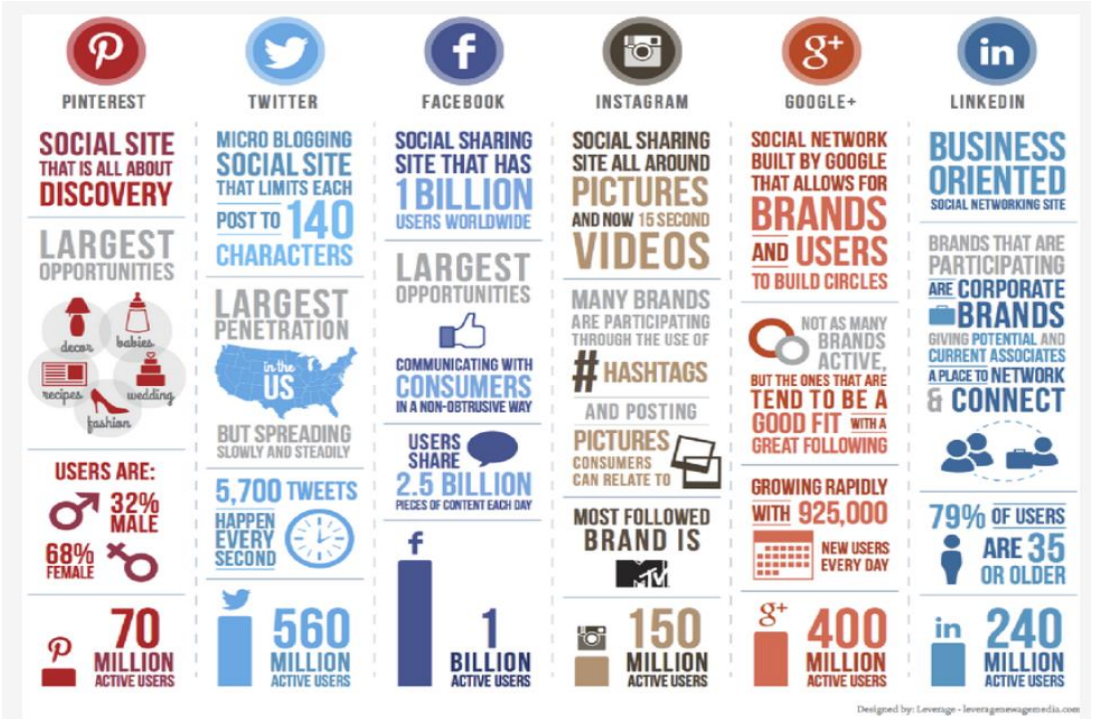
3.4 Supplementary review: social media and the use of 'big data'

The results presented in the literature review above have important limitations from the perspective of the purpose of this study and interests of DG SANTE. Most notably, there is a lack of literature addressing the use of social media in campaigning to promote healthy eating, physical activity, smoking cessation, and reduced alcohol consumption. Moreover, there is no coverage of the related issue of 'big data'.

These limitations are a largely a function of the rigour of the method used for the literature review and the early stage of social media's use in campaigns to prevent chronic disease (the criteria used for inclusion would not admit much of the – necessarily more speculative – literature on social media). Therefore, following discussion with the study steering group, a short supplementary review of literature on social media and big data was undertaken. This is presented below.

This supplementary review focused on health communication using social media as a tool to promote behavioural change. Definitions of 'social media' are necessarily fuzzy; the media themselves are constantly evolving; and boundaries between 'social' and 'traditional' media are not always clear. Here we take a broad view of social media as covering electronic communication where users create and share content / messages. Figure 3.1Figure 3.1 also illustrates the types of media included.

Figure 3.1 Established forms of social media



The search reviewed published materials and grey literature / guidance. Internet searches were undertaken, using terms including: 'health social networking', 'social media public health', 'social network health promotion', 'online health communication', 'big data health promotion' and 'big data and public health'. Bibliographies of relevant papers were also followed. Sources used are presented in Annex 1Annex 1.

As one recent systematic review in this area concluded: *"…this field of research is in its infancy"* (Maher et al, 2014). What follows is therefore an attempt to narrow, rather than remove, uncertainty. The nascent state of the literature in this area (Laranjo et al, 2014; Capurro et al, 2014), and the associated rapid pace of technological change, means that the evidence base can be used as a source of 'hints and tips', rather than as a definitive guide. The results below should be considered with this proviso in mind.

3.4.2 The promise of social media

Social networks and the use of big data represent a potentially powerful resource for the refinement and dissemination of health interventions (CDCP, 2014; Keller et al 2014). Advocates argue that social media offers a cost-effective, mass-reach platform for targeting key health behaviours in both developed, and increasingly, developing countries (Maher et al, 2014; Bennett et al 2014). Social media is becoming increasingly common in the delivery of health care[11] and its application in public health and health promotion is also increasing (Neiger et al., 2013).

Advocates for the use of social media argue that it has several potential benefits relative to traditional media, such as:

- the potential to reach large audiences (for instance, as of January 2015 there were almost 1.4 billion registered Facebook accounts, and 284 million monthly active twitter accounts)[12];
- potentially higher levels of engagement and better user retention compared to traditional web-based interventions;
- the ability to create, and disseminate content quickly, to target audiences and to be targeted contextually to audience segments;
- scope to be "of the moment", capitalising on news, events or emerging social trends to deliver compelling content immediately;
- the opportunity to signpost respondents to other resources, apps, events e.g. roadshows, or physical services;
- scope to capitalise on the "Trip Advisor" dimension social where users can capture on film or video then comment critically on services. Favourable recommendations can impact very positively as a result of peer group recommendation, and accelerate take up and sharing of advice/products/services;
- scope for the use / sharing of different products, such as images, videos and blogs;
- the opportunity to link across products, referring users to information far faster than traditional media can;
- the ability to share information between people to build upon apparent growing demand for data on everyday life (e.g. as generated by activity trackers such as Fitbit);
- the potential for more targeted interventions through audience segmentation (e.g. social media might be a particular route to reaching younger audiences)_or by location or geo-targeting to coincide with service provision;
- the opportunity to reach people at lower cost;
- the ability to measure response levels and match respondents to audience profiles or segments; and
- scope to alter and edit content "on the fly" depending on response/adoption by target audiences.

According to the Health Communicator's Social Media Toolkit[13] published by the Centres for Disease Control and Prevention (CDC), the premise of social media (that is, relying on user generated content) makes information potentially more influential than traditional media because social media has the potential to be more able (than traditional media, such as print

[11] Examples include: disease management, where online spaces used by patients to interact with clinicians; measuring the quality and safety of clinical care using crowdsourced public ratings of health services; and real time emergency services updates.

[12] http://www.statista.com/statistics/272014/global-social-networks-ranked-by-number-of-users/

[13] http://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf [accessed 24th March 2015]

materials) to improve health outcomes by facilitating "engagement" and "partnerships" with the public. Social media also offers new mechanisms for social influence, such as: peer observation, modelling, and adjustment to community norms (Cobb et al., 2014).

Yet the literature is not yet definitive on how social networks, mobile applications (apps) and the associated growth in information can best be used to change behaviour: this is an emerging area of practice and evidence. By way of illustration:

- Cugelman (2012) suggests social media can act as more than just a conduit for conveying health information, but as "proxy health coaches" that offer motivation, support and feedback;
- Korda et al. (2013) further explains that whilst social media can be used as a tool for health behaviour modification – like traditional health promotion media – information needs to be highly tailored to target audiences;
- Recent literature presents specific examples such as: tweeting reminders to exercise (Stevens et al., 2012); stop smoking (Abroms, et al., 2011; Pechmann et al, 2015); and mobile apps linked to public health campaigns or specific at-risk target groups (Kaplan et al., 2013; Korda et al, 2013); and,
- Coiera (2013) believes that pushing the focus of social media to changing target audience social norms (e.g., physical activity) can help alter and improve individuals' lifestyle choices. Coiera considers the structure of technical systems and their influence on social systems as particularly important: *"if we can directly harness social media to change the behaviours that lead to disease, then the medium becomes the medicine*".

So, while available literature may provide pointers to campaign designers, it is clear that this is a rapidly evolving area. The technologies available, and the uses for which they are employed, are 'running ahead' of the published evidence base. This provides uncertainties; it also provides room for innovation and creativity. The remainder of this section provides examples and details from specific campaigns; before presenting this detail, the box below provides a summary of tips:

Box 1 Summary of tips for using social media

- **Understand the efforts of users**
  - Use demographic and user data to make choices based on audience, communication objectives and key messages.
  - Assess user effort needed to maintain chosen communication channel.
- **Know your social media**
  - Established sites can reach millions of people that spend time in these spaces learning, sharing and interacting.
  - Niche social networking sites can be better for targeting specific groups.
- **Use science-based messages**
  - Similar to traditional media, social media messages must be evidence and science-based, preferably based on formative research with target audiences.
- **Facilitate information sharing**
  - Easily sharable content can quickly spread and encourage people to become health advocates.
- **Encourage participation**
  - Facilitating two-way content can carry communication further and engage audiences through relationships, sharing and interaction.
- **Provide multiple formats – a 'transmedia' approach - with consistent messaging, tone, and look and feel across channels**
  - Providing messages in multiple formats increases accessibility and provides difference ways to with content encouraging different levels of users

Source: Adapted from the Health Communicator's Social Media Toolkit published by the CDC

Maher et al. (2014) conducted an extensive review of social network-based intervention literature. This review showed that there are two broad approaches to using social media platforms in campaign development:

(1) Approach 1 - make use of an existing 'mainstream' platform

(2) Approach 2 - develop a standalone, health-focused online social website.

Each is discussed below.

3.4.2.1 *Using 'mainstream' social media to deliver health messages*

Although using established social networking sites does (to an extent) address reach and retention issues associated with health interventions, it does not necessarily ensure high levels of participant engagement. It is apparent from the literature reviewed that other 'ingredients' are necessary, such as: using a 'competitive' and / or supportive element; use of other prompts, such as text messaging or email; and, perhaps most importantly, using existing social ties between participants.

For instance:

- Cavallo et al. (2013) and Napolitano et al. (2013) assessed Facebook-based health interventions centring on physical activity and weight loss. Cavallo found that combining self-monitoring and social networking produced no more physical activity than an education-only control group did. However, Cavallo believes that efforts to further understand how online social networks operate could improve the power of public health interventions. The Napolitano study found that using Facebook combined with text messaging improved results, compared to interventions using Facebook alone.
- Valle et al. (2013) performed a randomised control trial of a behavioural intervention targeting increased physical activity in young cancer survivors. The programme was delivered through Facebook and had a comparatively high retention rate, with 77 per cent of the sample completing the study. However, only 12 per cent had a high level of engagement with the social networking aspect of the intervention. Despite this, Valle et al. (2013) conclude that social networks have potential to encourage physical activity and health behaviours among young adult cancer survivors.
- A novel intervention approach taken in Foster et al. (2010) produced considerably higher levels of engagement compared to the other Facebook studies. The study used participants who knew each other and created a competitive element using a tally board. Other studies that have used mainstream social networks as a social support tool rely on intervention participants sharing information and advice with strangers. This more closely imitates real world social networking, as social interaction is with pre-existing Facebook contacts whom participants are already familiar with. A caveat to the high level of observed engagement is that the study period was relatively short.
- Poirier et al. (2012) also used Facebook as a platform for delivering health interventions. Participants were emailed daily, a suggestion of a realistic action they could complete that day (e.g. taking the stairs instead of using a lift). The study compared members with and without social ties within the intervention and found – at statically significant levels – that those with social ties had higher engagement with the study. For instance, participants with social ties visited the website more (12.6 visits compared to 6.7 for those with no social ties) and completed more of the suggested actions (11.0 compared to 6.1). This is consistent with the view that social influence can drive engagement in social network health interventions.

3.4.2.2 *Creating 'health specific' social media platforms*

In parallel to health-related social networking on mainstream websites (for instance, NHS Give Blood has around 44,000 Twitter followers[14]) health-specific sites are also used. These sites range from those targeting specific chronic conditions (e.g. TuDiabetes), to more general sites dealing with many chronic conditions (e.g. PatientsLikeMe). There have also been more recent developments in sites targeting specific health-risk behaviours or health-related lifestyle factors.

[14] https://twitter.com/givebloodnhs

Health-specific social websites allow those suffering with chronic conditions to connect and collaborate with others with the same or similar health issues. Research undertaken in 2012 by the Institute of Medicine (as cited in Grajales et al., 2014) found the principal benefits to users were:

- improved understanding of medical conditions;
- feeling in greater control of their disease management; and
- improved treatment adherence.

In addition, these health-specific websites may also offer less tangible benefits, such as reduced isolation, better visibility and disease awareness, and improved access and ability to join advocacy movements for lobbying or fundraising (Grajales et al., 2014).

It is not yet clear how similar efforts might apply to health promotion efforts. Nonetheless, there are emerging examples in this area. For example, Cobb et al. (2010) evaluated the social structure of one of the largest networks focusing on behaviour change, QuitNet. The long-running site's principal aim is sustained smoking cessation among its users. Multiple social support mechanisms are provided, extending from asynchronous channels (e.g. private thread-messaging to a single, or many people) to synchronous channels (e.g. chat rooms). The QuitNet platform also allows self-affiliation with other users in groups, or keeping track of friends using a "buddy lists".

The study used a transactional history of site users (i.e. messages, login times, profile views etc.) to create five distinctive intensity-use groups, from "weakly connected core" of users through to those "densely connected" and "key players". The study preformed a logistic regression using a categorical, smoking cessation dependant variable, regressed against various matched controls based on demographic and site transactional history.

Cobb et al. conclude that QuitNet, as a large-scale social network, has the requisite characteristics to provide sustainable social support and influence to help people quit smoking, in particular:

- persistence of members over time;
- evidence of strong bidirectional communications between users; and,
- crucially, that the degree of website use is negatively correlated with smoking.

A broadly similar conclusion was reached by Ferguson (2007), who conducted a randomised controlled trial of adults that were either overweight, had type 2 diabetes, or coronary heart disease. The intervention was a web-based walking programme that used pedometers. An online community platform was created that enabled participants to post and exchange messages with other users. The study found that both the control and non-control groups experienced increased average steps. However, participants with online access were more likely to persevere and keep engagement with the intervention in the longer term.

Maher et al. (2014) believe that standalone health-focused online social networks can be a powerful mechanism for targeting behaviour change. However, the generally poor retention rate of these limits their effectiveness. Maher et al. found that approximately 50 per cent of participants signed up to these health related sites fail to complete prescribed interventions. The Maher study also observes low levels of engagement among health-specific site users.

Accepting inherent uncertainty and measurement problems, there is emerging evidence that the power and effectiveness of health-specific social media to induce behaviour change appears to be directly linked to participants' usage (or usage as a proxy measure for some other factor, such as pre-existing commitment to change). Interventions with a high attrition rate, weak engagement or non-usage cause participants to receive low intervention doses, potentially affecting outcomes (Poirier et al., 2012).

This point of active use is typified in Centola (2010, 2011) that found the adoption of new health-behaviours is more likely when participants receive social reinforcement from "*multiple neighbours"*. Centola (2010, 2011) used a controlled experimental approach to

study the spread of a health behaviour in a social network community containing 1,528 participants recruited from health-interest websites. The adoption of healthy behaviour was significantly higher when the network allowed for increased social reinforcement (e.g., having "health buddies" who are connected among themselves) and when connections were between 'similar' people (e.g., gender, age, BMI, fitness level, diet preferences, and favourite exercise).

Finally on the choice between using established social media (Approach 1) or creating standalone health-focused specific platforms (Approach 2), Laranjo et al. (2014) suggests that using established mainstream social media holds several distinct advantages. The principal advantage being greater reach and potential retention, with millions of regularly daily users. The frequent use of general purpose sites minimises participant attrition rate and lack of adherence caused by absence. As many people use general purpose social networks as part of their daily routine, health intervention can be more easily incorporated and are less of an extra burden.

3.4.3 Cautionary notes

As can be seen from the above, social media is evolving rapidly and evidence on its use is in an early stage of development. Moreover, social media does not lack advocates. It is therefore important to also consider potential downsides and hidden factors. For example:

- Social media needs to be subject to the same disciplines that apply to conventional media. Social media may have brought breaks with past disciplines, yet there are also continuities. For example, engagement numbers need to be treated with similar caution as for convention media: what do these figures mean for audience reach? Are engagement numbers at an audience specific rather than a population level?
- There is a misconception that social media is somehow "free". Whilst it's true that there isn't typically an associated media cost, there will always be an overhead associated with creating, disseminating and curating social content and especially in ensuring an effective and efficient system for monitoring and responding to online activity.
- By its very nature, social media belongs to the audience not the promoter. There is therefore always the danger that either poorly thought through content, or more likely unforeseen consequences would impact negatively on the reputation of the promoter. This can often in turn add cost to the process as public relations resources are mobilised.

In combination, these factors mean that social media should not be seen as a low-cost, low-risk alternative to more conventional media. Instead, it should be seen as one of the tools in the box which when deployed alongside and in conjunction with other planned communications can add significant impact to a campaign.

3.5 The promise of 'big data'

Digital technologies have emerged rapidly and have, for many people, become an integral part of daily life. Their relatively low access cost means that their adoption has been rapid, contributing to a significant shift in the way content is accessed. For example, according to the Ofcom 2014 user survey in the UK, nearly six in ten consumers now report accessing the internet on their mobile, driven by growth in the smartphone market, and UK smartphone take-up is almost on a par with laptop ownership.

This user penetration has contributed to a rapid growth in content availability, with recognition across developer communities that once a service gains traction growth can be exponential. Traditional geographic boundaries are increasingly irrelevant to users as global technology providers, e.g. Google, Twitter, Facebook, and 'sharing economy' business models, e.g. Uber, Airbnb market their products digitally and internationally, with localised content and emphasis introduced as necessary. Given the extraordinary pace of development and uptake of both smart devices and content one of the critical challenges for

all organisations is the ability to collect, process and interpret the vast data that these multi transactional digital environments will create.

At the same time much of the data will be held and stored by the user (either locally on their smart device, or 'synced' to a cloud based storage facility), and user based processing power will accelerate as devices become more sophisticated, (for example, the latest Apple iPhone has an inbuilt 'health' monitoring facility that can measure 69 separate health related characteristics, should the user wish), The growth in apps has been equally remarkable. At the time of writing, for example, there were over 1,250,000 apps available in the Apple App Store, and as many as 60 thousand new apps are added per month. (In 2013, 453,902 new apps were released in the Apple App Store[15].)

The resulting aggregated quantities of data generated by this interactivity are often referred to as 'big data', which is typically characterised by its 'volume, velocity, variety and veracity' (Ward and Barker, 2013). Big data is also linked to social media in that - through internet searches, social media postings, mobile phone location and app data – these media form a significant source of data in themselves considered 'big data'.

As with the use of social media, it is not yet clear what big data means for efforts to improve public health. Various benefits have been suggested; practice is developing; evidence is emerging; big data has its advocates and its detractors. Innovation and development is happening in many parallel spheres of commerce, academia and simply through the agile 'trial and error' model of development favoured by the digital development community. As some of this broad thinking begins to produce real results these can be expected to transfer across categories. This review is therefore limited to examples and pointers, rather than definitive, empirically supported conclusions.

One of the main applications of big data is the enhanced ability to engage and interact with large study populations of interest. For example, evidence on populations for planning interventions has often relied upon historical information gathered from longitudinal studies, which in itself can have been overtaken by events once it has been collected, assimilated and interpreted. The research methods and instruments used by these studies (e.g. questionnaires either in-person, online or by mail) are usually limited to what individuals have said (or think) that they have done (Little at al., 2013).

However, big data, fed by new digital technologies can delineate individual behaviour, through 'transactional' data, i.e. what people are actually doing – so where people travel, what they eat, the services they access, who they are linked to and when - in ways that traditional methods cannot. One of the legitimate criticisms of self-reported data is that it can be, quite unintentionally erroneous, leading to the development of inappropriate solutions to tackle wrongly identified problems. For example, this phenomena was highlighted as part of the Change4Life research scoping where three behavioural types were defined of participants:

1. 'Perceived' behaviour. What people thought they were doing, often influenced by social norms or knowledge of what they were expected to do, e.g. Eating five portions of fruit and vegetables each day
2. 'Reported' behaviour. What people reported they did when for example keeping a weekly diary of their eating habits. A noticeable drop off of healthy eating occurred.
3. 'Actual" behaviour. What people really did when they were observed through thorough ethnographic research. The difference here in nutritional habits was very marked - highlighting levels of poor diet that simply would not have come to light based on self-reported data, ensuring relevant solutions could then be developed based on this invaluable insight.

[15] https://www.adjust.com/assets/downloads/AppleAppStore_Report2014.pdf

So interactive interventions accessible through social media and mobile technologies can overcome this by relying less on participants' perspective / intentions, and more on their actual behaviours (Pentland et al., 2014).

While big data is still in its infancy as a research insight tool the level and detail of transactional data will be significant as time goes on, and one of the key challenges will be to absorb and contrast data from different sources, e.g. individuals and retailers to build behavioural consumer profiles to enable tailored solutions to be created and delivered.

This could also expect to be accelerated as the range of devices and their interconnectivity increases - especially so-called 'wearables', such as the Apple iwatch. One of the key advantages here is that data entry is automatic: the devices themselves collect and store the data then share it with a parent device, e.g. smartphone, tablet or laptop, so the information gathered is immediate and 'pure'. So interventions and communications activities can be developed to be served to users based on their actual health behaviours and needs - and then modified as a result of the actions they take.

Big data can also then be used for evaluation. For example, the Change4Life campaign referenced above (and described in section 4.2) was able to use big data to validate the research findings in real-time and investigate the impact of the early stages of the campaign. This was done using data collected by Tesco – one of the largest supermarket chains in the UK – and their 'ClubCard' data. The Tesco ClubCard collects data on consumer purchases, allowing the retailer to study consumer trends and target offers; but, in this case, ClubCard data was used to study the behaviour of 10,000 families who had been most engaged with the Change4Life campaign, compared to a matched control group of 10,000 non-Change4Life families. The data showed that 'Change4Life families' purchased lower fat milk, fewer cakes, lower sugar drinks and more fruit and vegetables than the non-Change4Life families[16].

A further application of big data is the ability to apply algorithms within analysis to 'reality mine'[17]. This has several potentials. For example, it can to identify the spread of behaviours in networks, possibly yielding specific points of leverage for effective interventions (Pentland et al., 2014). It could also therefore enable the targeting of key individuals in social networks to better spread and promote health behaviour modification. One of the characteristics of many social networks is the distinction between active and passive collaborators, the former often the minority that is driving and influencing the majority. The ability to identify and incentivise these individuals - in the case of health behaviour for example by pointing out the positive impact their influence and model behaviour can have on the wider population – could therefore be invaluable. Unlike traditional influencing modelling that relies on one to one interactions and a 'cascading' approach the immediacy and accurate dissemination of content should allow for more immediate impact. The social dimension also acts in their favour: participants can 'see' what other peers are doing and feel confident to take similar action. The charity sector for example benefitted hugely from this 'shareability' in 2014 when the "Ice Bucket Challenge[18]" became a global phenomenon and enabled several charities to generate significant individual donations for fighting the disease amyotrophic lateral sclerosis, as well as raising awareness and potentially recruiting new supporters. The organisers' ability to understand and profile this massive and unexpected 'big data' will have enabled them to refine their customer profiling and use this as recruitment insight to inform their outbound marketing initiatives.

[16] https://www.marketingsociety.com/the-library/2010-change4life-launching-new-brands-case-study [accessed 1st June 2015].

[17] The term "reality mining" is being increasingly used in literature, and refers to use of big data to improve understanding of human behaviour through observing their digital "footprint" (Pentland et al., 2014)

[18] An activity involving the pouring of ice water on someone's head to promote awareness of the disease amyotrophic lateral sclerosis. More information: http://www.alsa.org/fight-als/ice-bucket-challenge.html [accessed 1st June 2015].

The same principle can be adopted to recruit 'difficult to engage with' specific target audiences into shifting poor health behaviours. The 'challenge' is the hook to get people engaged. In the UK for example, the most successful exposition of this approach has been in mass participation activities such as 'Stoptober' - a month long national quit smoking activity which has been shown to be particularly effective at engaging smokers to quit with 250,000 people registering in 2013; of those, 88% attempted to quit and 65% successfully gave up smoking for the full four weeks, according to the Public Health England Marketing Strategy 2014-2017[19]. This is the "highest ever" number for a government 'Smokefree' campaign. Professor Robert West, director of tobacco studies at University College London and an expert in behaviour change, commented that there was good reason to set up a mass movement to help smokers quit because people are "social animals" influenced by one another.

Reality mining has also been used to detect the spread of disease outbreaks (Ginsberg et al., 2009). For instance, acute diseases like influenza can be identified through data streams, informed by actions of social media users. Ginsberg et al., (2009) provides the example of the 'Google Flu' project that identified outbreaks from search queries alone. Initially the Google-developed algorithm predicted the spread of influenza more accurately than the traditional surveillance systems used by the CDC – although this accuracy was not maintained and since 2010 the algorithm has overestimated the number of cases.
In a further example, in the United States, Young et al (2014) monitored over 550 million tweets over a six month period, using terms such as 'sex' or 'get high', to track potentially risky sexual behaviour and the incidence of HIV. They plotted the tweets on a map and examined correlations with reported HIV cases (drawn from another data source). The study found a significant relationship between the risky behaviours mentioned in tweets and cases of HIV. Similarly, in Canada, Chew and Eysenbach (2010) monitored tweets during the 2009 H1N1 pandemic. Analysing the content of the tweets, they found that spikes in tweets about H1N1 correlated well with actual incidence data. These examples suggest that big data could be used to track behaviour 'in real time' and predict outcomes of interest.

Yet fundamental challenges remain in realising the promises set out by big data's advocates. These challenges relate to legal / privacy concerns; technical issues on storage and linkage; and questions of interpretation (notably the heightened potential for finding spurious correlations). Moreover, many of big data's proponents have exaggerated its revolutionary potential, leading to disappointment in its practical application (Harford, 2014).

Despite some recent criticism, big data is still viewed as increasingly essential to digitalised health promotion; in terms of collecting real time relevant data (e.g., analytics), enabling interventions (e.g. content serving), identifying communications or delivery partners, (e.g. specific media groups, or multiple retailers), and forecasting patterns of behaviour, (e.g. algorithmic modelling). In addition, while traditional cross-sectional statistics are effective in tracking medium to long-term health trends, their ability to produce real-time information is limited, so gathering, analysing and acting on big data output will allow health practitioners to adopt a 'Test, Learn and Refine' methodology at relatively low dissemination cost levels. Fruitful interventions can then be integrated with other major marketing and communications activities or policy initiatives and then 'rolled out' across networks, amongst peer groups, or to targeted cohorts or existing non-participants in an effective and efficient manner, ensuring both a positive cultural and contextual delivery, and with the realistic expectation that they will have greater and more immediate impact and success levels.

19 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326548/PHE_StrategyDoc_2014_10.pdf [accessed 1st June 2015]

4 Evidence from the case studies

This section presents case studies of cross-border communications campaigns. They are:

- Case Study 1: Ex-Smokers are Unstoppable.
- Case Study 2: Change4Life.
- Case Study 3: Too Young To Drink.
- Case Study 4: Healthy Eco-Life.
- Case Study 5: The FOOD Programme.
- Case Study 6: Healthy Workplaces.

The case studies were chosen from a shortlisted set of cross-border / cross-cultural campaigns that were researched by the study team. The chosen case studies were discussed and agreed with DG SANTE during the course of this work package. Shortlisted campaigns can be found in Annex 3, presented per risk factor.

The purpose of each case study is to provide an in-depth examination of campaigns in order to augment the more general evidence provided by the published literature. Cases were chosen so as to provide balanced coverage by geography and risk factor(s) – as shown in Table 4.1 below. As agreed in the Inception Report, all case studies were prepared and documented using an agreed template and, where possible, further built-up through telephone interviews with the campaign organisers. These interviews were used to elaborate upon the background and rationale of the campaign, as well as results achieved and lessons learnt.

Table 4.1 Matrix of campaign case studies

Geographical focus	Risk factor focus of campaign				
	Smoking	**Alcohol**	**Unhealthy diet**	**Sedentary lifestyle**	**Mental health**
EU-wide	CS1	CS3	CS5		CS6
Cross-border (within EU)			CS4	CS4	
National (EU)	CS2	CS2	CS2	CS2	
Regional or local (EU)					
Non-EU		CS3			

The remainder of this section presents each case study in turn, along with lessons learnt and implied design principles.

4.1 Case study 1: Ex-Smokers Are Unstoppable

4.1.1 Mission and background

'Ex-Smokers Are Unstoppable' was a three year, pan-European anti-smoking campaign promoted by the European Commission, DG Health and Food Safety, with the aim to promote and facilitate tobacco smoking cessation among young people. The campaign, focusing on the 27 EU Member States (at that time), was provided by the media agency Saatchi & Saatchi and had a budget of 33 million euros between 2011 and 2013.

According to the 2012 Eurobarometer 'Attitudes of Europeans towards Tobacco', 28% of EU citizens smoke while 21% of the population have given up smoking. Among people currently smoking in 2012, 61% have tried to quit at least once in their life and 21% have made an

attempt in previous 12 months. In response to this, the overarching objectives of the campaign were therefore:

- To highlight the positive benefits of giving up smoking;
- To encourage and assist people to quit;
- To raise awareness of new generations about the dangers of tobacco;
- To contribute to the European Commission's long-term objective of a smoke free Europe.

The campaign was part of a broader commitment on the part of the European institutions in the area of tobacco control, e.g. the development of the Tobacco Products Directive adopted in 2014. Since the early 2000s, DG SANTE encouraged awareness raising campaigns with the aim to encourage smoking cessation among the population. The first EU-wide campaign financed by the Commission, called 'Feel free to say no', ran from 2002 to 2004. The following 'HELP' campaign ran from 2005 to 2010, and targeted in particular young Europeans between 15 and 25 years of age. 'Ex-smokers are unstoppable' was then a natural progression, and targeted young people between 25 and 34 years of age, shifting the focus of communication from the dangers of smoking to the advantages of quitting.

4.1.2 Campaign design

The 'Ex-Smokers Are Unstoppable' campaign emphasised the benefits of quitting - showing the positive testimonies of a number of ex-smokers. It made use of new media - in particular the mobile application (iCoach) that provides smokers with tips and practical help to quit smoking. The iCoach is an online digital and interactive coaching tool that provides day-to-day tailored advice for quitting and monitors and reports on the advancements of its users towards quitting, thanks to the use of a diary function and mini-tests intergrated in the tool. In addition, the campaign used partnerships, such as with the Barcelona Football Club, to increase the engagement of the population, in particular young people.

The main target group was young people across the EU aged between 25 and 34 years old. This focus was chosen in order to increase the impact within a specific population group, rather than taking a broader 'whole population' approach. Moreover, the campaign design took into consideration the need to reach specific sub-groups, such as young women and people belonging to lower socio-economic groups. Lastly, given the pan-European nature of the campaign, specific attention was also paid to tailoring of the message to each specific national audience.

This campaign was also clearly focused in terms of the behaviour targeted: smoking cessation. In support of this, the campaign did not only create awareness about the dangers of smoking (and the advantages to be gained by quitting), but also provided support for those who wanted to quit by the means of the mobile application (iCoach). Moreover, the campaign contained broader messages about healthy lifestyles (sports for example), highlighting the benefits of a smoke-free life.

The duration of the campaign was three years (2011-2013). The first year was intended for the development and uptake of the concept; the following two for a more intensive mass media communication focusing on the rewards to ex-smokers - physical, personal and financial. The iCoach app was active throughout the duration of the campaign and also remained available beyond October 2013.

The campaign message was positively framed. The campaign set out to 'inspire' its target audience by presenting them with positive models of people who have quit and gained many advantages, including: health improvements; better sport performance; improved sleep quality; improved self-confidence; monetary savings; better look and smell. Different messages were conveyed by different testimonials, targeting different audiences such as women or sports fans.

Furthermore, the campaign relied strongly on partnerships as a means to reach its desired audiences, improve cost-effectiveness, and increase the overall impact. There were:

- Partnerships with national ministries, health associations, and NGOs in the EU countries, aimed at boosting the campaign's activities at local level, dovetailing with national awareness-raising measures already underway, and involving the organisation of joint activities. In each country, the campaign used a network of PR agencies that helped link up with local organisations, and teamed up with national Ministries of Health in order to improve coordination and impact;
- Partnerships with FC Barçelona, aimed at reaching the fans that follow this football club across Europe. The collaboration was offered by FC Barçelona for free;
- Partnerships with other private businesses willing to support the initiative by promoting it among their employees and stakeholders.

The campaign evolved over time, using different channels and tools, the main ones being:

- Website;
- Television;
- YouTube;
- Facebook;
- Billboards and posters;
- Leaflets, press release, and other printed materials;
- Web banners;
- Events and partnerships;
- And a free mobile application iCoach (in its regular and "FC Barça" versions).

The concept for the campaign was pre-tested with a sample of 300 people in each country. Moreover, two post-testing exercises were carried out (in 2011 and 2012), with support from a specialised market research agency contracted by DG SANTE. A questionnaire was produced, involving 33,914 people in 2011 and 24,516 people in 2012 (EU27), and gathered information on a number of Key Performance Indicators (KPI) established at the time of planning. Facebook and YouTube also allowed observing the reach that the campaign had among its target. Moreover, through the iCoach, it was possible to gather additional data on the number of people engaged and on their actual attempts to quit smoking.

4.1.3 Implementation

The implementation of the 'Ex-Smokers Are Unstoppable' campaign saw different phases develop over its three year period, which are summarised below:

Box 2 Phases of the campaign

- The public launch phase of the campaign took place between June and September 2011, including numerous PR events and interviews, along with the production of banners, and other printed materials. In the same period, the websites www.exsmokers.eu and www.stopsmokingcoach.eu were launched, along with national Facebook pages and YouTube channels. The iCoach digital tool was also launched during this phase;
- From September 2011, an intensive campaign was launched with ambassadors identified for each country. The ambassadors chose their slogan, had personalised t-Shirts created, and created a number of campaign interviews, images and videos. Printed and video related materials were spread across all 27 Member States through the campaign channels and partners. In addition the first TV adverts were also broadcast on European channels such as Euronews and Eurosport;
- Additional initiatives carried out in 2011 were a Christmas campaign; the participation in a series of events, such as the Berlin and Athens Marathons; and the production of

the first “In-flight smoking cessation card”, supporting travellers with tips on how to manage a flight without smoking;

- In 2012, a new series of TV adverts were created and broadcast called ’My son’, ’My dad’, and ’My sister’. These featured testimonies of people who had quit smoking and improved their opportunities for a healthy life;
- In addition, in 2012 the partnership with FC Barçelona became active and a new version of the iCoach was developed (FBC iCoach), using the brand of the Football Club and the Barça players and members of staff as key testimonials. A special YouTube Channel was opened, which produced 78 videos divided into 6 categories (tips from the staff, launch event, ambassadors movies, ambassadors interviews, Quit smoking with Barça announcements). Overall, the videos on YouTube had over 1,123,000 views and 197 subscribers. The campaign was also publicised through the FC Barça channels.

In addition to these activities, the campaign collaborated with national and local events organised at various levels in each country. Overall, 302 partnership events took place across the EU during the campaign, including a celebration of the ‘European Day of Ex-Smokers’ in 2013, which saw the production of videos and materials in collaboration with two celebrities: the vocal artist Bob Sinclar and tennis player Victoria Azarenka.

In terms of implementation, ‘Ex-Smokers are Unstoppable’ faced a number of challenges:

- Since the whole campaign design was meant to engage young people and interact with them to change their attitudes towards smoking, a big challenge was how to promote active participation and engagement;
- Given the pan-European nature of the campaign, it was necessary to find ways to adapt and tailor the messages and strategies for each of the 27 countries involved without compromising on the end goal of changing people’s attitude and behaviour towards smoking;
- A third challenge was remaining up-to-date with the ways in which society and communication tools change, in order to be flexible in adapting messages and the overall strategy.

There were also opportunities to be exploited by the campaign through the way it was set-up and implemented. This allowed the campaign to be successful in the following areas:

- *Partnerships*: One arose from the partnership with FC Barçelona, which allowed the campaign to reach specific target groups, including lower socio-economic groups;
- *Synergy with national and local initiatives*: Another important opportunity lay in creating synergies with existing initiatives at national and local level, joining events and reaching more people without duplicating efforts. Moreover, this was an opportunity to build lasting partnerships with national and local actors, both public and private;
- *Flexibility in campaign development*: During implementation, around 10% of the total campaign budget was spent on continuous monitoring and evaluation and market research, in order to continuously adapt and evolve according to the results;
- *Creating sustainability*: Lastly, the Ex-Smokers campaign attracted the attention of other private partners, especially companies that offered their support for spreading the information and tools of the Ex-Smokers campaign among staff and employees.

4.1.4 Results

An ex-post evaluation was underway at the time of writing which will document the results of the campaign. Results presented below should therefore be seen as provisional.

The post testing showed that the campaign was seen by around 20% of the EU population. The survey also showed that the people who did see the Ex-Smokers campaign appreciated

it and responded well to its 'call to action', by visiting the website, registering to the iCoach, and/or talking about in a positive way to other people. Around 30% of respondents declared that after seeing the campaign they have considered quitting smoking. The ex-post survey also showed that the campaign seemed to have a slightly higher visibility in Southern and Eastern Europe compared to the rest of the EU.

The Key Facts summary of the campaign, published on DG SANTE's website, shows that 407,596 people registered on the iCoach platform to receive tips and support to quit smoking. The number of registrations increased steadily from the launch in June 2011 until the end of the campaign in October 2013. Moreover, according to DG SANTE, 23,000 new registrations have occurred since the end of the campaign and 36% of people who registered on the platform have quit within three months of using iCoach.

The statistics of the YouTube Channels show that the 78 videos published on the 'Quit Smoking With Barça' channel had a total of over 1.2 million views and 200 subscribers. The national channels of all the EU countries had altogether 2.5 million visualisations, with differences between countries; for example the UK channel obtained the highest number of views with 541,000, followed by the German channel with 264,000.

Finally, the Ex-Smokers campaign raised significant interest at international level and was awarded a number of prizes and nominations including by the Euro Effie Awards, the European Excellence Award, the EACE Care Awards, the Festival of Media, the CCB awards, and others.

4.1.5 Lessons learnt

A number of lessons can be abstracted from this case study:

- *New media tools and channels can be used to promote health and behavioural change*, which have the potential to reach large audiences at a reduced cost compared to the traditional media.
- The use of the new media and digital applications (web and mobile) in the context of health promotion and smoking cessation campaigns is a recent development. Nonetheless, *the nature of these tools mean that it is possible to capture a broad range of real time detailed data, which opens up new possibilities for monitoring campaigns and evaluating their impact*.
- It is equally important to *make better use of the available monitoring data* by using it for identifying any on-going adjustments that are needed during the implementation of campaigns.
- Use of the internet and new media can be combined with *complementary traditional mass media interventions*, e.g. making use of more traditional TV broadcasting in order to reach all types of audiences including different age and socio-economic groups.
- *Strategic alliances and partnerships play a key role in health promotion*. The partnership with FC Barçelona during this campaign brought about important added value. The experience of the 'Ex-Smokers Are Unstoppable' campaign also demonstrates that different sectors might become interested in collaborating in these kinds of campaigns.
- In relation to the *use of positive messages and testimonials*, the Ex-Smokers' campaign results suggest that it is possible to engage with the public using such strategies.

4.2 Case study 2: Change4Life 2009- ongoing

4.2.1 Mission and background

Change4Life is a social marketing public health campaign developed in England and Wales by the Department of Health, in collaboration with numerous sectors and departments, including civil society, charities, local communities, and the commercial sector. It started in 2009 as the first national marketing campaign to prevent childhood obesity and is ongoing, albeit with revisions to the original design.

Originally, Change4Life was envisaged as a £75 (€94.6) million three-year social marketing campaign targeting: *"pregnant women (an ever-changing universe of up to 600,000 women at any one time), the 1.4 million families who have children aged under 2, the 1.6 million families with children aged 2–10 whose children are most at risk of weight gain and those ethnic minority communities (particularly black African, Bangladeshi and Pakistani) where levels of childhood obesity are particularly high"* (Department of Health 2009: 6).

In the first year, attention was focused on families with children aged 5–11, who were at highest risk of becoming overweight or obese. The Foresight report 'Tackling Obesities: Future Choice' (Government Office for Science: 2007) highlighted the increase in obesity across all ages, but especially among children. Change4Life was therefore developed to help address children in this cohort, and to influence future parents of as yet unborn children. In order to optimise the investment it was also the intention to focus on most at risk children and families through research and segmentation modelling. Future activity would then be informed and driven by the outcomes of the initial campaign work.

In 2007, market research discovered that many parents could not see that the diet and activity levels of their children could lead them to become obese; nor did they recognise risks associated with being overweight, as the health impact would likely only be felt at a later stage in their lives. Parents prioritised the more immediate happiness of their children over their longer-term health.

In this context, Change4Life aims to *"change behaviour by providing support for families and individuals to make small but significant changes to their diets and activity levels. It uses advertising, public relations, customer relationship management, digital and social media, partnership marketing, workplace communications, face-to-face events and other tools as appropriate to the programme's objectives and the needs of its target audiences"* (Public Health England 2014a: 69). The ultimate objective of this campaign is therefore to reduce the level of childhood obesity.

4.2.2 Campaign design

At the time Change4Life was designed, there were few precedents and a limited evidence base. Its design was therefore based upon experts from the government based on: *"academic and commercial sector expertise, behaviour-change theory and evidence from successful behaviour-change campaigns in other categories, particularly tobacco control"* (Department of Health-England 2009: 3). There was also a significant ethnographic consumer insight report compiled for the Department of Health which ultimately had profound impact on the campaign design. In particular, this report helped to understand and differentiate consumer behaviour between what people think they do and what they actually do. Divided into three parts it allowed the target audience to firstly complete a questionnaire on the eating and activity behaviour. Subsequent levels were then interrogated through a food and activity diary, and finally observational research where researchers spent a full week living with and recording families' behaviour. The differences between perceived and actual behaviour were very marked – an over estimation of worthwhile physical activity, (confused with children just being over stimulated), and an under estimation of food intake (mealtimes + snacking not recognised), leading to a completely different campaign design. Reliance on self-reported data would have been quite wrong in this instance. Change4Life therefore recognised the need to understand: the specific attitudes and behaviours needed to prevent obesity in children, the urgency of working with the families most at risk and the

need to create a longer term movement which would support changes in the broader environment and behaviours around healthy eating and physical activity.

The campaign was largely based on social marketing: *'the systematic application of marketing to achieve specific behavioural goals for a social good'* (French and Blair-Stevens in Department of Health 2009: 5) whereby target groups could be identified, appropriate communication tools and products be introduced and a strong strategic partnership between local, non-governmental and commercial sectors could be formed (Change4life Marketing Strategy 2009). Furthermore, there was also a recognition that a marketing campaign in its own right would only have limited impact. The approach taken was therefore to create strategic partnerships and work with relevant partners from all sectors of industry who would adapt their products and services. Due to the success of these partnerships, they were then aligned as partners in a programme entitled Business4Life who worked alongside government and the Department of Health.

One of the significant shifts from more traditional communication campaigns is that Change4Life did not want to deliver an unidirectional message from government to citizens, but "to stimulate a movement, which people can join, and in which everyone can play their part" (Department of Health 2009: 39). This approach to consumer engagement was informed from research with target audiences and intermediaries. It also led to the campaign having its own identity deliberately similar to a mass market consumer brand, and devoid of government branding: there was no reference to either the Department of Health or National Health Service.

Figure 4.2 Change4Life Roadshow campaign vehicle featuring iconic Change4Life imagery

4.2.3 Implementation

The outputs from desk research, literature reviews, market analysis and in particular the target audience ethnographic research led the Department of Health to conclude that a conventional marketing campaign would be unlikely to change the behaviour that was being demonstrated by at risk families, since it couldn't cover all the major factors and interdependencies identified. This led to a five-step approach being taken during the campaign, outlined in Box 3:

Box 3 Change4Life: A five stage approach

- *Pre-stage: Mobilising the network* (NGOs, commercial sector, local communities, charities, other government departments, etc.) for more than six months before the campaign launched to the public.
- *Phase one: reframing the issue*. The communication campaign started in January 2009 and the message was that this was not a campaign for overweight/obese people, but for everyone, that it was not the responsibility of individuals/families but the consequence of modern life; and it is not about fat bodies but about fat in the body.
- *Phase two: personalising the issue*. This aimed to help people be aware of their own families being at risk of developing obesity because of their behaviours. This was done using a family friendly "How are the kids?" survey on children's diet and activity, delivered to five million homes where at-risk families were more likely to live. The survey was also available online. High-risk respondents would receive feedback and a pack with advice on how to change behaviours if they have risk behaviours at home.
- *Phase three: rooting the behaviours*. Promoting healthy behaviours among parents through the project website, newspaper advertising and retail and food producing partners.
- *Phase four: inspiring people to change*. Communicate to people that change is possible ('I'm in') and that change is already happening ('we're in').
  - "'I'm in' communications include national PR featuring stories of real people making changes and the impact those changes are having on their lives.
  - 'We're in' communications will include regional PR and advertising, celebrating local case studies and showcasing locally available services" (Department of Health 2009: 49).
- *Phase five: supporting people as they change*. All communications would give at-risk families the possibility to take part on an ongoing customer relationship management (CRM) programme, which would provide encouragement and information to families that need to change their family behaviours.

Source: (Department of Health 2009)

It became clear during the analysis phase of the campaign that what was needed was a new way of delivering messages. This led to an approach that embraced key components outlined below:

- *Understanding of the problem*: The issue of obesity in the 21st century was both misunderstood and underestimated so the campaign needed to address both issues. It required deep customer insight to ensure it was framed appropriately and executed empathetically:
  - On the one hand media outlets were full of obesity type stories, but they were often 'voyeuristic' in nature, with no attempt to identify underlying causes. So, much of the editorial work was aimed at redressing this balance through 'myth busting' and ensuring that a much wider public audience was made aware of the dangers of escalating obesity, particularly among children.
  - There was poor appreciation of the impact of obesity among children from parents especially on their future health, and significant misunderstanding of the role diet and activity plays around health. Insight demonstrated that a traditional 'expert led' / hierarchical campaign would most likely be rejected, so Change4Life was created on strong behavioural science principles.

- *Partnerships*: This element was in many ways the foundation on which Change4Life was built. Communications could be used to address behaviour change, but this would easily be undermined if the retail environment was oppositional, or there was a lack of help and support at local level, so the campaign was activated through:
  - Senior department officials and ministers engaging with the major grocery manufacturers and retailers to encourage them to support the aims of Change4Life through positive interventions. For example, manufacturers such as Pepsi Foods accelerated the move away from high sugar carbonated drinks in their portfolio, and major retailers worked to improve the display and prominence of fresh foods in their stores.
  - Extensive communication took place at local and regional government level to encourage them to share and integrate their learning, development and support activities to enable, for example, young parents to learn basic cooking skills thereby giving them the confidence to prepare healthy meals at home.

- *Communications*: The role of the Change4Life team was very much to set the scene, establish the problem, demonstrate that easy solutions were accessible and act as a catalyst to the dissemination of advice guidance and support. This manifested itself as:
  - The creation of Change4Life as stand-alone brand with no government identity and a positive and engaging proposition. (It could for example have been called Change4Health but consumer research showed that this wouldn't have been seen as positive and aspirational and therefore not as motivating.)
  - Substantive investment in launch communications with the intention of achieving population level understanding and acknowledgment of the challenge and the urgency of need to do something now.
  - Distinguishing between the need for change around both diet and activity and the relative merits and impacts of the two, and addressing the weakness of any 'exchange based' approach, i.e. taking activity in the erroneous belief that you can now eat poorly.
  - Editorial partnering across traditional and digital channels to reinforce the message and to ensure it was delivered in an empathetic and contextually relevant manner.
  - The creation of a broad set of recognisable communication assets, an accessible dissemination model, based around the 'open source' thinking used in digital development, and guidelines on usage that were more than just style guides but also articulated the aims and ambitions of the programme.
- *Personalisation and messaging*: The Change4Life umbrella brand enabled the Department of Health to address the issue of obesity at scale, but there was a recognition that solutions needed to be individualised as much as possible and based on good customer understanding. So wherever possible communications were interactive, enabling:
  - Personalised customer information to be captured to build and inform a CRM approach.
  - Data to improve insight, predictive modelling and success to be measured.
  - Consumers to feel engaged, valued and guided through a series of personalised interactions not just a patronising centrally designed broadcast level message.
- Adopting a rigorous approach to effectiveness and improvement. The mantra of the programme was '*Test, Learn and Improve*'. This manifested itself as:
  - Ensuring that all the activity was benchmarked then measured for impact and where necessary new research commissioned to validate impacts.

- Data captured from multiple sources used to improve the design and distribution of offers, communication materials and response mechanisms. Also to test some of the behavioural insights around for example peer group influencers and social norming.

During the second and third year of the campaign more materials were produced. While Change4Life was being implemented, during its first year, the Department of Health developed seven sub-brands to promote single matters: Walk4Life, Swim4Life, Bike4Life, Play4Life, Let's Dance, Cook4Life and Breakfast4Life (Department of Health 2010: 49).

4.2.4 Results

The initial quantitative target, in order to have a long-term impact, was to get 1.5 million responses (including telephone calls, written contact or visit to the Change4Life website) with 200,000 of those respondents who sign up to the CRM programme, supporting behaviour change and tracking the behaviours over time (Department of Health 2009).

Table 4.2 shows results from the first year of the campaign implementation. All targets set for the first year were met, with, for example, a 99% outreach to mothers with children under 11 and more than triple the amount of responses to the campaign questionnaire 'How are the kids?'.

In 2014, a five-year evaluation of the campaign was undertaken in order to assess the programme in eight areas. The results of this evaluation were then used to further develop the campaign and could pinpoint specific areas needing improvement. A number of key elements arose from the evaluation (Public Health England 2014a), notably:

- Change4Life leveraged resources from a broader partnership. In the last three years, resources from partners (through free media partnerships and activity) exceeded central Government funding;
- Change4Life brand has increased the reach of interventions. For instance, an additional 225,000 children participating in sports clubs since being registered as Change4Life;
- A decline in rates of obesity amongst children in the UK '*significant decrease in the proportion of children aged 2-10 that are obese, from 17% of both boys and girls in 2005 to 11% of boys and 10% of girls in 2012' (*Public Health England 2014a:87);
- The cost of Change4Life is much lower than when it was launched in 2009. For instance, the cost per registration declined every year and it was 50% lower in 2013 than 2012.

Table 4.2 Targets achieved after the first year

	Year one Target	Year one Achievement
Reach (% of all mothers of children under 11 who had an opportunity to see the advertising campaign)	99%	99%
Awareness (% of all mothers with children under 11 who recalled seeing the Change4Life advertising)	82%	87%
Logo recognition (% of all mothers with children under 11 who recognised the Change4Life logo)	44%	88%
Response to How are the Kids? (total number of questionnaires returned electronically, by post or from face-to-face marketing)	100,000	346,609
Total responses (including website visits, telephone calls, returned questionnaires)	1,500,000	1,992,456
Sign-up (total number of families who joined Change4Life)	200,000	413,466
Sustained interest (total number of families who were proven to still be interacting with Change4Life six months after joining)	33,333	44,833

Source: Department of Health (2010) *Change4Life One Year On*

4.2.5 Lessons learnt

Because the campaign was a central part of the national public health strategy, it was highly supported and promoted amongst various levels of government and civil society. Furthermore, the campaign was based on most recent evidence and research and during the campaign evidence was produced through on-going campaign research and monitoring, customer insight to identify behavioural barriers and inform the development of products and solutions that would engage audiences. In particular a number of key success factors of the campaign were identified by the Department of Health (2010):

- *'Continual emphasis on testing, learning and sharing, and seeking out new and valuable expert thinking and opinion to inform decision-making'*. This provided the campaign with constant innovation and improvements throughout, allowing it to adapt to changes in context.
- *'Engaging many partners from different perspectives especially the commercial sector, NGOs and other government departments, as well as the local NHS, schools and community groups'*. Through forming and maintaining strong strategic partnerships, the campaign could reach its target audience and provide insights into the campaign evolvement. Furthermore due to the nature of these partnerships, the population could also engage as activists, creating more ownership and relevance for the campaign.
- *'Creation of a non-judgemental, empathetic and supportive, government agnostic Change4Life brand led by recognisable, 'own able' colourful characters with no gender, age, ethnicity or weight status'*. The creation of ownership amongst the target audience is an important principle needed to ensure uptake.
- *'Using interactive and response based mechanisms to personalise solutions and drive data capture to improve performance and success measures'*. The inclusion of monitoring tools meant that problems and pitfalls could be identified and the campaign modified to ensure solutions that worked for the target audience.

Besides the success factors, there were a certain number of key factors highlighted for improvement or that would have been done differently if the campaign was to be started again, notably:

- More time dedicated to mobilising and engaging partners into the network as this was underestimated;

- Commencing the CRM programme earlier on during the campaign in particular having the documentation ready in advance, or introduce a more digitally based approach;
- Developing more products and campaign documentation for specific professional groups e.g. doctors and teachers, which have an interest in tackling obesity (Department of Health, 2010).

After the initial three-year implementation, the Department of Health decided to continue implementing the programme, given the success shown by the monitoring and evaluation of the campaign.

4.3 Case study 3: Too Young To Drink

4.3.1 Mission and background

'Too Young To Drink' is an ongoing international cross-border communication campaign launched on 9th September 2014 (at the occasion of the International Fetal Alcohol Spectrum Disorders Day) and is aimed at raising awareness of the risks of Fetal Alcohol Spectrum Disorders (FASD). It is a multi-stakeholder campaign led by the European FASD Alliance, the European Alcohol Policy Alliance (Eurocare) and Fabrica - a communication research centre.

The main rationale behind this campaign stems from the need to raise awareness of the risks of alcohol use during pregnancy, and in particular the development of FASD. Within the European Union this policy area has been identified as a growing priority since the publication of a European Commission Communication in October 2006 entitled 'An EU strategy to support Member States in reducing alcohol related harm'. This focused on mapping measures and initiatives taken in this field, notably *"preventing and cutting back heavy and extreme drinking patterns, as well as under-age drinking, and some of their most harmful consequences such as alcohol-related road accidents and Foetal Alcohol Syndrome"* (European Commission 2006:4).

According to the campaign documentation (Project for a European Integrated Communication Campaign to Increase Awareness of and Prevent Fetal Alcohol Spectrum Disorders 2014), several initiatives have been previously run throughout Europe on this topic, but more at national or local levels *"without synergy among countries*"; with numerous countries having "*taken action in a systematic way to empower its citizens, while others have activated associative networks or developed local communication campaigns"* (ibid). As a result of this communication, the European FASD Alliance joined forces with its members and organised a first conference in 2010 in Kerkrade, Netherlands, where the discussion of an awareness raising campaign on FASD was initiated. It was at this conference, and a subsequent meeting in Barcelona in 2012, that partners of the European FASD alliance agreed on developing a cross-border campaign.

At the same time, a local campaign entitled 'Mama Beve, Bimbo Beve (2010-2013)' designed and run by the Local Health Authority of Treviso, Italy, in collaboration with Fabrica, was ending and showed positive results in terms of raising awareness of FASD. Because of its success, and on the basis of conclusions documented in its evaluation (described in the literature review in section 3 of this report), the organisers wanted to extend such a campaign across Europe and to involve more partners. This resulted in a joint partnership between the campaign organisers, the European FASD Alliance and Eurocare.

These elements laid the foundation for the 'Too Young To Drink' campaign. It has since grown to involve many stakeholders (civil society, research institutions, and communication agencies) across the world, with 53 institutions active to date across the globe.

4.3.2 Campaign design

'Too Young to Drink' is primarily a social marketing campaign, using Facebook, Twitter, Instagram, alongside more traditional communication tools, such as posters. The campaign applies principles of health marketing to raise awareness among the general population in a

culturally sensitive manner; sharing ideas and using the Internet and social media ('Too Young to Drink'- campaign leaflet 2014:1).

Its primary purposes are to: raise awareness; to facilitate the process of empowerment in each country involved; and ultimately to change behaviour among pregnant women and families. The main aims, which dictate how the campaign is designed and rolled out, are therefore threefold:

- *"To raise awareness of the dangers of drinking during pregnancy among child-bearing aged women and in the general population;*
- *To spread coherent and univocal research-based information on the risks of using alcohol during pregnancy;*
- *To solicit the participation of institutions and organisations concerned with FASD". (Project for a European Integrated Communication Campaign to Increase Awareness of and Prevent Fetal Alcohol Spectrum Disorders 2014:4).*

The target audience is women of child bearing age (approx. 14-45 years old) and their families. In addition, and as an overspill of the campaign, the general population has been identified as a target audience in terms of awareness raising of FASD. According to literature gathered prior to designing the campaign, there were numerous reasons to target the general population, but primarily the campaign organisers wanted to ensure that the dangers of drinking during pregnancy were clear to everyone. Background research conducted prior to the campaign further underpins this and demonstrates that *''the problem is not solely the responsibility of individual women, but affects the entire community; use of alcohol is affected by available services and support and by factors such as socio-economic level"* (Burgoyne: 2005). Therefore, the campaign messages developed have been done in a way that appeals to a wider audience.

The campaign strategy focuses on a mass-communication effort at specific times using well-defined tools (a website, social media channels, video messages and press-kits) that would sustain this campaign predominantly through social media. As a result, it relies principally on the network of partners involved to disseminate and raise awareness of the campaign. To support this strategy, an action plan was produced and disseminated to partners ahead of the campaign launch, outlining roles for partners and the types of communication channels to be used.

Campaign material consists of:

- A website (www.tooyoungtodrink.org) that centralises all campaign material and provides updates on campaign progress;
- Social media accounts on Facebook, Twitter, Instagram, YouTube;
- Banners (both printed and online) depicting babies in various alcohol bottles (pictured in Figure 4.3 below) - this is the main image of the campaign; and,
- Press kits comprising of online factsheets about the dangers of drinking during pregnancy.

To ensure an international reach, press kits and images were produced in ten languages: English, Russian, French, Spanish, Portuguese, Japanese, Italian, Slovenian, Polish and Czech. These languages were chosen as they were identified as the most spoken in the areas most concerned with the campaign theme.

The campaign is based on a mix of 'guerrilla actions' which are designed to promote a specific message at a specific moment, and subsequent ongoing social media action: all of which rely on strong networks and mass-dissemination online. The campaign consisted of one main guerrilla action at the launch of the campaign in 2014, followed by smaller actions led solely online and by disseminating campaign imagery in a consistent manner and through various channels. One guerrilla action is planned annually during the campaign to create 'peaks' during the rollout of the campaign, and dissemination and promotion online (through social media) supports it further to increase visibility and impact.

'Too Young to Drink' did not have a set budget: it was financed through partnership and in-kind contributions from the main organisers European FASD Alliance, Eurocare and Fabrica. Furthermore, due to the near exclusive reliance on social media, the partners did not foresee a specific budget for dissemination activities, only to produce the campaign printed materials (e.g. banners, posters and information leaflets). Campaign organisers underlined the importance of in-kind contributions and support from the main organisers and networks; without such support the campaign would not have taken-off. Crowdfunding and sponsorship opportunities were cited as an element to support the campaign - to raise funds but also to raise awareness of its key messages.

Figure 4.3 Too Young To Drink campaign poster

Source: Campaign documentation photos, 2014.

4.3.3 Implementation

The campaign was officially launched with its first guerrilla action: the mass publication and sharing of campaign imagery through social media - Facebook, Instagram, YouTube and Twitter (using hashtags #tooyoungtodrink / #fasd). This action was highly coordinated internationally in order to create a higher 'buzz' on all social media sites. A video capturing the creation of the campaign and key messages was also produced and circulated at the same time, and through the same channels. This was done in order to maintain consistency in what was produced and disseminated through the campaign. The launch was underpinned by a precise brief designed by the campaign organisers and gave specific instructions to all partners, summarised below in Box 4.

Box 4 Launch of the campaign: Guerrilla Action

The action of guerrilla marketing consisted of:

- One highly planned, secret action on 9th September at 09.09am- the first action started in Japan- continuing all day through the various time zones;
- Displaying a large campaign banner in a part of the city/municipality where it was highly visible - in order to create a 'buzz/stir'. The banner was displayed in public for 5-10 minutes only and without prior notice;
- The banner was then photographed and shared by both campaigners and the public on social media using specific hashtags #tooyoungtodrink and #fasd- this created a

'buzz' online through sharing of the imagery;

- The campaign organisers monitored the social media sites and hashtags using specific open source tools which could capture the number of 'hits' the campaign was creating online;
- At the same time, a press conference was held by the campaign organisers in Brussels and Washington. By coordinating the launch across the continents, the campaign achieved a high number of hits online.

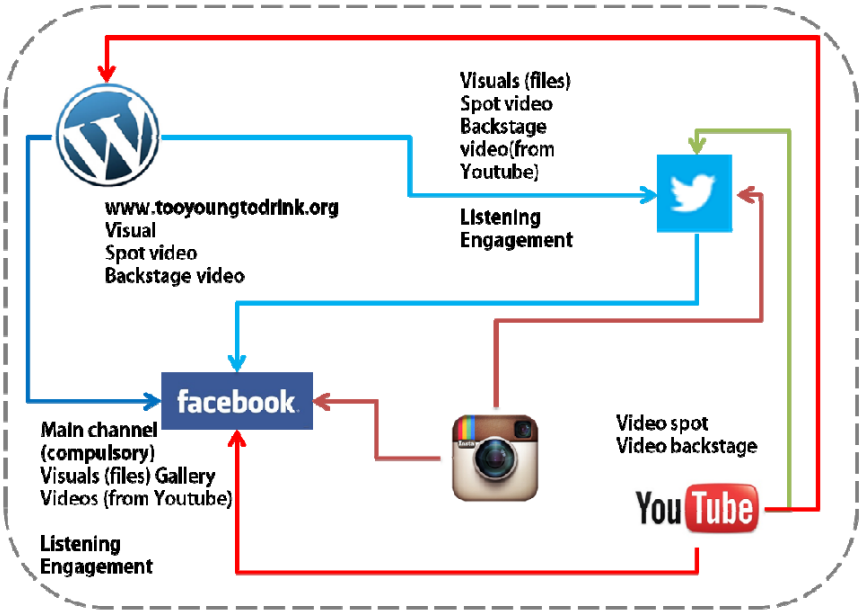
Source: 'An International Campaign to Raise Awareness of the Risks of Drinking in Pregnancy'. 2014

In order to ensure high impact and visibility during this action, the campaign relied heavily on its diverse network of stakeholders: campaign creators; consultants in alcohol and pregnancy communication; institutions; and organisations (public and private) who are 'patrons' and sponsors of the campaign. This 'value network' was identified by the campaign organisers as the most important element in ensuring strong results on social media.

During the launch of the campaign, organisers applied principles of social marketing to raise awareness among the general population in a culturally sensitive manner, shared ideas and used the power of the internet and social media. This aspect of being culturally sensitive in a campaign is linked to the need for a campaign to be well targeted in terms of both audience and messaging. As stated in the campaign documentation, "*the project will make use of synergy at a global level while respecting the identity of each country and culture involved*" (Bazzo S. 2014:2). In this case, the images produced for this campaign were adapted to suit each country.

Since its launch, the campaign maintains momentum through regular social media marketing - mainly by sharing campaign imagery and the use of the defined hashtags. This aspect was identified by the campaign organisers as an important element of the campaign delivery; it is important to ensure social media accounts remain active and up-to date. Therefore, all the social media accounts set up for this campaign systematically provide campaign materials and information for both partners and the public. Social media is also used to collect and share all relevant information, for 'viralisation' of campaign images and creating new partnerships with interested stakeholders. The main social media accounts are run by the campaign secretariat, relying, however, on dissemination and support from the wider network and partners. Figure 4.4 illustrates these social media channels and shows how they are interconnected.

Figure 4.4 Social Media channels

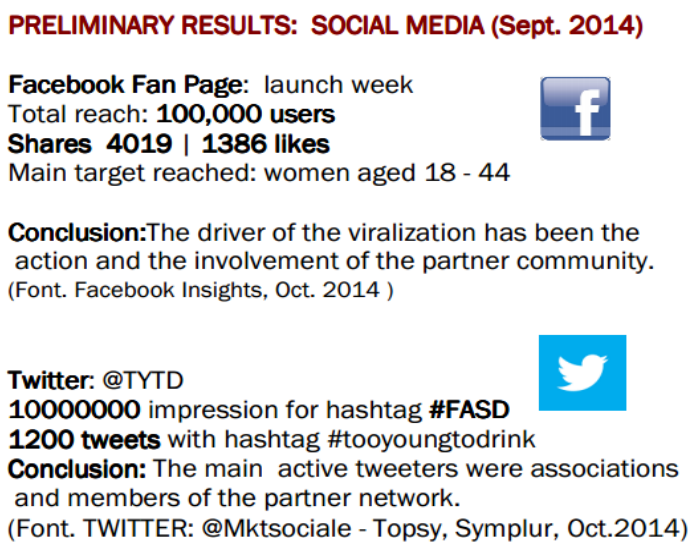


Source: Campaign documentation: 'An International Campaign to Raise Awareness of the Risks of Drinking in Pregnancy' July 2014

4.3.4 Results

As the campaign is continuing, the campaign organisers have not undertaken a final evaluation of the campaign results and its effect on the target audience. However, due to the nature of this campaign, certain results related to social media and internet presence were documented and used for monitoring of the campaign. In Figure 4.5 the preliminary results of the campaigns presence on social media are shown - with 100,000 users reached on Facebook and 1,200 tweets sent with the campaign hashtag in the first month of the campaign launch (September 2014).

Figure 4.5 Preliminary results on Social Media: September 2014



Source: Campaign information leaflet: 2014

In addition to regular social media monitoring, the campaign organisers undertook a preliminary evaluation of actions implemented to date in February 2015. A questionnaire was produced which targeted campaign partners and related networks and contained a number of open-ended questions about the campaign. In particular, respondents were asked to:

- Give a personal opinion about the campaign and the visuals used;
- Describe how the campaign materials were used in their country/organisation (to map outreach/spread);
- Provide figures on the number of people who participated in the campaign and of people who were reached by the campaign in their countries;
- Gather feedback from the target audience on their impressions of the campaign; and
- Provide suggestions for the future of the campaign.

All the results (15 responses) were collected and analysed by the campaign organisers in view of improving the next stages of the campaign. The preliminary report[20] was structured around the main areas of the questionnaire and provided insight into the main findings,

[20] "Too Young To Drink"- Partners Questionnaire- Preliminary Report http://www.scribd.com/doc/256663592/Too-Young-to-Drink-Report

conclusions and proposed a number of recommendations for continuing the campaign over the next year. Some recommendations include:

- Making sure all campaign documentation is translated into the involved languages in order to increase the outreach and understanding;
- Facilitate stronger links between partners at international, national and local level;
- Define in more detail the campaign actions and plans leading up to the action- this would further strengthen the coordinated actions and yield better results;
- Better use of imagery that "speaks to" the target audience: Campaign organisers could reflect upon a variety of campaign imagery targeting different age groups/ gender as well as including local images and visuals;
- Involve health professionals more actively in the campaign actions; and
- Stronger use of monitoring tools such as 'social network services', common URLs on campaign materials in order to better track outreach.

In terms of a full evaluation, the efficacy of this campaign is expected to be explored further in 2015; on the basis of all social media tools used and with a sample of countries involved. This evaluation will focus mainly on retention of the campaign per se and recall of the campaign messages - both through visual and verbal means. The results should lead to the development of an international protocol which highlights the success factors of communication campaigns on alcohol and pregnancy.

4.3.5 Lessons learnt

Due to the nature of this campaign, there are numerous conclusions to be drawn, set out below:

- *Thorough foundations behind a campaign increase reach:* Because this campaign was based on a number of factors including scientific research and a previously locally led successful campaign, it was well received by the target audience and general population (including media outlets);
- *Strong partnerships and good networking can be valuable tools in themselves*: The main engine of a social media campaign is the amount and type of partnerships generated. The spreading of the campaign messages relies purely on the actions of campaign partners - in this case the number of partners, but also the different type of partners involved meant good online coverage. As a result, the campaign organisers saw this campaign as a springboard for internationally coordinated activities: each partner and participating country can use the materials to empower their citizens to take action on FASD and raise awareness on the dangers of drinking during pregnancy;
- *International campaigning is feasible even with a limited budget*: There was no substantial budget dedicated to this campaign and yet it managed to deliver its messages to a large audience worldwide, largely due to the communication tools and methods used. However the campaign organisers did highlight that, if there was a higher budget foreseen, then the campaign could organise action outside of the internet and social media channels as well as introduce monitoring and tracking;
- *Creating a snowball effect on social media*: the campaign simultaneously used numerous channels online to promote its messages - this meant that they could reach their target audience in different ways and increase their online presence. Furthermore, *the use of shocking images* created a 'buzz' online, increasing dissemination and awareness-raising. This campaign has highlighted the importance of using social media in an appropriate manner for raising awareness and dissemination;
- *Ongoing monitoring helps improve direction*: From its inception, the campaign introduced monitoring and tracking tools in order to document its success. Because the communication tools used were digital, numerous open source software was available to gather information about geographical outreach, number of hits and popularity of campaign imagery. This was used to prioritise which tools were used at which stages of the campaign and in which geographical areas;

- *Evaluation is an important element of the campaign:* Although no evaluation has taken place, the campaign organisers highlighted the importance of conducting an evaluation during the campaign and at completion. Problems foreseen in evaluating such a campaign were identified in the area of data collection and analysis: in particular when measuring whether drinking during pregnancy has decreased as a result of this campaign – in other words, did behaviour change result.

4.4 Case Study 4: Healthy Eco-Life

4.4.1 Mission and background

The 'Healthy Eco-Life' cross-border campaign aimed to promote healthy lifestyles among primary school children in the urban areas of Zagreb (Croatia) and Maribor (Slovenia); with Coram Life Education (United Kingdom) providing expertise and good practice. Furthermore, it aimed to create an innovative programme for health promotion within schools in these two areas by producing education workshops on healthy nutrition and ecological awareness which were complimentary to formal education.

The campaign was based on the fact that obesity is an ongoing challenge within Europe, particularly among children- where the estimated prevalence for overweight is 30% (European Public Health Alliance, 2010). Overall, the campaign had four main objectives:

- To educate young children about healthy food habits;
- To promote physical activity both in school and outside;
- To foster good mental health; and
- To raise ecological awareness and environmental friendly behaviour.

These objectives were achieved through the development and implementation of an education programme through classes, workshops and field visits. The overarching aim was to *'put an urban child into a rural context, to experience the natural environment and to observe and participate in gardening activities, care for domestic animals and in preparation of healthy food'*. (Final evaluation report, 2011:11).

Throughout the duration of this campaign, the organisers also aimed to identify best practices for health promotion in schools, and to learn from other campaigns and programmes implemented within the EU. An additional intended outcome of this was the opportunity for all organisations involved in this campaign to network and form future partnerships in the same policy area to enhance cooperation and actions in the field of health promotion. The campaign, running from March 2010 until July 2011, was supported by the European Union's Health Programme 2008-2013, which provided funding for all activities.

4.4.2 Campaign design

'Healthy Eco-Life' campaign was developed on the basis of three main activities: A baseline research report, desk research on existing EU best practice in the same policy field, and a site visit.

The initial baseline research report produced a sample set of data and analysis in a primary school in Zagreb, Croatia and Maribor, Slovenia. The objective of this research was to provide the campaign with an understanding of the children's relationship with nature, the frequency of physical activity and their eating habits. The desk research also analysed EU best practices in the same field, where campaign partners could examine the various methods and tools used in other campaign/actions. Ideas were then exchanged between the partners and a foundation of design principles was developed. In addition, a detailed analysis of EU health policy for children and youth was made by the campaign partners. This

served as guidance for values and priorities of health promotion and to better understand how 'Healthy Eco-Life' fitted into the broader EU policy framework.

Lastly, a site visit was organised to the Coram Life Education premises in the United Kingdom. The study visit's primary purpose was to examine the methodology and teaching techniques adopted in this institution and to learn about its experience in working on healthy eating habits with children. All lessons learnt and knowledge gained was then incorporated into the campaign implementation.

The target group was identified at an early stage - it aimed to change the behaviours and attitudes of school children aged 9-11 years old and living in urban areas. The campaign involved this target group throughout the duration of activities; 600 children from Zagreb, Croatia, and 100 from Maribor, Slovenia. Because the target audience was actively involved in this programme, the activities were refined to make it as interactive as possible.

The campaign wanted to contribute to the creation of a healthy and productive population, on the premise that affecting behavior at a young age will pave the way for a healthier lifestyle; and prepare the basis for healthy ageing. At the same time, the activities were designed to raise awareness of the natural environment and living in a more eco-friendly manner. The campaign's primary activity consisted of a "learning by doing" approach, through its interactive workshops, educational visits and cooking classes involving the target audience.

4.4.3 Implementation

With the HEEL programme documentation developed, its implementation was rolled out in primary schools across Zagreb (Croatia) and Maribor (Slovenia) in the form of four workshop modules exploring education about healthy eating and physical activity, promoting good mental health and preservation of the environment. These workshops were conducted by two educators per class, and usually took place once a week for a total time period of four weeks. The educators leading these workshops were pre-selected before the programme started, and were trained in advance through documentation and literature provided on health promotion. Throughout the workshops, partners from Coram Life Education and local education organisations were present in order to provide knowledge and exchange good practice. Furthermore, supervision meetings were held with the educators to monitor and improve teaching skills throughout the duration of the programme; meetings were videotaped and analysed as part of the programme monitoring.

The workshops themselves were designed to teach children about healthy diet and physical activity, the importance of preserving nature and ecology and the importance of well-being. Practical activities such as preparing healthy food and drinks and gardening formed an integral part of these workshops and meant that the children had a 'hands-on' approach to learning. In addition to the HEEL workshops, schools were encouraged to introduce 'experimental school gardens' and practical workshops in ecological food gardening to increase the children's awareness and knowledge. Figure 4.6 illustrates a number of these workshops held during the campaign.

Figure 4.6 Healthy Eco Life workshops: A snapshot

Source: Healthy-Eco Life campaign website

In parallel to these workshops, a number of events were organised aimed at raising awareness of this campaign to the general public and in particular to local stakeholders active in the field of health promotion. One such event, entitled 'Children Eco-Festival' brought together over 200 young children active in the HEEL programme, in order to show teachers and parents what they had learnt.

4.4.4 Results

The results of this campaign were documented in an internal evaluation conducted by the Institute of Public Health in Croatia, and focused on the degree to which behaviour change and awareness had been reached among school children in the target group. The main source for this was the baseline survey conducted at the beginning of the programme; results of this were compared with a second survey conducted after the end of Healthy Eco-Life. These two surveys were conducted in order to make an assessment of how the workshops had influenced children's attitudes towards healthy food, physical activity and the environment in general. Other sources of this evaluation included a questionnaire for teachers; focus groups with children; interactive posters of healthy habits; an interview based questionnaire for stakeholders; and a satisfaction rate questionnaire of local stakeholders in health promotion.

The main results were (Healthy Eco-Life Programme Report, 2011):

- Increased awareness of Croatian stakeholders on EU policies and best practices projects in health promotion due to preliminary desk research and analysis;
- Surveyed teachers found the workshops were very useful for the children as they greatly improved their knowledge, influenced their attitudes towards health and ecology and helped them adopt healthy lifestyle habits;
- Healthy Life education programme was successfully implemented across the targeted schools and more than half of the schools that took part recommended that HEEL programme becomes integral part of school curricula;

- Statistically significant increase in knowledge of target groups on healthy life habits. For instance:
  - In the Croatian sample (180 children) statistically significant improvement of children's knowledge was registered in following variables: after participating in HEEL workshops, children recognized Eatwell plate significantly often (62% Survey 1; 89% Survey 2); children knew the advantages of locally grown food (32% S1; 71% S2); children were aware of the fact that plastic bags are harmful for the environment (76% S1; 96% S2); children knew the time range needed for decomposition of the plastic bag (42% S1; 97% S2); children understood what is compost (74% S1; 97% S2); children recognised the description of a wholegrain (66% S1; 84% S2);
  - In the Slovenian sample of children (89 children), their knowledge was advanced through Healthy Eco Life educational programme in following ways: children were aware of the fact that plastic bags are harmful for the environment (84% S1; 100% S2); children knew the time range needed for decomposition of the plastic bag (66% S1; 74% S2); children understood what is compost (83% S1; 94% S2); children recognised the description of a wholegrain (39% S1; 73 % S2).

4.4.5 Lessons learnt

The Healthy Eco-Life campaign brought to light a number of key elements important for changing behaviours and attitudes amongst a target audience. The main lessons learnt can be observed as the following:

- *Building a campaign on strong foundations of knowledge*: This campaign dedicated a large amount of time and resources in its preliminary phase - where baseline surveys and analysis was conducted. This meant that the campaign organisers had a strong basis on which to start the campaign and also allowed them to carry out monitoring and evaluation;
- *Involving a variety of stakeholders gave the campaign diversity*: The nature of this campaign meant that schools (children and teachers) were working closely with public health promotion institutes within their Member State and abroad. This fostered networking and partnership building for all organisations involved;
- *Interactive workshops with the target audience helped to increase awareness and success of objectives*: The campaign was centred around the organisation of workshops with school children - these were done in an interactive way, allowing for children to 'learn by doing' - and in this case adopting healthier eating habits at school and home;
- *Organising the exchange of good practice increased knowledge amongst the main partners:* Healthy Eco-Life helped its stakeholders to learn more about EU health promotion policies and existing good practices across the EU. Such knowledge stimulated inspiration and future proposals for healthy eating amongst school children. In particular the inclusion of a site visit to a long standing programme with similar objectives allowed the campaign organisers to better tailor their initial proposal and gain valuable insight;
- *Monitoring and evaluation needs to be effective from the outset:* Because the campaign undertook detailed research before its start, the results could be evaluated based on those indicators. Furthermore, the design of this campaign allowed for direct feedback to be collected by the organisers, which helped with the final evaluation and in turn shaped recommendations for the proposals to extend this campaign.

4.5 Case Study 5: The FOOD Programme

4.5.1 Mission and background

'Fighting Obesity through Offer and Demand (FOOD)' promotes healthy eating habits during the work day. It aims at improving the nutritional quality of the food offered in restaurants and

stimulating demand for healthier food through improved information and increased awareness, communicated to employees and employers.

The two main objectives are therefore:

- To educate employees in order to help them to improve their diet through the work day;
- To improve the nutritional quality of work day meals on offer in restaurants by sensitising restaurant's owners, chefs and waiters.

The project grew out of the fact that it is often difficult for workers to have a healthy meal at lunch time because of the lack of variety or poor nutritional content of the food on offer around workplaces. Dietary habits throughout the working day is seen as important because it constitutes a large proportion of the day and has been neglected in previous interventions.

In addition, businesses have a stake in their employees having a balanced diet because this can result in their increased productivity and decreased rates of absenteeism. The 'FOOD' programme therefore considers the workplace to be an ideal place to educate employees on improving their health, lifestyles and habits, as well as a way to sensitise employers to corporate health policy.

4.5.2 Campaign design

The FOOD campaign was implemented in two stages. It began with a 28-month 'Pilot Project' stage in 2009 in six different countries (Belgium, Czech Republic, France, Italy Spain, and Sweden). This phase ended on 30 April 2011 but a successive 'Programme' stage has followed to develop it in other countries and with other partners. Furthermore, Slovakia joined the Consortium in February 2011 and Portugal in 2012. Box 5 below summarises the pilot project stage, which forms the main campaign design of FOOD.

Box 5 The Pilot Project

Phase 1 - Understanding and analysing

The project began with the development of knowledge about the requirements and expectations regarding nutritional information in order to design the content of the campaign. This was done first through an inventory of existing health promotion programmes in the workplace and in restaurants. Seventy programmes were identified and inserted into the consolidated inventory of existing programmes promoting balanced nutrition at the workplace and in restaurants.

This was followed by a survey emailed to 52,000 employees and 5,000 restaurants (in some cases face to face interviews were held) to ascertain opinions and preferences on nutritional information and advice. A total of 4,528 employees and 399 restaurants responded to the questionnaires. In parallel, a qualitative survey of restaurants was undertaken to understand how and why chefs cook the way they do, and what could trigger a change in attitude.

Phase 2 – Recommendations

Based upon expert advice and analysis of the survey and inventory information, partners drew up simple and practical guidelines for employees and restaurant owners/chefs. These recommendations were country specific and were intended to work as daily hints which become instinctive habits for a more balanced diet. Six recommendations to employees were common to all six participating countries and there was one common recommendation to the restaurants.

Phase 3 – Communication tools

The recommendations were the basis for the development of communication tools targeted at raising awareness of mainly employees and restaurants. The tools seek to demonstrate that it is possible and rewarding to eat wholesome, nutritious, sustainable local produce at a reasonable price. Providing adequate nutritional information is designed to enable

individuals to accurately determine the nutritional value of their food choices.

A range of different communication tools were used including the following types:

- Basic tools: guides, leaflets, websites, newsletters, emailing
- Social media: Facebook, Twitter, blogs
- Innovative tools: menu holders, online cooking game, tablemats and lunchboxes
- Handy tools: cards with recommendations, i-Phone application, window stickers, calendar of seasonal fruit and vegetables, e-learning DVD

FOOD also utilised meal vouchers to communicate. Meal vouchers are used by employees to buy lunch outside their workplace in an affiliated restaurant or other foodservice outlet of their choice.

Source: Soroko (2011), FOOD, Final Publication

From the latter part of 2011, the FOOD 'Programme' campaign has continued, and built upon, the earlier work of the pilot. The Programme aims to develop FOOD in other countries and with other partners.

The Programme in its current form does not have public funding anymore. However, since the groundwork has already been done and many communication tools have already been produced, less funding is now needed to run the Programme as partners are mainly contributing their time. Also, countries have always sharing their communication tools and there is more emphasis on digital means of communication, which helps to reduce costs.

4.5.3 Implementation

FOOD has several features that have aided implementation:

A strong partnership with a range of competencies and strengths

FOOD was established by a public-private consortium coordinated by Edenred, a private company that provides solutions for organisations, enhancing efficiency of workers and wellbeing of citizens in fields such as food, transportation and healthcare. Edenred operates in 42 countries, with nearly 1.4 million affiliated merchants (including restaurants) and 41 million beneficiaries. Meal vouchers are commercialised by Edenred under the trademark Ticket Restaurant®, which has been established for around 60 years.

Edenred instigated FOOD as its flagship Corporate Social Responsibility (CSR) activity, and it also added value to its core business. It was advised that its meal voucher network would be a good way of communicating public health messages and, after investigating Commission initiatives and opportunities, proposed the plan to DG SANTE. Since the funding period has ceased, Edenred has continued to provide funds for partner meetings and FOOD campaigns through its CSR activity. Edenred is FOOD's main partner, using its meal vouchers as a strong channel of communication between the customers and the restaurants and a tool to promote healthy messages to employees at lunchtime.

Developing country specific recommendations based on research

A survey completed as part of the campaign and targeting employees and restaurants revealed important insights about nutritional behaviour and the requirements and expectations regarding nutritional information. These were specific to each country, allowing the campaign to adapt across borders, but some of the general findings were as follows:

- 50% of employees declared that a list of restaurants close to their company which offer balanced food and nutritional information, sent by email, would be the best way to sensitise them to a nutritional programme;
- 50% of employees wanted more information by email and in the restaurants but also wanted such information to be easy to understand and to put into practice;

- Restaurant owners are eager to meet their customers' demands, with 44% of them aware of this new demand for healthier food.

The findings confirmed the importance of both the supply and the demand sides, as most restaurants will make efforts to change the food on offer only following customer demand.

A myriad of communication tools designed to suit different country contexts

The communication campaign officially started with a 'road show' in the six participating countries. One-day stops of the bus in the main cities enabled the partners to showcase the first tools created and to explain the project objectives and actions. As noted in the previous section, a variety of communication tools were then distributed in each country so that the FOOD message did not rely on one method. The tools were distributed via:

- Meal vouchers provided to employees;
- Web-based tools such as the website, social media, email and video;
- Printed leaflets;
- Marketing to Edenred customers;

Targeting the campaign to three distinct groups

The communication tools were targeted at employees, restaurants and employers. Employers became more prominent over time as it was found that in some countries this was the only way to directly reach employees (depending on data protection laws). Overall though, it was found that communicating with employees via employers served to strengthen the campaign and the reach of the messages.

It was crucial to engage restaurants as this was the means to supply healthy food and satisfy anticipated increasing demand. The outlets covered anywhere that food is available at lunchtime, which reflects different lunchtime habits in different countries.

Restaurants were invited to apply to become acknowledged as a 'FOOD restaurant'. This meant that they had to follow a number (depending on the country) of recommendations. This was seen as the best way to connect the offer and the demand sides of balanced nutrition. After only a few months, more than 1,760 restaurants joined the FOOD restaurant network following national recommendations. In the Programme phase of FOOD there is a stronger priority to develop the network of restaurants. This is being done through promotions, for example using restaurant awards.

4.5.4 Results

Overall, the Pilot Project achieved its intended outputs: nutritional recommendations were formed in each country for both the restaurants and the employees; and communication tools (102 in the Pilot phase) were created in each country and across the whole project. For the programme as a whole (since 2009):

- It is estimated that around six million employees, 430,000 restaurants and 205,000 companies have been reached;
- The FOOD Network has +4,500 restaurants;
- There are more than 230 dissemination tools in the eight countries;
- There have been more than 600 press articles (TV, radio, web, press);
- Partners have participated in +60 conferences and events.

In terms of outcomes and impacts, a second survey was conducted in 2010 to evaluate the first stage of the project and the success of the tools. FOOD tools have also been assessed by annual barometers under the programme stage.

FOOD sought to sensitise employees to ideas about healthy food consumption as opposed to directly changing their eating behaviour. It was felt that the latter could not be achieved over the short time scale of the EU funding period. However, a survey of restaurants in 2010 (after communication tools had been disseminated) found that, in the last 12 months, around a quarter of restaurants had seen an increase in the demand for balanced/healthy meals; the sales of balanced/healthy meals; and the demand for smaller portion sizes.

4.6 Case study 6: Healthy Workplaces Manage Stress

4.6.1 Mission and background

Healthy Workplaces Campaigns (previously known as "European Weeks for Safety and Health at Work") are pan-European awareness raising campaigns that focus on issues related to occupational safety and health. These campaigns have taken place since 2000 and are organised by the European Agency for Safety and Health at Work (EU-OSHA). EU-OSHA aims to make Europe a safer, healthier and more productive place to work by undertaking research, producing and distributing safety and health information and by organising awareness raising campaigns.

Based on research and priorities, the themes of the Healthy Workplaces campaigns are decided by EU-OSHA's Governing Board, which comprises representatives of governments, employers and workers from EU Member States, representatives of the European Commission and other observers (EU-OSHA n.d.).

In the implementation of Healthy Workplaces Campaigns, and in order to ensure the success of the actions, EU-OSHA works with key stakeholders (such as enterprises, trade unions, research institutes, employer organisations, occupational safety and health professionals, and the media) and EU-OSHA's focal points (the competent national authorities for safety and health at work) across Europe.

The campaigns are the largest of their kind in the world. The main message of the campaigns is that "improving workplace safety and health is good for business" (EU-OSHA 2013a: 26). Since 2008, the campaigns have a two years' duration. A list of all the campaigns is shown in the table below:

Table 4.3 Healthy workplaces campaigns: 2000 – present

Years	Campaigns
2000	Turn your back on musculoskeletal disorders
2001	Success is no accident
2002	Working on stress
2003	Dangerous substances - Handle with care
2004	Building in safety
2005	Stop that noise!
2006	Safe start - Young workers
2007	Lighten the load (Musculoskeletal disorders)
2007 - 2008	The Healthy Workplace Initiative
2008 - 2009	Risk assessment
2010 - 2011	Safe Maintenance
2012 - 2013	Working together for risk prevention
2014 - 2015	Healthy Workplaces Manage Stress

Source: EU-OSHA website

The current campaign is 'Healthy Workplaces Manage Stress' (2014-2015). This aims to raise awareness and to provide support and guidance for workers and employers to recognise and tackle stress and psychosocial risks at the workplace.

Research shows that the workplace environment has a significant influence on workers' mental health and well-being. EU-OSHA considers that stress may cause:

- Concentration difficulties, inability to make decisions and learn new things;
- People to make errors, become anxious and tire easily;
- Severe health problems such as cardiovascular or musculoskeletal diseases;
- Long absences which can also cause stress for other colleagues at work;
- 'Presenteeism', where workers come to work feeling unwell and then function below their full capacity.

Mental health and wellbeing is therefore being treated as a 'work-related disease' (EU-OSHA 2014a).

Evidence of need comes from various sources. For example, a European opinion poll conducted by EU-OSHA in 2013 found that more than 50% of all workers indicated that work-related stress is common in their workplace. The most common causes of work-related stress were job restructuring or job insecurity, working long hours / too much workload and bullying or harassment at work. Furthermore, around 40% of workers think that stress is not handled well in their workplace (EU-OSHA n.d.).

Psychosocial risks and work-related stress produce significant costs for individuals, organisations and, by extension, national economies. One in six workers will experience mental ill health during their working life (EU-OSHA 2013a). Work-related stress is the second most often reported work-related health issue in Europe and 50%-60% of missed working days can be linked to it. The overall cost of mental health disorders in Europe (work and non-work related) is approximately €240 billion per year - including healthcare costs and loss of productivity.

Therefore, the rationale behind this campaign stems from research showing the need for preventing and tackling the negative effects for employers and employees derived from work-related stress and psychosocial risks.

4.6.2 Campaign design

The specific objectives of the 'Healthy Workplaces Manage Stress' campaign are to (EU-OSHA 2014b):

- raise awareness of stress and psychosocial risks in the workplace;
- provide and promote the use of simple, practical tools and guidance for managing psychosocial risks and stress in the workplace; and,
- highlight the positive effects of managing psychosocial risks and stress in the workplace, including the business case.

The campaign aims to contribute to a better understanding of the subject and support and guide workers and employers by promoting the use of practical, user-friendly tools.

The final target audiences/beneficiaries are workers and employers, with a special emphasis on micro and small enterprises. The intermediary target audiences, which support the Agency to reach these beneficiaries, are (EU-OSHA 2013b):

- National Focal Points and their networks;
- Social partners (European and national);
- Policy makers (European and national);
- Large enterprises and sectoral federations;

- European institutions and their networks;
- Occupational safety and health professionals;
- Occupational safety and health research community; and
- The media.

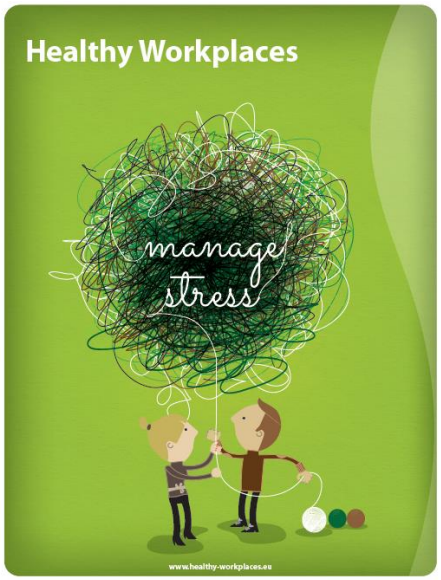
Campaign material is available for free and most materials are available in 25 languages at the 'Healthy Workplaces Manage Stress' Campaign website (https://www.healthy-workplaces.eu/en), which centralises all the campaign material. This material includes:

- Relevant facts and figures;
- Presentations of the campaign;
- A Campaign Guide, which explains the rationale of the campaign and its implementation;
- Posters, leaflets and e-materials of the campaign (banner, e-mail signature, etc. – see Figure 4.7 for an example);
- Good practice award flyer, which aims to find examples of enterprises/organisations actively managing stress and psychosocial risks at work;
- The business case *Managing stress makes sound business sens*e, which shows that managing stress can contribute to improvement of business performance and can have long term benefits for companies;
- A practical e-guide to managing psychosocial risks and overview reports;
- Collection of international and national practical tools for managing stress and psychosocial risks at work;
- Social media accounts on YouTube, Twitter, Facebook and LinkedIn;
- The 'Napo'[21] film (10 minutes of duration), which addresses several psychosocial risks in the workplace, demonstrating how an employee may be affected and react to them; and
- Benchmarking events hosted by EU-OSHA or the official campaign partners, which facilitate networking and the sharing of good practices.

EU-OSHA also provides a campaign toolkit with practical advice on how to prepare and run successful safety and health campaigns. It gives information on the rationale for campaigns, key objectives, the planning process, resources and networks. Additionally, information on different campaign tools is provided, together with practical examples – for example on the use of campaigning via events, social media, advertising, web or mobile communication (EU-OSHA n.d.).

[21] Napo is a cartoon character used to communicate health and safety messages where there are language barriers. For example, see: http://www.napofilm.net/en/napos-films/multimedia-film-episodes-listing-view?filmid=napo-019-when-stress-strikes [accessed 17th April 2015]

Figure 4.7 'Healthy Workplaces Manage Stress' campaign poster



Source: Campaign material (https://www.healthy-workplaces.eu/en/campaign-material/poster-and-leaflets)

There are three core elements in all the EU-OSHA campaigns, including in the current 'Healthy Workplaces Manage Stress' campaign:

1. **The European Week for Safety and Health at Work**, which takes place each year in October (calendar week 43). It focuses on the specific topic of that year's campaign. The European Weeks in 2014 and 2015 focus on raising awareness of managing stress and psychosocial risks at work. Conferences, exhibitions, competitions, training sessions and activities take place in Brussels and in the different countries taking part in the campaign, being the national activities organised by the EU-OSHA's national focal points, official campaign partners and other active parties.
2. **The Healthy Workplaces Good Practice Awards**, organised by EU-OSHA in cooperation with Member States and the Presidency of the European Union, recognise organisations/enterprises that develop innovative ways of promoting safety and health in the workplace. The 12th Good Practice Awards 2014–15 aimed to highlight best practice examples of companies/organisations actively managing stress and psychosocial risks at work with a participative approach (EU-OSHA 2015). Enterprises or organisations in EU Member States, candidate countries, potential candidate countries and the European Free Trade Association were eligible to participate.
3. **The Healthy Workplaces Closing Summit**, which takes place at the end of each campaign. In the context of the 'Healthy Workplaces Manage Stress' campaign, the summit will take place in November 2015 in Bilbao (Spain) and will bring health and safety professionals, policymakers, and employers' and employees' representatives together, to share best practice regarding managing stress and psychosocial risks in the workplace and review the outcomes of the campaign.

4.6.3 Implementation

The campaign was officially launched in April 2014 in Brussels at a high-level press conference attended by László Andor, EU Commissioner for Employment, Social Affairs and Inclusion, Vasilis Kegkeroglou, Greek Deputy Minister for Labour, Social Security and Welfare, representing the Greek EU Council Presidency, and Christa Sedlatschek, the EU-OSHA Director (EU-OSHA 2014a).

To ensure its success, the campaign encouraged the participation of enterprises and organisations through partnership. The campaign 'Healthy Workplaces manage stress' has

the support of 102 campaign partners comprising, among others, enterprises, trade unions, research institutes, employer organisations, and occupational safety and health professionals. Partners received a pack of campaign products; they were also made responsible for promoting the campaign through different means - such as their website, newsletters, the production of good practice videos and the organisation of events. Partners were also eligible to take part in the Healthy Workplaces Good Practice Awards competition.

Furthermore, EU-OSHA works with media partners that help to raise awareness of the campaign. This partnership, as indicated by EU-OSHA's (2014c:2), gives journalists and editors the opportunity to raise their media organisation's profile *"within the extensive OSH community and to reach EU-OSHA's networks and stakeholders in Europe and worldwide"*. The campaign 'Healthy Workplaces manage stress' therefore has the support of more than 30 media partners.

At national level, the campaign is coordinated by EU-OSHA's national focal points in more than 30 European countries. As indicated above, the focal points are usually the competent national authority for safety and health at work.

Since its launch, the campaign materials have been available online. Furthermore, the campaign updates/news have been published in the campaign's website, EU-OSHA's website and through social media. Moreover, partners and the national focal points have disseminated information about the campaign, promoted the use of the practical tools, and /or organised events.

4.6.4 Results

The campaign is ongoing and the campaign organisers have not yet carried out an evaluation of the results, which is expected to start towards the end of 2015. Nevertheless, continuous monitoring is carried out using different tools such as:

- Questionnaires completed by partners and the national focal points, where they report on the actions undertaken and provide feedback on the campaign and its materials;
- References to the campaign in corporate newsletters/websites and on social media accounts;
- Media monitoring, including the number of press conferences, number of press releases, number of articles and/or number of media clippings; and,
- Monitoring of campaign events and activities at national level.

Initial feedback from the national focal points and the partners indicates that the topic of stress in the workplace raised great interest in the Member States, as everyone could relate to it personally. In fact, media coverage was higher than in previous campaigns.

The material was considered as very useful, as well as the networking and exchange between campaign partners in national and European events. The support of the agency, its flexibility and rapidness in problem solving were also highlighted.

4.6.5 Lessons learnt

Although the campaign is ongoing, a number of conclusions can be drawn from the information available and the interview of the campaign manager:

- *Background research as the pillar of the campaign*: there is a clear rationale behind the campaign, showed by research identifying the negative consequences of stress for both employers and employees.
- *Clear target audience:* both intermediary and final target audiences are clearly identified, which helps to tailor the campaign and the message to those audiences (different messages are used to communicate with employers and employees).
- *The importance of using partnerships to increase the effectiveness of the campaign*: 102 organisations are involved, as well as more than 30 media agencies. Partnership is

promoted as a win-win process: partners promote the campaign and by doing so they also increase their visibility. There has been significant effort trying to involve as many partners as possible and as a result, the number of partners has increased over time.

- *A decentralised approach to increase the impact of the campaign at local level:* national focal points and partners tailor the campaign to the needs and culture of the country/company. Furthermore, materials are available in 25 official languages and tailored to the national contexts (e.g. including specific examples related to the national legislation).
- *A mixed of methods used to communicate the message:* traditional (paper leaflets, flyers) and new means of communication (social media, newsletters, websites) in order to reach the highest number of people.
- *Use of the Healthy Workplaces Good Practice Awards:* helps to reward those companies that excel in tackling stress and it also incentivises others involved to participate, showcase knowledge and to improve policies in this field.
- *Monitoring and evaluation of the campaign:* although the evaluation of 'Healthy Workplaces Manage Stress' (2014-2015) will be undertaken only towards the end of 2015; evaluations of previous campaigns have helped in terms of lessons learnt and improvement for the future. Moreover, continuous monitoring helps to adapt the implementation of the campaign while it is still ongoing.

5 Results of the 'call for evidence'

To augment evidence gathered through the case studies and literature review, the study team developed a 'call for evidence' questionnaire to gather examples of cross-border campaigns tackling the main risk factors associated with chronic diseases. The questionnaire, comprising of 13 questions, was circulated to over 40 European organisations (listed in Annex 4) active in the field of health determinants and public health more broadly. It was accompanied by a letter of endorsement from DG SANTE. The following section summarises the method the study team undertook, and the results captured by this questionnaire.

The call for evidence collected 33 campaigns, provided by 19 different respondents from across Europe. The full list of these campaigns is included in Annex 5 and is documented per risk factor, presenting the main objectives of these campaigns, as well as the responses to the questionnaire.

Before moving into the method and the results of this call for evidence, it is important to highlight that the reported results are those provided by the respondents who filled in the questionnaire directly. Therefore, the study team did not have control over the quality of the reported campaigns and did not evaluate/assess them. In several cases, some of the questions were not answered by the respondents (especially those related to the aspects of the campaign that could be/could have been improved and the questions related to the evaluation of the campaign and related documentation).

Nevertheless, despite of this potential level of uncertainty, the call for evidence has provided additional examples and insights from stakeholders involved in the implementation of public health campaigns. This exercise is therefore complementary to the case studies and the literature review.

5.1 Method

The questionnaire – shown in Table 5.1 – was open from 19th November-10th December 2014.

Table 5.1 Questionnaire on communication to address and prevent chronic diseases

Dear Sir/Madam,

We are contacting you in relation to a **scoping study** we are carrying out **on communication to address and prevent chronic diseases** for DG SANTE. This questionnaire should take no more than 20 minutes of your time.

We are gathering examples of **successful communication campaigns** tackling common risk factors for chronic disease (smoking, alcohol-related harm, unhealthy diet, sedentary lifestyle) and campaigns to promote good mental health.

The purpose of the scoping study is to inform possible future campaigns at EU level by developing key design principles of successful campaign and gathering examples of good practice. For this reason, we are mainly interested in campaigns that have been cross-border - or that have taken multiple linguistic / cultural factors into account within a single campaign.

These can be governmental campaigns, but also campaigns carried out by non-governmental bodies and in partnership with local stakeholders.

As expert in the area, we would like to ask you for any campaigns you would like to report as good practice examples, by filling in this questionnaire.

Please disseminate this call to your members and partners who may be working in this field, and who may have examples of such communication campaigns.

Information supplied may be used as case studies and included in published reports for DG SANTE. If

you have any queries, please contact a member of the study team at chronicdiseasestudy@icfi.com

Questions:

How many campaigns would you like to report on? (*opens new boxes depending on answer*)

- 1
- 2
- 3
- 4
- 5

Campaign 1 details:

- Name of the campaign:
- Link to campaign / information documents:
- Time frame of the campaign (if known), for example: from 2006 to 2009.
- Aim of the campaign: *open text box*
- Risk factor(s) targeted (please select all that apply):
  - Smoking related
  - Alcohol related harm
  - Unhealthy diet
  - Sedentary lifestyle
  - Mental health
  - Other focus (please specify)-*open text box*
- Geographic coverage
  - EU-wide
  - Cross-border
  - National (within the EU)
  - Regional or local (within an EU country)
  - Non-EU
  - Other (please specify)-*open text box*
- Target audience (please select all that apply) – *tick box system*
  - Gender: Male/female/ Both male and female/ Don't know
  - Age: Children / Young people / Adults / Older people/ Don't know / Other
  - Specific Socio-economic groups: Y(please specify/N/Don't know
  - Disability: Y(please specify)/N/ Don't know
  - Specific ethnic minority groups: Y(please specify)/N /Don't know
  - Other target audience: open text box
- Media used (please select all that apply)
  - Internet
  - Mobile applications
  - Social media (e.g. Facebook, twitter)
  - Live events (e.g. concerts, fairs, exhibitions, conferences)
  - Television
  - Radio
  - Printed publications and brochures/leaflets
  - Press releases
  - Other (please specify)-*open text box*
- Has the campaign been evaluated?
  - Yes, internal evaluation

- Yes, external evaluation
- No
- Don't know

If so, could you provide any links to evaluation documentation or submit via email -*open text box*

- Which elements of the campaign proved to be most successful? Why? -*open text box*
- Are there any aspects that could be / could have been improved? -*open text box*

5.1.2 Issues faced in running the call for evidence

Whilst developing and disseminating the call, a number of issues came to light, notably concerning the type of campaigns to be reported and the manner of reporting. Throughout this stage, the study team was aware of these issues and put in place a number of solutions to minimise any problems occurred. These issues are presented below, and can be further discussed during the interim steering committee with DG SANTE.

5.1.2.1 Campaigns targeting specific chronic diseases

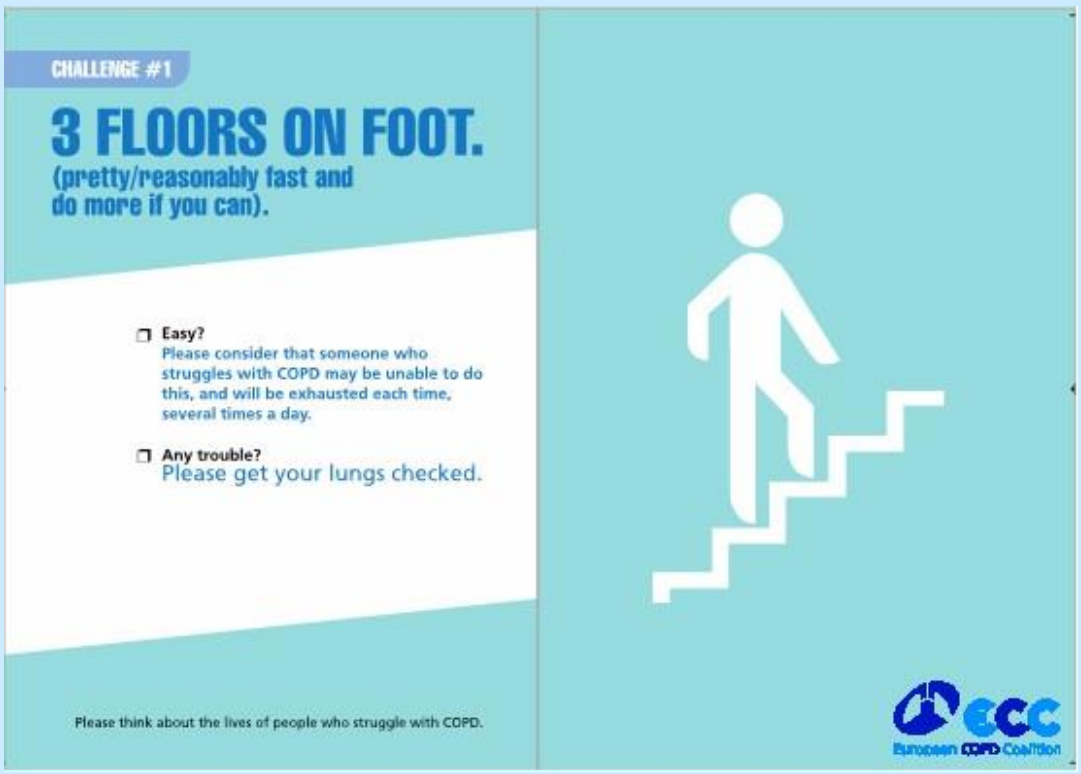
The call for evidence focuses on campaigns addressing certain risk factors (smoking, alcohol related harm, unhealthy diet, sedentary lifestyle) - whereas in a number of cases the study team had contact with organisations who had run many cross-border campaigns raising awareness and targeting specific chronic diseases rather than a type of risk factor. In a few examples, and although the campaign targeted a disease, the end anticipated result was to raise awareness and change behaviour of a specific type of population. In Box 6 below, the study team documents an example of this.

Box 6 World COPD Day: 19th November 2014

The aim of this two-week campaign was to raise awareness of COPD condition among staff of the European institutions (European Commission officials and desk officers, European parliamentarians and staff). It was not targeted at a specific risk factor (i.e. smoking or lack of physical activity) but rather on the disease itself.

It targeted adults (both male and female) and it used the following media:

- Internet
- Social media (e.g. Facebook, Twitter)
- Printed publications and brochures/leaflets
- Press releases



Source: COPD webpage

Although there was no evaluation of the campaign, the following elements were considered as successful by the campaign organisers:

- Big billboards posted at the exit of metro stations in Brussels (Schuman, Luxembourg and Maelbeek). The big posters were asking viewers if they knew what COPD was and providing 4 potential answers, 3 incorrect ones and the correct answer, on the last line. Below this, the poster called for the general public to support their Call to Action on COPD;
- Leaflets were handed out to staff of the European Commission with 'catchy' images and phrases related to COPD, in order to raise awareness about the disease and show people what it looks like to be suffering from this disease;
- Free Lung tests were organised within the European Commission premises - with a high number of people attending; and
- This campaign was very short and targeted- this was seen to create a 'buzz' within the employees of the European Institutions (European Commission and European Parliament).

5.1.2.2 *Linguistic constraints*

It was agreed during proposal and inception stage that the call for evidence would be issued in English only. Although the results (documented in 5.2) show a wide outreach across Europe (and America), the study team is aware of potential constraints related to the language of the questionnaire. In total, three campaigns reported on in this call for evidence were in another language (2 French, 1 Dutch); results from these campaigns are included in our analysis.

5.1.2.3 *Timing and duration of call*

According to the agreed timeline for the study, the call for evidence for published and open for two weeks; allowing for a significant amount of time to be disseminated through networks and members. As described above, the call for evidence was disseminated to key European

organisations active in this field; and was subsequently further disseminated to the membership of these organisations. Although the number of responses suggests timing was adequate, a number of organisations' feedback was that, due to their structure and methods of work, more time given could yield a higher number of results. Therefore, in order to mitigate this:

- The study team organised bilateral meetings with organisations who had large membership in order to explain the call for evidence and assist in targeting specific members for examples of campaigns; and
- After an initial deadline of 1st December 2014, the study team extended the call for evidence for an additional 10 days in order to allow for further responses; and all the responses received until 9th December were included in the analysis.

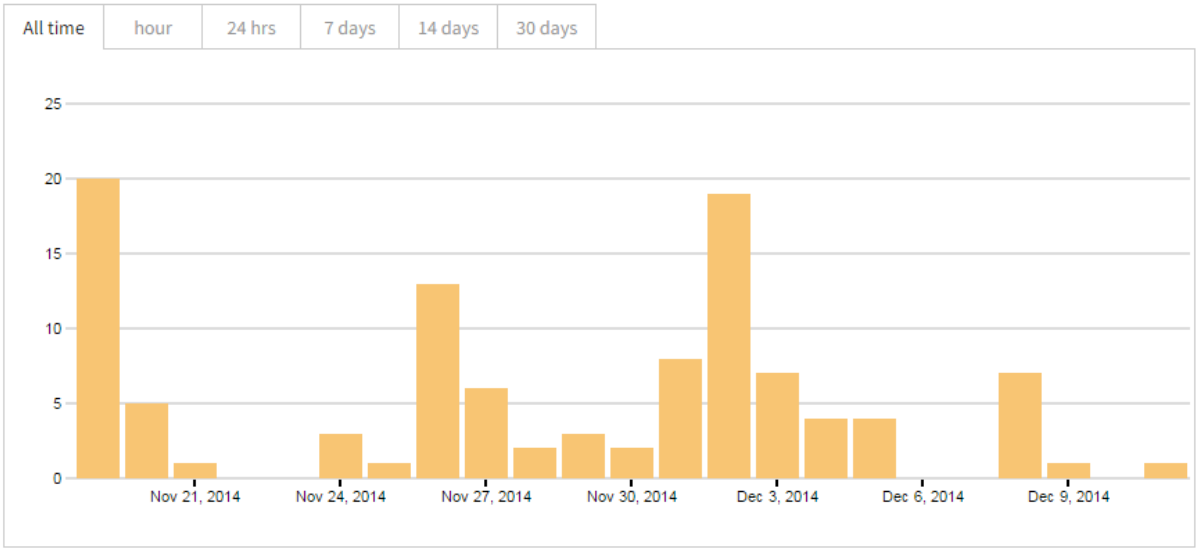
5.2 Results

The following section provides a breakdown of results obtained in the call for evidence: in terms both of visitors to the survey page and the results extracted from the survey responses.

5.2.1 Distribution of the call

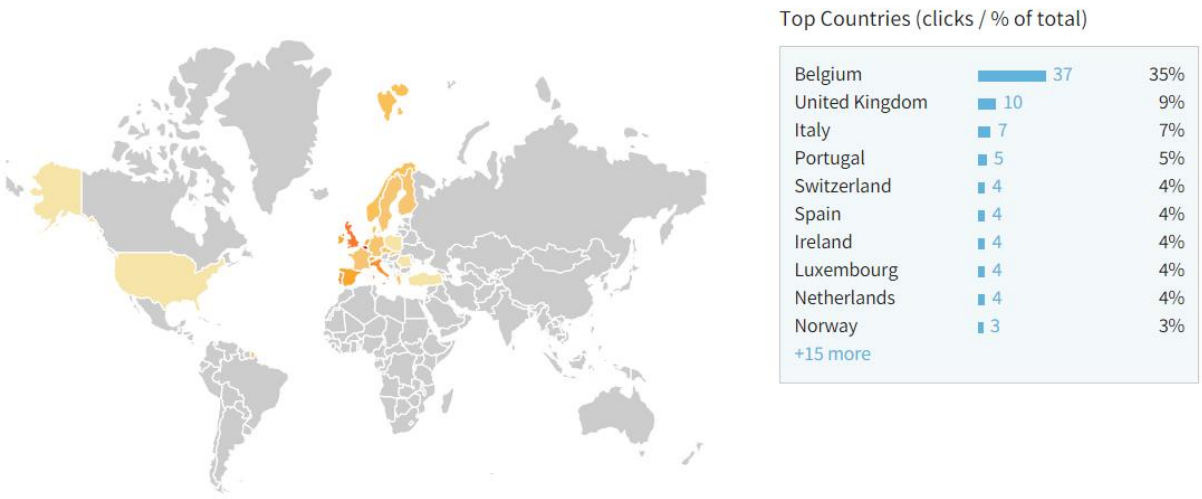
For the duration of the call, the study team monitored the survey hyperlink in order to find out in what way the survey had been disseminated. At the time of extraction, there were 107 clicks on the survey, and as illustrated in Figure 5.1 the number of clicks peaked at the time of disseminating the survey/sending reminders to identified organisations.

Figure 5.1 Distribution of clicks onto survey link



The survey was opened from 25 locations across the world. Figure 5.2 provides a breakdown of countries and the highest number of clicks within countries.

Figure 5.2 Geographical breakdown of survey clicks



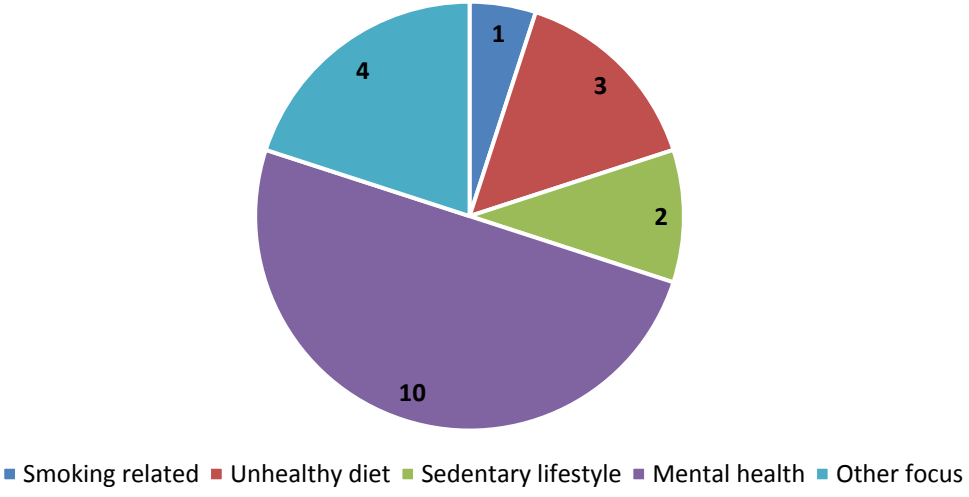
5.2.2 Campaigns reported on

This sub-section provides a description of the results taken from the questionnaire. Where possible, all questions from the call for evidence were documented and described below. In section 5.3 conclusions and recommendations are summarised.

5.2.2.1 Risk factors

There were 19 respondents to the call for evidence, with a total of 33 campaigns reported on. Out of the 33 campaigns, 20 were focused on one risk factor, while 13 focused on multiple factors. The chart in Figure 5.3 below shows the number of campaigns reported per single risk factor. The Figure shows that half of the campaigns focusing on one single risk factor focused on mental health, while three focused on unhealthy diet; two on sedentary lifestyle; one on smoking; and none of the respondents provided examples of alcohol related harm campaigns. Finally, there were four campaigns that mentioned a different focus: poor oral health, oral health and protein rich food; while another respondent mentioned that the focus was on chronic diseases (including all risk factors mentioned above that lead up to them).

Figure 5.3 Number of campaigns focusing on one risk factor



Source: call for evidence questionnaires. N=20

Table 5.2 below provides details of those campaigns that focused on various risk factors. Only one focused on all factors (smoking, unhealthy diet, sedentary lifestyle, alcohol harm and mental health). Eight out of these 13 campaigns that addressed more than one risk factor targeted smoking related risk factors; 12 focused also on unhealthy diet; six on sedentary lifestyle; five on alcohol harm and other focus (HPV virus, poor oral health, physical exercise, active and healthy aging wellbeing); and three on mental health. Therefore, according to the data gathered, it seems that mental health is usually tackled individually, while the other risk factors - smoking, unhealthy diet, sedentary lifestyle and alcohol harm - are sometimes tackled in the same campaign, and thus considered as interconnected.

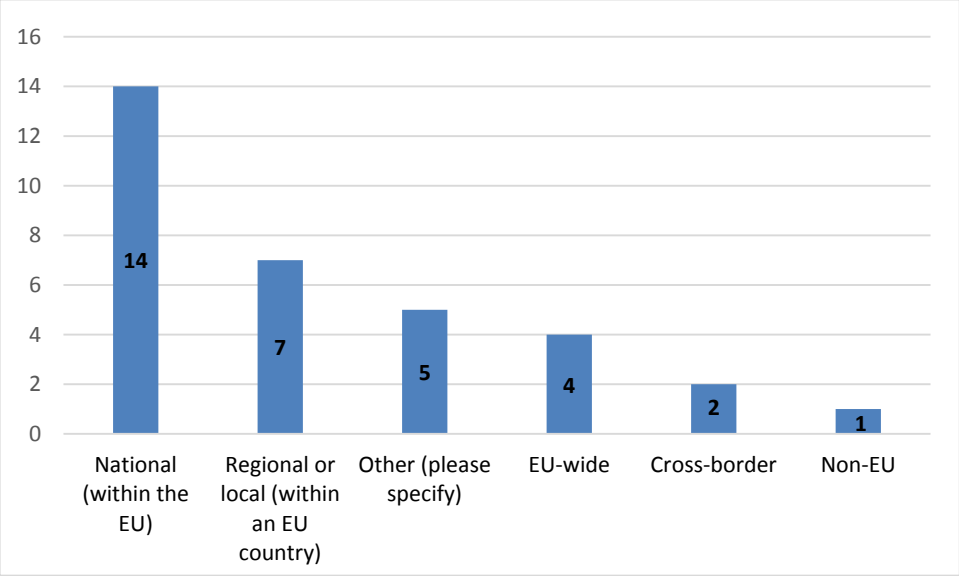
Table 5.2 Number of campaigns focusing on more than one risk factor

Number of risk factors addressed	Number of campaigns	Smoking related	Unhealthy diet	Sedentary lifestyle	Alcohol harm	Mental health	Other focus	Description of other focus
5	1	√	√	√	√	√		
4	1	√	√	√	√			
	1	√	√	√		√		
	1	√	√		√		√	HPV virus
	1	√	√		√		√	Oral health
3	2	√	√	√				
	1	√	√		√			
2	2		√	√				
	1		√				√	Physical exercise
	1		√				√	Poor oral health
	1					√	√	Active aging Wellbeing
Total	**13**	**8**	**12**	**6**	**5**	**3**	**5**	

5.2.2.2 Geographical Coverage

Figure 5.4 shows that, of the 33 reported campaigns, 14 (42%) were national (within the EU) and 7 (21%) were regional (within an EU country), while 4 were EU-wide (15%), two (6%) cross-border and one (3%) non-EU. The respondents providing information on the remaining five campaigns (12%) indicated a different geographical coverage - EU wide but also global (in three of the campaigns), EU institutions (Parliament, Commission) and EU staff working in Brussels.

Figure 5.4 Geographical Coverage



Source: call for evidence questionnaires. N=33

5.2.2.3 Target audience

Table 5.3 presents an overview of the number of campaigns that focused on each target audience category provided in the questionnaire: gender, age and specific socioeconomic groups, ethnic minority groups or people with disabilities.

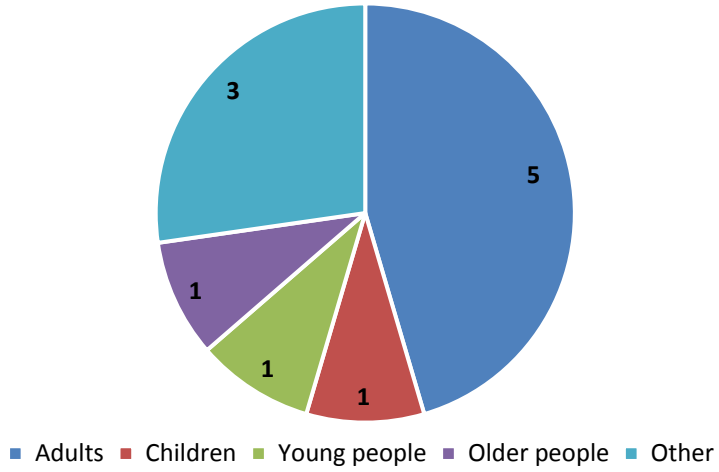
Table 5.3 Overview table: target audience of the campaigns

Gender	Number of campaigns	Age	Number of campaigns	Specific groups	Number of campaigns
Male	0	Children	15	Socioeconomic groups	12
Female	1	Young people	20	Ethnic minority groups	2
Both male and female	32	Adults	25	People with disabilities	7
		Older people	17		
		Other	4		

Looking at the target audience **gender** of the campaigns reported, with the exception of one campaign that only targeted women, all the other campaigns focused on both men and women.

Regarding **age**, 11 of the campaigns targeted one single age group, while 19 targeted more than one age group. The chart in Figure 5.5 below shows the number of campaigns reported per single age group. Of these 11 campaigns, five targeted adults, three targeted other groups (30 plus, policy-makers and staff working for EU institutions and general population) and the remaining three focused respectively on children, young people and older people.

Figure 5.5 Number of campaigns targeting a single age group



Source: call for evidence questionnaires. N=11

Table 5.4 provides details of those campaigns that focused on various age groups. As it can be observed, 10 (53%) of them focused on all age groups, six of them (32%) targeted three age groups within a single campaign: four focused on young people, adults and older people and two on children, young people and adults. The remaining two campaigns focused respectively on children and young people, and young people and adults.

Table 5.4 Number of campaigns focusing on more than one target group

Number of age groups targeted	Number of campaigns	Children	Young people	Adults	Older people	Other	Description of other focus
4	10	√	√	√	√		
	1	√	√	√		√	Dental professionals, carers, teachers
3	2	√	√	√			
	4		√	√	√		
2	1	√	√				
	1		√	√			
Total	19	4	6	5	2	1	

In total, out of the 33 campaigns, 25 (83%) targeted adults, 20 (67%) targeted young people, 15 (50%) targeted children, 17 (57% older people) and 4 (13%) targeted other age groups specified as: 30 plus; general population; policy-makers and staff working for EU institutions; and dental professionals, carers, teachers.

In relation to **specific socio-economic groups**, out of the 32 responses to that question, 38% indicated that the campaign targeted specific socio-economic groups, while the majority (59%) of the campaigns did not target specific socio-economic groups; one respondent stated that s/he did not know. The following are specific socio-economic groups targeted by the campaigns:

- At risk groups;
- Lower socio-economic groups and people with little formal education;
- People living in rural areas;
- Children in areas of poorer oral health;
- Disadvantaged young people with mental disabilities;

- Persons with mental disabilities and their families;
- Foreign domestic workers;
- Working population: employers, employees, workers.

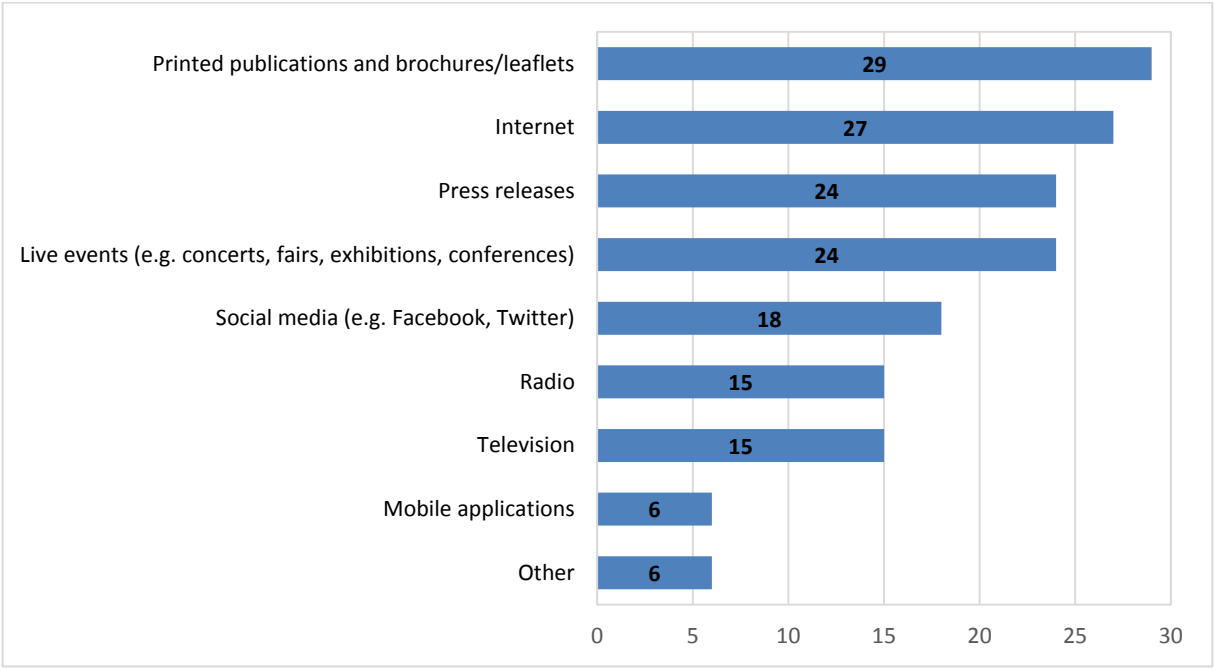
Six campaigns (23%) targeted **people with disabilities**, whilst 21 (68%) did not. For the remaining five campaigns, information was either not provided or the respondent indicated that s/he did not know if the campaign was targeting people with disabilities. Finally, two of the reported campaigns (7%) focused on **specific ethnic minority groups**: highlighted as 'at risk groups' and 'Roma'.

5.2.2.4 *Media*

Figure 5.6 shows how many campaigns used each type of media. It shows that, out of the 33 campaigns, and including those campaigns that used more than one type of media, 29 campaigns (88%) used printed publications and brochures/leaflets; 27 (82%) used the Internet; 24 (73%) live events (e.g. concerts, fairs, exhibitions, conferences) and the same number used press releases; and 18 (55%) used social media (e.g. Facebook, Twitter).

Less than half of the campaigns used radio and television -15 campaigns (45%); mobile applications - six campaigns (18%); and other type of media - also six campaigns (18%), comprising interactive lectures and workshops, music and video clips (CD/DVD), nursery, school and practice programmes, workplace training, grassroots activities, ambassadors and direct contact.

Figure 5.6 Type of media used per campaign



Source: call for evidence questionnaires. N=33

In all but two cases, more than one type of media was used per campaign. With the vast majority of the campaigns (88% - 29 campaigns), more than two types of media were used. Six campaigns used all the following media: internet, social media (e.g. Facebook, Twitter), live events (e.g. concerts, fairs, exhibitions, and conferences), television, radio, press releases, printed publications and brochures/leaflets. These campaigns were:

- *All together...as one soul*: Regional or local (within an EU country) campaign, focused on mental health;
- *PINC: Programme of Information and Communication supporting "Gaining Health: making healthy choices easy"*: National (within the EU) campaign, focused on multiple

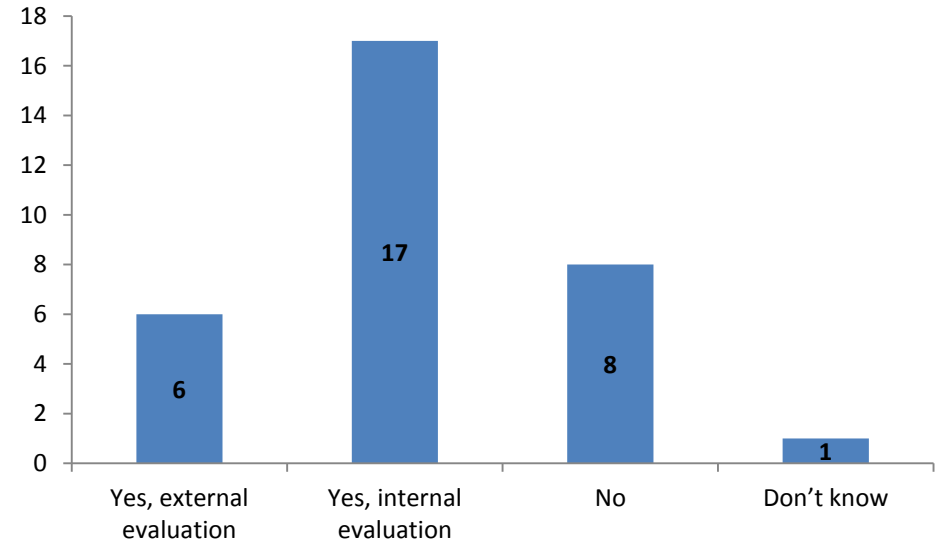
risk factors (smoking related, alcohol related harm, unhealthy diet and sedentary lifestyle);

- *Mouth cancer action*: Cross-border campaign, focused on multiple risk factors (smoking related, alcohol related harm, unhealthy diet and other - HPV virus);
- *National Smile Month*: National (within the EU) campaign, focused on unhealthy diet and poor oral health;
- *Puppets set sail towards socio-economic inclusion*: Regional or local (within an EU country) campaign, focused on mental health; and
- *World Spirometry Day*: EU wide and global campaign, focused on multiple risk factors (smoking related, unhealthy diet and sedentary lifestyle).

5.2.2.5 *Evaluation of the campaigns*

The majority of the reported campaigns (23 campaigns, 72%) were evaluated, either internally (53%) or externally (19%). Eight campaigns (25%) were not evaluated; one respondent stated that s/he did not know if the campaign had been evaluated; and one did not reply to this question (see Figure 5.7).

Figure 5.7 Evaluation of the campaigns



Source: call for evidence questionnaires. N=32

Information on evaluation findings is only available for a few campaigns:

- The respondent reporting for *StepJockey's* campaign (focused on Sedentary Lifestyle), mentioned that key elements of their external evaluation showed that, by introducing technology and showing benefits (for e.g. the number of calories burnt) of stair use, a significant increase in stair usage was be measured;
- The campaign *UPA'08 - United to Help Movement. A song for mental health* carried out an internal evaluation. The number of people that were exposed to the campaign through media coverage was assessed by the company 'Marktest' and it concluded that three million of their target population of 15+ years of age were exposed at least once to the campaign;
- The *PINC: Programme of Information and Communication supporting "Gaining Health: making healthy choices easy"* undertook an internal evaluation using three questionnaires: public, professionals and the local coordinators of an Italian Behavioural Risk Factors Surveillance System. Its findings were:
  - The overall communication campaign was deemed to be original and attractive;

- Among the public, 28% remembered images of press campaign; only 8% remembered the video;
- Among the local coordinators, the communication material circulated inside the Region and within the Local Health Units was only recognised by 13%.

5.2.2.6 Most successful elements of the campaigns

Looking at the responses within the questionnaire concerning the most successful elements of the campaigns, and given their different scope in terms of risk factors/target groups, it is not possible to find common patterns across the campaigns. Therefore, the successful factors, as identified by respondents to the call for evidence, are classified by risk factor:

Smoking related campaigns:

Visual elements work well: For example, big billboards posted at underground stations (asking viewers if they knew what COPD was and providing four potential answers). The poster ended by asking people to support the Call to Action on COPD (*World COPD Day campaign*-targeting EU staff working in Brussels).

Unhealthy diet:

The involvement of dieticians was considered the most successful factor in the campaign *Dietician help for obese children*.

Sedentary Lifestyle:

Two key elements were reported in the campaign *Step Jockey*, which encourages using stairs:

- Labelling of stairs with visual prompts containing accurate calorie data for specific stairs;
- 'Gamification' of stair use via the stair prompts with mobile and web technologies.

Mental Health:

Public awareness raising events were the most successful element of the *"Information Week on mental health"* campaign, although it was also considered that the visibility of the events was not sufficient.

In the campaign "*Work in tune with life"* by Move Europe, aiming to promote mental health in workplaces; the following aspects were considered as the most successful:

- Mental Health Check (self-assessment tool, available online);
- The business case for mental health (numbers are what convinces people of investing time, money and effort);
- Guide for Employers / Guide for Employees (practical information for the two target groups).

A Zumba dance festival to attract teenagers in the context of the *All together...as one soul* campaign; 200 message T-shirts with the name of the campaign; a 200-group of cyclists ride around the city to spread the message; storytelling to educate the new generation about the importance of mental health and non-discrimination.

The campaign *Puppets set sail towards socio-economic inclusion* received the GAMIAN-Europe Good Practice Award 2013 for its substantial difference from other initiatives in the field. It was considered successful for using puppetry (engaging in complex hand making of marionettes and acting on stage) to enhance self-determination of mental health service users and reduce social stigma: 14 participating young people developed social skills and confidence, and regained self-esteem.

The most successful element of the campaign *See Change*, was cited as being the workplace training, as there is a huge demand for support in creating open culture in

workplace - including the farming community - towards becoming more open to changing of attitudes towards mental health.

The support from musicians was considered the most successful element of *UPA'08-United to Help Movement. A song for mental health*. Every month a new song was released representing a theme to turn it into an action and music proved to be a powerful vehicle for information transmission and mental health awareness promotion. The songs were released on radio, TV, underground stations and the general population could download the material from a website.

The most successful element of *UPA makes the difference* campaign was the UPA Sticker Art for young people. Each page had a different sticker, where to place it and scientific information. Students' feedback was very positive.

Other Focus

The campaign *2min2x*, focused on encouraging parents to make sure their children are brushing their teeth for two minutes, twice a day. Its successful elements were multi-lingual elements, short-videos, games and donations by media.

Multiple Focus

Elements which involve social media (*Mouth cancer action* campaign).

Use of mass media to raise awareness and encourage attendance for health examination (*Oral cancer screening of high risk groups* campaign).

The active involvement of the decision makers in the campaign *Health Promotion Campaign in the Community*, focusing on all risk factors. An example provided was when a minister, in the context of the campaign, let a nurse measure his/her abdomen circumference. This was reported as a good example for every single citizen in the community to do so.

In the campaign *Gaining Health: making healthy choices easy*, careful planning with particular regard to all channels and targets involved in the strategy (looking at data and results coming from behavioural risk factors surveillance systems) was considered an important element for success in the communication campaign.

The most successful elements of the *Promoting healthy work for people with chronic illness - Public Health and Work* were:

- The guide to good practice for employers and (HR) managers (easy-to-use information, six-step plan to set up a return-to-work programme, checklist on appropriate behaviour towards employees with a chronic illness);
- Dissemination at national level through national events and campaigns;
- Selection of good practice companies, organisations, healthcare providers and intermediaries.

In the case of *Move Europe - Healthy lifestyles in the working environment*, the aspects considered as most successful were:

- Development of high level quality standard ("quality model");
- Company Health Check (self-assessment tool, available online);
- National dissemination activities had a very good response: over 2,000 companies, institutes, schools, hospitals etc. became involved in the campaign;

The campaign *Steps to healthy living*, targeting EU institutions and focusing on unhealthy diet and sedentary lifestyle, considered the following as most successful aspects, in terms of immediate feedback and in starting a conversation:

- Breakfast debate with MEPs and key stakeholders discussing findings of a Europe-wide survey on diabetes policies, including prevention;
- Exhibition and free blood-glucose testing in the European Parliament;

- Delivery of campaign messages via social media, mainly Twitter.

The combination of media used, and the interactive tools including a risk test, a mobile quiz via text message and the website called 'healthy habits' were considered the most successful aspects of *Healthy habits - prevention campaign diabetes*. It was reported that 30% stated that they changed habits (healthier food and exercise) through the quiz that ran for nine weeks.

The project *Felicidário (Diary of happiness)*, consisting of a calendar and a dictionary with 365 practical definitions of happiness, had as its successful element that every day a new graphic on a concept of happiness was presented, which enabled a systematic and continuous process throughout the year spreading this positive message. It was mentioned that a group of 50 illustrators joined the campaign, contributing to the 365 illustrations that can be seen in the website or Facebook of the campaign (felicidario.encontrarse.pt). The campaign has not been evaluated, but the large number of prints of the illustrations sold and the number of people visiting the website were considered important evaluation indicators. During 2013 the website had 174,254 visitors (from different countries internationally, including namely Spain, Brazil and France) and 19,870 fans in Facebook.

5.2.2.7 Elements for improvement

Few respondents provided information on elements for improvement, but those who did mentioned one or more of the following:

- The visibility of the events was not sufficient (*Week information on mental health* campaign);
- If the campaign was done now with Twitter and Facebook it would have made a better impact (*Zero stigma:2006-2008* campaign);
- Improvement on specific aspects of the materials design. For instance, the pictures in the books could have been in cartoon figures (*zero stigma for school children* campaign) or the feeling that the font used for the text was too 'childish' (*World COPD Day* campaign);
- Continued active dissemination of the valuable project outcomes was lacking in previous years and this is important (*Move Europe - Healthy lifestyles in the working environment* campaign);
- A few respondents mentioned the need for more resources (e.g. *Steps to healthy living*, *See Change* campaign);
- In some cases, improvement based on feedback was carried out. For instance, in the campaign *Step Jocke*y there is on-going iterative improvement of all aspects of the product directed by real-time user feedback. In the campaigns *UPA makes the difference* and *United to Help Teachers*, the materials and procedures of the programmes were improved following the first completed edition;
- The difficulty of seeing the wider impact of a campaign was also mentioned in the case of *Healthy Lungs for Life* campaign*;*
- The fact that evaluation still needs to be further improved was mentioned by the respondent reporting on *PINC: Programme of Information and Communication supporting Gaining Health: making healthy choices easy* campaign;
- In the case of *Promoting healthy work for people with chronic illness - Public Health and Work* campaign, the following elements were mentioned:
  - One campaign manager for the full duration of the campaign ensures continuity;
  - Some of the national partners found it difficult to implement strategies and guidelines developed on an EU level in a national context.

5.3 Conclusions

Although the evidence base gathered through the call is varied, it is nonetheless possible to draw some general conclusions. These are that:

- *Using more than one communication channel increases visibility*: In the majority of campaigns reported on, more than two different types of media were used. This shows that a better reach is achieved when a mix of communication channels are used;
- *Defining a target audience is imperative*: All campaigns reported on had identified at least one target audience. By doing so, a number of decisions on the type of communication channels used and the nature of partnerships, etc. are then influenced - depending on the type of target audience - in turn yielding clearer results;
- *Main risk factors are not always targeted in isolation*: The results show that tackling multiple risk factors within the same campaign can bring about positive results; and sometimes can increase the effectiveness of campaigns. This can be linked to policy development - whereby addressing multiple policies together can create better results and behaviour change (for example looking at healthy diet and physical activity together). In addition, there seems to be a clear distinction between campaigns that only focused on mental health and other campaigns that tackle multiple risk factors, such as smoking, alcohol, unhealthy diet and sedentary lifestyle;
- *A lack of alcohol-related harm campaigns*: there is a gap in alcohol-related campaigns in the call for evidence, even when this is an issue of great concern at EU level, especially related to binge drinking among young people;
- *Evaluation is a key aspect for future improvement*: By having an evaluation, the campaign organisers can pinpoint specific areas for improvement and changes; this would increase the campaign effectiveness and prove to be more efficient. The examples presented above have used a very wide-ranging set of designs and measures; yet, notwithstanding this variety, there is a clear need to improve the use of evaluation within the campaigns covered.
- *Financial performance is not included:* There is little evidence of the financial valuation of results or of the setting of budgets based upon analysis of the levels of activity required to gain adequate penetration/reach.

PART C: SYNTHESIS AND APPLICATION OF THE EVIDENCE

This Part of the report takes the evidence presented in Part B, synthesises it and applies it to arrive at a set of key findings and considerations for development.

6 Initial Key Design Principles

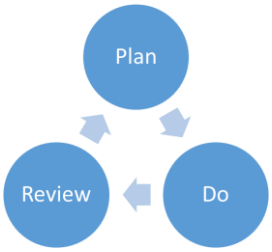
Part B of this report set out a rich and detailed evidence base. This evidence is particular, having been derived from specific campaigns. It is also mixed, having been derived from sources that include individual case studies and peer-reviewed literature.

There is then the challenge of moving from the particular to the general. For this scoping study to fulfil its aims, there must be some conceptual bridging that goes from the assembled evidence into a set of useable principles and recommendations for future action. That is the subject of Part C. As noted elsewhere in this report, the conceptual bridging required is provided by the use of Key Design Principles (KDPs).

This section presents the 'initial' set of KDPs that were produced for the study. They were derived from a synthesis of the evidence presented in Part B and a workshop of the study team and its retained experts. The KDPs are presented here as 'initial' because they were then tested in focus groups with thematic experts in order to test their validity, and on that basis modified. Results of this exercise are presented in the following section 7.

In considering what follows, the reader should note that:

- While primarily acting as 'design' principles, they span the full campaign project cycle. They are therefore presented here against a high-level / basic 'Plan-Do-Review' cycle, showing the stage of potential application.
- There is a challenge in expressing principles at the right level of abstraction. If they are too detailed, they will not apply across all/most cases (failing the test of being 'a principle'); too general and they cannot meaningfully guide action (failing the test of utility).



- From the outset, the specificity of 'EU-cross border' campaign formulation is central. While most KDPs would be relevant for most public heath campaigns, some key aspects of cross-border campaign design would be more challenging because of a greater diversity of geographies, partners, target audiences and cultural settings.

The 12 initial KDPs are presented below.

6.1 Plan

1) Define, define, define…then design

There needs to be a clear understanding of the nature, scale and evolution of the problem(s) to be addressed and the rationale for intervention. Background research is the backbone of a campaign design process, as it will tell you where the problem is, what is already being done (or not) and who the relevant stakeholders are.

This stage also includes defining the target group(s) of interest and the behavioural outcome(s) desired with as much precision as possible. Much then flows down from this in terms of likely media choice, messages, partnerships, etc. This work will also enable ongoing monitoring and evaluation.

- Prior research into the national and/or local context is necessary - especially considering EU-cross border level campaigning - there may be certain differences among populations which dictate your campaign structure/rationale.
- Will your campaign span all EU Member States - or will you target specific groups of countries? This will be dictated by background research into the behaviour you want to change, but it will affect your whole campaign design – and budget.
- It is already important at this stage to have a strong understanding of the general nature, scale and costs (e.g. costs to health services; costs to economy) of the problem you are trying to tackle with your campaign, and the potential cost of non-action.

- Consider campaigning as a tool not only for behaviour change but also for changing ways of thinking (paradigm change) in the longer term. Policy makers (at local/national/European level) are ultimately also responsible for developing the very climate in which communication is undertaken by raising the public support for a particular policy change.
- The campaign environment (e.g. legislation, previous campaigns) should also be taken into account when developing a campaign on a risk factor, especially when specific target audiences are not at the same 'stage of awareness' in the various Member States covered by the campaign.

2) Really understand your target group

Formative research is vital in gaining insights into the motivations, values, attitudes, behaviours, influencers and media choices of the target group. This is especially important in cross-cultural settings and / or when targeting specific groups to address inequalities. Doing this groundwork early on will influence your campaign strategy and budget.

- Targeting 'the public' is not targeting at all. It is fundamental to identify your target group(s) with as much precision as possible, before defining your strategy to reach these groups.
- What behaviours do you want to change through this campaign? Are there steps that must be achieved before the behaviour change can take place (e.g. normalisation or service delivery). Once you understand your target groups, you will have a clearer understanding of what messages they will listen to and through which means.
- It is crucial to keep the research on target audiences separate from the tasks of designing and running a campaign that are typically undertaken by a marketing/ communication agency.

3) Nothing so practical as a good theory

Accepting that no single model or discipline has 'the answer', it is important to draw behavioural insights from theory developed disciplines such as psychology, sociology, economics, history and marketing. These can be used to set out the theory of change for the campaign - by what mechanisms will the delivered message translate into changes in behaviour?

- Some models of behaviour view people as rational beings who make choices after considering all relevant costs and benefits. This is a limited model when considering the four risk factors under consideration here.
- Setting out such a theory of change should also go beyond the use of behavioural models and take into account all the relevant evidence from research and previous evaluations of campaigns addressing the same risk factors.

4) Frame the message to suit the behaviour, target group and setting

The choice of messages should be the result of all the preliminary research and analysis done prior to campaign planning, and it very much depends on the context, objectives and target audiences of the campaign.

- Radically different approaches are available – from 'shock' to positive testimony; from long- to short-term benefit. Effectiveness then depends on context: do (for example) 16-20 year olds respond more readily to *'stop smoking, smell better'* than *'stop smoking, live longer'*? Also, do all approaches work in all contexts – or are some cultures more or less receptive (e.g. to shock tactics)?
- Raising awareness cannot be a campaign objective in itself. Awareness raising is a means to achieve the objectives set for a campaign, which are usually measured in terms of attitude or behavioural change.

- Timing is key: how often and at which stages (and times in their life / their year / their day) do you want your target audience to see these messages?

5) Test your proposition

Formative research is also critical to understanding how your campaign is likely to be received. Investment here will save potentially expensive design errors. Your proposed campaign should be tested in terms of messages, media, and intended impacts.

- Such testing of the campaign approach (messages and visuals) with target groups should be done by an external contractor and not by the marketing / advertising / PR agency that designed and/or will implement the campaign.
- Testing and refining based on market research guarantees objectivity and can provide valuable feedback for stronger campaign development.

6) Communication…plus

Greater effects can be achieved by combining communication with other interventions, e.g. taxation, service provision, regulation, public engagement. In isolation, provision of information is unlikely to be enough.

- In a busy campaign environment, you must assess your chances of being heard. Policy makers have to take into account that campaigns aiming to change behaviours in these risk factor areas take place in an extremely competitive environment. With national and multinational companies advertising products and continuously trying to influence consumption habits and trends, where should your campaign intervene?
- Within such an environment, your campaign needs to reflect on the type of partnerships which can strengthen your message and address the ultimate goal (see below).

6.2 Do

7) Build a coalition

How will your efforts be supported and multiplied? Which organisations can be used to transmit your message? How does this relate to the influencers of your target group(s)? Such key questions can be addressed at this stage. Be aware, however, that partnerships can fail due to insufficient communication / negotiation / agreement in establishing the roles and responsibilities of partners.

- For partnerships to be effective and sustainable they need to constitute a win-win situation for all partners involved (i.e. the objectives of the partners need to be aligned).
- Do not underestimate the effort required for building your coalition. Relevant partners in particular countries need to be identified, consulted and involved from the initial stages of the campaign research (in fact they may provide useful insights and/or data in this research).
- Depending on the target group(s), social media may offer a means of increasing out-reach especially building on the digital tools of partners – this makes partnership an important medium in itself (the messenger as the media).
- Do consider the long term and strategic aspects of partnership building beyond the campaign timeframe. This is an often under-developed area but one that could prove vital in longer-term behaviour change success.

8) Pilot, learn, refine; pilot, learn, refine (etc.)

Formative research and testing will narrow uncertainty, but learning cannot stop there – especially in cross-cultural settings. Approaches should be piloted and lessons fed straight back into the (re)design process. A cycle of continuous improvement should be the aim, rather than the mass launch of ‘the perfect campaign’.

- By this stage a certain amount of resources (budgetary and time input) should be allocated to monitoring and ongoing evaluation activities during the campaign.

9) Mix methods and products

Effective campaigns typically use more than one media type, and your choice of communication channels should be based on the preliminary research conducted in previous phases.

The addition of 'tools' (e.g. self-assessment tools, progress trackers, etc.) to help promote the desired behaviour should also be considered. If provided digitally they can be spread widely and also create a connection with users that can be used again.

- There is no pre-defined answer to the question about the right mix of communication channels to reach particular audiences. This choice always depends on the context, resources available and media used by the target group in the particular countries included in the scope of a campaign.
- There are no miracle solutions for reaching target audiences with limited resources. It is often perceived that the use of social media is cheap and allows reaching a large number of people. However, considerable resources (if not budget then imagination, commitment and coordination) need to be invested for a campaign to 'go viral'.
- For campaigns targeting the four risk factors, as well as other types of campaigns, the need is to keep the messages clear and simple as well as to repeat them frequently enough to get a sufficient recall among the audiences targeted - regardless of the methods and materials used.

10) Time your entrance

A 'life course' approach will help with the definition of target group(s) by considering behaviours within the context of 'their time of life' (e.g. women considering starting a family may be considering lifestyle changes). Such key moments will be identified by the research conducted during your campaign planning phase.

- Timing at individual level - i.e. the impact of a campaign is likely to be more significant at certain moments when individuals are more open to change (entering the workplace, first pregnancy, first visit to a doctor after 40, retirement from work, etc.).
- Decisions should also be taken concerning what is the best time of the day to reach individuals in a particular target group (e.g. taking into consideration working and recreation / home patterns).
- Thinking seasonally will also help to time the campaign to the most efficacious periods within the year, e.g. using New Year for resolutions or the timing of summer holidays.

6.3 Review

11) Evaluate at all stages

Evaluation should run throughout: operating in a 'developmental' mode to gather feedback to adjust a live campaign (incorporating monitoring tools within the campaign means you can pick-out emerging trends and any 'red flags'); and operating in a 'hands-off' mode to quantify impact. The choice of media will affect what kind of evaluations and the degree of detail available; for example, use of digital products provides the opportunity to gather 'live' (and cheap) data for evaluation, and could be further explored.

- The results from previous relevant campaigns (including from external sources) should be used to set up realistic performance benchmarks for future campaigns as well as to collect evidence on what works or does not work in particular fields. The extent to which past evaluations provide useful insights varies depending on the quality of the methods and conclusions produced.

- The development of an intervention logic and SMART objectives[22] for monitoring and evaluation of the campaign performance is crucial. Do not underestimate the importance of relevant indicators that need to be designed to measure this performance.
- Measuring the impact of a campaign is a complex and challenging task, because of the number of influencing factors and the long-term impacts of the behavioural changes that a campaign may have produced. Also, the use of self-reported behaviour data tends to be inaccurate - for example, we often eat worse and move less than we think!
- Long term tracking studies and big health surveys are potential data sources that may support arguments regarding campaign impact. Outcomes of campaigns may be measured based on sales data e.g. reduction in tobacco sales after anti-smoking campaigns.
- Financial return (ROI) and 'value for money' calculations should always be included in campaign evaluations. These can be compared with the saved/prevented costs of the disease. Without this process, justifying budgets by proof of worth will be impossible.

12) Every end marks a new beginning

Having a thorough evaluation is fundamental - aside from analysing whether your campaign was successful, it will also give you insights into what worked and what could be improved next time.

[22] SMART objectives: Specific, Measureable, Attainable, Relevant, Time bound.

7 Testing and application of the initial KDPs: results of the focus groups

The initial KDPs presented in section 6 were tested in four focus groups with thematic experts. These focus groups covered the four risk factors of interest and aimed to:

- Build on the evidence-base collected in previous tasks on the particular issues concerning cross-border communication campaigns;
- Examine the conditions needed to execute high impact cross-border communication; and
- Test the applicability of the KDPs with experts with real-world experience.

Annex 2 provides a detailed account of the method used for the focus groups. In summary, each group comprised a blended set of experts (shown in Table 7.1), who – after introductions and a presentation of research findings to date - were guided through three main tasks:

1. Discussion of the key challenges in cross-border communication;
2. Ranking activity examining the initial KDPs; and,
3. Application of the KDPs through a fictional campaign activity.

Table 7.1 Summary of experts attending the four focus groups

	Smoking	Alcohol consumption	Unhealthy diet	Sedentary lifestyle
Public officials of Member States	2	3	2	2
Academics and policy experts	-	1	2	3
Communication and social marketing experts	-	-	2	-
Representatives of international organisations	1	2	1	1
European level interest groups	3	2	-	2*
Total	**6**	**8**	**7**	**8**

* One of the experts did not directly participate in the focus group due to an emergency but sent in written comments for the exercises

This section presents the results of this activity; it follows the same structure of the three tasks noted above. In presenting results, general findings are noted first, before any specificities associated with each risk factor are noted.

7.2 Key challenges associated with cross-border campaigns

The participants in the four focus groups identified a number of challenges particular to cross-border communication campaigns. The most immediate challenges identified across all focus groups refer to the necessity to account for the diversity of national contexts in all its forms:

- Varying patterns of risky behaviour related to health;
- Cultural underpinnings;
- Social norms and traditions;
- Language and communication channels; and
- Practical considerations following from national differences.

Each of these is detailed below.

Varying patterns of risky behaviour related to health

Participants in all focus groups pointed out that the prevalence of risky behaviours related to health varies markedly between countries. For example, against the backdrop of a general decreasing trend in smoking rates in Europe, certain countries find themselves ahead of the curve in the "smoking epidemic" cycle (e.g. the UK, Nordic countries), while others still face high prevalence and low rates of decline. Alcohol consumption in the EU region remains the highest in the world, but per capita consumption in Eastern European countries far surpasses that recorded in Southern Europe. Discrepant patterns are also observed for unhealthy dietary choices (e.g. high consumption of salt in some countries, while high rates of consumption of calorie-rich foods are more salient in others) and levels of physical activity in the population.

According to the participants, this variation may render the definition of precise campaign objectives and targets exceedingly difficult in a cross-border setting. Participants in all focus groups expressed concerns that, as the geographical scope of the campaign widens, it becomes increasingly more difficult to identify common priorities and to pinpoint relevant common target groups.

Cultural underpinnings

Epidemiological differences generally reflect divergences in countries' political and cultural backgrounds and social norms, which shape perceptions with regard to accepted social behaviours. Participants were unanimous in pointing out that deeply embedded cultural disparities must be well understood and documented as they will significantly affect the perception of the campaign message.

Participants considered that if social pressure for the reduction of smoking and alcohol consumption is high, communication campaigns can be more effective by focusing on the negative social perception of the behaviour in question and on the social exclusion of smokers/consumers of alcohol - rather than simply emphasising negative health effects.

Social norms and traditions

Social norms can also affect how the campaign message is presented. For example, the development of the campaign slogan / narrative is likely to require adaptation to local norms and sensibilities. As cultural perceptions vary, it is difficult to create a uniform message that would appeal to target audiences across countries.

A recurring concern voiced in the group discussions was that, even if a Europe-wide message can be formulated, it risks being so general as to become meaningless. Alternatively, a cross-border communication campaign could opt for a more complex messaging strategy, whereby the general campaign message (formulated at the European level) is adapted to the various national contexts. This strategy was referred to as a 'multi-subject' concept by a participant in the alcohol consumption focus group. While this approach has been successfully applied in the past, some participants were quick to point out that it is not without its drawbacks, as it requires the commitment of significant resources, and transferability to the national level may remain limited.

Language and communication channels

All experts agreed that language is a primary barrier. Even the literal translation of campaign messages and materials carries a considerable cost and can strain campaign budgets. Moreover, translation is rarely straightforward: the subtle meanings of expressions and slogans seldom carry over into different languages. In order to convey the overarching campaign message at the national level, it is often necessary to use entirely different terminology and expressions, which successfully reflect local idiosyncrasies.

A similar challenge was raised with respect to the choice of communication channels at the local level. If the campaign is to be effective, media channels must be chosen in such a way as to be readily available to target audiences and to capture their attention frequently and in a targeted manner. This in turn means that the correct mix of media to be employed may not

be defined at the European or cross-border level, since users of different media belong to different age groups, have different socio-economic backgrounds and education levels across EU regions.

A relevant example discussed in the focus groups is the use of social media and blogs. While it has the potential to reach a large audience, the use of social media is highly variable across European countries, as is the level of penetration of internet coverage and ICT. Similar concerns apply when relying on modern mobile technology and interactive apps: in Eastern Europe the user group includes mainly young adults and teenagers from upper socio-economic classes, whereas in the rest of Europe the technology is used across age categories, mainly by professionals. In addition to accessibility, affordability raises challenges in cross-border settings.

Practical considerations following from national differences

Aside from the more immediate challenges facing cross-border communication campaigns detailed above, participants highlighted additional issues that follow from national / institutional differences.

Participants agreed that given the varying patterns of behaviours and health, cultural and other differences across countries, having relevant actors at the local level that are able to draw on their familiarity with the local context and their local networks and partnerships is fundamental to ensuring the successful implementation of a cross-border campaign.

Building local coalitions, however, comes with its own challenges regarding the identification of relevant local actors and their coordination. One approach suggested by some participants is to identify local actors who represent a cluster of similar regions or target groups, e.g. international student associations rather than student associations from each country. Other participants highlighted the need for local stakeholders to be involved in the cross-border campaign from its inception and in all campaign stages in order to ensure some degree of “local ownership”. The campaign message is likely to be most effective when it is consistently disseminated by multiple actors “pushing in the same direction”.

Participants also stressed the need to take institutional factors into account. These included the division of responsibilities between different levels of government, existing national policies, available resources and legislation. Responsibility for public health promotion and communication are usually divided between stakeholders whose activities are not always coordinated. As an example, the promotion of active lifestyles falls within the responsibilities of public health authorities and health professionals, as well as policy makers and educational institutions. However, their respective level of involvement varies markedly between countries and even between country regions.

The general consensus was that successful cross-border communication campaigns must adapt to the diversity of institutional settings and get all actors “on board” for the dissemination of the campaign message. The active participation of policy makers in the campaign coalition proved to be a particularly thorny issue: some experts expressed concern that campaign goals might not always coincide with, and should not be subject to, political interests. Nonetheless, others thought that the implementation and coordination of cross-border campaigns cannot be abstracted from the political environment. Political support for the campaign should be leveraged whenever possible, while keeping in mind that it is rarely the case that such support will be uniform across all countries, or maintained throughout a political cycle or long implementation periods. In such cases, participants suggested that the best strategies are to de-politicise campaigns and to emphasise the international dimension (EU-wide), which can help maintain a continuum of support regardless of the changes in the local political environment.

National policies were also an important element brought to the discussion by participants. In countries where supportive policies have been in place for a long time, and there is a long history of public health interventions and communication, it is arguably easier to achieve behavioural change. To give a few examples, the availability of counselling and treatment for smoking cessation in primary care, accessibility to treatment for recovering alcoholics, and

the availability of counselling from specialised health professionals (nutritionists, dieticians, etc.) can contribute greatly to lasting behaviour changes in the population. By contrast, in settings where coherent public health policies and interventions are lacking and health literacy in the population remains low, the most a cross-border communication campaign can hope to achieve is to raise awareness.

In three of the focus groups, participants discussed the additional challenge to cross-border communication campaigns posed by differences in relevant legislation. For example, some form of ban on smoking in public places has been legislated for in all EU countries, but its scope and adherence/enforcement varies widely. Equally variable is the legislation on tobacco taxation, marketing and distribution, which affects the accessibility and perception of tobacco products. In the case of alcoholic drinks, EU law uniformly prohibits selling alcohol to minors but wide variations in national legislation persist with respect to taxation and distribution channels; the same applies to the maximum blood-alcohol levels permitted for drivers. Finally, legislation addressing product labelling, accepted concentrations of potentially harmful ingredients and distribution standards for food products also remain variable despite some efforts towards harmonisation across the EU.

This variability in legislation translates into variation in the specific behaviours to be addressed that might require an adaptation of the campaign approach and messaging strategy. What is more, national regulatory frameworks have different levels of permissiveness with respect to public communication which can directly affect what the campaign can promote, how the message can be formulated and what activities can be planned as part of the campaign.

7.2.1 Specificities by risk factor

While most of the challenges identified during the focus groups are general in nature and relevant for all risk factors in a cross-border setting, the exercise also yielded a set of factor-specific risk results. As some variation between the addressed topics can be accounted for by group dynamics, in this section we underline only those specificities that reflect substantive differences between the four risk factors considered.

One distinctive feature pertains to messaging. A consensus has emerged in recent scholarship that positive messaging is more effective generally speaking in bringing about lifestyle behaviour change because it is motivational and provides positive reinforcement. Interestingly, the participants in the smoking and alcohol consumption focus groups pointed out that when it comes to curtailing specific unhealthy behaviours, communication campaigns can also benefit from strong negative messages that ‘incriminate’ the risky behaviour. This strategy is likely to be most effective in settings where the social pressure for the reduction of a certain health behaviour is high and when the message can be stated very precisely: “Stop smoking!” or “Don’t drink and drive!”.

The discussion in the unhealthy diet focus group uncovered other specificities related to messaging:

- First, that the message pertaining to unhealthy diet is complex. Rather than seeking to curtail specific behaviour, the desired message for this risk factor refers to the need for adapting behaviour to certain standards. Participants in this group emphasised that the inherent complexity of the concept of a healthy diet makes it extremely hard to define one comprehensive campaign message that would be both understandable and easy to act upon.
- Second, communication to address unhealthy diet is further complicated by an incomplete and often imprecise scientific basis. The links between specific dietary habits and health are complex and subject to regular (and public) contestation by experts. A similar issue was raised in the sedentary lifestyle and alcohol consumption focus groups. In the former, participants referred to the lack of precise scientific results with respect to the type and intensity of physical activity. The definition of measurable health benefits is one of the important challenges faced by health communication campaigns in this area.

In the latter, participants referred to the lack of standardised recommended alcohol intake levels as a major issue across countries.

- Third, it is particularly difficult to define a "healthy diet" in a consistent manner across European countries. The issue goes beyond differences in national guidelines on proper nutrition to the availability of certain foods, their role in the traditional diet of each individual country and their relevance for the local food industry. As a result, recommendations can be based on nutrient intake, the balance of nutrients and food groups and their contribution to a healthy diet, but participants saw little scope for being prescriptive with respect to specific foods - perhaps with the exception of salt. Considering these additional challenges, participants in this group expressed doubt about the feasibility of an EU-wide campaign and suggested that the issue might be best targeted at a regional level.

One challenge identified in all focus groups, but treated quite differently in the discussions across the four groups, is the involvement of directly linked, or relevant, industry representatives in cross-border communication campaigns:

- Participants in the smoking focus group unanimously dismissed the idea of including (tobacco) industry representatives in a campaign coalition.
- A similar, albeit less definitive, conclusion emerged from the focus group on alcohol consumption. Participants saw only very limited potential for collaboration with the alcohol industry but agreed that there can be benefits to promoting responsible alcohol consumption as part of industry-led marketing campaigns.
- In the case of unhealthy diet, the interaction with industry was far more complex. Any change in eating behaviour can have far-reaching consequences for local economies and food industries, which may pose questions as to their willingness to commit to the campaign. At the same time, changes in eating behaviour are greatly facilitated by the availability of healthier nutritional choices, rendering both the food producing and the food distribution industries relevant partners in a communication campaign coalition.
- In the sedentary lifestyle focus group the issue of industry involvement was only briefly touched on as participants expressed some difficulties in identifying the relevant industry partners (e.g. sports equipment retailers, sports clubs).

Two other specificities emerged from the discussion on campaigns addressing sedentary lifestyle: the lack of a relevant legislative framework and the importance of existing infrastructure. Regarding the former, experts pointed out that while current legislation can indirectly encourage physical activity (e.g. increasing taxes on automobiles and fuel, introducing congestion fees) very few legislative norms directly affect the frequency and intensity of regular physical activity – one exception being adapting school curricula to include a more extensive sports component. The importance of existing infrastructure was considered a significant challenge for campaigns encouraging physical activity, especially in a cross-border perspective, as the availability and quality of sports infrastructure varies markedly between EU countries. Examples of this include sports facilities in schools or the existence of dedicated bike lanes.

7.3 Validation of the initial KDPs

The initial reaction of participants in all four focus groups to the KDP ranking exercise was to state that all the KDPs are important. Despite this, ultimately the majority of participants in each focus group managed to rank the KDPs. They did so by reflecting on which KDPs would be more important at different stages of the public health campaign; or dividing KDPs into "must-haves" and "should-haves" or "added value" on the ranking board. Some of the groups emphasised that differences in ranking reflected only minor differences in importance and that the placement of a KDP on the lower end of the continuum does not indicate that a principle is irrelevant, rather that it is, in relative terms, less important than those placed higher.

A small set of KDPs was consistently ranked higher in the context of cross-border communication campaigns. In each respective group discussion it became clear that the higher rank of certain KDPs reflected their importance for public health campaigns in general, while the higher rank of others pertained more specifically to a cross-border context. Among the former were, *"Define, define...design"* and *"Know your target group"*, both unanimously considered to be cornerstone principles of any campaign and important ones to be tackled in the early stage of a campaign.

The importance of *"Build a coalition"* was very much linked to the cross-border nature of the communication campaigns discussed in the focus groups and ranked by most participants at the highest level of importance. One focus group (smoking) considered coalition building decisive for the successful implementation of a communication campaign across borders, equating it with the subsidiarity principle. In another focus group (alcohol consumption), *"Build a coalition"* highlighted the issues of leadership and coordination (which partner is responsible for which components of the campaign), allocation of resources, and possible conflict of interests that may arise when implementing cross-border campaigns.

"Communication…plus" was also consistently ranked highly. This reflected a strong view on the part of all groups as to the limits of what communication campaigns can, on their own, achieve in terms of changing behaviour. While communication campaigns can be very effective for raising awareness, they are most likely to contribute to actual behaviour change when paired with other initiatives, such as changes in legislation (e.g. changes in labelling of products or taxation). One group (smoking) mentioned the importance of building an "enabling environment" around the campaign – e.g. simultaneously establishing "quit-lines" for smokers – for bringing about behaviour change. The importance of *"Communication…plus"* was also highlighted in connection with cross-border communication campaigns. The smoking focus group also raised the issue of building on ongoing or past initiatives (either national campaigns or legislative changes), in order to avoid contradicting them, and instead to take advantage of potential synergies.

Other KDPs were also generally ranked highly, but not as consistently as those described above. Among these KDPs were, *"Time your entrance"* and *"Nothing as good as a good theory"*. *"Time your entrance"* was ranked very high in the smoking and alcohol consumption focus groups, while in the other two focus groups this KDP was considered one of the least important ones. Participants in the healthy diet and physical activity focus groups felt that in the context of a typical communication campaign, timing is not something that one can always have control over as the time horizons for implementation are usually relatively short. The importance of having a theory to support the design of communication campaigns was more of a consensual point among the participant of the alcohol consumption and sedentary lifestyle focus groups, and revolved around the importance of translating awareness into behaviour change. Among participants in the sedentary lifestyle focus group there was consensus that having a good theory and knowing one's target group were two interrelated steps that should be addressed early in the campaign design stage.

The ranking exercise and subsequent group discussions revealed some inconsistency in the assessment of the KDPs related to evaluation: *"Evaluate at all stages"* and *"Every end marks a new beginning"*. Groups tended to rank both KDPs related to evaluation relatively low, the exception being both small groups in the unhealthy diet focus group and one small group in the alcohol consumption focus group. The most commonly voiced reason for this lower ranking was that, in the face of limited resources available to set up public health campaigns, evaluation ended up being underfunded. Difficulties in defining measures and collecting data on the final impact of a campaign, in terms of behaviour change in the target population and whether such changes would be permanent, was also cited as a considerable barrier to evaluation efforts.

Despite this, during the ensuing group discussion participants often stated the importance of evaluation for fine-tuning ongoing campaigns, and how crucial it is to learn from the evaluation of past campaigns to build on success and avoid repeating mistakes. The group discussion in all focus groups highlighted three areas of consensus:

- First, evaluation should be seen not as a one-off stage or a step that takes place at the end of a campaign (as suggested by the KDP *"Every end marks a new beginning"*), but rather as a parallel process involving multiple feedback loops into the implementation of the campaign itself. Referring to the campaign life-cycle approach used to structure the KDP framework, participants suggested evaluation should be conceptualised as a transversal dimension, cutting through the two other phases in the campaign design and implementation processes.
- Second, most groups chose to merge *"Evaluate at all stages"* and *"Every end marks a new beginning"* into one single KDP – one focus group (sedentary lifestyle) went as far as to merge these two KDPs with *"Pilot, learn, refine..."* and,
- Third, evaluation should begin at the very start of the definition/design stage with the selection of performance indicators for which data should be collected throughout the communication campaign.

As a rule, and despite being told it was possible to do so, groups seldom excluded KDPs in the ranking exercise – a further sign of their overall relevance. There were, however, several instances where KDPs were merged together. In addition to the abovementioned KDPs related to the evaluation stage, the KDPs *"Test your proposition"* and *"Pilot, learn, refine..."* were also often merged during the ranking exercise, in all groups except in the alcohol consumption group. Participants did not recognise these two KDPs as belonging to different stages of a public health campaign, but rather felt that they were part of a broader KDP pertaining to piloting and refining of the message and the channels used to convey the message.

The number of new KDPs that were added was also limited. While at least one focus group (unhealthy diet) linked coalition building to sustainability of the communication campaign, the focus group on alcohol consumption and sedentary lifestyle opted to explicitly add a KDP on *"Sustainability"*. The sedentary lifestyle focus group also included a KDP on *"Involvement of the target group"*. The focus groups on smoking added a KDP on *"Budget and allocation"*, while the one on alcohol consumption added a KDP termed *"Leadership and coordination"*. Despite their seemingly different labels, both new KDPs pertain to assessing the communication campaign's available resources and how best to distribute and coordinate their use between different partners.

7.3.1 Specificities by risk factor

While there were some slight differences between focus groups in the ranking of KDPs, there is little evidence from the discussions that these limited differences reflect underlying particularities of the different risk factors. There were only two exceptions to this:

- First, *"Time your entrance"* was ranked very high in the smoking and alcohol consumption focus groups, reflecting participants' previous experiences in which linking campaigns to specific events in the course of the calendar year had been instrumental in enhancing the chances of behaviour change. Pregnancy, New Year resolutions or national anti-smoking days were among the examples provided by participants. In the unhealthy diet and sedentary lifestyle groups, the timing of the campaign had much less relevance in the debates surrounding the ranking of KDPs, although one group in the sedentary lifestyle focus group did maintain that the timing of the campaign (e.g. coordination with start of school year) could be relevant for some target groups, such as school aged children and youth; and
- Second, the discussion in the sedentary lifestyle focus group highlighted one new KDP, namely *"Link with campaigns related to other risk factors"*, reflecting a particularity of the risk factor sedentary lifestyle. The participants highlighted how physical activity is often interconnected with healthy diet or smoking. For example, the message of a campaign on healthy diet (e.g. addressing obesity) could also have an impact on physical exercise; the target groups for different risk factors may also overlap across campaigns (school aged children in the case of obesity); or other risk factors (e.g. smoking) could affect behaviour related to physical exercise.

After expressing concern with how to define importance and how the ranking results would change if the exercise was carried out in relation to existing communication campaigns (drawing on the previous experience of participants), the unhealthy diet group provided a list of the KDPs that it felt would be likely to have the most leverage in improving the effectiveness of existing communication campaigns (cross-border or otherwise). They considered that the appropriate application of the *"Communication...plus"* KDP is likely to have the greatest impact on improving communication campaigns, closely followed by *"Evaluate at all stages"*.

7.4 Applying the KDPs to a fictional campaign

The applied exercise of building a fictional campaign using the KDPs as a guideline confirmed several of the issues already raised during the ranking exercise. It also confirmed the basic validity and utility of the KDPs.

First, the KDP *"Pilot, learn, refine..."* was often left blank or underdeveloped as participants felt that this KDP overlapped with *"Test your proposition"*. From the discussions within the groups and also subsequently with all participants in this focus group, it was clear that participants did not make a distinction between testing in the 'Plan' and 'Do' phases of the communication campaigns. In the sedentary lifestyle focus group, participants suggested that the KDPs *"Test your proposition"* and *"Pilot, learn, refine"* should be merged together with the two KDPs on evaluation into a single KDP called *"Evaluate and react"*.

Second, the importance of *"Know your target group"* was clearly demonstrated as the groups developed their fictional campaigns. The particularities of the target group very much determined the choice of message, the methods used to convey that message, the timing of the campaign (e.g. beginning of school year in the sedentary lifestyle fictional campaigns) and even which partners to include in coalition building. Most groups started the exercise by narrowing down the target group to the specific cluster where the highest impact from the campaign can be expected - primary target group - and considering variations between countries and secondary target groups. The target group was also the main driver for the use or absence of social media in the mix of methods used. For some of the target groups chosen for the fictional campaigns (e.g. middle-aged men in the alcohol consumption group), participants felt that social media would not play an important role.

Third, evaluation was unanimously seen as an ongoing process that should take place in parallel throughout all stages of the public campaign. This also meant that many of the groups discussed the definition of indicators for evaluation (outcomes, processes) already in the earlier stages of defining the public health campaign. Further emphasising the cross-cutting nature of evaluation in the campaign cycle, most groups kept coming back to the Review phase throughout the exercise, adding details as new ideas on measurement and indicators arose during the discussion of the other KDPs. At the same time, the KDP *"Every end marks a new beginning"* was neglected by both groups working in the smoking and alcohol consumption focus groups, and was intentionally left out by one of the groups working in the unhealthy diet focus group. This was seen by participants as the logical consequence of having evaluation running as a parallel process throughout the entirety of the communication campaign.

The application of the KDPs to the fictional campaign scenarios also allowed groups to reflect on the ordering of the KDPs along the life-cycle of the campaign. A minority of the groups proceeded to develop their fictional campaign by adhering to the ordering of the KDPs, in effect treating them as checklists to be followed in sequence. The majority, however, took an initial step back to discuss what order made the most sense; jumped from one KDP to the other as they developed their fictional campaign; or effectively marked KDPs that should be merged or moved up or down in the sequence of a communication campaign. As the exercise progressed and the proposed campaign began to take shape, even those groups that had started by following the ordering of the KDPs began in parallel to discuss non-sequential KDPs. During the subsequent discussion, several participants raised the

point that the KDPs should not be presented as a sequential list of steps in a campaign's development but rather as a collection of interconnected dimensions to be considered.

As was mentioned above, the *"Evaluate at all stages"* KDP was often moved to the Plan phase of the fictional campaigns. Within the groups working in the smoking and alcohol consumption focus groups, the initial discussions around the definition of the campaign included the setting up of performance or evaluation indicators – this was partially linked with a perceived need to begin the process of gathering data for evaluation from the start.

Another KDP that was moved to an earlier stage of the public communication campaign was *"Build a coalition"*. While reflecting on the target groups and the framing of the message, many of the groups simultaneously debated which potential partners they would need to involve in each country for the effective implementation of the campaign. This also reflected the earlier view that partners should be involved in the definition of campaign objectives from the very early stages.

The involvement of partners was one example of how the cross-border context influenced the fictional campaigns. Other elements also came up during discussion within the groups that reflected the cross-border nature of the fictional campaign. While applying the KDPs *"Define, define...design"*, *"Know your target group"* and *"Frame your message"*, the majority of participants actively sought common cross-border features around which to build the fictional campaigns. This stemmed from a clear understanding that the target group could have a different profile across Europe (e.g. people with lower incomes could be mostly single parents in one country and older people of pensionable age in another). For example:

- One of the groups working in the alcohol consumption focus group proposed the working place as a common feature across the EU for their target group (middle-aged men) and proceeded to build their campaign around communication in the workplace, involving employers as partners in the campaign.
- The other group working in the alcohol consumption focus group identified sports as a common interest among middle-aged men across Europe and used it to frame and transmit the message of their fictional campaign. One of the groups working on unhealthy diet framed the objective and message of the campaign around the common goal of increasing the consumption of vegetables, which could then mean different vegetables across the participating countries.
- Finally, a group developing a campaign to encourage physical activity among school-aged children discussed the importance of using locally recognisable celebrities as role models who could publicise the campaign message.

7.4.1 Specificities by risk factor

The development of the fictional campaigns also highlighted some particularities regarding the four risk factors. Among these particularities was the way the message was framed, reflecting the views expressed in the earlier exercise on challenges to cross-border communication campaigns. The focus groups on alcohol consumption and smoking were more in favour of using negative messaging in their fictional campaigns to drive behavioural change (e.g. parents smoking as a negative example for their children); while the focus groups on sedentary lifestyle and unhealthy diet mostly steered away from using negative messaging in their fictional campaigns (e.g. one of the fictional campaigns promoting healthy eating portrayed vegetables as "cool, attractive and tasty").

The specificity of unhealthy diet in terms of having a simple message – another issue identified in the challenges exercise – was not entirely confirmed by the fictional campaign. While one group working in the unhealthy diet focus group did work to simplify its message ("eat vegetables"), the other opted for a more complex message mixing different themes.

Another KDP that revealed particularities across the risk factors was *"Build a coalition"*, and in particular the issue of involving the industry. The groups working on smoking did not involve industry; the same was also true for the groups working on alcohol consumption. The groups working on unhealthy diet did include producers of food or retailers in their coalitions.

For the groups working on sedentary lifestyle, the notion of industry was somewhat vaguer, also in view of the target group assigned to them (younger people of school age). Nonetheless, one of the groups did consider involving a major sports equipment brand.

The timing of the fictional campaigns took a more central role in the implementation of the fictional campaigns in the smoking focus group and in one of the groups working on alcohol consumption (e.g. national anti-smoking day, and the New Year, respectively) and also in the groups in the sedentary lifestyle focus group. In the latter, however, this clearly reflected the particular target group that was assigned in the fictional campaign scenario (i.e. young people of school age and the start of the school year). In the other groups, the timing of the campaign was a much less salient issue in the discussions surrounding the fictional campaigns.

Brief summaries of the fictional campaigns developed are shown in Table 7.3 below.

7.5 Discussion of results; suggested refinements to the initial KDPs

The foremost challenge raised in the focus groups in the context of cross-border campaigns is the diversity of national and sub-national contexts. This variation extends to several dimensions that should be considered. These include differences in cultural norms associated with health-related risky behaviour (smoking, alcohol consumption, unhealthy diet, and sedentary lifestyle), as well as epidemiological differences in terms of smoking prevalence, alcohol intake, eating habits, and levels of physical activity. The heterogeneity of the political and policy environments across countries also contribute to the need for campaigns that are tailored to each of the respective countries' national and regional circumstances.

It is appropriate then, that the three KDPs that received the highest ranking in terms of importance across the four focus groups are geared towards identifying and ensuring consideration of these same dimensions of country diversity:

- The KDP *"Define, define, design"* encourages a clear delineation of the target group and the objectives of a campaign;
- *"Know your target group"* calls for formative research to be conducted into the cultural and epidemiological particularities of the campaign's target audience in each country setting; and,
- *"Communication…plus"* promotes taking other available intervention channels in each country into account in order to build an 'enabling environment' around the communication campaign.

This latter point underlines the importance of assessing the degree to which countries have regulatory frameworks addressing the relevant risk factors, and where they find themselves in the 'epidemic' and 'policy' cycles (of particular relevance for smoking).

Also among the highest ranked KDPs, *"Build a coalition"* requires a solid understanding of the political climate and of the relevant actors that should be included in the campaign's network of stakeholders. The importance of this KDP in the context of cross-border communication campaigns was further highlighted by the fact that most focus groups considered this to be one of the first issues to tackle in the process of designing a communication campaign. The participating experts were of the opinion that the work to build such an effective stakeholder network has to be well advanced before implementation of a campaign can begin, thereby justifying a change in the positioning of this KDP.

Table 7.2 below captures the consensus ranking of the KDPs as carried out by each of the four focus groups. A designation of Low, Medium/Low, Medium, Medium/High, or High importance is assigned to each KDP to represent the placement of the KDPs by participants as accurately as possible. Each of these five levels corresponds to an equally sized area on a vertical continuum from east important (Low) to most important (High). In addition to the 12 original KDPs, a number of principles were added by the focus group participants that are not represented in Table 7.2 but are detailed below:

- The smoking focus group added "*Budget & Allocation*", ranking it of medium importance;
- The focus group addressing alcohol consumption added "*Leadership & Coordination*" ranking it high and "*Sustainability*" as being of medium importance;
- The sedentary lifestyle focus group added "*Involve target group*" as med/high, "Link *with other campaign behaviours*" as high, and "*Sustainable implementation*" as being of low importance.

Table 7.2 Ranking exercise during Focus Groups

	Smoking	Alcohol related harm	Unhealthy Diet	Sedentary Lifestyles
PLAN				
1) Define, define, define…then design	High	High	High	Medium/High
2) Really understand your target group	High	High	Medium/High	Medium/High
3) Nothing so practical as a good theory	Medium	Medium/High	Medium/Low	Medium/High
4) Frame the message to suit the behaviour, target group and setting	Medium	Medium	Medium	Medium/High
5) Test your proposition	Medium/High	Medium	Medium/Low	Medium
6) Communications …plus	Medium	Medium	High	High
DO				
7) Build a coalition	Medium/High	High	High	Medium
8) Pilot, learn, refine; pilot, learn, refine (etc)	Medium/High	Medium	Medium/Low	Medium
9) Mix methods and products	Medium/High	Medium/High	Medium	Medium
10) Time your entrance	Medium/High	High	Low	Low
REVIEW				
11) Evaluate at all stages	Medium	Medium	Medium/High	Medium
12) Every end marks a new beginning	Medium	Medium	Medium	Medium

The majority of challenges raised by participants are relevant across the four risk factors, with the noteworthy exceptions of framing the campaign message and the role of industry in the stakeholder network. This finding bodes well for the wide applicability of the KDPs: it

indicates that they do not need to be heavily tailored to the risk factor in question in order to be a useful tool for a campaign's designers and implementers.

From the results of the KDP ranking and fictional campaign activities, it is clear that while some KDPs received more attention and were evaluated as being of greater importance, the general consensus was that each is salient to the development of cross-border communication campaigns.

However, a number of issues regarding the conceptualisation, order, and the coverage of certain topics was raised and should be noted:

A 'step-by-step' presentation of KDPs doesn't reflect the iterative nature of campaigning

The division of the KDPs into the three phases of 'Plan, Do, Review' created some initial confusion among participants. From the list-like manner in which they are presented, many of the experts were under the impression that each of the 12 KDPs is a stand-alone element to be followed one after the other chronologically. As evidenced by the merging of certain KDPs across the three phases of the campaign cycle (e.g. *"Test your proposition"* and *"Pilot, learn, refine"*), the structural conceptualisation was not intuitive for participants.

The role of evaluation needs to be more clearly specified

The issue of evaluation in the context of a communication campaign also proved to be challenging. While participants clearly agreed on the importance of evaluating outcomes – also in view of further communication campaigns – it seemed that in the 'real world', evaluation was often undervalued due to resource constraints. Within communication campaigns there is often a trade-off between allocating funds to the dissemination of the message (e.g. more reach) or to sound evaluation of results. This seems to reinforce the salience of having KDPs addressing the need for evaluation.

Furthermore, the positioning of *"Evaluate at all stages"* in the Review phase together with *"Every end marks a new beginning"* was seen to send a mixed-message. *"Evaluate at all stages"* is meant to be incorporated into all stages of a campaign. Participants wondered aloud why then this KDP came at the end of the list. The majority validated this view, asserting that an evaluation strategy needs to be drafted in the Plan phase if it is to be effective.

Thus the aforementioned proposal that evaluation be adapted into a 'transversal', or cross-cutting KDP. Following on from this, participants also largely agreed that *"Every end marks a new beginning"* is so closely tied to evaluation that it does not require its own KDP, and suggested that the two be merged.

The role of testing also needs to be clearer

The focus group experts also found *"Pilot, learn, refine, etc."* in the Do phase to be redundant and suggested that it be merged with *"Test your proposition"* in the Plan phase. This last suggestion to merge the two testing KDPs again indicates that the division of the campaign lifecycle into the existing phases is not intuitive.

There should be specific mention of resourcing

Lastly, in terms of thematic coverage, focus group participants made few adjustments to the list of KDPs. Nonetheless, the proposals were made with a degree of consensus and it was felt that they served to bridge crucial thematic gaps in the initial KDPs. More than one focus group stated that the issue of financing, and more specifically the allocation of resources to inter- and intra-country partners, as well as to specific tasks, is fundamental to the planning phase of any campaign and should therefore be incorporated into the Plan phase. Two groups suggested the addition of KDPs related to leadership/coordination and sustainability, respectively. Both of these suggestions are closely linked to financing, making the case for the inclusion of a KDP which incorporates issues surrounding financing and sustainability even more robust.

Table 7.3 Summary of fictional campaigns developed during the focus groups

Risk factor	Summary of fictional campaigns
Smoking	■ Campaign developed to address quitting among highly addicted smokers, concentrated on the age group 40-49 year-old. Message was built around the negative effects of tobacco consumption to be transmitted by conventional media (e.g. radio) and a website with information about strategies to quit smoking. Emphasis on links to a quit-line. Timing coincided with specific dates (Christmas, National No-smoking Day). ■ Campaign developed to address quitting smoking among pregnant women and young mothers, using the effect of smoking on the foetus' health and the example set by parents for their children as the main message and driver for behaviour change. Use of social media (e.g. Facebook), blogs and website, as well as local events using testimonials of ex-smokers. Campaign linked to a free cessation toolkit. Timing of the campaign tied to specific dates (New Year, International Women's Day).
Alcohol	■ Campaign targeted drinking while at work (or during lunch breaks) with a message linking harmful effects of alcohol intake with decreased performance at work and risk of work-related injuries. Campaign used conventional media (e.g. TV ads) with renowned sports athletes, as well as local actions in key cities with virtual reality shows demonstrating the effects of drinking (e.g. simulating reduced reflexes). Planned involvement of other stakeholders such as occupational health professionals and sports clubs. ■ Campaign targeted drinking in the workplace and in familial contexts, using a message built around the advantages of reduced alcohol intake. The campaign was built around a self-evaluation tool made available online and as an app.
Diet	■ Campaign built around the positive concept of "Vegetables are cool", targeting low-income households - particularly those with children. Links made with food standards and regulations concerning food served in schools and procurement by local authorities, as well as availability of vegetables in supermarkets and stores. The delivery of the message included tasting events, media, and apps and relied heavily on the involvement of local stakeholders (e.g. municipalities, school boards and teachers, food producers and retailers). Evaluation built on the results from the tasting events. ■ Campaign targeted low-income individuals with a message built around the notion that one can eat healthily on a reduced budget – changing the perception that healthy eating is expensive. Delivery of the message would rely on the use of consumer organisations, chefs and TV programmes with examples of how to eat healthily on a low budget. This would also include point of sales actions at supermarkets and stores. The campaign was built with a focus on sustainability/maintenance and with a complex evaluation component (baseline and impact assessment, process evaluation and return on investment).
Physical activity	■ Campaign aimed at improving physical activity of school-aged youth (14-19 years-old) through the use of an interactive wearable device on the wrist that responds to movements ('Bonding bands'). Competitions between schools built around the wearable device were envisioned, and YouTube videos and role-model figures (e.g. famous sports athletes, musicians) were used in conventional ads to enhance adherence to using the wearable device. Evaluation would include data gathered through the wearable device. The possibility of rolling-out the campaign also to 4-12 year-olds was considered. ■ Campaign aimed at improving physical activity of school-aged youth with a message built around the positive effects of physical activity on physical appearance. The transmission of the message would use role models favoured by the target group (e.g. famous sports athletes, musicians), dedicated channels (e.g. social media, 'teenage magazines', product placement in teenage series on TV), student organisations and sports brands. It envisioned (but did not detail how) that some teenagers could be targeted to transmit message to their friends and colleagues (peer-to-peer).

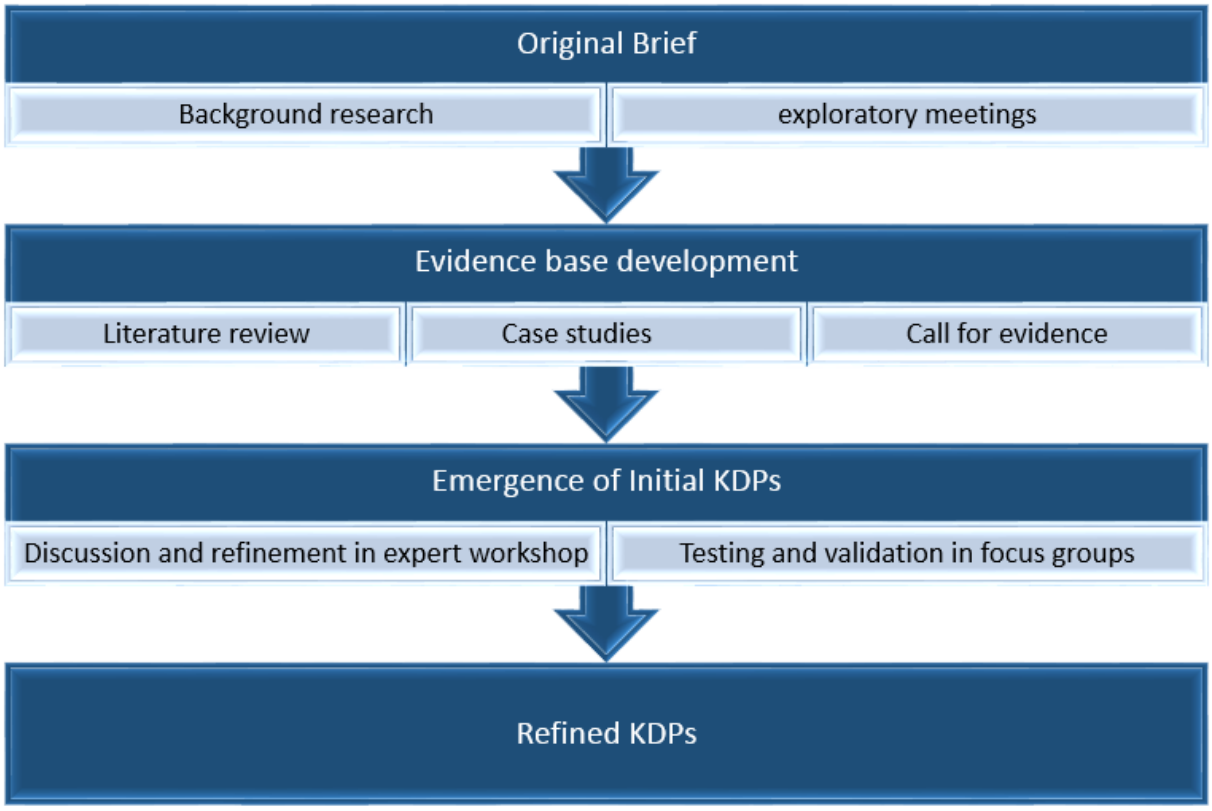
8 Refined KDPs and considerations for development

This final section uses the results of the focus groups to refine the initial KDPs. It therefore sets out a refined set of KDPs which can be used to inform future cross-border campaign development. The section also discusses the use of results from this study.

8.1 Refined KDPs

The initial KDPs drew upon a significant body of evidence (presented in Part B). They were then subjected to testing through a workshop of the study team and four expert focus groups. Over the course of these focus groups, the assembled experts provided a wealth of insight and information. Drawing from their collective experiences, they detailed the main challenges associated with the design and implementation of cross-border public health campaigns, and gave constructive feedback on the initial KDPs. This process is summarised in Figure 8.1 below.

Figure 8.1 The scoping study process



In addition to testing, the focus groups also confirmed the utility of KDPs as a planning tool. The study team are therefore confident that the approach of using KDPs to aid the move from a general evidence base to the design of a particular cross-border campaign is valid and helpful.

Moreover, the focus groups highlighted useful refinements to the initial set of KDPs. Again, the study team are therefore confident that the KDPs presented in this final section offer a guide to development built upon good evidence and good practice. Properly applied, the KDPs presented here will be a valuable tool with which to plan for and avoid obstacles typically associated with cross-border campaigning.

The refined KDPs are therefore presented in Figure 8.2 (in summary) and Table 8.1 (in detail). The main changes made are that:

- The role of evaluation and testing has become an 'underpinning principle' (*"Act, reflect, react"*), which focuses on the use of evidence. This addresses the point raised in the focus groups about the need for greater clarity on the role of evaluation and testing approaches. Initial KDPs relating to evaluation and testing have been brought together into this underpinning principle, reducing the number of KDPs from 12 to eight; and,
- The 'Plan, Do, Review' cycle is no longer used. This is to reflect the more iterative nature of campaign development and implementation – and to remove any sense of the KDPs acting as a 'step-by-step' guide.

Other more marginal changes (such as more explicit mention of resources) and edits have also been included, with the aim of making the KDPs more user-friendly.

Figure 8.2 Summary of refined KDPS

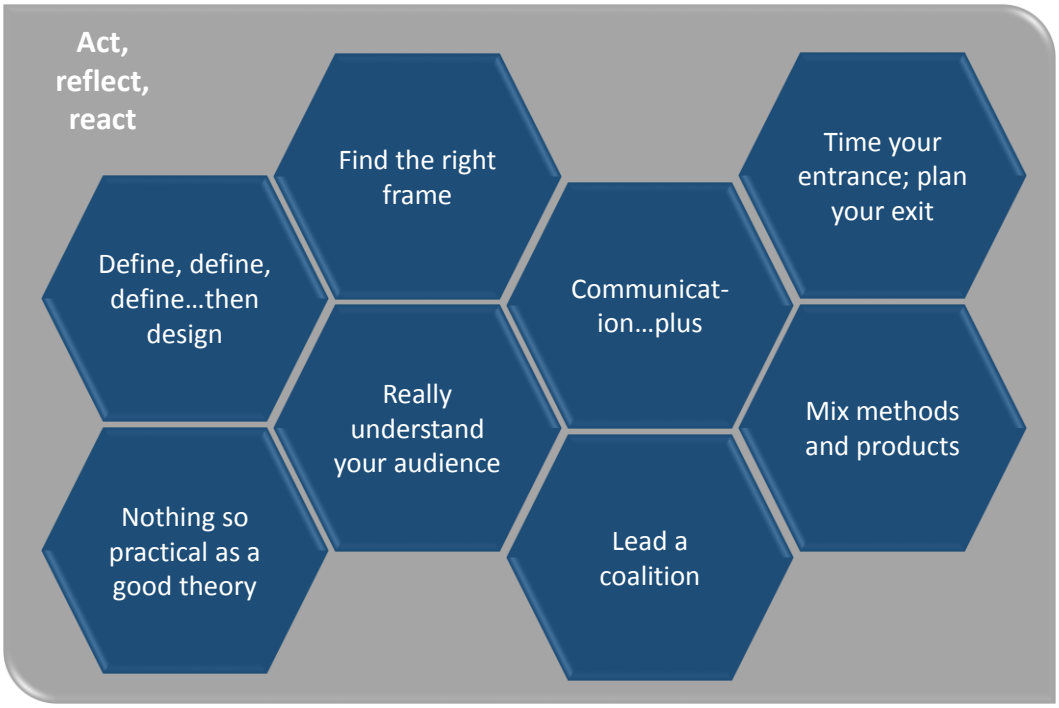


Table 8.1 Refined KDPs in detail

UNDERPINNING PRINCIPLE: Act, reflect, react

The use of evidence is fundamental to good campaigning. The exact role of evidence depends upon the stage of the campaign, as does the nature of the evidence needed. Furthermore, the selection of the most effective, relevant (and affordable) channels is vital at the moment of planning the campaign delivery. Throughout, campaigns should aim for a cycle of continuous improvement, rather than the design / implementation / evaluation of 'the perfect campaign'. This requires an open mind set as well as strong technical skills.

The main points at which specific evidence is required are:

- **Pre-launch**. Formative research is also critical in understanding how campaigns are likely to be received. Investment here will save potentially expensive design errors. Campaigns should be tested in terms of messages, media, and likely impacts. Testing with target groups should be done by an external contractor and not the marketing agency that designed and/or will implement the campaign; this aids objectivity and can provide valuable feedback for stronger campaign development.
- **During campaigning**. Pre-launch testing will narrow uncertainty, but learning cannot stop there – especially in cross-cultural settings. Approaches should be piloted and lessons fed straight back into the (re)design process. Here, evidence should be used to gather feedback to adjust a live campaign - incorporating monitoring tools within the campaign means you can pick-out emerging trends and any 'red flags'. Use of digital products provides the opportunity to gather 'live' (and cheap) data.
- **Post-campaign**. Measuring the impact of a campaign is a complex and challenging task, because of the number of influencing factors and the long term impacts of the behavioural changes that a campaign may have produced. Also, the use of self-reported behaviour data tends to be inaccurate and long term tracking studies and health surveys are potential data sources that may support arguments regarding campaign impact. Outcomes of campaigns may be measured based on proxy data, such as sales data - e.g. reduction in tobacco sales after anti-smoking campaigns. The choice of media will affect what is possible: it is easier to assess the impact of a relatively contained / traditional campaign than a highly diffuse / viral campaign. Having a thorough evaluation is fundamental - aside from analysing whether your campaign was successful, it will also give you insights into what worked and what could be improved next time. Calculating the financial cost-to-benefit of the campaign should be attempted, although long times frames on campaign impact may mean that the furthest that can be calculated may be 'cost per result', e.g. quit attempt, and care needs to be taken with the attribution of effects to the campaign versus other interventions.

KDP	Summary
Define, define, define…then	There needs to be a clear understanding of the nature, scale and evolution of the problem(s) to be addressed and the rationale for intervention. Background research is the backbone of a campaign design, as it will tell you where the problem is, what's

KDP	Summary
design	already being done (or not) and who the relevant stakeholders are. This stage also includes defining the target group(s) of interest and the behavioural outcome(s) desired with as much precision as possible. Much then flows down from this in terms of likely media choice, messages, partnerships, etc. Be as precise as possible. For example, targeting 'the public' is not targeting at all. Identify your target group(s) in as much detail as possible, before defining your strategy to reach these groups. Similarly, 'raising awareness' is not a suitable end point (nor is 'going viral'). Awareness raising is a means of achieving results, which are usually attitudinal or behavioural. Will your campaign span all EU Member States - or will you target specific groups of countries? This will be dictated by background research into the behaviour you want to change, but it will affect your whole campaign design. Prior research into the national and/or local context is necessary - especially considering EU-cross border level campaigning - there may be certain differences amongst populations which dictate your campaign structure/rationale. Consider campaigning as a tool not only for behaviour change but also for changing thinking in the longer term. Policy makers (at local/national/European level) are ultimately also responsible for developing the climate in which communication is undertaken by raising the public support for a particular policy change. Finally, the development of an intervention logic and SMART objectives for monitoring and evaluation of the campaign performance is crucial. Do not underestimate the importance of relevant indicators that need to be designed to measure this performance. Results from previous relevant campaigns should be used to set up realistic performance benchmarks for future campaigns as well as to collect evidence on what works or does not work in particular fields.
Really understand your audience	Formative research is vital in gaining insights into the motivations, values, attitudes, behaviours, influencers and media choices of the target group. This is especially important in cross-cultural settings and / or when targeting specific groups to address inequalities: understanding national / regional differences is vital in cross-border campaigning. Doing this groundwork early on will fundamentally shape your campaign strategy. You should keep the research on audience insight separate from the tasks of designing and running a campaign. What behaviours do you want to change through this campaign? Once you understand your target group – and the segments within this overall group - you will have a clearer understanding of what messages they will listen to and through which means. You will also understand what other messages your target group is exposed to and your likely standing in the competition for their attention.
Nothing so practical as a good theory	Accepting that no single model or discipline has 'the answer', it is important to draw behavioural insights from theory developed in, e.g., psychology, sociology, economics, history, marketing, etc. These can be used to set out the theory of change for the campaign: by what mechanisms will the message translate into changes in behaviour? Existing models, such as the Elaboration Likelihood Model or Health Belief Model – may act as a useful guide here. Campaigning in cross-border settings means that you are likely to base work on behavioural insights that are 'generically

KDP	Summary
	human' (or, at least, generic to your target group), rather than specific to a given time / place. Also, be careful not to over-rely on theory that operates at the individual level – make sure that you also account for social determinants of behaviour.
Find the right frame	The choice of messages should be the result of all the preliminary research and analysis done prior during campaign planning, and it very much depends on the context, objectives and target audiences of the campaign. Radically different approaches are available – from 'shock' to positive testimony, from long- to short-term benefit. Effectiveness then depends on context: do (for example) 16-20 year olds respond more readily to *'stop smoking, smell better'* than *'stop smoking, live longer'*? Also, do all approaches work in all contexts – or are some cultures more or less receptive (e.g. to shock tactics)? The campaign environment (e.g. legislation, previous campaigns) should also be taken into account when developing a campaign on a risk factor, especially when specific target audiences are not at the same 'stage of awareness' in various Member States covered by the campaign. You may want to vary the timing of messages within the campaign. For example, talking about the benefits of physical activity before suggesting ways in which these benefits might be realised.
Communication …plus	The scale of resources available is a fundamental parameter. This needs to be established – at least in outline – at the outset: what is desirable may not be what is possible. Having a strong understanding of the general nature, scale and costs of the problem you are trying to tackle with your campaign may help to secure the resources needed to address it. Greater effects can be achieved by combining communications with other interventions, e.g. taxation, service provision, regulation, public engagement. In isolation, provision of information is unlikely to be enough. In a busy campaign environment, you must assess your chances to be heard. Policy makers have to take into account that campaigns aiming to change behaviours in these risk factor areas take place in an extremely competitive environment, with national and multinational companies advertising products and continuously trying to influence consumption habits and trends: where should your campaign intervene? Within such an environment, your campaign needs to reflect on the type of partnerships which can strengthen your message and ultimate goal (see below). There may be opportunities to link with national campaigns and related issues (e.g. to link your cross-border campaign on workplace physical activity with national campaigns on work-related stress).
Lead a coalition	How will your efforts be supported and multiplied? Which organisations can be used to transmit your message? How does this relate to the influencers of your target group(s)? Such key questions can be addressed at this stage. For partnerships to be effective and sustainable they need to constitute a win-win situation for all partners involved (i.e. the objectives of the partners need to be aligned). For some topics (e.g. smoking) it may not be desirable to involve industry; for others (healthy eating) it may.

KDP	Summary
	Do not underestimate the effort required for building your coalition: relevant partners in particular countries need to be identified, consulted and involved from the initial stages of the campaign research (in fact they may provide useful insights in this research). Partnerships can also fail due to insufficient communication establishing the roles and responsibilities. Depending on the target group(s), social media may offer a means of increasing out-reach especially building on the digital tools – this makes partnership an important medium in itself (the messenger as the media). Consider the long term and strategic aspects of partnership building beyond the campaign timeframe: an area often under-developed but which could prove vital in longer-term behaviour change success. This should also help sustainability: the campaign will end, but the partnerships may last.
Mix methods and products	Effective campaigns typically use more than one media type – using different means of communicating the same message. There is no pre-defined answer to the question about the right mix of communication channels to reach particular audiences. This choice always depends on the context, resources available and media used by the target group in the particular countries included in the scope of a campaign. There are also no miracle solutions for reaching target audiences with limited resources. It is often perceived that the use of social media is cheap and allows reaching a large number of people. However, considerable resources (if not budget then imagination, commitment and coordination) may need to be invested for a campaign to 'go viral'. For campaigns targeting the four risk factors, as well as other types of campaigns, there is the need to keep the messages clear and simple as well as to repeat them frequently enough to get a sufficient recall among the audiences targeted; this is regardless of the methods and products used. The addition of 'tools' (e.g. self-assessment tools, progress trackers) to help promote the desired behaviour should also be considered; if provided digitally they can be spread widely and also create a connection with users that can be used again.
Time your entrance; plan your exit	A 'life course' approach will help with the definition of target group(s) by considering behaviours within the context of 'their time of life'. There are moments when individuals are more open to change (e.g. women considering starting a family, people entering the workplace, the first visit to a doctor after 40, retirement from work, becoming a grandparent). Such key moments will be identified by the research conducted during your campaign planning phase. Decisions should also be taken concerning what is the best time of the day to reach individuals in a particular target group (e.g. taking into consideration working patterns). Thinking seasonally will also help to time the campaign within the year, e.g. using typical 'points in the year', such as New Year's resolutions or summer holidays, when people may be more receptive to messages on healthier living. This will help you to decide whether your campaign will be 'short and sharp' or a 'slow burner'.

KDP	Summary
	Finally, your campaign will end. This point will be dictated by multiple factors (such as resources, success and policy changes), but this doesn't affect the need to consider sustainability. In a cross-border setting, this will require coordination with national stakeholders and other members of your campaign coalition.

8.2 Considerations for development

The purpose of this study was to develop a strong basis for the development of communication tools at European level to tackle chronic disease. The study therefore sought to provide evidence and insights to help with the design of campaigns, which could then be:

- adapted for different target groups; and
- conducted across several Member States.

In meeting the above aims, the study has:

- provided an overview of the key issues on communication to tackle chronic disease;
- identified differences in communicating about major risk factors; and,
- identified what constitutes good practice.

This has been a scoping exercise, with a requirement for insights and principles that could underpin multiple campaigns. The main result is two-fold:

- An evidence base (presented in Part B) which covers a multitude of sources - published and un-published – examples and topics; and,
- A set of KDPs (presented in Part C), which provide an evidence-based set of principles that can be used as the basis for future communications efforts to tackle chronic disease.

Each is likely to be of use to different constituents both in- and out- side of DG SANTE. The KDPs can serve as a practical tool for campaign development, while the evidence base can act as a source of inspiration and further guidance. Throughout this exercise, many references have been made to campaigns that raise awareness; whilst this is not an objective in its own right, it could, if implemented properly, achieve some or all of the important pre-requisites of behaviour change that include: normalisation; salience; 'self-efficacy' (belief by the individual that they can adopt the desired behaviour); incentive (getting individuals to believe that there are benefits to the desired behaviour change), etc.

Within DG SANTE, this report should therefore be useful in shaping future campaigning where the Commission plays the leading role (as in the Ex-Smokers campaign). The report may also be of use where the Commission plays more of an advisory / supporting role - adding value to the efforts of MS where campaigning is not well established for example.

Finally, and as emphasised throughout, the report presents a set of principles and guidelines. It does not delineate a specific campaign to be implemented. Instead, the aim has been to develop the basis for the development of future campaigns – each of which would require scoping and designing as described above.

ANNEXES

Annex 1 Bibliography

A1.1 For the review of the context (section 2)

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A1.4 For the case studies (section 4)

A1.4.1 Case Study 1: Ex-smokers are unstoppable

Official campaign documents and materials

Official documents of the campaign (such as: press releases, leaflets, printed advertisement, banners or commercials) downloadable at: www.exsmokers.eu/it-it/downloads.html?o=date&d=desc&page=1

- Press Releases (n.4)
- Leaflets (n.4)
- Print advertisement (n.4)
- Book (n.1)
- TV Commercials (n.7)
- Event documentaries (n.4)
- Interviews (n.3)
- Statements (n.2)
- Making of (n.3)
- Banner (n.4)
- Key Facts (downloadable at: www.ec.europa.eu/health/tobacco/docs/exsmokers_infographic_en.pdf)

Campaign Internal Reports

- Ex-Smokers Are Unstoppable Post Test (October 2011), realized by GfK EU3C

- Ex-Smokers Are Unstoppable Post Test (October 2012), Executive Summary, realized by GfK EU3C

Contributions

- Mr Gerhard Steffes, DG Health and Consumers Unit C1, Programme and Knowledge management, European Commission.

Websites

- Ex smokers website: www.exsmokers.eu
- iCoach website: www.stopsmokingcoach.eu
- Quit smoking with Barça: www.fcbarcelona.com/club/detail/article/quit-smoking-with-barca-campaign-begins
- European Commission - Tobacco campaigns webpage: www.ec.europa.eu/health/tobacco/ex_smokers_are_unstoppable/index_en.htm
- Campaign official Youtube pages (29): www.youtube.com
- YouTube FCB: www.youtube.com/user/unstoppableBarcelona/videos
- World Economic Forum website: http://www.weforum.org/best-practices/creative-good/ex-smokers-are-unstoppable-pan-europe

A1.4.2 Case Study 2: Change4Life

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Websites

- Website of Change4Life: http://www.nhs.uk/change4life/Pages/change-for-life.aspx

Contributions

- Mr. Paul Brewer, Independent Expert

A1.4.3 Case Study 3: Too Young To Drink

Websites

- http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52006DC0625 [Accessed and downloaded on 01.12.2014]
- http://tooyoungtodrink.org/ [Accessed on 01.12.2014]

Publications

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Campaign documentation

- Too Young to Drink: campaign leaflet: http://tooyoungtodrink.org/docs/TYTD2014_%20DOC_INFO.pdf [Accessed on 30.11.2014]
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- "Too Young To Drink"- Partners Questionnaire- Preliminary Report http://www.scribd.com/doc/256663592/Too-Young-to-Drink-Report [Accessed on 27.05.2015]

Contributions

Ms. Stefania Bazzo, Campaign organiser- Independent expert

Mr. Francesco Marini, Campaign organiser – Treviso, Italy

A1.4.4 Case Study 4: Healthy Eco-Life

Reports

- Final conference: http://ec.europa.eu/chafea/projects/database/fileref/20091210_d06-01_oth_en_ps_conference_report.pdf
- Dissemination Package: Healthy Eco-Life Programme Report: http://ec.europa.eu/chafea/projects/database/fileref/20091210_d05-01_oth_en_ps_programme_report.pdf [Accessed 05.12.2014]
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- Survey data provided by Edenred

Websites

- FOOD website: http://www.food-programme.eu/

Contributions

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- European Agency for Safety and Health at Work (EU-OSHA) (2014c) *Healthy Workplaces Campaign 2014-2015 'Manage Stress' CAMPAIGN MEDIA PARTNERSHIP OFFER.* Available at: https://www.healthy-workplaces.eu/en/campaign-partners/campaign-media-partnership-offer.pdf [Accessed on 3 April 2015].

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Annex 2 Method used for the focus groups

The methodological advantage of conducting focus groups is the collection of data from a small and carefully selected group within a structured format. Focus groups essentially allow several people to be interviewed at the same time, while also creating a forum for discussion and encouraging participants to build upon each other's contributions. The synergy emerging from a focus group discussion facilitates consensus building around a certain topic and can lead to group decision-making around challenging and complex issues (World Bank, 2007).

The overarching objectives of the focus groups conducted as part of this study were:

- To build on the existing evidence-base collected in previous tasks on the particular issues concerning cross-border communication campaigns;
- To validate the framework conditions needed to execute high impact cross-border communication identified in previous tasks; and
- To corroborate the applicability of the KDPs with experts with real-world experience.

The specific objectives were:

- To validate the KDPs for cross-border communication campaign, as presented in section 6 of this report;
- To elaborate the KDPs and rank them by order of importance in the context of each risk-factor;
- To apply the KDPs to a fictional campaign scenario and provide further insight into possible pitfalls and success factors to their implementation.

To realise these objectives, the focus groups were structured around three main activities:

- Group discussion on the challenges involved in cross-border communication campaigns;
- Collective ranking of the KDPs; and
- Group exercise in which the KDPs were applied to a fictional cross-border communication campaign.

A total of four focus groups were carried out, one for each of the risk factors relevant to the present study: (1) smoking, (2) alcohol consumption, (3) unhealthy diet, and (4) sedentary lifestyle. Each focus group was facilitated by two project team members from the European Centre acting as moderator and note-taker, respectively. A third team member from ICF was present to present the research findings to date and provide general information concerning the study. The focus groups were audio recorded for which written consent was granted by each participant.

A2.1 Participant recruitment

Evidence from other studies suggests that the diversity of a group can have positive effects on range and depth of information use. It is therefore desirable to include experts from differing yet related fields (Dahlin et al, 2005, Voices for Innovation, 2013). The selection of participants was guided by their experience and expertise in cross border communication campaigns addressing the four risk factors relevant to this study (smoking, alcohol consumption, sedentary lifestyle, and unhealthy diet).

The process for identifying potential participants was twofold. In addition to desk research to identify experts with the appropriate professional profile, study team members drew on their existing professional networks for referrals and suggested contacts. Once a satisfactory pool of potential participants was amassed, a first round of email invitations was sent out. This initial round was followed by a second round of invitations and reminder emails, combined with telephone follow-up calls, until the target number of 6-10 participants per focus group was reached.

Ultimately, the four expert focus groups were comprised of participants from the following groups of institutional bodies and organisations:

- Public officials of Member States and the European Commission involved in public health campaigns,

- Experts in the field of public health, healthy behaviour, behaviour change, consumer science and health literacy, both with academic as well as policy backgrounds,
- Communications and social marketing experts of Public Relations (PR) consultancy companies as well as public/private media (social media) specialised in cross-border health campaigns,
- Representatives of international organisations such as WHO-Europe,
- Interest groups at the European level, e.g. World Obesity Federation (WOF), European Fetal Alcohol Spectrum Disorders Alliance (EUFASD), European Network for Workplace Health Promotion (ENWHP), Health and Environmental Alliance (HEAL), Alcohol Policy Youth Network (APYN).

The number of participants in each focus group and their background is shown in the Table below.

Table: Focus group attendance by participant group

	Smoking	***Alcohol consumption***	***Unhealthy diet***	***Sedentary lifestyle***
Public officials of Member States	2	3	2	2
Academics and policy experts	-	1	2	3
Communication and social marketing experts	-	-	2	-
Representatives of international organisations	1	2	1	1
European level interest groups	3	2	-	2*
Total	***6***	***8***	***7***	***8***

** One of the experts did not directly participate in the focus group due to an emergency but sent in written comments for the exercises*

A2.2 Structure of the focus groups

A2.2.1 Introductions and presentation of research findings to date

After a round of introductions introducing the moderator and participants of the focus group, a brief presentation of the findings and outcomes of the study to date was given by the ICF team member present. This presentation served as a foundation for the subsequent activities. The presentation consisted of a general overview of the study as a whole, a distillation of the findings from the literature review, case studies, and call for evidence (i.e. the contents of the Interim Report), and the concept behind / description of the KDPs.

A2.2.2 Key challenges in cross-border communication

In the first group activity, participants were asked to work with the person next to them to come up with 2-3 main challenges associated specifically with cross-border campaigns and to write them down onto index cards. Participants were explicitly asked to reflect on their previous experiences working on communication campaigns. After five minutes working in their small groups, the moderator collected the cards. Using a piece of flipchart paper and together with the whole group, the moderator began the process of elaborating each challenge and clustering them according to common themes as they emerged. The moderator led a discussion of the individual challenges and their inter-relation with one another, thereby building a mutually agreed-upon thematic framework built around the challenges.

A2.2.3 Ranking activity

The purpose of this exercise was to get participant feedback regarding the value and validity of each of the 12 KDPs, and additionally, to hear what the perceived level of importance of each KDP is in relation to the others. Participants were re-introduced to the KDPs, and divided into two groups. The composition of the two groups was pre-determined by the project team members in order to ensure a good mix of participants according to their professional expertise.

In order to narrow down, group, and prioritise the list of key success factors, and to facilitate discussion of the reasons for these choices and priorities, a card-sorting method was employed (Arthur & Nazroo, 2003). Both groups were provided with index cards with the KDPs written on them, and asked to order these along a continuum of importance from least important (1) to most important (10). The deck of cards with the KDPs written on them consisted of three different coloured cards, distinguishing between the Plan-Do-Review stages of the campaign.

The ranking was done using sheets of flipchart paper with the continua pre-drawn on them, one for each group. Participants were explicitly instructed that, should they find it appropriate, they could exclude KDPs they found to be irrelevant or misguided, and to add any important design principle that may have been overlooked. Participants were given 15 minutes to work in their small groups.

Following the group work, the moderator asked each group in turns to reflect on the other's raking outcome and try to reason as to their differences in ranking or inclusion/exclusion of KDPs. The other group was then asked to react to these reflections.

Following this discussion, and using a 3rd sheet of flipchart paper and a 3rd set of KDP cards, the moderator proceeded to identify the main points—both in terms of higher and lower ranking KDPs by each group, and the differences between the two groups' rankings—that emerged from the activity, thereby attempting to find a consensus between the two groups. When a consensus emerged, the moderator recorded it on the 3rd sheet of flipchart paper. If no consensus was reached, 'controversial' KDPs were noted on the 3rd sheet of paper.

A2.2.4 Fictional campaign activity

The third and final activity built on the previous exercises, asking participants to apply the KDPs to a hypothetical campaign scenario. The purpose of the exercise was to get feedback on the applicability of the KDPs in a fictional case study mirroring a 'real world' setting and to identify any further issues.

Participants were again divided into two groups. Both groups received a printed handout detailing the outline of a fictional cross-border communication campaign. The outline provided contextual information on the basis of which participants were asked to design a risk factor-specific campaign. The contextual information provided on the handout included the following items:

- Description of the main target population (socio-economic characteristics, age, sex, etc.),
- Geographic target area of the cross-border campaign,
- General objective of the campaign (e.g. reduction of smoking, alcohol consumption, etc.),
- Area of intervention or main product of the campaign (e.g. fresh fruit and vegetables, daily exercise, passive smoking, etc.).

The two groups were asked to chart their campaign designs on pre-drawn pieces of flipchart paper which were divided into the three campaign phases and their respective KDPs. The groups were asked to design a comprehensive cross-border communication campaign to be implemented in three or more countries. The groups were also asked to pay particular attention to elements of communication campaigns that are particular to cross-border campaigns, e.g. consideration of variations in cultural norms related to the risk-factor in question. They were also asked to pay attention to the sequence of the KDPs along the campaign phases.

After the allotted time passed, a representative from each group briefly presented their campaign to the whole group. Following the presentation, the moderator prompted the whole group to discuss the following questions:

- Was it helpful to be able to apply the KDP framework in designing the campaign? Was it at any point cumbersome?
- Did the fictional campaign exercise make you reconsider the relevance/applicability of any KDP?
- Do any of the KDPs need to be elaborated further? If so, please explain.
- How were social media and big data accounted for in the design of the fictional public health campaigns?

To conclude the focus group session, participants had the opportunity to give any final comments or to state what they would take away from the discussions.

A2.3 Analysis of data

A2.3.1 Debrief

Once the participants had left the designated room, the moderator and note-taker held a short meeting in order to debrief and share their initial impressions of the focus group as well as to document any salient issues that could not have been captured by the notes or pictures related to each activity. The debriefing session also served as an initial exchange of notable themes emerging from the focus group (Barbour, 2007).

A2.3.2 Thematic framework and coding for each focus group

Based on the detailed notes collected during the focus groups, as well as on the pictures of the flipcharts used in the several group exercises (cross-border challenges, ranking activity and fictional cross-border campaign), the study team developed a thematic framework that sought to capture the range of topics and themes raised during the course of the focus group. Whenever necessary, the study team listened to the recordings of the focus groups to clarify or add details of the discussion. The thematic framework involved drafting an index of themes for each group exercise and for each focus group (Ritchie et al., 2003). These themes were then compared and discussed by the study team in order to capture common elements to all focus groups, as well as specificities pertaining to specific risk factors.

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Annex 3 Examples of cross-border / cross-cultural communication campaigns

The tables below draw upon examines of campaigns gathered to date, organised in the following order:

- Smoking;
- Alcohol-related harm;
- Unhealthy diet;
- Sedentary lifestyle;
- Mental Health;
- Multiple focus.

Table A3.1 Smoking related

Name	Time frame	Geographical scope	Target audience	Desired outcome: change in behavior / awareness	Activities/Communication tools	Rationale for possible inclusion as a case study	Source of identification (experts/literature review/policy papers
Help-For a life without tobacco	2005-2010	■ EU-wide campaign	■ 15 to 25 year olds	■ Smoking prevention, cessation and passive smoking	■ Web ■ Advertising (TV and web) ■ Publications	■ The first main EU-wide campaign on smoking cessation; this provided the foundation for future anti-smoking campaigns at European level;	■ Experts; ■ Web
Ex-Smokers Are Unstoppable Campaign	2011-2013	■ EU-wide campaign	■ 24 to 34 years old smokers	■ To encourage Europeans to stop smoking and help them quit and to raise awareness of the danger of tobacco to one's health	■ "iCoach" mobile application; ■ National public and press events; ■ Innovative partnership "Quit Smoking with Barça" with FC Barcelona	■ The follow-up to the European Commission's actions on smoking cessation, this campaign introduced new tools and methods for campaigning which helped the campaign become highly successful;	■ Experts; ■ Policy papers

Table A3.2 Alcohol related harm

Name	Time frame	Geographical scope	Target audience	Desired outcome: change in behavior / awareness	Activities/Communication tools	Rationale for possible inclusion as a case study	Source of identification (experts/literature review/policy papers
Too Young to drink	Launched on 09.09.2014	■ EU-cross border	■ Women of child-bearing age (14-45)	■ To raise awareness of the dangers of drinking during pregnancy among the child-bearing aged population and in the community; ■ To spread accurate, research-based information on the risks of using alcohol during pregnancy; To empower women to make their own choices, and encourage friends, families and the society to support alcohol-free pregnancies.	■ Web ■ Social media campaigns (Facebook, Twitter and Instagram) ■ Large banners of the campaign displayed in busy areas of some cities.	■ This uses only social media for the campaign ; ■ The type of actions planned to attract attention and encourage dissemination is very interactive and involves the whole community; ■ This campaign is multi-subject and multi-language. It includes print materials (banners, posters, leaflets translated in 9 languages), a video spot and a short backstage film;	■ Web;
Responsible drinking EU:	Not specified	■ EU-cross border (31 national associations in 26 countries and 8 leading multinati	■ Overall population	■ Awareness rising in responsible drinking. ■ To provide general information and advice about alcohol and health.	■ Website: one global and separate national ones; ■ National country fiches; ■ Self-assessment tools (A quiz)	■ Interest in self-assessment tools and how they have been used; ■ The general website and the national country websites provides clear messages that are easy to retain for the general	■ Web;

Name	Time frame	Geographical scope	Target audience	Desired outcome: change in behavior / awareness	Activities/Communication tools	Rationale for possible inclusion as a case study	Source of identification (experts/literature review/policy papers
		onal companies).				public on how much is too much.	
Safe and Sober	2010-2012 + 2nd cycle to be launched	■ EU-wide	■ Commercial drivers. ■ Policy makers, the private sector and key opinion leaders.	■ Systemic approach to reduce alcohol misuse in road transport, especially in poorly-performing EU member states. ■ To harmonize blood alcohol content (BAC) level throughout the European Union (0,2%) for breath tests conducted on commercial drivers	■ A series of national events in key countries with high level of drink driving. Senior policymakers, ETSC partners, relevant business people, safety groups, police and the press participated in these events. ■ Social media (Facebook, twitter, LinkedIn).	■ Concrete target audience and desired outcome – time period would suggest that some sort of evaluation has been done; ■ Partnership between civil society and private company (Volvo): Safe and Sober is supported by Volvo Trucks and Alcohol Countermeasures Group.	■ Web;

Table A3.3 Unhealthy diet

Name	Time frame	Geographical scope	Target audience	Desired outcome: change in behavior / awareness	Activities/Communication tools	Rationale for possible inclusion as a case study	Source of identification (experts/literature review/policy papers
Healthy Eco Life Project	March 2010-Sept 2011	■ EU cross-border: Croatia and Slovenia	■ Primary school aged children in urban areas in Zagreb (Croatia) and Maribor (Slovenia)	■ Promotion of healthy life styles among primary school children; ■ Acquisition of healthy habits since the early childhood; ■ Creation of an innovative program for the promotion of healthy habits.	■ Web; ■ Interactive workshop; ■ Educational all day visit to eco agricultural farms; ■ Final disseminating conference; ■ Children "Eco festival".	■ By targeting children and youth the promotion of healthy life styles has a positive impact during all their life and might have spill-over effects towards their parents/relatives; ■ Due to the campaign nature, it can reduce potential eating disorders from a young age; ■ Can easily be extended to other MS.	■ Web
The Food project	2008-2013	■ EU cross-border: (France, Belgium, Sweden, Czech Republic, Italy and Spain) during 2009 and 2010	■ Employees, food providers (chefs, waiters, restaurant owners).	■ To promotes healthier lifestyles and working practices by giving individuals the knowledge and tools to act; ■ To raise awareness on the need to follow a balanced nutrition; ■ To show that it is possible and rewarding to eat wholesome, nutritious, sustainable local produce at a reasonable price.	■ Website and blog; ■ Social media presence; ■ Conference; ■ FOOD bus events across the EU; ■ Interactive game.	The objectives of this campaign are transversal but very well defined: ■ To improve citizens' health security ; ■ To promote health, including the reduction of health inequality ; ■ To generate and disseminate health information and knowledge.	■ Web;

Name	Time frame	Geographical scope	Target audience	Desired outcome: change in behavior / awareness	Activities/Communication tools	Rationale for possible inclusion as a case study	Source of identification (experts/literature review/policy papers
We Love Eating	2014-2015	■ EU cross-border (Banska Bystrica-SK, Bradford-UK, Cluj-Napoca-RO, Deventer-NL, Granollers-ES, Poznan-PL, Roncq-FR)	■ Overall population ■ Children, pregnant women and older people; ■ Focus on lower socio-economic groups.	■ We Love Eating aims to teach people about enjoying healthy food, focusing on the pleasure it brings, and the quality of it rather than the quantity; ■ It encourages conscious eating and more physical activity in daily life, offering realistic ways to adopt a healthier lifestyle.	■ Website ■ Christmas Grinch Poppers initaitve; ■ Street campaigning; ■ Launch day in local media; ■ Conferences; ■ Newsletters; ■ Social media	■ The We Love Eating project is about developing a positive relationship with food: what we eat, where we eat, and with whom we eat; ■ It works together with citizens and communities to create opportunities that emphasize the pleasantness of eating together, as a moment to be shared and a chance to get to know other community members.	■ Web
The Tasty Bunch	2010-2011	■ EU cross-border (Belgium, northern France, the UK, Ireland, Estonia, Lithuania and Poland)	■ Children	■ Promotion of healthy lifestyle habits to children.	■ Roadshows (buses travelling with the message: “eat well, because it's fun to be fit”). ■ Videos and online games; ■ School games.	■ The campaign had one concrete activity throughout its duration: Roadshows across schools in certain EU countries; ■ The campaign supported uptake of milk, fruit and vegetables in schools; ■ Website had games for children to learn about healthy eating;	■ Web

Table A3.4 Sedentary lifestyle

Name	Time frame	Geographical scope	Target audience	Desired outcome: change in behavior / awareness	Activities/Communication tools	Rationale for possible inclusion as a case study	Source of identification (experts/literature review/policy papers
PHAN Promoting networking and action on healthy and equitable environments for physical activity	2010-2012	■ EU-wide	■ Overall population but with focus on children and socio-economically disadvantaged groups	To improve physical activity participation among socially disadvantaged groups and children	■ Development of guidance on promoting physical activity in socio-economically disadvantaged groups and in children; ■ Strengthening exchange on use of tools for integrating physical activity into city planning and into economic assessments; ■ Further development and refinement of tools for planning and economic assessment of physical activity, based on lessons learnt from practical application;	■ Although this could be classified more broadly as a project not only a communication campaign it brought together various stakeholders in the field of physical activity and used existing networks for involvement and dissemination (for e.g the WHO Healthy cities networks)	■ Web; ■ Policy Papers.
VERB	2002-2006	■ National (USA), multi-cultural	■ Youth aged 9-13 – “tweens”	■ Increase knowledge and improve attitudes and beliefs about tweens’ regular participation in physical activity; ■ Increase parental and influencer support and	■ Advertising; ■ Websites; ■ Partnerships	■ This American-wide campaign has been evaluated in details and known to have contributed to a behaviour change amongst youth in the field	■ Literature Review;

Name	Time frame	Geographical scope	Target audience	Desired outcome: change in behavior / awareness	Activities/Communication tools	Rationale for possible inclusion as a case study	Source of identification (experts/literature review/policy papers
				encouragement of tweens' participation in physical activity; ■ Increase and maintain the number of tweens who regularly participate in physical activity.		of physical activity; ■ It was one of the first campaigns in its time to address physical activity on this scale;	
PASEO: Building Policy Capacities for Health Promotion through Physical Activity among Sedentary Older People	2009-	■ EU cross border: AT,BE, CZ,DE, ES,FI, FR, GR,IT, LI, NL, NO, PL, SV.	■ Sedentary Older People	■ Promotion of physical activity among older people; ■ Formation of partnerships between policy sectors to promote physical activity amongst older people.	■ Creation of network to exchange good practices; ■ Publication/Brochure.	■ This example can be viewed as more of an alliance formation, in view of creating campaigns between partners on the same topic; ■ It has a clear target group and aims at establishing strategic partnerships across the policy sector (local authorities, health promotion agencies, older peoples' organisations).	■ Policy Paper

Table A3.5 Mental health

Name	Time frame	Geographical scope	Target audience	Desired outcome: change in behavior / awareness	Activities/Communication tools	Rationale for possible inclusion as a case study	Source of identification (experts/literature review/policy papers
Menta50+	2012-ongoing	■ Europe cross border: (Austria, Italy, United `Kingdom, Greece, Cyprus, Israel.)	■ Adults over 50 who want to enter lifelong learning training	■ This campaign focuses on the preparation and dissemination of a handbook for stakeholders who intend to promote mental fitness and mental wellbeing of older people; ■ It aims to promote the delivery of activities for older people on mental wellbeing and fitness.	■ Collection of good practices; ■ Maintenance of information website; ■ Workshops; ■ Final project conference.	■ Concrete deliverable was to produce handbook; now dissemination and communication phase is underway; ■ The campaign introducing an Interesting link between good mental health and lifelong learning; ■ Good resource for mental health and lifelong learning across Europe;	■ Web;
In tune with Life	2009-2010	■ Cross-Border (EU)	■ Employees in a workplace setting	■ Raise awareness of good mental health at the workplace amongst employers; ■ Aims to create regional/national networks of good practice	■ Collection of good practices; ■ Leaflet and information brochure; ■ Networking events;	■ Interesting angle to target employers and raise awareness of importance of good mental health within the workplace; ■ Campaign goal was to establish national/regional networks for companies to exchange knowledge	■ Web;

Table A3.6 Multiple focus

Name	Time frame	Geographical scope	Target audience	Desired outcome: change in behavior / awareness	Activities/Communication tools	Rationale for possible inclusion as a case study	Source of identification (experts/literature review/policy papers
Change4Life	2009-ongoing	■ National (UK)	■ Families ■ Middle-aged adults	■ Improve diet and physical activity levels; ■ Promote safer alcohol consumption; ■ Decrease obesity in UK population;	■ Partnerships ■ Website ■ Resources: packages, publications, leaflets;	■ Change4Life encourages people in target audience to adopt 6 healthy behaviours- this campaign cuts across numerous 'risk factors'; ■ Very strong emphasis placed on local partnerships which can be insightful for study;	■ Experts;
Move Europe	2006-2009	■ Cross border:	■ Overall working population; ■ Companies operating in Europe	■ 4 focus areas: physical activity, Healthy diet, smoking prevention, Mental Health; ■ Rationale was to improve Workplace Health Promotion; ■ Raise awareness and to disseminate existing examples of good practice;	■ 24 national advocacy workshops; ■ Factsheets; ■ Development of assessment instruments for workplaces;	■ Campaign targeted a specific 'setting' (workplace) and addressed the main risk factors within that setting; ■ Cross-border campaign with targeted tools per country with overall 'European' coordination; ■ Strong angle of partnership between different stakeholders.	■ Web
Healthy Children in Healthy Families	2010-2013	■ EU cross-border (Denmark,	■ Children and Young people in lower socio-	■ To create strategic partnerships between local health promoting authorities, civil society organisations and	■ Development of 'local ambassadors' to promote message; ■ Website; ■ Workshops	■ The main outcome of this campaign was to create a toolbox for municipalities and civil society on how to work strategically on	■ Web

Name	Time frame	Geographical scope	Target audience	Desired outcome: change in behavior / awareness	Activities/Communication tools	Rationale for possible inclusion as a case study	Source of identification (experts/literature review/policy papers
		Norway, United Kingdom, Italy, Hungary, Spain)	economic groups	volunteers; ■ To train the volunteers to act as “health ambassadors” working with children and young people in deprived areas; ■ Increase overall good health amongst children in deprived areas.	■ Toolbox; ■ Videos documenting good practice and tutorials on the toolbox	promoting active and healthy lives amongst children in deprived areas. This toolbox could be transferred to other municipalities facing similar problems.	

Annex 4 List of organisations contacted during 'Call for Evidence'

Organisation / network name	Summary of remit / membership	Activities	Website
AER: Assembly of European Regions	Established in 1985, AER is a forum for interregional co-operation and a lobbyist for regional interests on the European stage. AER has a Committee for Social Policy and Public Health.	Its activities comprise: ■ Lobbying ■ Gathering and offering expertise on regionalism, as well as organising training and encounters ■ Disseminating regional information and expertise through different channels of communication ■ Promoting regions' visibility and opportunities for them	http://www.aer.eu/
AGE: European Older People's Platform	Founded in 2001. Its objective is to voice and promote the interests of the senior citizens in the European Union and to raise awareness on the issues that concern them most.	■ Coordinates EU projects, such as: WeDO, Daphne, EUSTaCEA, INCLUSage	http://www.age-platform.eu/en
ASPHER: Associations of Schools of Public Health in the EU Region	Established in 1966, ASPHER strengthens the role of Public Health (PH) by improving the education and training of PH professionals for practice and research. It represents the scientific and academic components of the PH workforce education and advanced training.	■ ASPHER activities comprise: Annual Conference/European Public Health Conference, Deans' and Directors' Retreat, Young Researchers' Forum, Resource Centre for PH education & training (including Members' Blog, Public Health Career Portal, Public Health Reviews Journal (PHR) and Internet Journal of Public Health Education (I-JPHE).	http://www.old.aspher.org/
APYN: Alcohol Policy Youth Network	APYN is a network of youth organizations that work towards the prevention and reduction of alcohol-related harm. APYN develops and supports effective alcohol policy to assure healthy lifestyles and environments for young people	Builds capacity of youth organisations on: ■ Research on young people and alcohol; ■ Advocacy of alcohol policy; ■ Maintaining or changing attitudes and behaviours that would improve young people's wellbeing.	http://www.apyn.org/

Organisation / network name	Summary of remit / membership	Activities	Website
COCIR: European Coordination Committee of the Radiological, Electromedical and healthcare IT Industry	Created in 1959, is a COCIR is a non-profit association representing the medical imaging, health ICT and electromedical industries.	■ Expresses its position through papers and it communicates with policymakers at EU level. ■ Provides COCIR's members with competence towards policy makers in Europe and outside ■ Contributes to sustainability of healthcare systems through integrated care approach ■ Promotes Research and Innovation as a key enabler for economic growth ■ Drives global regulatory convergence (Registered once, Accepted everywhere) ■ Optimises the use of International standards ■ Pushes for national and regional deployment (eHealth) ■ Pro-active in Green Techology (Eco-Design)	http://www.cocir.org/
EASL: European Association for the Study of the Liver	Founded in 1966, EASL attracts hepatology experts as members and has an impressive track record in	■ Promotes research in liver disease ■ Supports wider education ■ Promotes changes in European liver policies	http://www.easl.eu/
ECCO: European CanCer Organisation	ECCO is a not-for-profit federation that exists to uphold the right of all European cancer patients to the best possible treatment and care, promoting interaction between all organisations involved in cancer at European level. It has 24 Member Societies - representing over 60 000 oncology professionals.	■ Organises international multidisciplinary meetings ■ Creates awareness of patients' needs and wishes; ■ Encourages progressive thinking in cancer policies ■ Training and education ■ Promotes European cancer research, prevention, diagnosis, treatment and care	http://www.ecco-org.eu/
ECDA: European Chronic Disease Alliance	It aims to reverse the alarming rise in chronic diseases by providing leadership and policy recommendations based on contemporary evidence.	■ Provide policy recommendations based on contemporary evidence ■ Raise awareness and advocate by engaging with policy-makers ■ Promote the development and implementation of a EU Strategy for Chronic Disease ■ Develop and publish position/policy papers	http://www.alliancechronicdiseases.org/

Organisation / network name	Summary of remit / membership	Activities	Website
ECF: European Cyclists Federation	Created in 1983, ECF aims to promote cycling as a sustainable and healthy means of transportation and recreation.	■ Encourages consideration of cyclists' needs in Europe in all aspects of transport planning and management, environment, safety and health, and promote cycle-friendly conditions throughout Europe. ■ Undertakes research on matters relating to cycling, transportation, environment and safety. ■ Promotes the exchange of information and expertise between member organisations. ■ Provides information and expertise in order to raise the awareness of specific groups: international bodies and institutions, politicians, planners, manufacturers/trade groups, bicycle holiday agents/tourism authorities, environmental and transport groups with regard to cycling and its benefits and needs.	http://www.ecf.com/
ECL: Association of European Cancer Leagues	It is a pan-European umbrella organisation of national and regional cancer leagues. Its main objective is to be a visible and effective player in cancer prevention, control and care.	■ Facilitates the collaboration between cancer leagues ■ Influences EU and pan-European policies. ■ Promotes common plans in cancer control towards achieving health equity in cancer prevention, treatment and services.	http://www.europeancancerleagues.org/
ECPC: European Cancer Patient Coalition	Created in 2003, it is a non-profit umbrella organisation. It aims to be the voice of the European cancer patient community, on behalf of the interests of all cancer patient groups. ECPC represents over 300 patient organisations in 44 countries, including the 27 EU member states.	■ ECPC constitutes a forum for cancer patients to exchange information and share best practice experiences. ■ Cooperates with EU institutions. It monitors political development at EU level in the field of oncology, informs its members and supports European health issues. ■ Produces newsletters and position papers. ■ Holds an annual master class on patient support.	http://www.ecpc-online.org/
EDMA: European Diagnostic Manufacturers Association	It represents the interests of the In Vitro Diagnostic (IVD) industry in Europe. EDMA's aim is to showcase and advocate in favour of the enormous potential that the industry has in transforming healthcare systems and the way in which both policymakers and European citizens define the very nature of their healthcare provision.	■ Collaborates with different stakeholders to contribute to the shaping of European policy on IVDs and the healthcare industry ■ Produces position papers and annual reports ■ Organises events	http://www.edma-ivd.eu/

Organisation / network name	Summary of remit / membership	Activities	Website
EFN European Federation of Nurses Associations	It was created in 1971 with the objective of representing the nursing profession and its interests to the European Institutions.	■ Cooperates with EU institutions and tries to influence EU policy making on areas which affect the nursing profession	http://www.efnweb.eu/
EHFA: European Health and Fitness Association	EHFA is a non-for-profit organisation representing the European health and fitness sector at the EU level. EHFA aims to get "More People, More Active, More Often" as a triple-win for European citizens, the EU and the European health and fitness sector. EHFA currently represents over 10,000 health clubs and leisure centres and 19 national associations spread across 26 countries.	■ Sets standards for the health and fitness sector and promotes best practice in instruction and training, with the ultimate objective to raise the quality of service and the customer's exercise experience and results. ■ Implements and is a partner in a number of different European projects and programmes, such as Fitness Against Doping, MOVE, Social Dialogue in Sport and Fitness (IMPACT) and Sport for All – Encouraging Sport for Persons with Disabilities.	http://www.ehfa.eu.com/
EHMA: European Health Management Association	Created in 1982, EHMA aims to build the capacity and raise the quality of health management in Europe. It has 170 members across more than 30 countries in the WHO region and beyond, bringing together the research, policy and management communities. Members range from hospitals to universities, from ministries of health to primary care providers, from management education schools to consultancies.	■ Policy: translating EU policy to the organisational level and influencing the EU policy agenda bottom-up. ■ Research: engaging in cutting edge research with some of the top research associations in Europe, including on health professional mobility and quality of care. ■ Management improvement: supporting healthcare delivery to be as good as the best in Europe, through networks, events and projects. ■ Management education: joint European accreditation of postgraduate health management courses with FIBAA (Foundation for International Business Administration Accreditation).	http://www.ehma.org/
EHN: European Heart Network	EHN is an alliance of heart foundations and non-governmental organisations throughout Europe. Its aims are the prevention and reduction of cardiovascular diseases, in particular heart disease and stroke.	■ It tries to influence EU policy making in favour of a heart-healthy lifestyle ■ It fosters cooperation among organisations concerned with heart health promotion and cardiovascular disease prevention ■ It disseminates information relevant to heart health promotion and cardiovascular disease prevention	http://www.ehnheart.org/

Organisation / network name	Summary of remit / membership	Activities	Website
EIWH European Institute of Women's Health	The European Institute of Women's Health (EIWH) is a non-governmental organisation aiming to promote gender equity in public health, research and social policies across Europe It has members from the 28 EU Member States (over 80 people and organisations with expertise and interest in women's health).	■ Publications ■ Projects ■ Conferences ■ Advocacy	http://eurohealth.ie/
ELPA European Liver Patients Association	ELPA, created in 2004, promotes the interests of people with liver disease and highlights the size of the problem.	■ Raises awareness and prevention ■ Addresses the low profile of liver disease as compared to other areas of medicine such as heart disease ■ Shares experience of successful initiatives ■ Works with professional bodies such as EASL and with the EU to ensure that treatment and care are harmonised across Europe to the highest standards	http://www.elpa-info.org/
ENHWP: European Network for Workplace Health Promotion	Established in 1996, the ENHWP is an informal network of national occupational health and safety institutes, public health, health promotion and statutory social insurance institutions. It aims to improve workplace health and well-being and to reduce the impact of work related ill health on the European workforce.	■ Seeks to collect, analyse and disseminate knowledge of WHP and issues relating to it to all stakeholders and interested parties; ■ Promotes the exchange of information through its events, meetings and publications; ■ Encourages the development of innovative responses, combined with the adoption of new working practices; ■ Disseminates tools, methods and instruments to market and advocate the development of WHP to stakeholders at the national level.	http://www.enwhp.org/
ENSP: European Network for Smoking Prevention	Founded in 1997, it is an international non-profit making organisation for smoking and tobacco prevention. It aims to co-ordinate action among organisations active in tobacco control in Europe.	■ It disseminates information and experience ■ It promotes collaboration amongst member organisations and support their actions; ■ It participates in joint projects ■ It sponsors, promotes and organises education and training seminars, conferences, missions and exhibitions.	http://www.ensp.org/
EPF: European Patients' Forum	Created in 2003, it is the umbrella organisation of pan-European patient organisations active in the field of European public health and health advocacy. EPF's vision is the delivery of a high quality, patient-centred, equitable healthcare for all patients throughout the EU.	■ It organises education seminars ■ It exchanges best practices and information. ■ It works on policy and project initiatives ■ It collaborates with EU institutions and promotes a patient-centred philosophy and agenda	http://www.eu-patient.eu/

Organisation / network name	Summary of remit / membership	Activities	Website
EPHA: European Public Health Alliance	EPHA is Europe's leading NGO advocating for better health. Its members are public health NGOs, patient groups, health professionals, and disease groups. Its aim is to build public health capacity to propose solutions to European public health challenges, to improve health and reduce health inequalities.	■ It monitors the policy making process within the EU institutions, supports the flow of information and participates in policy debates ■ It disseminates information about policy developments and initiatives that affect EU citizens' health ■ It provides training and support to NGOs and health actors to engage with the EU	http://www.epha.org/
ERS: European Respiratory Society	ERS is a not-for-profit organisation, founded in 1990. It seeks to alleviate suffering from respiratory disease. It has 10,000 members in over 100 countries. Its scope covers both basic science and clinical medicine.	■ Publishes research ■ Brings together specialists in the field of respiratory medicine at its annual congress and other specialist events ■ Implements projects under contracts ■ Provides continuing medical education and training ■ Compiles handbooks and guidelines for respiratory health professionals ■ Compiles studies and reviews targeting policy makers and health authorities ■ Advocates public policy committed to respiratory health	http://www.ersnet.org/index.php
EUCOMED	Eucomed represents the medical technology industry in Europe. Its goal is to make modern, innovative and reliable medical technology available to more people. Eucomed concentrates on 3 sectors: ■ Promote a balanced policy environment ■ Demonstrate the value of medical technology ■ Providing membership services	■ Eucomed engages with European regulators, politicians and other policymakers through regular meetings ■ Organises meetings, events, trainings, workshops and the MedTech Forum, the largest health and industry policy conference in Europe ■ It collects and provides members with privileged and reliable data	http://www.eucomed.be/
EU chrodis	JA-CHRODIS is a European collaboration that brings together over 60 associated and collaborating partners from e.g. national and regional departments of health and research institutions, from 26 Member States	■ Partners work together to identify, validate, exchange and disseminate good practice on chronic diseases across EU Member States and to facilitate its uptake across local, regional and national borders. The focus is health promotion and primary prevention as well as the management of diabetes and multi-morbid chronic conditions.	http://www.chrodis.eu/

Organisation / network name	Summary of remit / membership	Activities	Website
EUFAMI: European Federation of Associations of Families of People with mental Illness	Established in 1992, EUFAMI is a non-profit organisation. Its mission is to improve care and welfare for people affected by mental illness.	EUFAMI has a number of programmes supporting people affected by severe mental illness and the organisations representing them across Europe. ■ It collaborates with EU institutions and submits position papers. ■ It undertakes research and develop training programmes	http://www.eufami.org/
EULAR: The European League Against Rheumatism	EULAR is the organisation which represents the patient, health professional and scientific societies of rheumatology of all the European nations. EULAR endeavours to stimulate, promote, and support the research, prevention, treatment and rehabilitation of rheumatic diseases.	■ Supports research projects in rheumatology ■ Education and training. The annual congress of rheumatology is the highlight event in the EULAR calendar annually ■ Represents the interests of the entire rheumatic disease community and is the natural partner of European policy makers when policies and regulatory frameworks are developed ■ Collaborates with international organisations as well as the American College of Rheumatology	http://www.eular.org/
EUREGHA: European Regional and Local Health Authorities Network	Founded in 2006, EUREGHA is a network of 12 European Regional and Local Health Authorities focused on public health. Its aim is to promote collaboration amongst regions and local authorities for a more sustainable and efficient health care systems.	■ Collaborates with the EU institutions ■ Gathers and shares information, knowledge and opportunities among its members	http://www.euregha.net/
EUROCARE: The European Alcohol Policy Alliance	Created in 1990, Eurocare is an alliance of non-governmental public health and social organisations working on the prevention and reduction of alcohol related harm in Europe.	■ Monitors EU policy developments that have an impact on national alcohol policies ■ Carries out advocacy campaigns ■ It submits position papers and publishes reports ■ Facilitates the collection, collation, analysis, dissemination and utilization of data on alcohol consumption and related harm ■ Organises meetings and conferences	http://www.eurocare.org/
EuroDiaconia	Eurodiaconia links diaconal actors to examine social needs, develop ideas and influence policies impacting Poverty and Social Exclusion, Social and Health Care Services and the Future of Social Europe. Eurodiaconia also provides a platform for transnational networking and best practice sharing.	■ Brings together the expertise and experience of its members to be a networking body and advocating voice through position papers, seminars and dialogue with relevant actors and institutional representatives. ■ Facilitates best practice sharing. ■ Creates competence to impact social policies through seminars, conferences, study visits and network meetings.	http://www.eurodiaconia.org/

Organisation / network name	Summary of remit / membership	Activities	Website
EuroHealthNet	Established in 1996, EuroHealthNet is a non-profit network of regional and national agencies responsible for health promotion, public health and disease prevention in Europe. Its goal is to "help improve the health and health equity within and between EU states"	■ Monitors EU and national policy developments ■ Gathers and disseminates information and expertise ■ Coordinates projects between members and with the European Commission ■ Collaborates with the EU institutions	http://eurohealthnet.eu/
European COPD Coalition	The European COPD Coalition is a not-for-profit association is committed to raising awareness about Chronic Obstructive Pulmonary Diseases (COPD) and its social and economic impacts among European policy makers and stakeholders, seeking ways to reduce the burden of the disease through collective action and advocacy, developing and implementing a comprehensive EU public health policy on COPD and by being a key facilitator of COPD policy initiatives at European and country level.	■ Seeks political impetus to put in place the right structure addressing all aspects of COPD. ■ Finds common agendas among industry and non-industry partners where energy and resources can be combined to prevent COPD, improve patient care, thereby recognizing that people at risk, patients and healthcare systems would benefit from improved awareness, COPD patient diagnosis, review, management and prevention.	http://www.copdcoalition.eu/
European Transport Safety Council	ETSC is a non-profit organisation dedicated to reducing the numbers of deaths and injuries in transport in Europe. Founded in 1993, ETSC provides an impartial source of expert advice on transport safety matters to the European Commission, the European Parliament, and Member States	■ Seeks to identify and promote effective measures on the basis of international scientific research and best practice in areas which offer the greatest potential for a reduction in transport crashes and casualties. ■ Provides factual information in the form of scientific reports, fact sheets and newsletters in support of high safety standards in EU harmonisation, the take up of best practice and transport safety research. ■ Organises several national and international conferences every year.	http://etsc.eu/
FEND Foundation of European Nurses in Diabetes	FEND is a pan European non-profit organisation created in 1995 and has established a unique voice for nurses working in the field of diabetes care, research and education in Europe.	■ Promote education and training of nurses working in diabetes care throughout Europe, by the development and support of training programmes, including the organisation of conferences and symposia, and the dissemination of information relating to the proceedings at such conferences or symposia ■ Works in collaboration with IDF Europe, WHO Europe, EASD, PCDE, EURADIA, DESG and national diabetes nursing organisations	http://www.fend.org/

Organisation / network name	Summary of remit / membership	Activities	Website
GA²LEN: Global Allergy and Asthma European Network	GA²LEN is a Network of leading European clinical and research facilities in the field of allergology and asthma. Its objectives are to accelerate the application of research results into clinical practice, to promote raining, to meet the needs of the patients, and to help guide policy development.	■ Submits position papers ■ Organises conferences ■ Supports for research	http://www.ga2len.net/
Health and Environment Alliance (HEAL)	European not-for-profit organisation addressing how the environment affects health in the European Union (EU)- 65 member organisations	■ Monitors policy within EU institutions to identify threats and opportunities for environment and health ■ Runs advocacy campaigns to bring the voice of the health community to policy makers ■ Follows policy-relevant research and making it accessible ■ Facilitates public and stakeholder participation ■ Builds capacity through publications, conferences, workshops, and training.	http://www.env-health.org/
IDF Europe: International Diabetes Federation - European Region	IDF Europe an umbrella organisation representing 66 diabetes organisations in 47 countries across Europe. It is the voices of people living with diabetes and healthcare professionals.	■ Carries out advocacy for adequate policies for diabetes. ■ It supports awareness and prevention campaigns ■ It provides evidence on diabetes through research	https://www.idf.org/regions/europe
IUHPE: International Union for Health Promotion and Education	IUHPE is an association of individuals and organisations committed to the promotion of health. Its aim is to "promote global health and to contribute to the achievement of equity in health between and within countries of the world".	■ It disseminates information ■ It organises conferences ■ Carries out advocacy to place important topics on policy agendas	http://www.iuhpe.org/
MHE-SME: Mental Health Europe	Founded in 1985, MHE represents associations, organisations and individuals active in the field of mental health and well-being in Europe. Its objective is to promote mental health and well-being of all citizens.	■ It organises conferences ■ It publishes reports, newsletters and leaflets ■ It currently works on projects such as HELPS or PROMETHEUS. ■ Carries out advocacy to make sure that health and well-being is given high priority in the policy agenda. ■ Submits position papers for policies and strategies on mental health and well-being.	http://www.mhe-sme.org/

Organisation / network name	Summary of remit / membership	Activities	Website
SFP: Smoke Free Partnership	SFP is a partnership between the European Respiratory Society, Cancer Research UK, and the European Heart Network. It aims to promote tobacco control advocacy and policy research at EU and national levels.	■ Advocates to influence the agendas of the EU Institutions ■ Submits position papers	http://www.smokefreepartnership.eu/

Annex 5 Table of campaigns reported in the Call for Evidence

A5.1 Smoking related

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
World COPD Day	Two weeks	EU (staff working in Brussels)	■ Gender: – Both male and female ■ Age: – Adults	Raise awareness on Chronic Obstructive Pulmonary Disease (COPD) among EU civil servants, so that they would be internal relays for our cause	■ Internet ■ Social media (e.g. Facebook, Twitter) ■ Printed publications and brochures/leaflets ■ Press releases	No evaluation	The campaign was only visual so the elements that worked were the visual: big billboards posted at the exit of metro stations Schuman, Luxembourg (for the EP) and Maelbeck. The big posters were asking viewers if they knew what COPD was and providing 4 potential answers, 3 stupid ones and the correct answer, on the last line. The poster ended on asking people to support our Call to Action on CODP	Yes, the font used for the text was too "childish"	N/A

A5.2 Unhealthy diet

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
Dietician help for obese children	2011-2013	National (within the EU)	■ Gender: – Both male and female ■ Age: – Children – Young people	Measure how much it cost to help reduce obesity	■ Printed publications and brochures/leaflets ■ Press releases	Yes, internal evaluation	Using dieticians	“I'm not completely into the project”	N/A
Public	all	EU-wide	■ Gender:	Public	■ Internet	Yes,	Camping trips	Health	We need

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
Awareness - fund raising	through the year		– Both male and female ■ Age: – Children – Young people – Adults – Older people	awareness	■ Mobile applications ■ Social media (e.g. Facebook, Twitter) ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Television ■ Radio ■ Printed publications and brochures/leaflets ■ Press releases	internal evaluation	(special interest on the young children)	education	financial support
Camping	N/A	National (within the EU)	■ Gender: – Both male and female ■ Age: – Children – Young people – Adults – Older people ■ people with diabetes	Educate young diabetics	■ Direct contact	Yes, internal evaluation	The unique activities;	We need financial support	N/A

A5.3 Sedentary Lifestyle

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
StepJockey[23]	2013-2014	Cross-border	■ Gender: – Both male	To encourage	■ Internet ■ Mobile	Yes, external	Two key elements: 1/ Labelling of	There is on-going iterative	The scheme has two key advantages over

[23] https://www.stepjockey.com/

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
			and female ■ Age: – Adults ■ Other: – Office workers	stair use in multi-story buildings at population level	applications ■ Social media (e.g. Facebook, Twitter)	evaluation	stairs with visual stair prompts containing accurate calorie data for specific stairs 2/ Gamification of stair use via the stair prompts with mobile and web technologies The results for the stair prompts in line with other studies on stair prompts and systematic reviews of stair prompt trials - they increase stair use significantly in all buildings in which they are places. On gamification, the results were new and exciting. While stair prompts alone typically increase stair use by 20%+, when gamified stair use increased 500%+	improvement of all aspects of the product directed by real-time user feedback	pedometer type tracking and gamification: - the physical visual presence of the stair prompts in buildings means it impacts all who pass them (population level, not individual) - the nature of the physical activity (stair climbing) appeals disproportionally to: - women - the overweight - those getting less than 150mins physical activity a week This is because stair climbing is accessible to nearly all, does not require special skills/equipment and can be built into a normal day without time-costs
Straighten Up	Ongoing	Other: Global reach including	■ Gender: – Both male and female	Encourage Physical activity	■ Internet ■ Live events (e.g. concerts, fairs,	Yes, external evaluation	The Straighten up video Was selected by an EU	N/A	N/A

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
		several EU countries, USA, Australia.	■ Age: – Children – Young people – Adults – Older people		exhibitions, conferences) ■ Television ■ Radio ■ Printed publications and brochures/leaflets ■ Press releases		body as an example of good Practice in 2008		

A5.4 Mental Health

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
Week information on mental health (*Semaine d'information sur la santé mentale*)[24]	2007-present (on a yearly basis)	National (within the EU)-France	■ Gender: – Both male and female ■ Age: – Young people – Adults – Older people	Organise events and disseminate information on mental health	■ Internet ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Printed publications and brochures/leaflets	Yes, internal evaluation	The events	The visibility of the events was not sufficient	The stigma of mental illness and the lack of associations means that campaigns are difficult to relay
Prevention of youth	N/A	Regional or local (within	■ Gender: – Both male and	Make young people with	■ Internet ■ Live events	No evaluation	N/A	N/A	N/A

[24] http://semaine-sante-mentale.fr/

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
mental health (*prévention jeunes santé mentale*)		an EU country)	female ■ Age: – Young people ■ Other: – families	problems aware of the location of support centres (lieux d'accueil) and raise awareness/giving visibility to mental health issues.	(e.g. concerts, fairs, exhibitions, conferences) ■ Printed publications and brochures/leaflets				
Zero stigma a Campaign by Eufami	2006-2008	National (within the EU)	■ Gender: – Both male and female ■ Age: – Children – Young people – Adults ■ Other: – All people in the community	Eradicating stigma associated with mental illness	■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Television ■ Radio ■ Printed publications and brochures/leaflets ■ Press releases	Don't know	With school children. Because EU countries taking part chose a target group and a number chose school children	if the campaign was done now with twitter and Facebook it would have made a better impact	N/A
Zero Stigma for school children in Malta	N/A	Regional or local (within an EU country)	■ Gender: – Both male and female ■ Age: – Children ■ Other: – school teachers	Children where targeted because it is easier for young children to understand that the mentally ill need love and support and not prejudice	■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Television ■ Radio ■ Printed publications and brochures/leafle	No evaluation	children acting out the stories with their PSD teachers	Yes the pictures in the books would have been in cartoon figures	3 books given out to school children ages 7 to 10. Books describe when a member of the family is mentally ill , child should not feel shame

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
					ts ■ Press releases				
Work in tune with life. move Europe[25]	October 2009-December 2010	EU-wide	■ Gender: – Both male and female ■ Age: – Young people – Adults – Older people ■ Specific socio-economic groups – employers, employees (and their families) ■ People with disabilities	To help promote mental health in workplaces, by ■ increasing the awareness of companies and the general public about the needs and benefits of mental health promotion at work; ■ attracting companies to take part in the campaign and to convince them that investments in workplace mental health promotion initiatives are worthwhile; ■ design practical measures and	■ Internet ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Printed publications and brochures/leaflets ■ Press releases	Yes, internal evaluation (confidential)	■ Mental Health Check (self-assessment tool, available online) ■ The business case for mental health (numbers are what convinces people of investing time, money and effort). ■ Guide for Employers / Guide for Employees (practical information for the two target groups)	■ Continued active dissemination of the valuable project outcomes was missing a bit in previous years (should not end together with the project).	N/A

[25] http://www.enwhp.org/enwhp-initiatives/8th-initiative-work-in-tune-with-life.html

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
				models for promoting mental health in workplace settings and encourage an exchange of experience in this field.					
"All together...as one soul"	10-13 October 2012	Regional or local (within an EU country)	■ Gender: – Both male and female ■ Age: – Children – Young people – Adults – Older people ■ Specific socio-economic groups: – Persons with mental disabilities and their families ■ Other – General public	To create opportunities that empower people with mental disabilities and their families to believe in recovery, succeed in accomplishing their goals, reconnect to themselves and to others, find again meaning and purpose in life and be happy without facing any kind of exclusion, stigma or discrimination	■ Internet ■ Social media (e.g. Facebook, Twitter) ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Television ■ Radio ■ Printed publications and brochures/leaflets ■ Press releases	No evaluation	A Zumba dance festival to attract teenagers; 200 message T-shirts ‘’All together…As one soul; 200 cyclists group ride around the city to spread the message; storytelling to educate the new generation about the importance of mental health and non-discrimination, etc.	N/A	Acknowledging the difficulty of changing the beliefs of the majority of the adults, this year the organisation preferred to attract the “still uncontaminated youth” and to give them a chance and a reason to be involved. Youth participation would inevitably attract their adult family members, family friends and other adults in the community.
Puppets set sail towards	2013 onwards	Regional or local (within	■ Gender: – Both male and	To improve the social capital of	■ Social media (e.g. Facebook,	No evaluation	Using puppetry to	N/A	GAMIAN-Europe Good Practice

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
socio-economic inclusion[26]		an EU country)	female ■ Age: – Children – Young people – Adults – Older people ■ Specific socio-economic groups: – Disadvantaged young people with mental disabilities ■ Other – General public	excluded young people with mental disabilities; to prevent children from developing negative attitudes towards people with mental disorders; to foster empathy in adults	Twitter) ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Television ■ Radio ■ Printed publications and brochures/leaflets ■ Press releases		enhance self-determination of mental health service users and reduce social stigma: 14 unfairly labelled young people got out of the shadows, developed skills and confidence, and regained self-esteem. Some 1200 adults attended.		Award 2013 was assigned to this project for its substantial difference from other initiatives in the field. socially excluded young people with mental disorder were given the opportunity and support to create a Black string puppet theater group, engage in complex marionette hand making, and dare to act on stage to challenge both self-stigma and mental disorder related myths.
See Change	2010-2014	National (within the EU)	■ Gender: – Both male and female ■ Age: – Adults ■ Other – People in the workplace,	See Change is an alliance of organisations working together through the National Stigma Reduction Partnership to	■ Internet ■ Social media (e.g. Facebook, Twitter) ■ Live events (e.g. concerts, fairs, exhibitions,	No evaluation	Workplace training - Huge demand for support in creating open culture in workplace.	More resources	N/A

[26] http://www.sofpsi-ser.gr/theaters

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
			Farmers, Young males aged 18-24	bring about positive change in public attitudes and behaviour towards people with mental health problems.	conferences) ■ Radio ■ Printed publications and brochures/leaflets ■ Press releases ■ Other: Workplace training, grassroots activities, ambassadors		Farming community- Becoming more open to change.		
UPA'08 - United to Help Movement. A song for mental health	October 2007- November 2008	National (within the EU)	■ Gender: – Both male and female ■ Other – General population	To stand up against stigma and discrimination towards mental disorders], which includes both national and local initiatives, aimed at raising public awareness, fighting stigma and promoting mental health.	■ Internet ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Television ■ Radio ■ Printed publications and brochures/leaflets ■ Press releases ■ Other – Music and video clips	Yes, internal evaluation. The number of people that were exposed to the campaign through media coverage was assessed by Marktest, and concluded that % of	Support of the musicians that associate to the campaign against discrimination in the field of mental disease. Each song represents a thematic polarity and it is important to turn it into an action. Music proved to be a powerful	N/A	Implementation: every month a new song was released regarding one of the identified themes, and passed in the radio; a film was made for TV, and was presented in different channels, plus the tv on the tube/underground stations; an illustration was made for billboards and press; and ENCONTRAR+SE' s website was updated with all the

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
					(CD/DVD)	the population + 15 years of age were exposed at least once to the campaign – 3 million	vehicle for information transmission and mental health awareness promotion.		material available and people could download the music; resulting in 10 themes/ music, 20 bands, 10 films, 10 illustrations, 1 CD/DVD as well as in the participation on several radio and programmes and conferences.
UPA makes the difference & United to Help Teachers	UPA makes the difference (July 2009-June 2011) & United to help teachers - September 2011-May 2012	Regional or local (within an EU country)	■ Gender: – Both male and female ■ Age: – Young people – Adults ■ Other – secondary students (15-18 year-olds) and basic/secondary teachers	Interventions aiming at improving mental health literacy (knowledge and beliefs about mental disorders, Jorm, 1997), amongst young peoples' (15-18 year-olds) and basic/secondary teachers, respectively.	■ Internet ■ Social media (e.g. Facebook, Twitter) ■ Printed publications and brochures/leaflets ■ Other (please specify) ■ Music and video clips from UPA	Yes, internal evaluation	UPA Sticker Art Book that was delivered to all participants of the intervention. Each page has a different sticker, where to place it and scientific information. The project website allowed UPA Citizens to show their interventions. Students' feedback	The materials and procedures of the programs were improved following the first edition of it was finished and evaluated.	UPA makes the difference and United to Help Teachers cover information regarding mental health issues The intervention is composed by 2 sessions, 150 minutes each, one-week interval, conducted by two trained psychologists. Topics are addressed taking into account developmental characteristics of the participants. Sessions follow an

Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
							proved UPA Sticker Art Book was the most successful element of the campaign.		interactive methodology, using group dynamics and music, group discussions and disclosure regarding participants' emotional well-being.

A5.5 Other Focus

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
Poor oral health	Child Smile Scotland[27]	2001 - present	Regional or local (within an EU country)	■ Gender: – Both male and female ■ Age: – Children – Young people – Adults ■ Specific socio-economic groups – Children in areas of	To improve the oral health of children in Scotland and reduce inequalities both in dental health and access to dental services	■ Internet ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Printed publications and brochures/leaflets ■ Other:	Yes, external evaluation	Researchers found that the scheme had reduced the cost of treating dental disease in five-year-olds by more than half	N/A	N/A

[27] http://www.child-smile.org.uk/

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
				poorer oral health are being offered additional fluoride varnish applications in the nursery and school setting. ■ Other target: – Dental professionals, carers, teachers		Nursery, school and practice programmes		between 2001 and 2010.		
Oral health	Children's Oral Health Campaign: "2min2x"[28]	2012-present	Non-EU (US)	■ Gender: – Both male and female ■ Age: – Children – Young people – Adults ■ Specific socio-economic groups: – At risk groups	It is a national public service advertising (PSA) campaign by the Partnership for Healthy Mouths, Healthy Lives (www.HealthyMouthsHealthyLives.org) that encourages parents to make sure their kids are brushing their teeth for two minutes, twice a day to help protect their children from severe tooth pain later.	■ Internet ■ Mobile applications ■ Social media (e.g. Facebook, Twitter) ■ Live events (e.g. concerts, fairs, exhibitions, conferences)	Yes, external evaluation	Multi-lingual elements, short-videos, games, donations by media	N/A	N/A

[28] http://2min2x.org/

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
						■ Television ■ Radio ■ Printed publications and brochures/leaflets ■ Press releases				
Protein rich food	Elderly and nutrition	N/A	National (within the EU)	■ Gender: – Both male and female ■ Age: – Older people	Does it benefit to use a dietician to improve the elderly to eat more protein	■ Mobile applications ■ Social media (e.g. Facebook, Twitter) ■ Printed publications and brochures/leaflet ■ Press releases	Yes, internal evaluation			

A5.6 Multiple Focus

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
■ Unhealthy diet ■ Poor oral health	National Smile Month[29]	1977-present	National (within the EU)	■ Gender: – Both male and female ■ Age: – Children – Young people – Adults – Older people	UK's largest and longest-running oral health campaign. It promotes three key messages: – Brush your teeth last thing at night and on at least one other occasion with a fluoride toothpaste; – Cut down sugary foods and drinks; – Visit your dentist regularly, as often as they recommend	■ Internet ■ Social media (e.g. Facebook, Twitter) ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Television ■ Radio ■ Printed publications and brochures/leaflets ■ Press releases	Yes, internal evaluation	N/A	N/A	N/A
■ Smoking related ■ Alcohol related harm ■ Unhealt	Mouth cancer action[30]	1998-Present	Cross-border	■ Gender: – Both male and female ■ Specific socio-economic groups:	Raising awareness and detection of oral cancers - Mouth Cancer Action Month is a charity campaign which	■ Internet ■ Social media (e.g. Facebook, Twitter) ■ Live events (e.g.	Yes, internal evaluation	Elements which involve social media and the blue lip selfie campaign for MCAM in	N/A	N/A

[29] http://www.nationalsmilemonth.org/

[30] http://www.mouthcancer.org/

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
■ hy diet ■ HPV virus				– At risk groups ■ Specific ethnic minority groups: – At risk groups	aims to raise awareness of mouth cancer and make a difference by saving thousands of lives through early detection and prevention.	concerts, fairs, exhibitions, conferences) ■ Television ■ Radio ■ Printed publications and brochures/leaflets ■ Press releases		particular has targeted viral social media this year		
■ Smoking related ■ Alcohol related harm ■ Unhealthy diet ■ Poor oral health	Oral cancer screening of high risk groups	N/A	National (within the EU)-Hungary	■ Gender: – Both male and female ■ Age: – Adults – Older people ■ Other: – Adults who smoked and were heavy drinkers	A pilot of innovative approaches to groups at risk of oral disease in Hungary	■ Internet ■ Television ■ Radio ■ Printed publications and brochures/leaflets ■ Press releases	Yes, external evaluation	Use of mass media to raise awareness of oral cancer and encourage attendance for a free oral health examination.	N/A	The exercise served to identify a significant number of individuals with premalignant lesions, as well as diagnosing cases of early oral cancer.
■ Smoking related	National actie	2009-2012	National (within the	■ Gender: – Both male	Diabetes prevention	■ Internet	N/A	More national attention is	The implementa	N/A

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
■ Alcohol related harm ■ Unhealthy diet	programma Diabetes[31]		EU)	and female ■ Age: – Adults	awareness			needed for diabetes among various groups including regularly in news media	tion of developed finished products	
■ Smoking related ■ Alcohol related harm ■ Unhealthy diet ■ Sedentary lifestyle ■ Mental health	Health Promotion Campaign in the Community	2008-present	Regional or local (within an EU country)	■ Gender: – Both male and female ■ Age: – Children – Young people – Adults – Older people ■ Specific socio-economic groups: – foreign domestic workers ■ People with disabilities ■ Specific ethnic minority groups: – Roma minority	To raise awareness on the main chronic diseases and related Health Determinants	■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Printed publications and brochures/leaflet ■ Press releases ■ Other: Interactive lectures and workshops are organised by the Ministry of Health with the cooperation	Yes, internal evaluation	The involvement of the decision makers. An example: When a minister is willing to let the nurse measure his/her Abdomen circumference is a good example for every single citizen in the community to do so.	The evaluation is difficult, because there is not a computerised network in every Hospital developed yet and we do not know the exact number of people nationwide who attended, for example, the	N/A

[31] http://www.actieprogrammadiabetes.nl/

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
						of the local authorities in the communities and remote areas. During these events decision makers are actively involved in the procedure.			screening tests after our intervention .	
■ Smoking related ■ Unhealthy diet ■ Sedentary lifestyle	Healthy Lungs for Life[32]	2014 onwards	Other: EU wide but also global	■ Gender: – Both male and female ■ Age: – Children – Young people – Adults – Older people ■ People with disabilities ■ Other: – Patients with lung conditions	To raise awareness of the importance of lung health and specifically how to prevent lung damage and disease	■ Internet ■ Mobile applications ■ Social media (e.g. Facebook, Twitter) ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Television ■ Radio ■ Printed publications	Yes, internal evaluation	The live events. Great location and local interest.	The wider impact. But this was the first year and this will be developed year on year.	N/A

[32] http://www.europeanlung.org/en/projects-and-research/projects/healthy-lungs-for-life/home/

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
						and brochures/leaflets ■ Press releases				
■ Smoking related ■ Unhealthy diet ■ Sedentary lifestyle	World Spirometry Day	2010 onwards	Other: EU wide and global	■ Gender: – Both male and female ■ Age: – Children – Young people – Adults – Older people ■ Lower socio-economic groups ■ People with disabilities ■ Other: – Smokers	To offer free lung function testing to members of the public	■ Internet ■ Social media (e.g. Facebook, Twitter) ■ Live events (e.g. concerts, fairs, exhibitions, conferences, ■ Television ■ Radio ■ Printed publications and brochures/leaflets ■ Press releases	Yes, internal evaluation	Facilitating people to run their own events across the globe. The support was outstanding and the buy in inspiring. There were 760 events in more than 70 countries in 2012.	The title with spirometry in it made it difficult for people to connect to. Hence WSD is now incorporated in Healthy Lungs for Life - details previously submitted.	N/A
■ Smoking related ■ Alcohol related harm ■ Unhealthy diet ■ Sedentar	PINC: Programme of Information and Communication supporting	2008-2012	National (within the EU)-Italy	■ Gender: – Both male and female ■ Age: – Children – Young people	Improving knowledge on risk factors of chronic diseases in general population; developing messages	■ Internet ■ Social media (e.g. Facebook, Twitter) ■ Live events (e.g. concerts,	Yes, internal evaluation 3 questionnaires: general public, professiona	Communication was planned carefully with particular regard to all channels and targets	Evaluation still needs to be further improved.	Funding was granted from 2008 to 2012, but related activities are ongoing at regional and local levels and performed tools have been disseminating still

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
y lifestyle	"Gaining Health: making healthy choices easy"			– Adults – Older people	addressed to specific target groups (youth, women, family) to activate awareness and empowerment for healthy lifestyle choices; enhancing communication and counselling skills of health workers to facilitate healthy lifestyle choices.	fairs, exhibitions, conferences) ■ Television ■ Radio ■ Printed publications and brochures/leaflet ■ Press releases	ls and the local coordinators of an Italian Behavioural Risk Factors Surveillance System. ■ The overall communication campaign was deemed to be original and attractive. ■ Among general public, 28% remembered images of press campaign, but only 8% remembered the video.	involved in the strategy. Messages have been based on the data and results coming from behavioural risk factors surveillance systems. Contents were tested and shared with the more important stakeholders at national, regional and local levels. PINC activities and initiatives have been continuing after the formal end of the foreseen financing.		

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
							■ Among the local coordinators the communication material circulated inside the Region and within the Local Health Units was only recognised by13%.			
■ Smoking related ■ Alcohol related harm ■ Unhealthy diet ■ Sedentary lifestyle ■ Mental health	Promoting healthy work for people with chronic illness - Public Health and Work (PH Work)	April 2011 – April 2013	EU-wide	■ Gender: – Both male and female ■ Age: – Young people – Adults – Older people ■ Specific socio-economic groups: – working population (employer	To promote healthy work for those suffering the consequences of a chronic illness, by enabling job retention or supporting return-to-work.	■ Internet ■ Social media (e.g. Facebook, Twitter) ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Printed publications and brochures/leaflets ■ Press	Yes, internal evaluation. All five specific objectives of the project have been fully attained.	■ Guide to good practice for employers and (HR) managers (easy-to-use information, six-step plan to set up a return-to-work programme, checklist on appropriate	■ One project manager for the full duration of the project ensures continuity. ■ Time management of some of the national partners	It is best to allow enough time and resources for national partners to adapt outcomes of the project or campaign to their national context - in order to increase the meaningfulness of the outcomes at national level. Try to produce very practical and easy-to-use outcomes.

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
				s, employees / workers) ■ People with disabilities ■ Other: – healthcare providers and intermediaries (physicians and clinicians, hospitals and rehabilitation centres, patient and disease groups, occupational safety and health services, insurers, social services, employment		releases		behaviour towards employees with a chronic illness) ■ Dissemination at national level through national events and campaigns ■ Selection of good practice companies, organisations, healthcare providers and intermediaries	could have been better. ■ Some of the national partners found it difficult to implement strategies and guidelines developed on a EU level in a national context (this is a common problem in European projects)	

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
				assistance centres)						
■ Smoking related ■ Unhealthy diet ■ Sedentary lifestyle ■ Mental health	Move Europe - Healthy lifestyles in the working environment [33]	October 2009 - December 2010	EU-wide	■ Gender: – Both male and female ■ Age: – Young people – Adults – Older people ■ Specific socio-economic groups: – employers,	To disseminate good practices in the field of lifestyle-oriented WHP: physical activity, healthy diet, mental health and smoking prevention. The initiative was designed as a campaign which sets quality standards for	■ Internet ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Printed publications and brochures/leaflets ■ Press releases	Yes, internal evaluation (confidential)	■ Development of high level quality standard ("quality model") ■ Company Health Check (self-assessment tool, available online) ■ National	Continued active dissemination of the valuable project outcomes was missing a bit in previous years (should not end together	N/A

[33] http://www.enwhp.org/enwhp-initiatives/7th-initiative-move-europe.html

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
				employees (and their families)	Good Practice in Workplace Health Promotion, identified complying models and disseminated these results throughout Europe.			dissemination activities had a very good response: over 2.000 companies, institutes, schools, hospitals etc. became involved in the campaign	with the project).	
■ Unhealthy diet ■ Sedentary lifestyle	Steps to healthy living	November 2014	Other: EU institutions (Parliament, Commission)	■ Gender: – Both male and female ■ Other: – Policy-makers and staff working for EU institutions	Raise awareness amongst EU policy-makers of the need to develop and implement comprehensive policies promote healthy diet and physical activity for diabetes prevention and diabetes management	■ Internet ■ Social media (e.g. Facebook, Twitter) ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Printed publications and	No evaluation. Evaluation not completed yet as we are still collecting feedback.	■ Breakfast debate with MEPs and key stakeholders discussing findings of a Europe-wide survey on diabetes policies. ■ Exhibition and free	More funding would allow more actions to be carried out.	The campaign messages were relayed at national/regional/local levels by diabetes association's members of IDF Europe, ensuring a coherent message from the diabetes community throughout the region. Messages and activities are tailored

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
					(prevention of complications)	brochures/leaflets ■ Press releases		blood-glucose testing in the European Parliament ■ Delivery of campaign messages via social media, mainly Twitter. These activities were the most successful in terms of immediate feedback, and in starting a conversation		according to local needs, but it allows for the same message to be delivered at different levels of policy-making.
■ Unhealthy diet ■ Sedentary lifestyle	Diabetes Prevention Managers	2014-2016	National (within the EU)	■ Gender: – Both male and female ■ Age: – Adults	Training community workers for being responsible for implementation of Prevention Programmes	■ Internet ■ Live events (e.g. concerts, fairs, exhibitions, conferences)	Yes, internal evaluation	The feeling of being part of a nationwide campaign; Mobilization of community resources. The follow-up of the internet	The follow-up of the internet campaign	N/A

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
								campaign		
■ Unhealthy diet ■ Sedentary lifestyle	Healthy habits - prevention campaign diabetes	July and August 2011	National (within the EU)	■ Gender: – Both male and female ■ Age: – 30 plus ■ Specific socio-economic groups – Short education, suburban cities and rural areas ■ Other: – 750,000 Danes with pre-diabetes	Awareness of type 2 diabetes a serious condition, that it may be inherited, create knowledge of the risk factors and how to prevent type 2 diabetes	■ Internet ■ Mobile applications ■ Social media (e.g. Facebook, Twitter) ■ Live events (e.g. concerts, fairs, exhibitions, conferences) ■ Television ■ Printed publications and brochures/leaflets ■ Press releases	Yes, external evaluation	Combination of the media used, and the interactive tools including a risk test, and a - mobile quiz) via text messaged and the micro site on Danish Diabetes Associations web page called healthy habits. 30 % stated that they changes habits (healthier food and exercise) through the quiz that ran for 9 weeks.	Due to limited budgets we only saw effect during and immediately after the campaign. To ensure learning and integration of habits, continuation seems to be required	The elements used showed to engage socio economic and health profiles that often is difficult to reach by conventional campaign
■ Mental health ■ Other:	Felicidário (Diary of happiness)[34]	January - Decemb	National (within the EU)	■ Gender: – Both male and	Felicidário is a calendar and a dictionary with	■ Internet ■ Social media (e.g.	No evaluation	The fact that every day a new print with		A group of 50 illustrators joined the project contributing to

[34] felicidario.encontrarse.pt

Focus	Name	Time frame	Geographical scope	Target audience	Aim of the campaign	Media used	Campaign evaluation	Most successful elements of the campaign	Campaign aspects to be improved upon	Open Comments
Active and Healthy aging Wellbeing and Mental health		er 2013		female ■ Age: – Adults – Older people	365 practical definitions of happiness presented in the format of an illustration. Every day for a year (2013) Felicidário suggested a new definition of happiness to promote active aging, and it was seen and adopted by people of all ages.	Facebook, Twitter) ■ Printed publications and brochures/leaflets		a concept of happiness was presented, as well as the systematic and continuous process throughout the year showed to be the most effective elements of Felicidário in what concerns spreading this message.		the development of 365 illustrations that can be seen in the website or Facebook of the project (felicidario.encontrarse.pt). The campaign hasn't been evaluated. However, the large number of prints sold, as well as the number of people visiting the website are considered as important evaluation indicators. During 2013 the website had 174.254 visitors (from different places in the world, namely Spain, Brazil and France) and 19.870 fans in Facebook.

Annex 6 Literature review screening form

Stage 1

The following items will be used to determine each article's eligibility:

Focus on main risk factors	Alcohol consumption, nutrition, physical activity or smoking
Publication Year	Published between 2005 – present
Type of Published Literature	For published literature: The articles must be published in a peer-reviewed journal and may not be categorized as an: ■ Editorial comment ■ Dissertation ■ Thesis ■ Opinion article ■ Systematic review NOTE: Although systematic reviews will not be deemed as eligible for coding purposes, the team will use this reference type to ensure applicable/relevant studies are included in our literature review.
Description of research	Describes formative, process or outcome evaluation of health communication effort/campaign

Stage 2

The following items will be used to determine each article's eligibility (*in addition to the Stage 1 criteria*):

Study Location	The study must be conducted within America, Australia, Canada, Europe (e.g. Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and United Kingdom) and/or New Zealand
Publication Language	Published in English, Polish, Spanish, French or German

Stage 3

The following items will be used to determine each article's eligibility (*in addition to the Stage 1 and Stage 2 criteria*):

Target audience	The target audience for the health communication effort or campaign will be captured as reported in the citation. If multiple target audiences are reported, all audiences will be captured via the data abstraction form. If this information is not reported, the ICF team will code this variable as "Not Reported". If the article does not report a target audience it will be marked as "Excluded" at the Stage 3 coding level.
Behaviours targeted	The ICF team will capture the articles targeted behaviour(s) (e.g., increase in physical activity, reduction in smoking, obesity rates, reduction in alcohol consumption). For the purposes of this literature review, the desired targeted behaviour(s) should be associated with:

	■ Alcohol Consumption (moderate/reduction) ■ Nutrition (improving/maintaining) ■ Physical Activity (increase/maintaining) ■ Smoking (cessation/reduction) If this information is not reported, the ICF team will code this variable as "Not Reported". If the article does not report a targeted behaviour (e.g., increase in physical activity, reduction in smoking, obesity rates, reduction in alcohol consumption) it will be marked as "Excluded" at the Stage 3 coding level.
Health Communication Effort or Campaign Channel	The channel for each health communication effort will be captured. For instance, if the article reports that outdoor print media (bus wraps) and television (TV channels identified) were used this information would be captured. Channels will be captured as follows: ■ Television ■ Radio (PSAs) ■ Outdoor media ■ Print materials (posters, brochures, leaflets) ■ Online or digital media (Facebook, twitter, Instagram, blogs) ■ E-mail ■ Mobile texts or applications ■ Conferences/workshops/ trainings ■ Street-based efforts (fairs, exhibitions) ■ Other, specify If this information is not reported, the ICF team will code this variable as "Not Reported". If the article does not report a mode of campaign it will be marked as "Excluded" at the Stage 3 coding level.
Evaluation Design/Methodology	If the campaign has been evaluated the campaigns study design/method should be captured using one of the following: ■ Experimental designs (e.g., randomised experiments such as RCTs) ■ Quasi-experimental designs (e.g., non-RCT, but using comparison/control) ■ Non-experimental/Observational design (e.g., pre- and post-test design, post-test only, cross-sectional surveys, case studies) ■ Other, specify If this information is not reported, the ICF team will code this variable as "Not Reported". If the article does not report an evaluation design/methodology it will be marked as "Excluded" at the Stage 3 coding level.
Reported Behaviour Change	The coding team will document if the article reported any desired/intended behaviour change using the coding options below: ■ Behaviour change reported ■ Behaviour change not reported NOTE: For the purposes of this review, behaviour change was defined as any intended change related to alcohol consumption (e.g., moderate/reduction), nutrition (e.g., improving/maintaining), physical activity (e.g., increase/maintaining), and/ or smoking (e.g., cessation/reduction). If this information is not reported, the ICF team will code this variable as "Behaviour change not reported". If the article does not report any behaviour change data it will be marked as "Excluded" at the Stage 3 coding level.
Results/Reported Risk Factors	The communication campaign results will be captured as reported in the article. If this information is not reported, the ICF team will code this variable as "Not Reported". If the article does not report any results/reported risk factors (e.g. an observed increase/decrease in physical activity, a reduction/increase in smoking, obesity rates, reduction/increase in alcohol

consumption) it will be marked as “Excluded” at the Stage 3 coding level.

Annex 7 Information abstracted from published articles

Abstracted Information	Definition
Source Type	Published Resource ■ Published Journal/Article ■ Book or Book Chapter ■ Newsprint ■ Other: _____ Unpublished (e.g. Internet Resource)
First Author, Year	The articles first author's last name and first initial will be abstracted along with the publication year (e.g. Mezzo, J., 2014).
Resource citation information	The title of the article and full citation information will be recorded. This includes title, publisher, publisher location, etc.
Health communication effort or campaign Title	The title of the health communication effort or campaign as listed in the publication will be captured using quotation marks (e.g. "Get Tested"). If this information is not reported, the ICF team will code this variable as "Not Reported".
Location	The study's location will be captured as reported in the article. For instance, if the city, region, providence and/or country is listed in the article this information will be abstracted. If this information is not reported, the ICF team will code this variable as "Not Reported".
Geography of the health communication or marketing effort and/or campaign	In order to assess the geographical scope of the communication effort/campaign the following descriptors will be used to describe the study's geographical reach: ■ EU-wide (e.g. all Member States included in campaign) ■ EU Cross-border (e.g. various Member States included in the campaign – capture the name of the participating countries) ■ Non-EU, but cross-border (capture the name of the participating countries) ■ National campaign (e.g. one Member State only) ■ Sub-national (e.g. city / region / county / village / etc.) ■ Other, specify If this information is not reported, the ICF team will code this variable as "Not Reported".
Time frame	Each articles study time frame will be captured as listed in the article (e.g. September 2011 – May 2012 OR 2011 – 2012). If this information is not reported, the ICF team will code this variable as "Not Reported".
Target audiences	The target audience for the health communication effort or campaign will be captured as reported in the citation. If multiple target audiences are reported, all audiences will be captured via the data abstraction form.

Abstracted Information	Definition
	If this information is not reported, the ICF team will code this variable as “Not Reported”. If the article does not report a target audience it will be marked as “Excluded” at the Stage 3 coding level.
Documented health communication (HC) theory	Given that the study will draw upon theory relating to behaviour change and communications, the ICF team will capture HC theory information as stated in the article. If this information is not reported, the ICF team will code this variable as “Not Reported”.
Behaviours targeted	The ICF team will capture the articles targeted behaviour(s) (e.g. increase in physical activity, reduction in smoking, obesity rates, reduction in alcohol consumption). For the purposes of this literature review, the desired targeted behaviour(s) should be associated with: ■ Alcohol Consumption (moderate/reduction) ■ Nutrition (improving/maintaining) ■ Physical Activity (increase/maintaining) ■ Smoking (cessation/reduction) If this information is not reported, the ICF team will code this variable as “Not Reported”. If the article does not report a targeted behaviour (e.g. increase in physical activity, reduction in smoking, obesity rates, reduction in alcohol consumption) it will be marked as “Excluded” at the Stage 3 coding level.
Chronic disease(s) targeted	The ICF team will capture the articles reported chronic disease(s) of focus/interest. For example if an article aims to address breast cancer, diabetes, heart disease, cognitive decline, or alcoholism the team will capture this information.
Health communication effort or campaign channel and source	The channel and source for each health communication effort will be captured. For instance, if the article reports that outdoor print media (bus wraps) and television (TV channels identified) were used this information would be captured. Channels will be captured as follows: ■ Television ■ Radio (PSAs) ■ Outdoor media ■ Print materials (posters, brochures, leaflets) ■ Online or digital media (Facebook, twitter, Instagram, blogs) ■ E-mail ■ Mobile texts or applications ■ Conferences/workshops/ trainings ■ Street-based efforts (fairs, exhibitions) ■ Other, specify Sources will be captured as: ■ Celebrities

Abstracted Information	Definition
	■ Employers ■ Government/government agencies ■ Healthcare providers ■ Lay persons/peers ■ Voluntary sector/NGO ■ Other, specify If the channel information is reported, but the source information is not, the article will still be coded. The channel information will be captured as reported, and the source variable will be coded as "Not reported." If both the channel AND the source information is not reported, the ICF team will code these variables as "Not Reported". If the article does not report a channel AND source it will be marked as "Excluded" at the Stage 3 coding level.
Communication Messages	The specific communication messages will be captured as reported in the article. If this information is not reported, the ICF team will code this variable as "Not Reported".
Evaluation Design/Methodology	If the campaign has been evaluated the campaigns study design/method should be captured using one of the following: ■ Experimental designs (e.g. randomised experiments such as RCTs) ■ Quasi-experimental designs (e.g. non-RCT, but using comparison/control) ■ Non-experimental/Observational design (e.g. pre- and post-test design, post-test only, cross-sectional surveys, case studies) ■ Other, specify If this information is not reported, the ICF team will code this variable as "Not Reported". If the article does not report an evaluation design/methodology it will be marked as "Excluded" at the Stage 3 coding level.
Primary Outcome Measures	Information pertaining to "how" the campaign was measured will be captured. This information will be document as it is reported in the article (i.e., 'awareness of campaign', 'stated intention to change behaviour', 'actual change in behaviour', etc.).
Study Sample	The total sample size will be captured as reported in the article. For instance, if the article reports that 3,000 individuals completed a phone survey after a TV ad focusing on smoking cessation aired for 8-weeks, the sample size would be captured as 3,000. If subgroup analyses are reported for reported outcomes/risk factors, this information will also be captured. If this information is not reported, the ICF team will code this variable as "Not Reported".
Reported Behaviour Change	The coding team will document if the article reported any desired/intended behaviour change using the coding options below: ■ Behaviour change reported ■ Behaviour change not reported NOTE: For the purposes of this review, behaviour change was defined as any intended change related to alcohol consumption (e.g., moderate/reduction), nutrition (e.g., improving/maintaining), physical activity (e.g., increase/maintaining), and/ or smoking (e.g., cessation/reduction).

Abstracted Information	Definition
	If this information is not reported, the ICF team will code this variable as “Behaviour change not reported”. If the article does not report any behaviour change data it will be marked as “Excluded” at the Stage 3 coding level.
Results/Reported Risk Factors	The communication campaign results will be captured as reported in the article. If this information is not reported, the ICF team will code this variable as “Not Reported”. If the article does not report any results/reported risk factors (e.g. an observed increase/decrease in physical activity, a reduction/increase in smoking, obesity rates, reduction/increase in alcohol consumption) it will be marked as “Excluded” at the Stage 3 coding level.
Campaign Implementation Challenges	The coding team will capture any challenges the authors report as it relates to implementing the campaign.
Best Practices or Design Principles for Designing a Communication Campaign	If the authors report any best practices or design principles that support the success/lessons learned from the campaign this information will be captured. For instance, if an author reports that the success of the campaign appeared to be due to tailoring the messages to smokers between the ages of 15 and 35, the ICF team will abstract this information. If the author notes that using certain communication channels (e.g. radio) are key to reaching a population that will be documented. If this information is not reported, the ICF team will code this variable as “Not Reported”.
Web links (if Applicable)	If the “Sources of identification” variable is coded as “Website” for the grey literature search, the web link will be captured. If this information is not reported, the ICF team will code this variable as “Not Reported”. If this information appears to not be relevant to the article (because it was a published article), the ICF team will code this variable as “N/A”.

Annex 8 Literature review tracking log

Risk Behaviour	Literature Type	Author	Title	Year	Included/Excluded	Reason for Exclusion	Coding Notes
Alcohol	Published	Abraham, C	What's in a leaflet? Identifying research-based persuasive messages in European alcohol-education leaflets	2007	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - no evaluation of a health communication campaign - leaflets were collected and reviewed but not distributed/evaluated among a population.
Diet	Published	Adams, K	Peer-support preferences and readiness-to-change behaviour for chronic disease prevention in an urban indigenous population	2011	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - no behaviour change data reported
N/A	Published	Anwar-Mchenry, J	Impact evaluation of the Act-Belong-Commit mental health promotion campaign	2012	Included		Full text obtained
Alcohol	Published	Atkinson, AM	Depictions of alcohol use in a UK Government partnered online social marketing campaign: Hollyoaks 'The Morning after the night before'	2011	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - behaviour change not reported - interesting process article.
Physical Activity	Published	Barnes, R	Does neighbourhood walkability moderate the effects of mass media communication strategies to promote regular physical activity?	2013	Included		PubMed 23334760 Full text obtained

Alcohol	Published	Bazzo, S	Evaluation of the Impact of the Image Used in a Communication Campaign to Raise Awareness about the Effects of Alcohol Use During Pregnancy	2012	Included		Full text obtained
Diet	Published	Beaudoin CE	Promoting healthy eating and physical activity - short term effects of a mass media campaign	2007	Included		Full text obtained
Physical Activity	Published	Berkowitz JM	Did augmenting the VERB campaign advertising in select communities have an effect on awareness, attitudes and physical activity?	2008	Included		PubMed 18471606 Full text obtained
Smoking	Published	Biener, L	Impact of smoking cessation aids and mass media among recent quitters	2006	Included		Full text obtained
Physical Activity	Published	Boardman AM	Evaluation of an arthritis communication campaign to promote physical activity in two cities	2011	Included		Full text obtained
Smoking	Published	Bottorff, JL	A social media approach to inform youth about breast cancer and smoking: an exploratory descriptive study	2014	Included		Full text obtained

Smoking	Published	Boyle, T	Awareness and impact of the 'Bubblewrap' advertising campaign among Aboriginal smokers in Western Australia	2010	Included		PubMed 19965798 Full text obtained
Smoking	Published	Brennan, E	Assessing the effectiveness of antismoking television advertisements: do audience ratings of perceived effectiveness predict changes in quitting intentions and smoking behaviours?	2014	Included		Full text obtained
Smoking	Published	Broszkiewicz, M	How to decrease smoking among people? The experience of international anti-tobacco campaign Quit & Win in Poland 2000-2006	2006	Excluded	Article is only available for a fee	PubMed 17288228 Article is in Polish Excluded - Unable to obtain article due to inability to locate journal
Smoking	Published	Brown, J	How effective and cost-effective was the national mass media smoking cessation campaign 'Stoptober'?	2014	Included		Full text obtained
Diet	Published	Buchthal OV	Avoiding a knowledge gap in a multiethnic statewide social marketing campaign: is cultural tailoring sufficient?	2011	Included		Full text obtained
Diet	Published	Buis, LR	Use of a Text Message Program to Raise Type 2 Diabetes Risk Awareness and Promote Health Behaviour Change (Part II): Assessment of Participants' Perceptions on Efficacy	2013	Included		Full text obtained

Smoking	Published	Bright, MA	Impact of a national tobacco education campaign on weekly numbers of quitline calls and website visitors - US, march 4-june 23, 2013	2013	Included		Full text obtained
Diet	Published	Cecchini, Michele	Chronic Diseases: Chronic diseases and development 3: Tackling of unhealthy diets, physical inactivity and obesity: health effects and cost-effectiveness	2010	Excluded	Study location	Full text obtained
Diet	Published	Chew, F	Television Health Promotion in four countries	2005	Included		Full text obtained Addresses all 4 behaviours
Physical Activity	Published	Clarke, J	Mass print media depictions of cancer and heart disease: community versus individualistic perspectives?	2008	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No target audience reported
Smoking	Published	Clayforth, C	A cost-effectiveness analysis of online, radio and print tobacco control advertisements targeting 25-39 year-old males	2014	Excluded	Excluded at Stage 3, specify	Full text obtainedExcluded - cost effectiveness data only - no reported behaviour change evaluated/reported.
Smoking	Published	Cobb, NK	Diffusion of an evidence-based smoking cessation intervention through Facebook: a randomised controlled trial study protocol	2014	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - health communication effort/campaign not evaluated - fractional factorial was the study method.

Physical Activity	Published	Cotter, AP	Internet interventions to support lifestyle modification for diabetes management: A systematic review of the evidence	2014	Excluded	Publication Type	Full text obtained Excluded - to confirm what studies were included in systematic review
Physical Activity	Published	Craig, CL	Testing the hierarchy of effects model: ParticipACTION's serial mass communication campaigns on physical activity in Canada.	2010	Included		PubMed 19875461 Full text obtained
Diet	Published	Croker, H	Cluster-randomised trial to evaluate the 'Change for Life' mass media/social marketing campaign in the UK	2012	Included		PubMed 22672587 Full text obtained
Smoking	Published	Czarnecki, KD	Media Campaign Effectiveness in Promoting a Smoking-Cessation Program	2010	Included		Full text obtained
Diet	Published	Debarr LL	Social marketing-based communications to integrate and support the HEALTHY study intervention	2009	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No behaviour change data reported.
Alcohol	Published	DeJong, W	Social Norms Marketing Campaigns to Reduce Campus Alcohol Problems	2010	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - commentary

Physical Activity	Published	DiGuiseppi CG	Church-based social marketing to motivate older adults to take balance classes for fall prevention: Cluster randomized controlled trial	2014	Included		Full text obtained
Diet	Published	Donato, K	National Health Education programs to promote healthy eating and physical activity	2006	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No target audience reported
Smoking	Published	Duke, JC	The use of social media by state tobacco control programs to promote smoking cessation: a cross-sectional study	2014	Excluded	Excluded at Stage 3, specify	PubMed 25014311 Full text obtained Excluded - essentially this article is a literature review of social media avenues that could be used to promote smoking cessation within a U.S. State.
Smoking	Published	Dunlop, SM	When your smoking is not just about you: Antismoking Advertising, Interpersonal Pressure, and quitting outcomes	2014	Included		Full text obtained
Smoking	Published	Durkin, S	Mass media campaigns to promote smoking cessation among adults: an integrative review	2012	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - systematic review - however, *identified 7 articles that may be relevant for the project/case study work package.*
Smoking	Published	Emery, S	Tobacco control in a changing media landscape how tobacco control programs use the internet	2014	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - does not evaluate a specific health communication effort/campaign. Reviews State tobacco control programs available via the Internet.

Smoking	Published	Emery, SL	Are you scared yet? Evaluating fear appeal messages in tweets about the tips campaign	2014	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - article reviews tweets associated with the "TIP" campaign - which was coded through via the Bright, MA article. *This approach could be a useful to review for the case study work package.*
Smoking	Published	Fagan,P	Examining the evidence base of mass media campaigns for socially disadvantaged populations: what do we know, what do we need to learn, and what should we do now?	2008	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - commentary
Smoking	Published	Farrelly, MC	Sustaining 'truth': changes in youth tobacco attitudes and smoking intentions after 3 years of a national antismoking campaign	2009	Included		PubMed 18203679 Obtained full text
Physical Activity	Published	Faulkner, G	Canada on the Move: an intensive media analysis from inception to reception	2006	Excluded	Excluded at Stage 3, specify	PubMed 6676834 Full text obtained Excluded - No behaviour change data reported
Smoking	Published	Gibson, LA	Evaluation of a mass media campaign promoting using help to quit smoking	2014	Included		PubMed 24745639 Full text obtained
Alcohol	Published	Glassman, T	A Health Communication Intervention To Reduce High-Risk Drinking Among College Students.	2013	Included		Full text obtained

Alcohol	Published	Glassman, T	Grade the Prevention Ad: Campaign to Reduce High-Risk Drinking	2012	Included		Full text obtained
Alcohol	Published	Glik, D	Fetal Alcohol Syndrome Prevention Using Community-Based Narrowcasting Campaigns.		Included		Full text obtained *Could be an interesting read for case studies work package - presents data on 2 campaigns.*
Smoking	Published	Grigg, M	Response to an indigenous smoking cessation media campaign – It's about whānau	2008	Included		Full text obtained
Smoking	Published	Guillaumier A	Tobacco health warning messages on plain cigarette packs and in television campaigns: a qualitative study with Australian socioeconomically disadvantaged smokers	2014	Excluded	Excluded at Stage 3, specify	PubMed 24966335 Full text obtained Excluded - no specific health communication effort/campaign evaluated. *Could be a useful article to review for case study work package since formative data is available on how participants conceptualize and respond to smoking cessation information.*
Smoking	Published	Hamill, S	I 'like' MPOWER: using Facebook, online ads and new media to mobilise tobacco control communities in low-income and middle-income countries.	2013	Excluded	Excluded at Stage 3, specify	PubMed 24335477 Full text obtained Excluded - no specific health communication effort/campaign

Alcohol	Published	Hanson, JD	Development of a Media Campaign on Fetal Alcohol Spectrum Disorders for Northern Plains American Indian Communities	2012	Included		Full text obtained *Could be an interesting read for case studies work package.*
Physical Activity	Published	Hawkes AL	Effects of a telephone-delivered multiple health behaviour change intervention (CanChange) on health and behavioural outcomes in survivors of colorectal cancer: a randomized controlled trial	2013	Included		PubMed 23690410 Full text obtained
Physical Activity	Published	Heitzler, CD	Bringing "play" to life: the use of experiential marketing in the VERB campaign	2008	Excluded	Excluded at Stage 3, specify	PubMed 18471599 Full text obtained Excluded - No behaviour change data reported - *interesting article regarding use of experimental marketing*
Alcohol	Published	Hembroff, Larry	Evaluation Results of a 21st Birthday Card Program Targeting High-Risk Drinking	2007	Included		Full text obtained
Diet	Published	Henderson, S	The effectiveness of culturally appropriate interventions to manage or prevent chronic disease in culturally and linguistically diverse communities: a systematic literature review	2011	Excluded	Publication Type	Full text obtained Excluded - A systematic review - obtained for GHK staff; Health and Social Care in the Community, 19(3), May 2011, pp.225-249
Alcohol	Published	Hendriks, H	Talking about alcohol consumption: Health campaigns, conversational valence, and binge drinking intentions	2012	Included		Full text obtained

Alcohol	Published	Hernandez, L	Alcohol, university students, and harm-minimization campaigns: "A fine line between a good night out and a nightmare".	2013	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - no health communication effort/campaign evaluated
Alcohol	Published	Hernik, J	An analysis of social campaigns aimed at reducing alcohol consumption: The case of Poland	2012	Excluded	Excluded at Stage 3, specify	full text obtainedExcluded - a series of campaigns were reviewed (like a systematic review) but only an analysis of themes was discussed.
Physical Activity	Published	Huberty, J	Creating a Movement for Active Living via a Media Campaign	2012	Included		Full text obtained
Physical Activity	Published	Huhman, ME	The Influence of the VERB campaign on children's physical activity in 2002 to 2006	2010	Included		PubMed 19608963 Full text obtained
Physical Activity	Published	Huhman, ME	The VERB campaign's strategy for reaching African-American, Hispanic, Asian, and American Indian children and parents	2008	Excluded	Excluded at Stage 3, specify	PubMed 18471600 Full text obtained Excluded - No behaviour change data reported. *This article discussed strategies in reaching sub-populations within a target audience during a campaign.*
Smoking	Published	Hyland A	Anti-tobacco television advertising and indicators of smoking cessation in adults: a cohort study	2006	Included		full text obtained

Alcohol	Published	Jack, S	Marketing a hard-to-swallow message: Recommendations for the design of media campaigns to increase awareness about the risks of binge drinking	2005	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - does not evaluate a health communication campaign, but does include some relevant quotes that may be relevant developing future campaign messages. *Could be an interesting read for case studies work package.*
Smoking	Published	Donze, J	Determinants of smoking and cessation in older women	2007	Excluded	Excluded at Stage 3, specify	full text obtained Excluded - no health communication effort/campaign evaluated
Physical Activity	Published	John-Leader, F	Multimedia campaign on a shoestring: promoting 'Stay Active - Stay Independent' among seniors	2008	Included		PubMed 18481928 Full text obtained
Smoking	Published	Jose RJ	The effectiveness of a social marketing model on case-finding for COPD in a deprived inner city population	2010	Included		PubMed 19756331 Full text obtained
Physical Activity	Published	King, EL	Evaluating the effectiveness of an Australian obesity mass-media campaign: how did the 'Measure-Up' campaign measure up in New South Wales?	2013	Included		Full text obtained
Smoking	Published	Klein, JD	Evaluation of an adolescent smoking-cessation media campaign: GottaQuit.com	2005	Included		PubMed 16199707 Full text obtained

Physical Activity	Published	Knobloch-Westerwick, S	To Your Health: Self-Regulation of Health Behaviour Through Selective Exposure to Online Health Messages	2013	Excluded	Not focused on Main Topic(s)	Full text obtained
Smoking	Published	Lang, P	Tobacco Prevention. The "smoke-free" youth campaign	2010	Included		PubMed 20069266 Article is in German - coded via GHK Full text obtained
Smoking	Published	Langley, TE	the impact of media campaigns on smoking cessation activity: a structural vector autoregression analysis	2012	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No health communication effort/campaign evaluated. A time series analysis was conducted to assess the association between tobacco control advertising and advertising purchased by pharmaceutical companies.
Alcohol	Published	Lee, MJ	Underage Drinkers' Responses to Negative-Restrictive Versus Proactive-Nonrestrictive Slogans in Humorous Anti–Alcohol Abuse Messages: Are Humorous Responsible Drinking Campaign Messages Effective?	2013	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No health communication effort/campaign evaluated.
Smoking	Published	Ling, PM	Social branding to decrease smoking among young adults in bars	2014	Included		full text obtained
Alcohol	Published	Lowe, JB	Description of a media campaign about alcohol use during pregnancy	2010	Included		PubMed 20731980 Full text obtained

Smoking	Published	Macaller T	Collaborating with Diabetes educators to promote smoking cessation for people with diabetes: the California experience	2011	Included		PubMed 21918203 Full text obtained
Smoking	Published	Mahoney MC	formative evaluation of a practice-based smoking cessation program for diverse populations	2014	Included		full text obtained
Smoking	Published	McAfee, T	Effect of the first federally funded US antismoking national media campaign	2013	Included		PubMed 24029166 Full text obtained
Diet	Published	Mead EL	A community-based, environmental chronic disease prevention intervention to improve healthy eating psychosocial factors and behaviours in indigenous populations in the Canadian Arctic	2013	Included		PubMed 23239767 Full text obtained
Diet	Published	Miller, M	Health working with industry to promote fruit and vegetables: a case study of the Western Australian Fruit and Vegetable Campaign with reflection on effectiveness of inter-sectoral action	2005	Excluded	Excluded at Stage 3, specify	PubMed 15915624 Full text obtained Excluded - behaviour change data not reported
Smoking	Published	Moldrup, C	Individualized health marketing using SMS -- A smoking cessation case	2007	Excluded	Excluded at Stage 3, specify	Full text obtainedExcluded - No health communication effort/campaign evaluated. Presents a case study on short message service with no behaviour change outcomes.

Smoking	Published	Moon, SS	Social activity, school-related activity, and anti–substance use: media messages on adolescent tobacco and alcohol use	2011	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No health communication effort/campaign evaluated. Used a model to estimate youth smoking and determine behaviours via a secondary analysis.
Alcohol	Published	Moore GF	An exploratory cluster randomised trial of a university halls of residence based social norms marketing campaign to reduce alcohol consumption among 1st year students	2013	Included		full text obtained
N/A	Grey	Myers,F	Evaluation of 'see me' - the national Scottish campaign against the stigma and discrimination associated with mental ill-health	2009	Included		Full text obtained
Smoking	Published	Niederdeppe, J	Smoking-cessation media campaigns and their effectiveness among socioeconomically advantaged and disadvantaged populations	2008	Included		full text obtained
Smoking	Published	Niederdeppe, J	Media campaigns to promote smoking cessation among socioeconomically disadvantaged populations: what do we know, what do we need to learn, and what should we do now?	2008	Excluded	Publication Type	Full text obtained Excluded - systematic review but should be reviewed at the full report level for other relevant articles.
Smoking	Published	Nonnemaker JM	The influence of Antismoking television advertisements on cessation by race/ethnicity, socioeconomic status and mental health status	2014	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No health communication effort/campaign evaluated. Used State survey data to review quit attempts, demographics and ad exposure (for no specific ad).

Diet	Published	O'hara, BJ	Process evaluation of the advertising campaign for the NSW Get Healthy Information and Coaching Service	2011	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No behaviour change data reported
Physical Activity	Published	Paek, HJ	How media campaigns influence children's physical activity: expanding the normative mechanisms of the theory of planned behaviour	2012	Included		full text obtained
Physical Activity	Published	Patrick, K	Design and implementation of a randomized controlled social and mobile weight loss trial for young adults (project SMART)	2014	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - no behaviour change data reported
Diet	Published	Perez-Cueto, F JA	Assessment of evaluations made to healthy eating policies in Europe: a review within the EATWELL Project	2012	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No campaign data, study information or behaviour change information. *This may be a good article to review, as it discusses different EU policies and communication strategies regarding healthy eating.*
Alcohol	Published	Perkins HW	A Successful social norms campaign to reduce alcohol misuse among college student-athletes	2006	Included		PubMed 17061005Full text obtained
Physical Activity	Published	Peterson M	Cost-effectiveness analysis of a statewide media campaign to promote adolescent physical activity	2008	Included		PubMed 18367641 Full text obtained

Physical Activity	Published	Price, SM	Influencing the parents of children aged 9-13 years: findings from the VERB campaign	2008	Included		PubMed 18471607 Full text obtained
Alcohol	Published	Redeker C	The Launch of Cancer Research UK's 'Reduce the Risk' campaign: Baseline measurements of public awareness of cancer risk factors in 2004	2009	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - no target audience reported; no behaviour change data reported
Smoking	Published	Richardson, A	The Path to Quit: how awareness of a large-scale mass-media smoking cessation campaign promotes quit attempts	2011	Included		PubMed 21852272 Full text obtained To be coded
Smoking	Published	Richardson, A	Evidence for truth®: the young adult response to a youth-focused anti-smoking media campaign	2010	Included		PubMed 21084069 Full text obtained To be coded
Smoking	Published	Rigotti, NA	Real People, Real Stories: A New Mass Media Campaign That Could Help Smokers Quit	2012	Included		Full text obtained To be coded
Diet	Published	Rogers, EA	Development and Early Implementation of The Bigger Picture , a Youth-Targeted Public Health Literacy Campaign to Prevent Type 2 Diabetes	2014	Included		Full text obtained

Alcohol	Published	Russell, CA	Done 4: analysis of a failed social norms marketing campaign	2005	Included		PubMed 15590342 Full text obtained
Diet	Published	Schneider, M	The effect of a communications campaign on middle school students' nutrition and physical activity: results of the HEALTHY study	2013	Included		PubMed 23409792 Full text obtained
Alcohol	Grey	Scotland. Scottish Executive Social Research	Drugs and alcohol parent guide 2004 pre and post campaign evaluation: summary	2006	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - no behaviour change data reported
Smoking	Published	Setodji, CM	Friends moderate the effects of pro-smoking media on college students' intentions to smoke		Included		Full text obtainedTo be coded
Diet	Published	Sim, SM	Insights from the evaluation of a provincial healthy eating strategy in Nova Scotia, Canada	2012	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - Behaviour change data not reported
Smoking	Published	Sims M	Effectiveness of tobacco control television advertising in changing tobacco use in England: a population-based cross-sectional study	2014	Included		full text obtained To be coded

Alcohol	Published	Smith, SW	Are "Drink Responsibly" Alcohol Campaigns Strategically Ambiguous?	2006	Included		Full text obtained To be coded
Smoking	Published	Solomon, LJ	Mass Media for Smoking Cessation in Adolescents	2009	Included		Full text obtained To be coded
Physical Activity	Published	Spiers, J	Cancer Research UK's Cancer Campaigns function: moving into the campaigning arena	2009	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No behaviour change data reported
Physical Activity	Published	Stackpool G	Make a move' falls prevention project: an area health service collaboration	2006	Included		PubMed 16619930 Full text obtained
Diet	Published	Sugerman S	Using an opinion poll to build an obesity-prevention social marketing campaign for low-income Asian and Hispanic immigrants: report of findings	2011	Excluded	Excluded at Stage 3, specify	PubMed 21683292 Full text obtained Excluded - Not an intervention campaign
Diet	Published	Jones, SC	Australian consumers' discernment of different sources of 'healthy eating' messages	2009	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No behaviour change data reported

Alcohol	Grey	TNS SYSTEM THREE	Alcohol misuse 2006 campaign evaluation	2007	Included		Full text obtained To be coded
Smoking	Published	Vallone, DM	Evaluation of EX: a national mass media smoking cessation campaign	2011	Included		PubMed 21164094 Full text obtained To be coded
Physical Activity	Published	Vandelanotte, C	Examining the use of evidence-based and social media supported tools in freely accessible physical activity intervention websites	2014	Excluded	Publication Type	Full text obtainedExcluded – Systematic review
Diet	Published	Venditti EM	Rationale, design and methods of the HEALTHY study behaviour intervention component	2009	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No study results, however, this article did describe the design and methods used in the HEALTHY study. This may be helpful in developing campaign strategies.
Physical Activity	Published	Villard H	Fitness on Facebook: advertisements generated in response to profile content	2012	Excluded	Excluded at Stage 3, specify	PubMed 22963337 Full text obtained Excluded - No behaviour change data
Smoking	Published	Wakefield, MA	Effects of mass media campaign exposure intensity and durability on quit attempts in a population-based cohort study	2011	Included		PubMed 21730252 Full text obtained To be coded

Physical Activity	Published	Webb OJ	Promoting Stair Climbing in public-access settings: an audit of intervention opportunities in England	2011	Excluded	Excluded at Stage 3, specify	PubMed 21889527 Full text obtained Excluded - Not an intervention campaign
Alcohol	Published	Wettlaufer, A	The marketing of responsible drinking: competing voices and interests	2012	Included		full text obtained To be coded
Physical Activity	Published	Whithall, J	The effect a of community-based social marketing campaign on recruitment and retention of low-income groups into physical activity programmes - a controlled before-and-after study	2012	Excluded	Excluded at Stage 3, specify	PubMed 23031359 Obtained full text Excluded – No target audience
Diet	Published	Wolfenden, L	Increasing the use of preventative health services to promote healthy eating, physical activity and weight management: the acceptability and potential effectiveness of a proactive telemarketing approach	2012	Excluded	Excluded at Stage 3, specify	Full text obtained Excluded - No behaviour change data reported
Physical Activity	Published	Wray RJ	A community-wide media campaign to promote walking in a Missouri town	2005	Included		Full text obtained

Annex 9 Search hits documentation

NOTE: For any searches that we applied a filter, a note is included (in the notes filed) for that particular search. For instance, the only filter that was applied to a search database was via the EBSCO searches. When searching EBSCO we did not search for PubMed, MEDLINE or eBook Collection within the database, as we conducted a separate PubMed search which would pick-up repeat/duplicate articles. When search results yielded results >50 the team reviewed the first 50 results for relevancy (via the Stage 1 coding process).

Date of Search	Resource Used (database, search engine)	Search Terms or Strategies Used	# of Hits/Results	Notes
10/30/2014	PubMed	Communication Campaigns to Affect Behaviour	1	
10/30/2014	PubMed	Communication Campaigns to Address Behaviour	0	
10/31/2014	PubMed	Communication campaigns to prevent chronic disease	0	
10/31/2014	PubMed	Health communication campaigns	617	
10/31/2014	PubMed	Health communication campaigns AND chronic disease	10	None relevant
10/31/2014	PubMed	Health communication campaign AND physical activity	30	
10/31/2014	PubMed	Health communication campaign AND nutrition	17	
10/31/2014	ASSIA	Communication Campaigns to Affect Behaviour	0	None relevant
10/31/2014	ASSIA	Communication Campaigns to Address Behaviour	0	None relevant
10/31/2014	ASSIA	Chronic disease AND alcohol consumption AND health communication	0	None relevant

10/31/2004	ASSIA	Health communication AND moderate drinking AND chronic disease	0	None relevant
10/31/2014	ASSIA	health communication AND responsible drinking AND chronic disease	0	None relevant
10/31/2014	ASSIA	Communication campaign AND responsible drinking AND chronic disease	0	None relevant
10/31/2014	ASSIA	Communication campaign AND healthy eating AND chronic disease	977	
10/31/2014	EBSCO	Communication campaign to address behaviour changes	1	Searched all databases w/in EBSCO except PsycINFO, MEDLINE and eBook Collection
10/31/2014	EBSCO	Communication campaign to affect behaviour changes	24,293	Reviewed fist 5 pages (e.g. 50 hits) of results and identified 3 possibly relevant articles. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Health communication campaigns	257	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Healthy eating communication campaigns	72	None relevant
10/31/2014	EBSCO	Healthy diet communication campaigns	142	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Healthy eating social marketing	630	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Healthy eating AND social media	1,185	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Healthy diet AND social media	584	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	COPD communication campaigns	1	Not relevant

10/31/2014	EBSCO	Cancer AND communication campaigns	63	None relevant
10/31/2014	EBSCO	Diabetes AND communication campaigns	16	1 article was identified as potentially relevant
10/31/2014	EBSCO	Cardiovascular diseases AND communication campaigns	1	Not relevant
10/31/2014	EBSCO	Chronic disease AND health promotion	6,508	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Chronic disease AND health promotion campaigns	5,342	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Chronic disease AND health campaigns	7,459	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Chronic disease campaigns	3,088	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Healthy eating AND well-being and campaigns	1	Not relevant
10/31/2014	EBSCO	Healthy eating AND behaviour change campaigns	10,042	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Physical activity campaigns	4	Not relevant
10/31/2014	EBSCO	Physical activity health communication campaigns	1,329	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Physical activity communication campaigns	196	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/3/2014	PubMed	Communication campaign AND alcohol consumption	53	

11/3/2014	PubMed	Communication campaign AND healthy diet	7	
11/3/2014	PubMed	Communication campaign AND smoking cessation	113	
11/3/2014	PubMed	Health communication AND exercise AND behaviour change	24	None relevant
11/3/2014	PubMed	Health communication AND healthy eating AND behaviour change	8	None relevant
11/3/2014	PubMed	Health communication AND responsible drinking AND behaviour change	0	
11/3/2014	PubMed	Health communication AND responsible drinking	17	None relevant
11/3/2014	PubMed	Health communication AND quitting smoking AND behaviour change	22	None relevant
11/3/2014	PubMed	Communication campaign AND physical activity AND social marketing	23	
11/3/2014	PubMed	Communication campaign AND alcohol consumption AND social marketing	12	None relevant
11/3/2014	PubMed	Communication campaign AND healthy eating AND social marketing	1	
11/3/2014	PubMed	Communication campaign AND smoking cessation AND social marketing	14	articles already captured or not relevant
11/3/2014	Cinahl	Communication change to affect behaviour change	10	
11/3/2014	Cinahl	Communication change to address behaviour change	0	
11/3/2014	Cinahl	Health communication campaign	16	None relevant

11/3/2014	Cinahl	Health communication campaigns AND physical activity	17	None relevant
11/3/2014	Cinahl	Communication campaigns AND physical activity	4	None relevant
11/3/2014	Cinahl	Communication campaigns AND healthy eating	2	None relevant
11/3/2014	CInahl	Communication campaigns AND smoking cessation	6	None relevant
11/3/2014	Cinahl	Communication campaigns AND alcohol consumption	4	None relevant
11/3/2014	Cinahl	Health communication AND physical activity	2	None relevant
11/3/2014	Cinahl	Health communication AND exercise	1	Not relevant
11/3/2014	Cinahl	Health communication AND healthy diet	31	None relevant
11/3/2014	Cinahl	Health communication AND quitting smoking	9	None relevant
11/3/2014	Cinahl	Health communication AND moderate drinking	98	None relevant
11/3/2014	Cinahl	Communication campaign AND social media and physical activity	2	Not relevant
11/3/2014	Cinahl	Social media campaign AND physical activity	2	Not relevant
11/3/2014	Cinahl	Social marketing AND physical activity	25	Not relevant
11/3/2014	ASSIA	Communication campaign AND alcohol consumption AND behaviour change	5107	Reviewed first 5 pages of search results, not relevant

11/3/2014	ASSIA	Communication campaign AND responsible drinking	2340	Reviewed first 5 pages of search results, found 1 relevant article
11/3/2014	ASSIA	Public health promotion AND healthy eating communication campaign	1253	reviewed first 5 pages of search results
11/3/2014	ASSIA	Healthy diet communication campaign AND Europe	1120	
11/4/2014	PubMed	Healthy eating AND social media	58	
11/4/2014	PubMed	Chronic disease AND communication campaign	33	
11/4/2014	PubMed	Cardiovascular diseases AND communication campaigns	60	
11/4/2014	PubMed	Cancer AND communication campaigns	214	reviewed first 5 pages of results, not relevant
11/4/2014	PubMed	COPD AND communication campaigns	4	Not relevant
11/4/2014	PubMed	Behaviour change AND communication campaign	38	Not relevant
11/4/2014	PubMed	Mental health AND communication campaign	72	
11/4/2014	PubMed	Well-being AND communication campaign	1761	reviewed first 5 pages of search results; not relevant
11/4/2014	PubMed	Diabetes AND communication campaigns	20	
11/4/2014	PubMed	Public health promotion AND exercise AND communication campaign	24	
11/4/2014	PubMed	Public health promotion AND moderate drinking AND communication campaign	1	Not relevant

11/4/2014	PubMed	Public health promotion AND moderate drinking	115	reviewed first 5 pages of results, not relevant
11/4/2014	PubMed	Health determinants AND smoking cessation AND social marketing	4	Not relevant
11/4/2014	PubMed	Health determinants AND healthy eating AND social marketing	3	Not relevant
11/4/2014	PubMed	Healthy determinants AND chronic disease AND social marketing	6	Not relevant
11/4/2014	PubMed	Active living health communication campaigns	8	Not relevant
11/4/2014	PubMed	Exercise health communication campaigns	31	
11/4/2014	PubMed	Alcohol consumption communication campaign	67	Not relevant
11/4/2014	Social Science Citation Index	Communication change to affect behaviour change	603	reviewed first 5 pages of results, not relevant
11/4/2014	Social Science Citation Index	Communication change to address behaviour change	512	reviewed first 5 pages of results, not relevant
11/4/2014	Social Science Citation Index	Health communication campaigns	820	reviewed first 5 pages of results, not relevant
11/4/2014	Social Science Citation Index	Healthy eating communication campaigns	20	
11/4/2014	Social Science Citation Index	Healthy diet communication campaigns	9	Not relevant
11/4/2014	Social Science Citation Index	Healthy eating social marketing	60	

11/4/2014	Social Science Citation Index	Healthy eating AND social media	62	Not relevant
11/4/2014	Social Science Citation Index	Healthy diet AND social media	49	Not relevant
11/4/2014	Social Science Citation Index	COPD communication campaigns	1	Not relevant
11/4/2014	Social Science Citation Index	Cancer communication campaigns	146	reviewed first 5 pages of results, not relevant
11/4/2014	Social Science Citation Index	Diabetes AND communication campaigns	15	
11/4/2014	Social Science Citation Index	Cardiovascular diseases AND communication campaigns	13	not relevant
11/4/2014	Social Science Citation Index	Chronic disease AND communication campaign	19	Not relevant
11/4/2014	Social Science Citation Index	Chronic disease AND health promotion campaigns	39	Not relevant
11/4/2014	Social Science Citation Index	Chronic disease AND health campaigns	224	Reviewed first 5 pages of results. Either already used articles, or not relevant.
11/4/2014	Social Science Citation Index	Chronic disease campaigns	305	Reviewed first 5 pages of results. Not relevant.
11/4/2014	Social Science Citation Index	Healthy eating AND well-being and campaigns	6	Not relevant
11/4/2014	Social Science Citation Index	Healthy eating AND behaviour change campaigns	33	
11/4/2014	Social Science Citation Index	Physical activity campaigns	523	reviewed first 5 pages of results, not relevant

11/4/2014	Social Science Citation Index	Physical activity health communication campaigns	50	Applicable articles have already been pulled
11/4/2014	Social Science Citation Index	Physical activity communication campaigns	63	Applicable articles have already been pulled
11/4/2014	Social Science Citation Index	Physical activity AND social media	484	reviewed first 5 pages of results, not relevant
11/4/2014	Social Science Citation Index	Physical activity health determinants	2600	Too broad; reviewed first 5 pages or results, not relevant
11/4/2014	Social Science Citation Index	Active living health communication campaigns	3	Not relevant
11/4/2014	Social Science Citation Index	Active living social marketing	62	Not relevant
11/4/2014	Social Science Citation Index	Exercise AND cancer	5525	Too broad; reviewed first 5 pages or results, not relevant
11/4/2014	Social Science Citation Index	Exercise AND cancer campaigns	33	
11/4/2014	Social Science Citation Index	Exercise AND diabetes campaigns	26	Not relevant
11/4/2014	Social Science Citation Index	Exercise AND cardiovascular disease	28	Not relevant
11/4/2014	Social Science Citation Index	Exercise AND health communication campaigns	19	
11/5/2014	ASSIA	Healthy eating communication campaigns	2291	Reviewed first 5 pages of results
11/5/2014	Social Science Citation Index	Smoking cessation campaigns	422	reviewed first 5 pages of results

11/5/2014	ASSIA	Healthy diet communication campaign	2492	reviewed first 5 pages of results
11/5/2014	Social Science Citation Index	Smoking cessation health communication campaign	56	
11/5/2014	Social Science Citation Index	Smoking cessation AND social media	100	reviewed first 5 pages of results
11/5/2014	ASSIA	Healthy eating AND social marketing	3910	reviewed first 5 pages of results, not relevant
11/5/2014	Social Science Citation Index	Quitting smoking AND social media	52	
11/5/2014	ASSIA	Healthy eating AND social media campaign	2916	
11/5/2014	Social Science Citation Index	Smoking cessation AND behaviour change campaigns	63	
11/5/2014	ASSIA	Healthy eating AND behaviour change campaigns	3815	reviewed first 5 pages of search results; not relevant
11/5/2014	Social Science Citation Index	Alcohol consumption campaigns	233	reviewed first 5 pages of search results; not relevant
11/5/2014	ASSIA	Physical activity health communication campaigns AND Europe	24075	reviewed first 5 pages of search results; not relevant
11/5/2014	ASSIA	Physical activity AND social media communication campaigns	47144	reviewed first 5 pages of search results; not relevant
11/5/2014	Social Science Citation Index	Responsible drinking AND social media	6	
11/5/2014	Social Science Citation Index	Responsible drinking communication campaigns	1	Not relevant

11/5/2014	ASSIA	Active living communication campaigns	62652	reviewed first 5 pages of search results; not relevant
11/5/2014	ASSIA	Exercise health communication campaigns AND Europe	24256	reviewed first 5 pages of search results; not relevant
11/5/2014	Social Science Citation Index	Alcohol consumption AND cancer	3856	reviewed first 5 pages of search results; not relevant
11/5/2014	Social Science Citation Index	Alcohol consumption AND cancer campaigns	17	
11/5/2014	Social Science Citation Index	Alcohol consumption AND diabetes campaigns	9	
11/5/2014	Social Science Citation Index	Alcohol consumption AND cardiovascular disease campaigns	12	
11/5/2014	Social Science Citation Index	Alcohol consumption AND behavioural change campaigns	5	
11/5/2014	ASSIA	Exercise AND cancer campaigns	3886	reviewed first 5 pages of search results; not relevant
11/5/2014	ASSIA	Exercise AND diabetes campaigns	2746	reviewed first 5 pages of search results; not relevant
11/5/2014	ASSIA	Exercise AND cardiovascular disease campaigns	2367	reviewed first 5 pages of search results; not relevant
11/5/2014	ASSIA	Smoking cessation campaigns	3087	
11/5/2014	ASSIA	Smoking cessation communication campaigns	1448	
11/5/2014	ASSIA	Smoking cessation AND cancer campaigns	2122	reviewed first 5 pages of search results; not relevant
11/5/2014	ASSIA	Alcohol consumption communication campaign	2886	

11/5/2014	ASSIA	Alcohol consumption AND cancer communication campaigns	931	reviewed first 5 pages of search results; not relevant
11/5/2014	ASSIA	Alcohol consumption AND behavioural change campaigns	2375	reviewed first 5 pages of search results; not relevant
10/31/2014	EBSCO	Communication campaign to address behaviour changes	1	Searched all databases w/in EBSCO except PsycINFO, MEDLINE and eBook Collection
10/31/2014	EBSCO	Communication campaign to affect behaviour changes	24,293	Reviewed fist 5 pages (e.g. 50 hits) of results and identified 3 possibly relevant articles. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Health communication campaigns	257	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Healthy eating communication campaigns	72	None relevant
10/31/2014	EBSCO	Healthy diet communication campaigns	142	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Healthy eating social marketing	630	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Healthy eating AND social media	1,185	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Healthy diet AND social media	584	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	COPD communication campaigns	1	Not relevant
10/31/2014	EBSCO	Cancer AND communication campaigns	63	None relevant
10/31/2014	EBSCO	Diabetes AND communication campaigns	16	1 article was identified as potentially relevant

10/31/2014	EBSCO	Cardiovascular diseases AND communication campaigns	1	Not relevant
10/31/2014	EBSCO	Chronic disease AND health promotion	6,508	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Chronic disease AND health promotion campaigns	5,342	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Chronic disease AND health campaigns	7,459	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Chronic disease campaigns	3,088	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Healthy eating AND well-being and campaigns	1	Not relevant
10/31/2014	EBSCO	Healthy eating AND behaviour change campaigns	10,042	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Physical activity campaigns	4	Not relevant
10/31/2014	EBSCO	Physical activity health communication campaigns	1,329	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
10/31/2014	EBSCO	Physical activity communication campaigns	196	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/3/2014	EBSCO	Physical activity AND social media	85	Reviewed all of the results - 3 appeared to be relevant (although 1 of 3 is a systematic review - reviewing for list of included studies)
11/3/2014	EBSCO	Physical activity health determinants	70	Not relevant
11/3/2014	EBSCO	Active living campaigns	6	One appeared to be relevant

11/3/2014	EBSCO	Active living health communication	0	
11/3/2014	EBSCO	Active living social marketing	2	Not relevant
11/3/2014	EBSCO	Exercise AND cancer	6,466	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/3/2014	EBSCO	Exercise AND cancer campaigns	7	One appeared to be relevant (although another seemed to be relevant is was linked/based on the same study)
11/3/2014	EBSCO	Exercise AND diabetes	10,157	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/3/2014	EBSCO	Exercise AND cardiovascular disease	5,345	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/3/2014	EBSCO	Exercise AND cardiovascular disease campaigns	4	Not relevant
11/3/2014	EBSCO	Exercise AND health communication campaigns	2	One appeared to be relevant
11/3/2014	EBSCO	Exercise behaviour change campaigns	0	
11/3/2014	EBSCO	Exercise AND behaviour change campaigns	4	Not relevant
11/3/2014	Social Care Online	Communication campaign to address behaviour changes	29	Not relevant
11/3/2014	Social Care Online	Communication campaign to affect behaviour changes	25	Not relevant
11/3/2014	Social Care Online	Health communication campaigns	2,194	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/3/2014	Social Care Online	Healthy eating communication campaigns	42	Not relevant

11/3/2014	Social Care Online	Healthy diet communication campaigns	40	Not relevant
11/3/2014	Social Care Online	Healthy eating social marketing	523	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/3/2014	Social Care Online	Healthy eating AND social marketing	3	Not relevant
11/3/2014	Social Care Online	Healthy eating AND social media	6	Not relevant
11/3/2014	Social Care Online	Healthy diet AND social media	9	One appeared to be relevant
11/3/2014	Social Care Online	COPD communication campaigns	46	Not relevant
11/3/2014	Social Care Online	Cancer AND communication campaigns	0	
11/3/2014	Social Care Online	Diabetes AND communication campaigns	1	Not relevant
11/3/2014	Social Care Online	Cardiovascular diseases AND communication campaigns	1	Not relevant
11/3/2014	Social Care Online	Chronic disease AND health promotion	31	One article may be relevant - however, another article was identified as well - a systematic review - will be obtained for future project purposes
11/3/2014	Social Care Online	Chronic disease AND health promotion campaigns	31	Dup search results as "chronic disease and health promotion"
11/3/2014	Social Care Online	Chronic disease AND health campaigns	0	
11/3/2014	Social Care Online	Chronic disease campaigns	371	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/3/2014	Social Care Online	Chronic diseases AND campaigns	0	

11/3/2014	Social Care Online	Healthy eating AND well-being and campaigns	0	
11/3/2014	Social Care Online	Healthy eating AND behaviour change campaigns	9	Not relevant
11/4/2014	Social Care Online	Austria chronic disease campaigns	1	Not relevant
11/4/2014	Social Care Online	Belgium chronic disease campaigns	2	
11/4/2014	Social Care Online	Bulgaria chronic disease campaigns	0	
11/4/2014	Social Care Online	Croatia chronic disease campaigns	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Cyprus	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Czech Republic	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Denmark	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Estonia	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Finland	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND France	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Germany	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Greece	0	

11/4/2014	Social Care Online	Chronic disease campaigns AND Hungary	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Ireland	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Italy	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Latvia	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Lithuania	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Luxembourg	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Malta	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Netherlands	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Poland	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Romania	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Slovakia	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Slovenia	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Spain	0	
11/4/2014	Social Care Online	Chronic disease campaigns AND Sweden	0	

11/4/2014	Social Care Online	Chronic disease campaigns AND United Kingdom	0	
11/4/2014	Social Care Online	Physical activity campaigns	1	Not relevant
11/4/2014	Social Care Online	Physical activity health communication campaigns	47	Not relevant
11/4/2014	Social Care Online	Physical activity communication campaigns	95	Not relevant
11/4/2014	Social Care Online	Physical activity AND social media	11	Not relevant
11/4/2014	Social Care Online	Physical activity health determinants	1,020	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/4/2014	Social Care Online	Active living campaigns	2,043	Reviewed first 5 pages (e.g. 50 hits) of results. Identified two articles (grey) that may be relevant.
11/4/2014	Social Care Online	Active living health communication	1,240	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/4/2014	Social Care Online	Active living social marketing	1,362	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/4/2014	Social Care Online	Exercise AND cancer	11	Not relevant
11/4/2014	Social Care Online	Exercise AND cancer campaigns	0	
11/4/2014	Social Care Online	Exercise AND diabetes	20	Not relevant
		Exercise AND diabetes campaigns	0	
11/4/2014	Social Care Online	Exercise AND cardiovascular disease	6	Not relevant

11/4/2014	Social Care Online	Exercise AND cardiovascular disease campaigns	0	
11/4/2014	Social Care Online	Exercise AND health communication campaigns	0	
11/4/2014	Social Care Online	Exercise behaviour change campaigns	118	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/4/2014	Social Care Online	Exercise AND behaviour change campaigns	0	
11/4/2014	Social Care Online	Smoking cessation campaigns	72	Reviewed all of the results - 2 appeared to be relevant - although one was a systematic review. Will obtain the 2 articles for the next stage of coding.
11/4/2014	Social Care Online	Smoking cessation communication campaigns	4	1 article was identified as potentially relevant; however, this article was already identified via the previous search.
11/4/2014	Social Care Online	Smoking cessation health communication campaigns	3	Not relevant
11/4/2014	Social Care Online	Smoking cessation social media	31	Reviewed all of the results -3 appeared to be relevant - although two were previously identified via other searches. Will obtain the 1 new article for the next stage of coding.
11/4/2014	Social Care Online	Smoking cessation social marketing	33	Reviewed all of the results - 1 appeared to be relevant - but was previously identified via other searches.
11/4/2014	Social Care Online	Smoking cessation public health campaign	8	Not relevant
11/4/2014	Social Care Online	Smoking cessation health promotion	82	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/4/2014	Social Care Online	Smoking AND cancer campaigns	0	
11/4/2014	Social Care Online	Smoking AND cancer	20	Not relevant
11/4/2014	Social Care Online	Quit smoking campaigns	32	Not relevant

11/4/2014	Social Care Online	Quit smoking communication campaigns	1	Not relevant
11/4/2014	Social Care Online	Quit smoking health communication campaigns	1	Not relevant
11/4/2014	Social Care Online	Smoking cessation AND behaviour change	6	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Austria	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Belgium	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Bulgaria	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Croatia	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Cyprus	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Czech Republic	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Denmark	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Estonia	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Finland	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND France	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Germany	0	Not relevant

11/4/2014	Social Care Online	Smoking campaign AND Greece	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Hungary	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Ireland	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Italy	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Latvia	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Lithuania	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Luxembourg	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Malta	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Netherlands	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Poland	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Portugal	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Romania	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Slovakia	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Slovenia	0	Not relevant

11/4/2014	Social Care Online	Smoking campaign AND Spain	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND Sweden	0	Not relevant
11/4/2014	Social Care Online	Smoking campaign AND United Kingdom	0	Not relevant
11/4/2014	Social Care Online	Alcohol consumption AND health communication	0	
11/4/2014	Social Care Online	Alcohol consumption AND communication campaigns	0	
11/4/2014	Social Care Online	Alcohol communication campaigns	137	Reviewed fist 5 pages (e.g. 50 hits) of results and located 1 article that may be relevant. Will refine search to identify more applicable/appropriate articles.
11/4/2014	Social Care Online	Alcohol campaigns	26	Reviewed results and located 1 article that may be relevant - however, this article was previously identified via another search.
11/4/2014	Social Care Online	Moderate drinking AND campaigns	1	Not relevant
11/4/2014	Social Care Online	Moderate drinking AND cardiovascular diseases	0	
11/4/2014	Social Care Online	Moderate drinking AND social media	0	
11/4/2014	Social Care Online	Responsible drinking campaigns	180	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/4/2014	Social Care Online	Responsible drinking AND health promotion	1	Not relevant
11/4/2014	Social Care Online	Responsible drinking AND social media	0	
11/4/2014	EBSCO	Smoking cessation campaigns	190	Reviewed first 5 pages (e.g. 50 hits) of results. Identified 6 articles that may be relevant.

11/4/2014	EBSCO	Smoking cessation communication campaigns	4	Not relevant
11/4/2014	EBSCO	Smoking cessation health communication campaigns	2	Not relevant
11/4/2014	EBSCO	Smoking cessation social media	28,950	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
		Smoking cessation AND social media	38	Identified 1 article that may be relevant.
11/4/2014	EBSCO	Smoking cessation social marketing	4	Not relevant
11/4/2014	EBSCO	Smoking cessation public health campaign	4	Not relevant
11/4/2014	EBSCO	Smoking cessation health promotion	72	Not relevant
11/4/2014	EBSCO	Smoking AND cancer	20,862	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/4/2014	EBSCO	Smoking AND cancer campaigns	0	
11/4/2014	EBSCO	Quit smoking campaigns	0	
11/4/2014	EBSCO	Quit smoking communication campaigns	0	
11/4/2014	EBSCO	Quit smoking health communication campaigns	0	
11/4/2014	EBSCO	Smoking cessation AND behaviour change	1,254	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/4/2014	EBSCO	Smoking cessation AND behaviour	7,960	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.

11/4/2014	EBSCO	Smoking cessation behaviour	614	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/4/2014	EBSCO	Smoking cessation AND health promotion	2,094	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/4/2014	EBSCO	Smoking cessation AND health	21,483	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/5/2014	EBSCO	Alcohol consumption AND health communication	121	Reviewed fist 5 pages (e.g. 50 hits) of results and identified 2 articles that appear to be relevant.
11/5/2014	EBSCO	Alcohol consumption AND communication campaigns	9	Not relevant - 1 article already identified via a previous search
11/5/2014	EBSCO	Alcohol communication campaigns	4	1 article appeared to be relevant.
11/5/2014	EBSCO	Alcohol campaigns	560	Reviewed fist 5 pages (e.g. 50 hits) of results and identified 4 articles that appear to be relevant.
11/5/2014	EBSCO	Moderate drinking AND campaigns	9	Not relevant
11/5/2014	EBSCO	Moderate drinking AND cardiovascular diseases	134	Reviewed fist 5 pages (e.g. 50 hits) of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/5/2014	EBSCO	Moderate drinking AND social media	0	
11/5/2014	EBSCO	Responsible drinking campaigns	22	Reviewed fist 5 pages (e.g. 50 hits) of results and identified 1 article that appears to be relevant.
11/5/2014	EBSCO	Responsible drinking AND health promotion	18	Not relevant
11/5/2014	EBSCO	Responsible drinking AND social media	0	
11/5/2014	PsycINFO	Communication campaign to address behaviour changes	0	Conducted an advanced search, and limited the years (2005-2014)

11/5/2014	PsycINFO	Communication campaign to affect behaviour changes	0	
11/5/2014	PsycINFO	Health communication campaigns	2	Not relevant
11/5/2014	PsycINFO	Healthy eating communication campaigns	0	
11/5/2014	PsycINFO	Healthy eating AND campaigns	0	
11/5/2014	PsycINFO	Healthy eating AND social media	0	
11/5/2014	PsycINFO	Eating AND social media	11	Not relevant
11/5/2014	PsycINFO	Eating AND campaigns	0	
11/5/2014	PsycINFO	Diet AND campaigns	0	
11/5/2014	PsycINFO	Healthy diet campaigns	0	
11/5/2014	PsycINFO	Healthy diet AND campaigns	0	
11/5/2014	PsycINFO	Healthy eating AND social marketing	0	
11/5/2014	PsycINFO	COPD communication campaigns	0	
11/5/2014	PsycINFO	COPD	2	Not relevant
11/5/2014	PsycINFO	Cancer AND communication campaigns	1	Not relevant

11/5/2014	PsycINFO	Diabetes AND communication campaigns	0	
11/5/2014	PsycINFO	Diabetes AND campaigns	0	
11/5/2014	PsycINFO	Cardiovascular disease campaigns	0	
11/5/2014	PsycINFO	Cardiovascular diseases	139	Reviewed fist 50 hits of results and they did not seem relevant. Will refine search to identify more applicable/appropriate articles.
11/5/2014	PsycINFO	Cardiovascular disease AND campaigns	0	
11/5/2014	PsycINFO	Cardiovascular diseases AND social media	0	
11/5/2014	PsycINFO	Chronic disease AND health promotion	11	Not relevant
11/5/2014	PsycINFO	Chronic disease AND health promotion campaigns	0	
11/5/2014	PsycINFO	Chronic disease AND health campaigns	0	
11/5/2014	PsycINFO	Physical activity campaigns	0	
11/5/2014	PsycINFO	Physical activity AND campaigns	0	
11/5/2014	PsycINFO	Physical activity health communication campaigns	0	
11/5/2014	PsycINFO	Physical activity AND health communication campaigns	0	
11/5/2014	PsycINFO	Physical activity AND communication campaigns	0	

11/5/2014	PsycINFO	Physical activity AND social media	2	Not relevant
11/5/2014	PsycINFO	Physical activity AND health determinants	11	Not relevant
11/5/2014	PsycINFO	Active living campaigns	0	
11/5/2014	PsycINFO	Active living health communication	2	Not relevant
11/5/2014	PsycINFO	Active living social marketing	0	
11/5/2014	PsycINFO	Exercise AND cancer	35	Not relevant
11/5/2014	PsycINFO	Exercise AND cancer campaigns	0	
11/5/2014	PsycINFO	Exercise AND diabetes	37	Not relevant
11/5/2014	PsycINFO	Exercise AND diabetes campaigns	0	
11/5/2014	PsycINFO	Exercise AND cardiovascular disease	19	Not relevant
11/5/2014	PsycINFO	Exercise AND cardiovascular disease campaigns	0	
11/5/2014	PsycINFO	Exercise AND health communication campaigns	0	
11/5/2014	PsycINFO	Exercise behaviour change campaigns	0	
11/5/2014	PsycINFO	Exercise AND behaviour change campaigns	0	

11/5/2014	PsycINFO	Smoking cessation campaigns	1	Not relevant
11/5/2014	PsycINFO	Smoking cessation communication campaigns	0	
11/5/2014	PsycINFO	Smoking cessation health communication campaigns	0	
11/5/2014	PsycINFO	Smoking cessation social media	1	Not relevant
11/5/2014	PsycINFO	Smoking cessation AND social media	1	Not relevant
11/5/2014	PsycINFO	Smoking cessation social marketing	0	
11/5/2014	PsycINFO	Smoking cessation public health campaign	0	
11/5/2014	PsycINFO	Smoking cessation health promotion	32	Not relevant
11/5/2014	PsycINFO	Smoking cessation AND health promotion	32	Not relevant
11/5/2014	PsycINFO	Smoking AND cancer	147	Reviewed fist 50 hits of results and 1 article appeared to be relevant. Will refine search to identify more applicable/appropriate articles.
11/5/2014	PsycINFO	Smoking AND cancer campaigns	0	
11/5/2014	PsycINFO	Quit smoking campaigns	0	
11/5/2014	PsycINFO	Quit smoking communication campaigns	0	
11/5/2014	PsycINFO	Quit smoking health communication campaigns	0	

11/5/2014	PsycINFO	Smoking cessation AND behaviour change	3	Not relevant
11/5/2014	PsycINFO	Smoking cessation AND behaviour	4	Not relevant
11/5/2014	PsycINFO	Smoking cessation behaviour	4	Not relevant
11/5/2014	PsycINFO	Smoking cessation AND health	239	Not relevant
11/5/2014	PsycINFO	Smoking cessation AND health campaigns	0	
11/5/2014	PsycINFO	Alcohol consumption AND health communication	8	Not relevant
11/5/2014	PsycINFO	Alcohol consumption AND communication campaigns	9	Not relevant
11/5/2014	PsycINFO	Alcohol communication campaigns	0	
11/5/2014	PsycINFO	Alcohol campaigns	4	Not relevant
11/5/2014	PsycINFO	Moderate drinking AND campaigns	0	
11/5/2014	PsycINFO	Moderate drinking AND cardiovascular diseases	0	
11/5/2014	PsycINFO	Moderate drinking AND social media	0	
11/5/2014	PsycINFO	Responsible drinking campaigns	0	
11/5/2014	PsycINFO	Responsible drinking AND health promotion	0	

11/5/2014	PsycINFO	Responsible drinking AND social media	0	