



e-Supplement

Guidelines for the development of social marketing programmes for sun protection among adolescents and young adults

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SUMMARY

Objectives: To formulate 'best practice' guidelines for social marketing programmes for adolescents' and young adults' sun protection.

Study design: A Delphi consensus process.

Methods: Eleven experts in sun protection and social marketing participated in a Delphi consensus process, where they were asked to provide up to 10 key points, based on their knowledge and practical experience, which they felt were most important in developing social marketing interventions for the primary prevention of skin cancer among adolescents and young adults. After reaching consensus, the evidence base for each guideline was determined and graded via the Scottish Intercollegiate Guideline Network grading system. Participants were then asked to indicate how strongly they rated the finalized 15 recommendations based on all aspects relating to their knowledge and practical opinion, as well as the research evidence, on a visual analogue scale.

Results: The resultant 15 guidelines offer general principles for sun protection interventions utilizing a social marketing approach.

Conclusions: This method of guideline development brought the expertise of practitioners to the forefront of guideline development, whilst still utilizing established methods of evidence confirmation. It thus offers a useful method for guideline development in a public health context.

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Introduction

There is increasing recognition of the importance of practice guidelines to assist decision making in health areas.¹ However, while the development of guidelines has been largely standardized within a clinical context, a number of debates arise when transferring clinically originated methods into a public health arena. These debates centre on the low rating of much of the evidence, due to the difficulty in evaluating public health interventions with randomized controlled trials; the use of systematic reviews in public health, whereby the context within which public health interventions are developed and implemented is removed; and how best to incorporate one of the major sources of information that influence programme decisions – that of peer and colleague opinion – into traditional, hierarchical grading systems.

This paper outlines a process to formulate 'best practice' guidelines for social marketing programmes for adolescents' and

young adults' sun protection. This method of guideline development aimed to bring the expertise of sun protection and social marketing practitioners and academics to the forefront, whilst still utilizing established methods of evidence confirmation to establish relevant, evidence-based guidelines in the most usable form to aid decision making by practitioners.

Sun protection among adolescents and young adults

Adolescence and young adulthood is a time of risk behaviour with regards to sun protection. Rates of sun protection among adolescents are generally the lowest for any age group, and while the sun protection behaviours of young adults improve on adolescent figures, they continue to be poor in comparison with older groups.^{2,3} In a systematic review of sun protection interventions in all populations, Saraiya *et al.* (2004)⁴ concluded that there was insufficient evidence to determine the effectiveness of sun protection interventions in secondary schools and colleges. This lack of evidence for effectiveness is indicative of relatively few interventions in these settings over the past 25 years, especially in the case of secondary schools, but is also due to the lack of

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interventions with control or comparison groups. This leaves many programmes unsuitable for use in quantitative analysis. Thus, there has been limited guidance for practitioners on the most effective ways to develop programmes for this demographic. The current study aimed to fill this knowledge gap by utilizing a Delphi consensus process and systematic review to provide guidelines that could bridge the divide between evidence and experience.

'Good' practice for social marketing

While social marketing has had limited use within skin cancer primary prevention, it has had much wider use in public health areas of smoking cessation, healthy eating, drug use and physical activity promotion.^{5,6} In the main, these interventions are characterized by the use of communication campaigns targeted at large audiences; this has led many people to see social marketing as predominantly concerned with promotional and advertising strategies.⁷ However, a communication campaign is only one component of the marketing mix.

To increase the understanding of social marketing's core principles and provide a framework for the development and evaluation of social marketing interventions, the UK's National Social Marketing Centre (NSMC) has expanded on previous criteria developed by Andreason (2002)⁸ to create eight benchmark criteria which they consider to be essential elements of a social marketing process. These core elements are: (1) a customer orientation; (2) a clear focus on behaviour; (3) the use of behavioural theory to inform and guide development; (4) a focus on understanding and insight into what moves and motivates the customer; (5) the incorporation of an exchange analysis which analyses the cost to the consumer in achieving the proposed benefit; (6) the consideration of internal and external competition; (7) the use of segmentation; and (8) the use of an appropriate methods mix.⁹ While the authors of these guidelines state that they should not be used as a guide to the 'how to' of process in social marketing, they do suggest the criteria as a framework for good practice. The guidelines from the Delphi process are, therefore, discussed in terms of this framework. Attempts to help practitioners to develop sound social marketing initiatives have been developed by other countries, such as Canada.¹⁰

Methods

Eleven experts identified from the fields of social marketing and sun protection participated in a Delphi consensus process, as outlined by Roddy *et al.* (2006),¹¹ with the aim of developing evidence- and expert-based guidelines for the development of social marketing sun protection programmes for adolescents and young adults. This method can be defined as 'a group facilitation technique that seeks to obtain consensus on the opinions of "experts" through a series of structured questionnaires'.¹²

Delphi consensus process

Participants were initially asked to provide up to 10 propositions, 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. Responses were collated and grouped according to similar themes via content analysis, but were not edited. Additional recommendations were developed from combined responses, and were identified as such to participants.

Rounds 2–5 were conducted with the researcher analysing recommendations to show the percentage of agreement for each recommendation. From Round 4, those recommendations with less

than 25% agreement were rejected, with those over this percentage returned to participants. Round 5 concluded with 15 guidelines with over 50% consensus support.

The first author determined the evidence base to support each recommendation, utilizing a previously conducted systematic review (Johnson, unpublished work). This evidence came from 23 identified primary prevention interventions targeting sun protection in adolescent or young adult populations that contained some quantitative measure of effect size on one or more of seven behavioural outcome measures, such as the use of sunscreen, hat wearing or incidence of sunburn. The review included study designs rated as 'lower' on the evidence hierarchical table, such as pre and post test, and post test with control group, as well as randomized and non-randomized control group designs. The evidence was graded using the Scottish Intercollegiate Guideline Network grading system.¹³ Two additional research papers were included for strength of recommendation (SOR) as they provided mediational analyses on interventions already included in the systematic review, and were used to provide extrapolated evidence to support a specific guideline. Supplementary literature provided the context for recommendations but was not included in SOR.

Participants were asked to indicate how strongly they rated the finalized 15 recommendations based on all aspects relating to their knowledge, opinion and practical experience, as well as the research evidence. This was recorded using a 10-point visual analogue scale (VAS) anchored with two descriptors labelled 'not recommended' at 0 and 'fully recommended' at 10. The mean VAS and standard deviation were calculated for each recommendation, and presented via a table with groupings according to a traditional SOR, mean VAS and 95% confidence interval. The list of recommendations was sent to participants with available evidence and traditional SOR grading provided.

Finalizing the guidelines

The Cancer Council of New South Wales (TCCN) sun protection staff were involved in early development of the Delphi process, and consulted before finalization of the guidelines in order to format the 'end product' into the most usable form for practitioner use. This resulted in a document providing each guideline with background information and the reference to the initial Delphi analysis relating to each guideline, in addition to the SOR and VAS scores. The TCCN sun protection team reasoned that the enhanced background information would allow more informed decision making around the framework provided by the established guidelines. As this study was part of a larger project with the ultimate aim of conducting a social marketing sun protection intervention for an adolescent market, this guideline document is currently being used by TCCN in the development of this intervention.

Results

Table 1 shows the finalized recommendations in order of decreasing VAS score, which indicates the Delphi panel's rating of each recommendation. As shown in Table 1, the guidelines cover recommendations on general structure (Guideline 9), settings (Guideline 11) and timing of interventions (Guidelines 13 and 15), the importance of formative research (Guideline 1) and segmentation (Guideline 6), and the need for strategies to target: (1) the competition to sun protection that comes from the social norms surrounding tanning and sun protection (Guidelines 3 and 7); (2) perceived self-efficacy (Guideline 2); and (3) skin damage concerns in addition to skin cancer (Guideline 4). Additional recommendations stated the need for policy (Guideline 8) and environmental (Guideline 10) strategies, the use of a broad range of communication

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