4.0 WHAT WILL YOUR PROGRAM INCLUDE?

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In this section:

Deciding on strategies for achieving your goals Influencing change at different levels Using a settings approach

Many factors may contribute to the increases seen in sexually transmitted infections and blood-borne viruses. These include individual factors, social/community factors, environmental factors and legislative, policy or organisational factors. This section of the toolkit will consider the strengths and limitations of different methods (or strategies) that can be used to address these factors. The decision-making processes used to select the most appropriate strategy or combination of strategies will also be discussed.

4.1 Deciding on strategies for achieving your goals

Which methods will be most effective?

So where do you begin when deciding on which strategies you are going to use to

deliver the greatest health outcomes? This section provides information on the most common approaches to deciding on and implementing health strategies, with specific examples applied to the sexual health and blood-borne virus field.

It is important to consider the planning stages that have been covered in the previous sections of this toolkit: needs assessment (Section 1), creating your goal and objectives (Section 2) and using behaviour change theories (Section 3). Understanding the target group clearly will help to ensure you are on the right track to choosing appropriate strategies for achieving your program goals and objectives.

Consider the points in Figure 4.1 when choosing strategies.

Figure 4.1: Considerations when choosing strategies

1. Evidence

Collect evidence from journals, reports and websites about strategies that have worked previously and how challenges and barriers could be addressed.

2. Timing

Consider the timing of your intervention including other programs that may be implemented at the same time for your target group.

3. Social Impact

Consider the impact of your proposed strategies on the target group. Is it fair and reasonable?

4. Ethical Considerations

Ensure your program is implemented within an ethical framework. Consider the following questions:

"Are you using somebody else's material without permission?"

- "Are your strategies culturally sensitive?"
- "Will you require ethics approval to publish your findings?"
- "Are you rewarding some people for participating but not others?"

5. Economic Costs

Complete a budget that will cover all stages of your project. Your strategies may need to be redesigned if costs exceed available budget and resources.

6. Acceptability

How acceptable is the program? Will people happily participate in your program? Unwillingness to participate may indicate further research about the target group is needed to understand the barriers to participation.

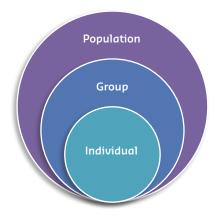
6. Evaluation

Ensure the strategies you select can be evaluated. You want to be able to easily measure how successful each strategy has been so that you can provide this information to your funders, target group and community.

4.2 Influencing change at different levels

Program strategies can be implemented at three different levels: **individual**, **group** or **population** (see Figure 4.2). The level or levels you choose will depend on the focus of the intervention, the funding available and the size and participation of the target group. Most programs require a multi-faceted approach that addresses a variety of factors throughout the intervention to achieve the intended outcomes.

Figure 4.2: Influencing change at different levels



4.2.1 Individual Strategies

Good training and interpersonal skills are needed by the person delivering individual strategies

Individual strategies focus solely on the individual and may include brief interventions delivered by clinical practitioners, preventative health

checks and advice, and one-on-one education sessions for personal information gain or self-management of ongoing conditions such as HIV.

Individual strategies will often be tailored to the individual to respond to their needs and concerns. This allows for positive responses among those who are considering changing their behaviour as they will feel more comfortable in a personal setting, and are able to confidentially voice their concerns.

EXAMPLES OF INDIVIDUAL STRATEGIES

- The WA AIDS Council has a peer outreach program that provides one-to-one support and counselling to people living with HIV/ AIDS. Further information can be found at the following link: https://waaids.com/living-well.html
- SECCA supports people living with disabilities to learn about sexuality, relationships and sexual health as well as enabling them to obtain skills to make informed choices.

 SECCA offers a range of specialist counselling, consultancy and training services to people who have a disability, their family and careers. https://secca.org.au
- Hepatitis WA offers services for people affected with Hepatitis that includes confidential peer support, a clinic offering testing and treatment, education and a needle and syringe service. www.hepatitiswa.com.gu/support

4.2.2 Group Strategies

In group settings participants can learn from and support each other to make positive changes

Working with a group provides a good setting to implement a health strategy. Participants are able to learn from and share with one another

on a similar and relevant issue, which can be a very powerful tool for behaviour change.

Group strategies can either be **didactic** (a one way provision of information) or **experiential** (the group becomes involved in the activities). Each method can be successful depending on the group size, age, culture and the complexity of the issue. When delivering a group-based strategy, health practitioners can either establish a new group or use an existing group structure such as a school, worksite, social or sporting club.

Working with a group requires good facilitation skills and a strong understanding of the goal or aim of the session. Careful attention is required when recruiting participants in regards to how appropriate the content is for the audience. For example: discussing sexual health with adolescents is less likely to be successful in a group of mixed gender and ages. Group strategies provide the opportunity for train-the-trainer workshops so that skills can be transferred to others, and programs can then be further implemented across a wider setting.

EXAMPLES OF GROUP STRATEGIES

- SHQ offers a range of sexual and reproductive health education and training courses for teachers, doctors, nurses and other health professionals. The aim of these courses is to develop and update skills and knowledge in the area of sexual health, for a specific group of people. https://shq.org.au/education-and-training/
- The Freedom Centre is a peer support service for young people who are gay, lesbian, bisexual, transgender, intersex, queer, or questioning. It is a safe space for people to meet and talk to others with similar experiences. www.freedom.org.au/

4.2.3 Population Strategies

Population health strategies include:

- A: Social marketing approaches
- B: Community-based approaches
- C: Environmental approaches

A: Social marketing approaches

Social marketing is the application of the principles and methods of marketing to the achievement of socially desirable goals¹

Use social marketing to get messages to a large audience

Social marketing is an effective approach for achieving population-based health outcomes. In essence,

it is the use of marketing principles to influence behaviour change. Social marketers may try to maintain existing behaviours, change unhealthy behaviours or encourage new behaviours.

Social marketing is a strategy that will be more successful when used in conjunction with other supporting strategies. Using social marketing strategies can be expensive. Extensive research is generally carried out to make sure that disseminating a health message through a certain outlet will be successful.

The use of **mass media** such as television, newspapers, magazines, and the radio can also be components of a social marketing strategy. The choice of media used to implement your strategy can help ensure messages reach the intended audience. For example: television advertisements chosen to air during a certain television program that has a known viewing demographic, or print advertisements in magazines with specific readership.

Social marketing and social media approaches. What is the difference?

Social media include free social networking sites such as Facebook® and Twitter®. Using these sites to access social networks is becoming increasingly popular to distribute messages to a large audience. Facebook® and Twitter® often feature as components of contemporary social marketing strategies.

EXAMPLES OF MASS MEDIA STRATEGIES

- The South Australian Health and Medical Research Institute (SAHMRI) has been supported by the Commonwealth Department of Health to develop and deliver two projects that aim to rapidly increase STI and BBV testing and treatment rates for young people in remote and very remote Aboriginal and Torres Strait Islander communities. These projects include the Remote STI and BBV Project and the Syphilis Campaign https://youngdeadlyfree.org.au/about-us/
- The WA Department of Health developed a mass media campaign involving social media, radio advertisements, YouTube videos, posters, press and a website offering information on STI's and BBV's and free chlamydia testing.
 www.couldihaveit.com.au/

For further information about using **social marketing approaches**, check out the following: *Principles and Practice of Social Marketing: An International Perspective* (2010) by Rob Donovan published by Cambridge University Press¹¹.

B: Community-based approaches

Community-based approaches can empower a group to change their health behaviour

Community-based approaches are also effective for targeting a large number of people. These approaches aim to empower a subgroup

of a population to make decisions about their health. Successful community strategies should involve a working relationship with the target population to ensure that they are involved in all stages of the intervention. Encouraging community participation will increase the likelihood of the intervention succeeding.

EXAMPLES OF COMMUNITY-BASED STRATEGIES

The Third National STI Strategy recommends that: health and community services should provide an accessible and appropriate service for priority populations; harm reduction approaches should underpin prevention efforts; programs and policies should seek to assess and address STI-related stigma and discrimination; and that people living with STIs should have meaningful participation in the development and implementation of programs and policies. http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-sti

C: Environmental approaches

Changes to the environment which help to make the healthy choice the easier choice¹² may include adaptations not only to the physical environment but also to the economic, social, cultural, service and political environment such as:

- Physical modifications to the environment may be thought of as changes around individuals, for example installing condom vending machines.
- Regulation, Legislation/Policy and Advocacy –
 regulation, legislation and policy interventions may be
 thought of as strategies that are mandated or making
 the healthy choice the only or default choice/decision
 of individuals. Advocacy is a combination of actions
 designed to gain political commitment, policy support,
 social acceptance and systems support for a particular
 health goal or program¹³.
- Technology the use of point of care testing, condoms or new developments in the delivery of vaccinations harnessing innovations to advance health. These can be cost effective when distributed en masse, especially in resource poor settings. Because technological interventions do not rely only on the behaviour of an individual, they may protect the health of vulnerable or marginalised groups.
- Incentives and Disincentives ('the carrot and the stick') – this strategy may focus on rewards (incentives which may be financial such as rebates, membership fees, gift certificates) or non-financial such as recognition, social support or negative consequences (disincentives such as penalties which should be considered with caution)

- Sponsorship such interventions may provide financial and non-financial supports for racing, sports and arts organisations in return for the promotion of healthy messages (and the ending of unhealthy messages in the case of replacing alcohol sponsorship with fruit and vegetables or physical activity messages) and the introduction of policies to support healthy environments.
- Organisational interventions (or settings based approaches) – A settings approach means that you operate within a specific setting that provides access to your target audience or group that could assist in achieving your program goal. Each setting will have its own benefits and challenges relating to the implementation of a single strategy or multiple strategies.

When choosing an appropriate setting for your intervention, consider:

- Do you already have strong connections with an existing setting?
- · Are you familiar with an existing setting?
- Will this setting be credible for your audience, funders and partners?
- What is the evidence regarding successful and unsuccessful interventions that have occurred in this setting in the past?

EXAMPLES OF ENVIRONMENTAL STRATEGIES

- Some examples of physical modifications to the environment include: creating easy access sexual health clinics, installing interactive risk assessment kiosks, installing safe disposal units.
- An example of a sponsorship strategy may be providing a safer sex message to a local drama production such as YOHFest (Youth on Health Festival) www.yohfest.com.au
- Examples of regulation and legislation strategies include: requiring condom manufacturers to comply with Australian standards, changing the age of consent, changes to sex work laws or regulation of the industry.
- Some examples of policy and advocacy strategies include: the national HIV/STI/ hepatitis strategies, required organisational cultural security training, advocacy for mandatory sexual health education to be in all secondary schools, advocacy for reform of sex work laws.

Some commonly used settings for health-based interventions, and an example for each, are listed below in Table 4.1.

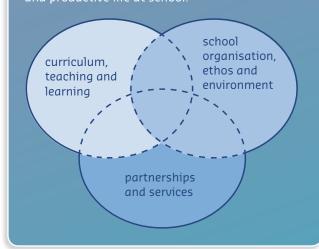
Table 4.1: Settings for health-based interventions

Setting	Example
Hospitals	Safety protocol training to prevent the spread of BBVs in a clinical setting.
Schools	Comprehensive sexual health education in secondary schools
Workplaces	HIV community awareness training to reduce stigma and increase knowledge.
Universities	Using the local university radio to transmit positive sexual health messages.
Social/sporting organisations	Implementing the blood rule for contact sports to prevent BBV transmission
Local Government	Condom dispensers in public toilets.
Prisons	Needle syringe exchange program (NSEP)

EXAMPLE OF A SETTINGS BASED APPROACH

WA Health Promoting Schools Framework www.wahpsa.org.au

The three components of school communities interact and are inter-connected to create a health promoting school. By addressing each of these aspects of school life, it assists to make your planning and direction for change easier. If you have considered each of the components of the framework and made changes to promote a healthy school in each of the areas then your school will be on its way to providing a healthy and productive life at school.



4.3 Using the Ottawa Charter for selecting strategies

Health promotion is the process of enabling people to increase control over, and to improve, their health. The Ottawa Charter for Health Promotion¹², developed in 1986, is the predominant framework used for health promotion practice. Using the Ottawa

Charter ensures that health promotion interventions operate broadly across different levels and are more likely to lead to behaviour change than a narrow approach.

The five action areas of the Ottawa Charter give you some clues on areas to develop strategies (see Table 4.2).

Figure 4.3: Ottawa Charter for Health Promotion12



The Ottawa Charter for Health Promotion encourages us to think about the broader context in which we implement our health programs and how different strategies can be used to influence behaviour change, not just strategies that are focused on the individual.

Table 4.2: Ottawa Charter Strategic Direction

Ottawa Charter Areas of Action	Examples of Appropriate Strategies
Build Healthy Public Policy	Advocating for legislative and policy change that will support healthy choices
Strengthen Community Action	Active involvement and participation of community members to prioritise health issues and advocate for change
Create a Supportive Environment	The interactions between individuals and their environments can support or inhibit healthy choices. Supportive environments reinforce positive behaviour changes.
Develop Personal Skills	Providing information, education for health, and enhancing life skills. This development assists people to exercise more control over their own health and environments, and to make choices for better health.

Ottawa Charter Areas of Action	Examples of Appropriate Strategies
Reorient Health Services	The ability to access health services when and wherever you need them. Access to health services should not depend on where you live, your ability to pay for services or other factors.

With so many options, what makes an effective behaviour change program?

The Behaviour Change Mind Map shown in Figure 4.4 was developed by <u>live-the-solution.com</u> and illustrates some of the

different strategies that can be used to change behaviour. The combination and number of strategies available to us is limited only by our creativity, funding (of course!), and the partnerships we can establish to support our ideas.

Choosing strategies

Remember:

- Start with your health issue and target group needs

 this encourages you to think more broadly about
 which strategies could be effective
- BE CREATIVE AND INNOVATIVE! Changing behaviour in a way that is sustainable often requires more than simply education

Table 4.3 provides a list of potential strategies to help you start thinking about the wide range of specific actions you can take for your intervention. The strategies provide examples of influencing behaviour change at the individual, group and population levels and using strategies determined by the Ottawa Charter, e.g. advocacy and policy change. The table also lists some of the advantages and disadvantages of each strategy and an example of where it has been applied so that you can choose a combination of methods that are best suited to your program.

Figure 4.4: Behaviour Change Mind Map14

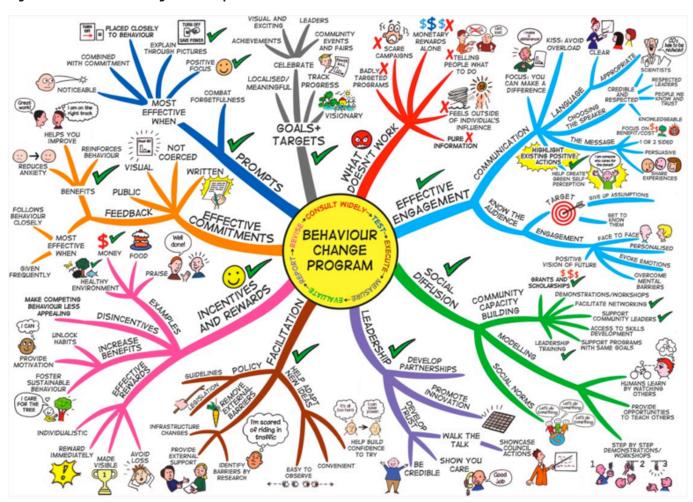


Table 4.3: Health based strategies

<u>Strategy</u>	<u>Advantages</u>	<u>Disadvantages</u>	<u>Example</u>	<u>Level</u>
Advocacy	 Great for gaining community support about topical issues Way of proposing positive and sustainable change 	 Advocacy is usually a long term strategy It needs passionate campaigners 	YACWA responded to the Strategy Regarding Range of Health Services for People Infected with, or Affected by, Viral Hepatitis in WA https://www.yacwa.org. au/research/2017-yacwas- response-to-wa-viral- hepatitis-strategy/ Letter sent from PHAA and CAPHIA to Federal MPs and Australian Health Ministers regarding the public health case for same-sex marriage https://www.phaa.net.au/ documents/item/842	Population
Campaigns	 Interactive Action-oriented (not just educational) Community members can make a difference to a health issue of concern 	 Campaign development may be costly Visual appeal of campaign is important therefore allow funds for graphic design 	Hepatitis WA "Play the blood rule" campaign http://playthebloodrule.com/index.html	Group Population
Community education	 A good way of engaging a specific community at a personal and population level 	 It often takes time and funding to develop good resources for the sessions May take time to find and train good facilitators 	WA AIDS Council runs community awareness events and workshops https://waaids.com/News-Events	Group Population
Demonstrations	 Provides a hands on approach for the target audience Provides opportunity for partnership building 	 Requires well-trained staff Need a good budget for resources Can be hard sometimes to find the right time and location 	Condom demonstrations at secondary schools during health class	Group Individual
Environment	 Reinforces the effects of other health promoting strategies Facilitates behaviour change indirectly 	Visible changes to the environment may be considered too explicit or capable of having unintended effects e.g. promoting sexual promiscuity	Condom vending machines in public toilets and schools 'Sex positive' youth centres which display posters and provide information about sexual health and relationships encourage young people to feel comfortable to ask questions about any sexual health issues	Population

<u>Strategy</u>	<u>Advantages</u>	<u>Disadvantages</u>	Example	<u>Level</u>
Group sessions	 A more personal approach Can be sustainable if the community take ownership of it 	 Can be hard to get participants to attend and commit to the sessions Finding the right time and location can be difficult 	Mooditj is a program run for Aboriginal young people by local community people that supports them to learn about, relationships, sexual health and STI prevention https://shq.org.au/education-and-training/working-with-aboriginal-people/	Group
Incentives	 Can increase engagement in a health promotion strategy Respects and values the time/input of participants 	 Finding an appropriate incentive to avoid 'bribing' participation May be difficult to sustain longer term without funding 	Can be financial, products obtained from relevant sponsors, or related to personal development e.g. work experience for CV Opportunity to enter a prize draw for participating in a project/survey	Individual Group Population
Interactive internet websites	 Reaches a wide audience Usually cost effective Easy to update and edit information 	 Only useful if target group are comfortable using the internet Need technical assistance in the design and development phase 	WA Department of Health "Get the Facts" website www.getthefacts.health. wa.gov.au Sydney Sexual Health Centre interactive website and sexual risk assessment http://www.sshc.org.au/ Amiok/	Individual
Mass media print	 Wide reach Has a longer lasting time than TV ads Local papers like local stories 	Paid print media can be expensive	Article in The Conversation that reports on the findings of the Law and Sex worker Health (LASH) Study https://theconversation.com/new-report-shows-compelling-reasons-to-decriminalise-sex-work-83955	Population
Mass media television	Reaches a wide audienceBrand awareness is created	 Can be expensive Need to keep messages simple The effect is short- lived 	Safe Sex No Regrets TV commercial https://youtu.be/NnEfukGtVFw	Population
Outreach	 Reduces barriers to accessing health services (e.g. time, transport, cost, opening hours) by taking the health service to the consumer 	 Can be expensive May operate outside normal 'working hours' 	Stamp Out Chlamydia 2 Project – raises awareness of chlamydia and brings on the spot, free chlamydia testing to young people in public venues including music festivals and sporting clubs http://socproject.net/index. php/about-us	Individual Group Population

<u>Strategy</u>	<u>Advantages</u>	<u>Disadvantages</u>	Example	<u>Level</u>
Peer-led interventions	Good way to target hard to reach groups	 Need to have appropriate peer leaders Peer leaders will require support as well 	The Youth Educating Peers (YEP) project https://www. yacwa.org.au/youth- leadership/yep/ M Clinic - free STI/HIV screening clinic for men who have sex with men www.mclinic.org.au	Individual Group Population
Policy/ legislative change	 Long lasting change is achieved Uses a good evidence base There is generally positive compliance with the change 	 Time consuming – can take years to implement Need to ensure that the policy is enforced Need committed campaigners and politicians 	Decriminalisation of sex work industry in WA http://www.scarletalliance.org.au/laws/	Population
Posters	 Cheap Easy way of providing factual information. Easy to distribute 	 Needs simple, short messages Need to test readability e.g. using SMOG test (simplified measure of gobbledygook) Short term response Needs to be used in conjunction with other strategies 	WAAC "ASH Project" posters https://safesexnoregrets.com.au/media/k2/attachments/ASH_Posters.pdf	Population
Printed resources (brochures and pamphlets)	 Cheap Easy way of stating factual information 	 Assumes good literacy levels Need to SMOG test for readability Short term response Generally unattractive to target audience Might end up in the bin 	Young Deadly Syphilis Free campaign posters on syphilis testing for young Aboriginal people https:// youngdeadlyfree.org.au/ young-deadly-syphilis-free/ posters/ WA Department of Health "Talk Soon Talk Often: A guide for parents talking to their kids about sex" http://healthywa.wa.gov. au/Articles/S_T/Talk-soon- Talk-often	Group Population
Technology	 Innovative May increase engagement Reduces barriers to accessing health care 	 May be costly to develop and implement Requires specialist skills There may be legislative and policy requirements to address 	Rapid HIV (Point-of-Care) testing for high risk population groups to engage users in screening and reduce barriers associated with waiting for test results http://theconversation.com/quick-and-easy-how-rapid-hiv-tests-can-help-reduce-transmission-1447	Individual Population

<u>Strategy</u>	Advantages	<u>Disadvantages</u>	<u>Example</u>	<u>Level</u>
Training and capacity building	 Provides a reference tool for trainers and health professionals Increases skills in cultural sensitivity and competency in working with people from other cultures 	 Time consuming to develop Can become outdated quite quickly May not be used 	Relationships and Sexuality Education Teacher Training Project at Curtin https://www.eventbrite. com.au/o/curtin-rse- project-7945958061 Diverse sex and gender training workshops run by Freedom Centre www.freedom.org.au/ index.php?option=com_ content&view=article&id= 169&Itemid=118 ACHWA runs cultural safety trainingto improve the quality of service delivered by health care providers to Aboriginal and Torres Strait Islander people https://www.ahcwa. org.au/cst	Group
Twitter, Facebook etc.	 Affordable and current Engaging Great way to reach certain demographics such as young people 	 Does not address people who are not familiar with this technology outlet or who do not have access 	The World Association for Sexual Health has a Facebook page. www.facebook.com/WAS.org	Individual
Web-based information	 Broad audience Easy to update Can include a large amount of information 	 Hard to know how the information is being interpreted Web design can take time and is costly Need to keep material current and credible 	Sexual Health Quarters https://shq.org.au/ WA Department of Health "Growing and developing healthy relationships" www.gdhr.wa.gov.au	Individual Population

4.4 I'm stuck! Where can I get more information?

Please contact SiREN at <u>siren@curtin.edu.au</u> or visit the SiREN website <u>www.siren.org.au</u> for more information about choosing effective strategies. The following links and references may also be useful.

Planning Health Promotion Programs: Introductory Workbook. This workbook provides a six-step approach to assist in planning health promotion programs. https://www.publichealthontario.ca/en/eRepository/Planning_health_promotion_programs_workbook_En_2015.pdf

Health Promotion Strategies and Methods, Third Edition, (2013) by Garry Egger published by McGraw-Hill Education, NSW.

Promotion of Sexual Health Recommendations

for Action. This report provides anumber of actions and strategies to promote sexual health. https://www.paho.org/hq/index.php?option=com_content&view=article&id=397%3A2008-promotion-sexual-health-recommendations-action&catid=1425%3Apublications&Itemid=0&lang=en

The HIV and Mobility: Road Map. This report presents five key action areas for HIV and mobility issues in Australia https://siren.org.au

The AFAO Blueprint. This document describes what is required to end HIV transmission in Australia https://www.afao.org.au/our-work/hiv-blueprint/