

Briefing Paper

Effectiveness of Disease Prevention and Health Promotion Activities and Interventions

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Key Messages

What Works ?

- *Actions which take into account the multi-settings and multitude of partners involved in health promotion and disease prevention.*
- *A comprehensive package of measures targeting society, groups and individuals – no one measure in isolation can work (e.g. mass media campaigns have to be combined with other measures). There is also evidence to suggest that effectiveness is increased if there are simultaneous, multi-dimensional inputs at national, local and individual levels.*
- *The use of DIFFERENT strategies / messages for different target groups e.g. general population, specific target groups and individuals.*
- *Interventions which can change social norms in order to support the adoption of preventive behaviour and healthy life styles (wellness)*
- *Specific policy legislation and control mechanisms e.g. taxes, subsidies, service provision, regulation etc. For example, policy interventions to control the supply and demand mechanisms - making available alternative, protective measures which are economic, accessible and acceptable.*
- *Policy measures are most effective when combined with longer term educational measures. This means behavioural prevention measures are most effective when combined with conditional (environmental) prevention measures*

For Whom ?

- *For the **public at large**, mass media campaigns have been proven to be effective – however, they are effective in terms of bringing about the pre-conditions for behaviour change – that is raising awareness about the dangers and risk factors / alternative protective measures (of society and/or to put onto the political agenda) and providing new information and/or making the information accessible and relevant to new target groups. / media campaigns should not be expected to change behaviour.*
- *For **specific target groups**, a combination of measures applied in different settings and which are sensitive to different socio-economic and other influential circumstances*
- *For **children, adolescents in particular** –policy measures e.g. taxation, legislation, advertising bans, control over supply, etc, are most effective when implemented simultaneously at the different state levels and which are supported by the general public. Interventions that are least likely to work are those which deal with single issues, are “negative” in the message and delivered at only one level of society e.g. isolated “Don’t smoke” campaigns carried out in schools.*
- *For **the individual**, a combination of measures aimed at empowering the individual to make decisions and calculate/judge the costs of personal risk-taking against those of collected individual risk taking on the wider society.*

Under What Conditions ?

- *When poverty and socio-economic inequalities – the two key determinants of health and wellness - have been substantially diminished. Evidence from Scandinavian countries, Cuba and the Indian state of Kerala has demonstrated how significant progress can be achieved once these have been effectively dealt with. For this issue, it is important to differentiate between absolute poverty (developing countries) and relative poverty where certain members of society are not able to benefit from the same living standards as others.*
- *When there are no contradictions between the health policy / messages and those of the social, agricultural, educational and other related sectors. Combined multi-sector government interventions aimed at improving poverty, socio-economic equality, cultural values, education, food quality etc. - that is those which involve the health sector together with, social services, agriculture and other relevant sectors - are optimal.*
- *When prevention messages/ actions do not severely oppose established social norms, cultural beliefs (e.g. wide promotion of condoms and clean needles use for preventing HIV/AIDS would not be as easily acceptable in Muslim countries as here in Switzerland).*
- *When prevention measures / messages are based on credible, scientific evidence about **the disease / health issue**.*
- *When the evidence base on **effectiveness** and the optimal conditions for securing change is extended to include practitioner input and more information about **effective delivery strategies** and the **circumstances needed** to ensure the intervention remains effective (**sustainability over time**). In short, that “evidence” is not restricted to published / scientific literature only (→ relevant evidence – current aims of the EU “Getting evidence into Practice Project”).*
- *The more immediate and grave the disease / health problem is perceived by the target group, the more likely that protective behaviour will be adopted more quickly.*
- *Failures to adopt or sustain protective behaviour over the longer term are generally attributed to continued levels of poverty and socio-economic inequalities. The lack of targeted information, access to information, a lack of taking into account the wider social costs of risky behaviour in an individual’s personal assessment of his/her ‘risk-taking’ behaviour, and peer pressure are also important factors.*

At What Price ?

- *Until recently, there has been a lack of credible studies on the cost effectiveness / cost benefits of prevention / health promotion measures. This has mainly been due to methodological issues: difficulty in quantifying / measuring indirect costs and time needed to assess benefits. In addition, opportunity costs were rarely taken into account.*
- *However, solutions are being developed resulting in a steady growth in the availability of credible, acknowledged evidence on the cost benefits / effectiveness of prevention / health promotion measures.*

Evaluation of Swiss Federal Prevention Measures

There have been systematic evaluations of the effectiveness of the following Federal Prevention programmes:

- HIV/AIDs
- Illegal drugs
- Alcohol
- Tobacco
- Environment and health (APUG)
- Education + health network Switzerland

And more recently, the following preventive measures are being evaluated:

- Influenza
- Vaccinations
- Nutrition and physical activity (Suisse Balance – partners include Federal Administration, Communes and the NGO – Health Promotion Switzerland)
- Federal Migration and Health Strategy (certain aspects concern prevention)
- Aspects of the Radiation protection (radon and “Nicht ionisierende Strahlung und Schall”)

For full list of studies and their results, see www.health-evaluation.admin.ch

The main objectives of the above evaluations are to provide relevant information for decision making as well as for programme improvement / strategic development. Target audiences for the dissemination of results include not only internal BAG staff, but also

- the target groups themselves (beneficiaries of the interventions)
- key players in federal and cantonal policy and administration,
- direct and indirect partners e.g. cantonal health departments, field workers, NGOs etc, and
- the general public (mostly via the mass media)

The lessons highlighted through *evaluation findings* contribute to enriching and improving the knowledge base in both policy and practice and provide important recommendations for concrete actions relevant to both policy and operational areas.

- ***For the purposes of this briefing paper, the key findings and conclusions of the Swiss evaluations listed above have been integrated into the messages detailed on the first pages.***

Other Sources Used :

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Securing Good Health for the Whole Population, Final Report, Derek Wanless, Feb. 2004, UK Ministry of Health

Health Promotion Effectiveness in Tobacco Control, Karen Slama, International Union Against Tuberculosis and lung Disease, Feb 2005 – unpublished paper in preparation - within the framework of the EU "Getting Evidence into Practice Project"

Health Promotion and Disease Prevention; David Banta et al; unpublished paper in preparation within the framework of "Assessment of Health Promotion and Disease Prevention Activities in terms of benefits, risks and economic, social and ethical implications as a complement to Community Health Indicators" – a European Community Health Technology Assessment Project

Which are the Key Elements in Implementing Effective Disease Prevention and Health Promotion Programmes in Europe – with an Emphasis on Child and Adolescent Health; Health Evidence Network, WHO, Copenhagen, 2005 – unpublished paper in preparation

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