



# Guidelines for the development of social marketing programs for adolescent's and young adults' sun protection

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# Background



- Ideological divide between social marketing and health promotion
- SM's strength is its reliance on research and evaluation to develop and refine individual campaigns
- *However,*
  - often a neglect of what has gone before in terms of other health promotion approaches



- Need to integrate the advantages of a social marketing approach more wholly within its public health context
- Also, need to utilize the accumulated knowledge base that has developed over years of public health initiatives

# Sun protection in adolescents and young adults



- Adolescent rates of sun protection are generally the lowest of any age group
- Young adults improve on adolescent figures, but continue to be poorer in comparison to older groups
- Limited guidance on most effective ways of developing interventions for this demographic



# Guideline development



- Used to improve outcomes and efficiencies, highlight gaps in evidence, improve quality of decision-making
- Need multidisciplinary development, systematic review of evidence, grading of recommendations
- Debates on use of systematic review and grading of evidence when dealing with public health issues



# Aims



- Formulate “best practice” guidelines for social marketing programs for adolescent and young adults’ sun protection
- Bring expertise of sun protection and social marketing practitioners and academics to the forefront of guideline development
- Integrate SM theory into the evidence-base which has been established over 25 years of sun protection primary prevention



# Method



- 24 experts in SM and/or sun protection asked to participate in Delphi consensus process (based on Roddy et al. 2005)  
– 11 accepted
- Asked to provide up to 10 key points, based on their knowledge and practical opinion, which they felt were most important in developing social marketing interventions for the primary prevention of skin cancer among adolescents and young adults



# Method



- Responses collated and grouped according to SM framework via content analysis, not edited
- Additional recommendations were developed from combined responses, and identified to participants
- Number of recommendations expanded to 15
- Five consensus rounds – participants shown percentage of agreement for each recommendation for each round





# Finalising guidelines



- 12 recommendations with more than 90% agreement, and four recommendations with 54% to 73% agreement
- Comments sought from Delphi participants and The Cancer Council of NSW “end-users”
- Minor changes to wording, 2 recommendations combined
- Discussion with TCCN on “user friendly” presentation



# Grading



- Evidence-base to support each recommendation via systematic review (Johnson et al. *in press*)
- Guidelines sent to participants with traditional SOR grading provided
- Participants asked to indicate how strongly they rated each recommendation based on all aspects relating to their knowledge and practical opinion, as well as the research evidence - recorded using a visual analogue scale (VAS)



# Results



- 15 guidelines – 7 with 100% consensus; 5 with 90.9% consensus; 3 with 54.5% to 72.7% consensus
- SOR – 13 with D grading – based on expert opinion; 1 with C/D grading; one with B grading – body of evidence from systematic review
- VAS range 9.16 to 6.34



# Guideline 5



- **Formative research is essential early in program development in order to gain a deeper understanding of the self-interests of the target market, and the motivators and barriers to sun protective behaviour. This allows strategies and messages to be developed from the target audience's perspective; similarly pre-testing of resource material is also critical to confirm its acceptability to the target audience**
- SIGN Grade of recommendation: D
- Levels of evidence: 4 - Expert opinion
- **VAS grading: 9.16 (SD 1.39)**



# Guideline 9



- **Programs should emphasise more direct outcomes such as skin damage (wrinkles, aging) and sunburn, rather than the indirect outcomes of skin cancer for this demographic; however reference should still be made to skin cancer outcomes as fear is still a strong motivator for behaviour change**
- **SIGN Grade of recommendation: B – a body of evidence including studies rated as 2++ directly applicable to the target population**
- **Levels of evidence: A systematic review including Mahler et al. 1997 (2-); Novick 1997 (2-); Weinstock et al. 2002 (1-); Mahler et al. 2005 (1-); Olsen et al. 2006 (1+); Mahler et al. 2007 (1-); Jackson 1997 (1-); Buller et al. 2006 (1+)**
- **VAS grading: 8.44 (SD 1.38)**



# Guideline 13



- **As a large proportion of sunburn occurs because people ‘forget’ to apply or re-apply sunscreen- or to take a hat or umbrella- or forget how long they have been in the sun, much of the communication strategy should be ‘reminder’ communication utilising avenues such as Friday pm radio and weekend media**
- SIGN Grade of recommendation: D
- Levels of evidence: 4 – Expert opinion
- **VAS grading: 6.34 (SD 1.83)**



# Discussion



- Identifying features of SM all represented in some manner with specific guidelines on:
  - Formative and ongoing evaluative research
  - Segmentation
  - Competition
  - Products
  - Message dissemination



# Discussion



- Features more *recognised* as health promotion also represented:
  - Holistic approach - multicomponent
  - Building relationships with other stakeholders
  - Targeting policy and regulation
  - Use of environmental strategies
  - Building self-efficacy



# Discussion



- Traditional evidence-base for most of the guidelines was lowest category – expert opinion
- Little correlation with the VAS gradings based on knowledge and experience - 9.16 for guideline on formative research and pre-testing of materials
- Highlights the utility of a grading system based on experience as well as traditional hierarchical methods



# Discussion



- Guidelines represent a *framework* for developing interventions for this demographic
- Specific strategies and messages still need to be based on formative research and rigorous pre-testing of materials
- Always a danger of reactance



# Conclusion



- Need to incorporate context and experience within public health guidelines
- Delphi consensus a useful tool for developing guidelines based on knowledge unavailable through published literature
- Guidelines only useful if seen as relevant by practitioners – currently being used by TCCN – future feedback





## Questions?

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**Many thanks to our Delphi panel and The Cancer Council of NSW**



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