



COMMUNICATING HEALTH
THE TOBACCO EXAMPLE 

CONFERENCE
BRUSSELS,

9-11 OCTOBER 2008

[HTTP://EC.EUROPA.EU/DGS/HEALTH_CONSUMER/INDEX_EN.HTM](http://ec.europa.eu/dgs/health_consumer/index_en.htm)

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RECOMMENDATIONS

➤ INTRODUCTION

Tobacco control at national and European level has evolved significantly over the last few years, as has the nature of young people's media use. The question of how to promote public health messages to young people and the need to bring together the expertise of the media, tobacco control and public health communities and young people themselves, was at the centre of the Commission conference on "Communicating Health, the tobacco example" Conference in Brussels from 9 to 11 October 2008. The conference aim was to review the current situation, to develop recommendations for future action by taking stock of 4 years of experience in partnership building (in particular with the European youth community), by discussing best practice and innovative media strategies to address young people and last but not least, by sharing experience and knowledge of media campaigns for young people with other public health domains.

The conference brought together 172 experts from 29 countries and various fields: experts in combating smoking; public health experts; media experts; ministerial representatives; representatives from other European organisations and representatives of youth organisations.

A series of presentations was supplemented by workshops in the following five areas:

- 1. How to engage with young Europeans.**
- 2. The use of new media in public health.**
- 3. The need to investigate new ways to trigger behaviour change.**
- 4. The importance of reaching out to disadvantaged groups.**
- 5. The need to share best practice across public health.**

Thirteen recommendations emerged from these discussions and were adopted by the participants at the final session of the conference.

RECOMMENDATIONS

1 The European Commission is to be thanked for its tobacco prevention initiatives and the Member States are to be acknowledged for their support and contribution to the Help campaign. There is an important continuing role for the Commission in advancing and providing long term resourcing for public health. Specifically it should:

- provide leadership, strategic vision and authority in public health policy development, campaigning and behaviour change.
- promote an approach to public health built on human rights.
- facilitate the dissemination and sharing of learning (see 6).
- be sensitive to and supportive of local, regional and national activity
- implement and enforce public health policy (eg the Framework Convention On Tobacco Control or FCTC), and motivate other policy makers to do likewise

2 Communication campaigns (including media advocacy) have a valuable role to play in tobacco control as Article 12 of the FCTC makes clear. They need to be sustained, linked in to a multi-component tobacco control strategy, be research driven (see 13) and tailored to local, national and cultural needs. Partnership with tobacco control NGO's should be continued and reinforced to strengthen campaigns and ensure synergy with Member State programmes and activities.

3 It is vital to partner with young people at every stage of the behaviour change process, from strategic planning right through to evaluation. The watchwords should be listen, inform, involve and respect. Youth organisations have a particularly important role here, and can help bridge the divide to disengaged youth.

4 The principles laid out in recommendations 2 and 3 apply not only to tobacco control but to other public health domains. There is, indeed, great potential for cross-fertilization between public health domains and behaviours, and this should be explored. Key overlaps include: the impact of commercial marketing; the role of communication in health behaviour change and the potential of innovative electronic communications. Equally, however, there are important differences, and individual health determinants will continue to need separate attention.

5 There is also a need to strengthen bridges between health and other policy areas, especially education. Health care professionals, teachers and social/youth workers should all receive public health training.

6 There is a need to establish a clearing house of lessons learned from both successful and unsuccessful public health campaigns. These should be based on agreed quality criteria. In the case of tobacco control key policy documents, such as the recently ratified Youth Manifesto, should be included.

RECOMMENDATIONS

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Branding is a very useful behaviour change tool, and the Help campaign has demonstrated that public health can build transnational brands. There is a need to continue and build on this success to bolster a positive image of non smoking and other health behaviours.

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By the same token, there is a need to undermine unhealthy brands. In the case of tobacco, for example, this process would be aided by the introduction of generic packaging, a reduction in the number of outlets selling tobacco, and the complete removal of any remaining tobacco promotion – including corporate social responsibility campaigns by the tobacco industry.

9

It should be recognised that the tobacco industry is the cause of the tobacco pandemic and therefore has to be put out of business. The role of industry in other public health domains should also be addressed.

10

There is a particular need to engage with vulnerable and disadvantaged groups. Key dimensions of disadvantage include socio-economic status, ethnicity, gender, age and sexual orientation. The first step will be to conduct research with these people to identify the best channels and ways of reaching them. In essence public health efforts have to be built around their needs, perception and priorities – not vice versa.

11

Peer education and communication has particular power; new and interactive media can help harness this. Media literacy can play a useful role here.

12

There is a need to make appropriate use of new media to reach and engage young people, taking care to:

- check for and address the digital divide (e.g. lack of access to computers)
- be cautious about the potential isolation from significant others (parents, for instance, may not be comfortable with or even aware of many forms of digital communication).
- listen to and understand the target group before doing anything

13

Research and evaluation is key in all campaigns to check progress and enhance public health learning. It needs to:

- Include basic research into health behaviour, as well as formative and outcome evaluation
- be based on SMART (Specific, Measurable, Attainable, Realistic and Time-bound) objectives
- specify clear milestones
- be independent of both the Commission and their contractors
- take account of inequalities