



Roma-Net

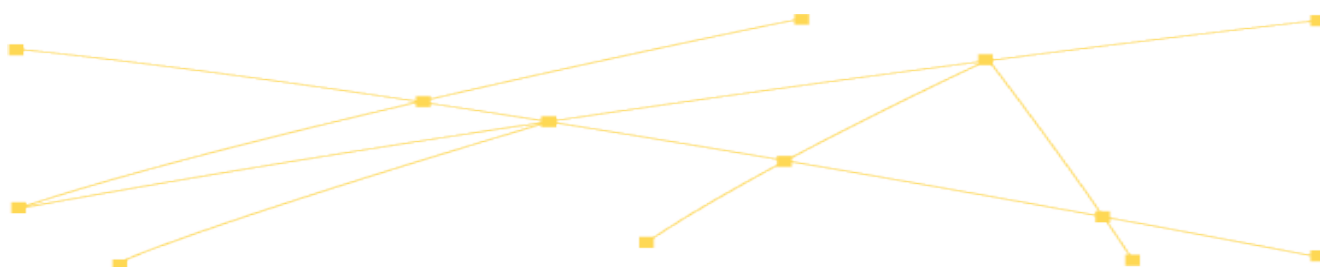
Integration of Roma Population



Social Marketing Case Study

Give it up for Baby - smoking cessation intervention for pregnant women in Tayside, Scotland.

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DEVELOPMENT





Background note from the ROMA-Net Lead Expert

This case study has been prepared by the Thematic Experts from the Social Marketing Gateway to showcase how a specific problem can be tackled through direct involvement of the target group to change their attitudes and bring about positive behavioural change. Although the case study is not about Roma people, it is about a very hard to engage group with very set views. This example will be useful for ROMA-Net partner cities when they want to engage with Roma people and to involve them in a specific issue, for example use of health services. It shows how it is possible to get members of the community to work with you and to help spread a message, and encourage participation, from other members of the community. The actions described here can be tailored to local circumstances and followed by the ROMA-Net partner cities.

Introduction

Give it up for Baby (GIUFB) is a social marketing intervention that encourages behaviour change (quitting smoking) among pregnant mothers who had proved very difficult to engage with using conventional health communications activity. The intervention provides pregnant mothers with an incentive of €15 of grocery vouchers each week to use at local supermarket for fresh fruit and groceries.

Local community pharmacists recruit the women and act as gatekeepers, monitoring participants on a weekly basis using carbon monoxide breath testing, to check that they are smoke free. The community pharmacists provide one-to-one support and free nicotine replacement therapy (NRT). Additionally participants can benefit from regular use of council owned swimming facilities, help with literacy and support with debt management. In this way, the approach used in GIUFB combines both incentive and social support.

Identifying the issue

NHS Tayside is responsible for meeting the health needs of over 388,780 people and was identified as one of the worst performing health boards with regard to smoking during pregnancy. Health promotion activity was not working. A different initiative was needed that would reach pregnant mothers, achieve behavioural change and improve their health.

Research and insight gathering

Research was carried out among pregnant mothers in the area's most deprived communities. Focus groups and community consultation was arranged through existing community development networks.





In the communities being targeted, over half of all adults smoked. Being seen to break the social norm was a key barrier to giving up smoking. Powerful social norms constrained the desired behaviour change. The idea of providing a financial incentive, however, was seen as a socially reasonable excuse for quitting and, therefore, something that could overcome the barriers posed by the local culture.

It became clear that the most important thing for pregnant mothers was putting food on the table for their family. Any intervention based on solely on health arguments was unlikely succeed. Instead, using disposable income as a motivator for change emerged as a potentially effective approach.

Bringing people together – stakeholder engagement

A stakeholder group was established, involving all those who might have a role to play in the delivery of the intervention. Effective partnership working was recognised as critical to the success of the initiative, so it was crucial that all partners were fully engaged and supportive. Hence, considerable time was spent using evidence, persuasion and reports to bring all partners on board.

Consideration was given to how the initiative would benefit the various partners. Extensive work was done to convince partners of the benefits to them and their agendas. For example, community pharmacists were expected to act as a contractor service for the initiative, and so negotiation was required to agree a price for their involvement. As the pharmacy contractors were members of various different companies, interaction was required with all the companies to ensure that all staff were informed and understood what they were doing for what cost.

Developing the details of the incentive payment scheme was complex and time consuming. It was not acceptable for the incentive to be paid in cash. Rather a system to enable payment 'in kind' was required. This process was complicated as a large proportion of the target audience were on state benefits, so it was crucial to ensure that their benefit entitlement would not be affected by the incentive payments received. Consultation with the government was needed to find a solution.



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Developing the intervention



The relationship between the community pharmacists and pregnant women was particularly important. Materials and resources to support the interaction had to be developed, ensuring that they were well understood by the community pharmacists and their staff.

A brand concept was developed then tested amongst members of the community. This confirmed that the brand was understood by the target audience and conveyed the required messages.

Implementation

Communication was important and the communications plan considered all relevant stakeholder groups, such as NHS staff, Local Authority partners, and the public. Community pharmacists were provided with packs explaining what they were required to do and the processes they would have to

complete when women attended the pharmacies.

One of the most effective promotional materials was that on the back of buses which passed through target communities; this generated simultaneous and striking increases in sign up rates to GIUFB. The press and media were also recognised as very important catalysts for dialogue with local communities. So, considerable time and effort was spent engaging with them.

Tracking and monitoring

To track and monitor GIUFB, a system was established whereby community pharmacists faxed details of all attendances to the local authority central office, providing participants' registration number and CO testing results. This provided a record of the success of the project on a weekly basis, providing a reliable and robust dataset.

Evaluation

Both quantitative and qualitative methods were used. For the quantitative evaluation, the national records for follow up at 1, 3 and 12 months post quit date were used together with the local records of attendance of women at pharmacies and carbon monoxide testing. Qualitative evaluation was carried out by the University of Stirling and involved face to face interviews with participants.





The outcomes of the initiative were impressive. By the end of year one, 55 mothers had quit smoking in Dundee City and a total of 140 had quit across Tayside. After three years of the successful intervention, approximately 400 mothers had registered on the scheme, and the number of mothers quitting smoking in Tayside had doubled. These rates are far in excess of anything else achieved in Scotland as a whole. Some 47% of participating women have been found to be smoke free at four weeks past their quit date, with 33% still smoke free at three months past their quit date, and 18% of women remaining smoke free three months after the birth of their child.

The GIUFB pilot demonstrated that holistic, community-focused incentive schemes using social marketing principles can be successfully deployed to reward health-promoting behaviours in line with national priorities. The success of GIUFB has attracted significant attention UK wide, resulting in invitations to present the intervention and its results at conferences in both Scotland and England.

Implications for Roma-net

As is likely to be the case with Roma communities, the case study highlights the importance involving a target population that was disengaged from existing services and public sector health messaging in order to understand the problem and the behavioural drivers involved. The insight gathered showed how strong social norms influenced particular group behaviours and pointed to a solution that was unconventional and fairly controversial. Implementation required a range of stakeholders to come together and to work in new ways to achieve positive shifts in the desired behaviour of the target population.

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