

Topics in Clinical Practice

Fostering change in back pain beliefs and behaviors: when public education is not enough

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Abstract

Mass media campaigns designed to alter societal views and individual behaviors about back pain have been undertaken and evaluated in multiple countries. In contrast to the original Australian campaign, subsequent campaigns have been less successful, with improvements observed in beliefs without the corresponding changes in related behaviors. This article summarizes the results of a literature review, expert panel, and workshop held at the Melbourne International Forum XI: Primary Care Research on Low Back Pain in March 2011 on the role and interplay of various social behavior change strategies, including public education, law and legislation, healthy public policy, and social marketing in achieving a sustained reduction in the societal burden of back pain. Given the complexities inherent to health-related behaviors change, the Rothschild framework is applied in which behavior change strategies are viewed on a continuum from public education at one end through law and health policy at the other. Educational endeavors should likely be augmented with social marketing endeavors and supportive laws and health policy to foster sustained change in outcomes such as work disability and health utilization. Practical suggestions are provided for future interventions aimed at changing back pain-related behaviors. Evaluation of previous back pain mass media campaigns reveals that education alone is unlikely to foster positive and persisting behavioral change without concomitant strategies. © 2012 Elsevier Inc. All rights reserved.

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Mass media; Social marketing; Back pain; Behavior change, public policy; Public education

The clinical problem

Mass media campaigns designed to alter beliefs about back pain have been undertaken and evaluated in Australia, Scotland, Norway, and Canada [1–4]. These campaigns have

addressed widely held misconceptions about back pain that view it as a serious disabling condition requiring rest. Key messaging in the campaigns has included advice to stay active, and at least three of the campaigns had the similar

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theme of “Back Pain: Don’t Take It Lying Down.” These campaigns were previously compared and contrasted from a content as well as methodological perspective to identify how best to design and evaluate such interventions [5].

Important differences exist across mass media campaigns in terms of their scope, amount of funding, and media used. The most successful in demonstrating a sustained change in beliefs about back pain as well as behaviors, such as health care utilization and disability, appears to have been the campaign conducted in the state of Victoria, Australia [6,7]. This campaign was very well funded (~US\$8 million over 3 years), predominantly used television commercials, featured recognizable spokespeople, comedians and a wide variety of clinical experts, and contained practical information about how to stay active and stay at work (ie, exercise, modified work demands, and so forth). Also, the messages were endorsed by all relevant clinical organizations with a stake in treating back pain and this was prominently noted in the television commercials. The campaign had the approval of employer and employee organizations ensuring that stakeholders were “on side” [8], and in conjunction with the campaign, Victorian doctors were mailed evidence-based guidelines for the management of compensable back pain. Evaluation of the Australian campaign involved surveying beliefs of the general population of Victoria and an adjacent demographically similar state that did not receive the campaign. Surveys were completed at four times; before, during, immediately after, and 3 years after the intervention. Surveys of general practitioners in Victoria and the adjacent control state were also performed before, immediately after, and 4.5 years after the Victorian campaign. Behavioral outcomes were evaluated through an analysis of the Victorian WorkCover Authority claims database (proportion of time loss claims for back pain and health utilization for back pain). The evaluation indicated that the population exposed to the intervention showed sustained improvements in back pain beliefs (ie, were less likely to think back pain needed to be rested) and dramatic reductions in work-related disability (15% reduction in compensation claims) and health care visits (20% reduction in medical costs per claim) for the condition [1,6,7].

Subsequent campaigns in Scotland, Norway, and Canada also seem to have resulted in population belief changes but did not measurably impact health use or disability behaviors, such as work loss. An explanation for this is likely to be multifactorial. For example, these campaigns were undertaken on a much more limited budget, relied on other media besides television (eg, radio advertisements, billboards, and online messaging) and did not have the capacity to present the breadth of specific advice about how to stay active (ie, the Australian campaign featured messages on why and how to stay active from a variety of recognized international and national medical experts from a wide variety of disciplines, as well as sporting celebrities and local television personalities, some of whom had successfully

managed their own back pain). The cost of the Australian campaign was approximately US\$1.8 per resident, whereas the cost of the other campaigns ranged from approximately US\$0.2 per resident in Scotland and Norway to US\$0.3 per resident in Norway and Canada (amounts are not adjusted for inflation) [5]. Some did not provide explicit advice about staying at work. These important differences may partially explain why subsequent campaigns have not proven as successful as the original Australian campaign. However, factors unrelated to the campaigns, such as legislation and health policy, also likely played an important role.

New evidence

This article summarizes results of a literature review, expert panel, and workshop held at the Melbourne International Forum XI: Primary Care Research on Low Back Pain in March 2011 on the role and interplay of various social behavior change strategies including public education, law and legislation, healthy public policy, and social marketing in achieving a sustained reduction in the societal burden of back pain.

Initially, a group of researchers and practitioners from multiple fields and disciplines involved in changing health-related behavior were brought together to discuss the issue of changing societal back pain behaviors. This group included researchers who had previously evaluated the various international back pain mass media campaigns. The group also included academics with content expertise and experience in conducting research in the areas of social marketing, law and legislation, and healthy public policy. Next, this group reviewed and discussed general theories and techniques of health-related social behavior change from the perspective of the different disciplines represented. An article was drafted summarizing results of the previous back pain mass media campaigns and the broader literature related to social behavior change.

The draft article was then presented as a basis for discussion at a workshop held at the Melbourne International Forum XI: Primary Care Research on Low Back Pain (March 2011). One key theme of the Melbourne Forum was informing the public and examining the role of social marketing, advertising authorities, public health, and journalists. Plenary talks and a roundtable discussion were held at the Forum focused on this issue. Additionally, our multidisciplinary group hosted a workshop at the conference focused on key strategies for achieving health behavior change. Attendees at the workshop were identified in advance. They were given the draft article to review and asked to come to the workshop ready to discuss the main issues identified and provide feedback on the article. Discussion at the conference and comments from the workshop participants were synthesized and incorporated into the manuscript. A summary of the workshop and the revised article were then sent back to the workshop participants

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