Measuring the effectiveness of health sponsorship at recreational venues

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Introduction

Healthway

The Western Australian Health Promotion Foundation (Healthway) was established under the Tobacco Control Act 1990, the main purpose of this act being the active discouragement of tobacco smoking (Corti et al 1995). Healthway is an independent statutory body with a mandate to promote good health for all Western Australians (Healthway 2008). Healthway provides grants for health promotion research and programs, as well as sponsorship for sport, arts, racing and community projects. Since 1991, Healthway has provided sponsorship funding to sports, arts and racing organisations in return for the promotion of health messages, the introduction of healthy policies and the implementation of environmental/structural change at venues. Healthway's sponsorship program is a key initiative to achieve good health for all Western Australians. In 2006/2007 more than 740 projects received sponsorship funding, totalling more than $9.7 million (Healthway 2007).

In 1992, the Health Promotion Evaluation Unit (HPEU) designed a system to evaluate Healthway sponsorships. This evaluation methodology is referred to as the Graduated Project Evaluation (GPE) system and is designed to evaluate the effectiveness of projects according to set output measures (Holman et al 1994). This evaluation methodology has remained largely unchanged since its inception.

Graduated Project Evaluation

Evaluating the effectiveness of projects and determining where best to invest funds has been an integral part of Healthway's sponsorship program. The GPE system aims to:

(1) match an appropriate level of evaluation to each sponsorship project, and

(2) generate a statistically tractable set of measures that can be used to describe project outputs according to several key result areas.

The GPE structure consists of four evaluation levels and ten output measures (Table 1). The main criterion for assignment of a GPE level to a project is the dollar amount of the sponsorship. The GPE is described in detail elsewhere (Holman et al 1993).

Table 1: GPE Structure

Evaluation Level	$ Amount of the Grant	Evaluation Type	Output Measure
Level 1	≤ $10,000	Basic	Contractual Evaluation Score Population Measures Publicity Measures Publication Measures Structural Measures Development Measures
Level 2	$10,001 to $25,000	Process	Promotional Measures Educational Measures
Level 3	$25,001 to $100,000	Impact	Target Measures Cognitive Impact Measures
Level 4	≥ $100,001	Outcome	Outcome Report

Sponsorship Monitor (GPE level 3 and above)

The sponsorship monitor was established to track the <u>overall</u> effectiveness of Healthway's sponsorship program in terms of cognitive impact. All sponsorship projects that receive $25,000 or more (GPE level 3 and above) <u>and</u> are allocated a Health Agency support budget of at least $7,000 annually for arts/racing sponsorship or at least $12,000 annually for sport sponsorships are eligible for inclusion in the sponsorship monitor. Only projects that are GPE level 3 and above are included in the monitor as at this level projects receive sufficient funds and support to have an impact on participant awareness.

Over a 12 month period, a survey of participants is conducted at various sponsored events. Using standard survey instruments, information about respondent recognition, comprehension, acceptance, intention and action in relation to the sponsored health message is collected (McGuire 1984). The survey also asks demographic and health behaviour questions. In each survey period approximately 30 projects (n≈2500) are included in the monitor.

The results from the most recent 2006/2007 sponsorship monitor are presented in this paper in order to outline the overall evaluation methodology. Sponsorships included in the 2006/2007 monitor were allocated one of nine different health messages (i.e. Quit, Smarter than Smoking, Smokefree WA, Go for 2 fruit & 5 Veg, SunSmart, Be Active, Safety Rules OK, Drug Free and Drug Aware) across six health areas (i.e. smoking, exercise, sun protection, nutrition, injury and drugs). In 2006/2007 the most frequently allocated health messages were those related to smoking.

Methods

Subjects aged 10 years and above were eligible to participate in the 2006/2007 sponsorship monitor. Field teams visited recreational venues and collected data via face-to-face interviews or self-administered surveys. The survey instrument administered to children only collected data relating to health message awareness, comprehension and demographics. The teenager and adult versions of the survey gathered data on all cognitive impact measures (i.e. awareness, comprehension, acceptance, intention and action), demographic and health behaviour information (i.e. smoking behaviour, alcohol intake, fruit/vegetable consumption, fast food consumption, exercise levels, sun protection behaviour and mental health activities). Surveys were conducted at sponsored recreational venues during an event if appropriate, otherwise during an interval or after the event. Where time permitted and the target group were adults, an interviewer administered survey (rather than a self complete survey) was conducted.

Sponsorship Monitor Surveys - Cognitive Impact Measures (CIM)

All respondents are asked whether they recalled seeing or hearing any health messages at the event. Respondents who recalled the message were designated *aware* of the message. Respondents *aware* of the message were asked what they thought the message meant (*comprehension*), and if correct, whether they agreed, disagreed or had no feelings either way about the health message (*acceptance*). All respondents who accepted the message are asked what thoughts, if any, they had about the message. They were asked whether or not they had formed an *intention* to take action and if so what *action* they actually undertook. Intention and action included any intention/action related to the message, not just adoption and continuation of the recommended behaviour. It included not only personal actions but those related to encouraging others to adopt or continue a recommended behaviour and included actions undertaken as a result of seeing the message at the event or at a previous event (Table 2).

Table 2: Cognitive Impact Measures (CIM)

Measure	Description
Awareness	Respondent recall of the sponsorships health message
Comprehension	Number of respondents who were aware and who understood the health message according to predefined criteria
Acceptance	Number of respondents who comprehended the health message and who agreed with the message
Intention	Number of respondents who accepted the health message and who had an intention to act on the message
Action	Number of respondents who had an intention to act on the health message and actually took some form of action.

All respondents were randomly selected. Data collection for the 2006/2007 sponsorship monitor took place from July 2006 to June 2007. Results were analysed using SPSS for Windows.

Results

Overall, 34 projects (n=2389) were included in the 2006/2007 sponsorship monitor of which 47% were sport, 41% were arts and 12% were racing events. Just over half of all respondents were female (55%) and most were aged 10 to 29 years (72%).

In 2006/2007, 71.8% of respondents were aware of the health message being promoted at the sponsored event. Comprehension of the health message was high at 90.1%, with a similarly high level of message acceptance (92.1%) amongst those who comprehended the message. While intention as a result of exposure to the message was 35.1%, 51.0% of this group took some behavioural action. Multiplying the proportions down the hierarchy of cognitive impact provides an estimate of the percentage of respondents surveyed who were sufficiently stimulated to take some relevant actions as a result of exposure to a health message. Overall, 10.7% of respondents surveyed took some relevant action as a result of exposure to a health message (total action). Overall, sun protection messages achieved higher intention and total action compared with other messages. This hierarchical, multiplicative exercise highlights the importance of attaining a high level of effect early in the hierarchy to ensure a successful final outcome. Thus, the higher the level of awareness that can be achieved the greater the likelihood of achieving behaviour change in the target group.

Overall, health message awareness was highest at sport events (76.7%) followed by arts events (67.4%) and racing events (64.6%). Intention and total action was also higher at sport events compared with arts and racing events. Females had higher levels of health message awareness, comprehension, acceptance, intention and action compared with males. Respondents aged 10 to 14 years had the highest levels of awareness (85.9%) and 20 to 29 year olds the lowest levels of awareness (56.4%). Total action was highest amongst respondents who were 40+ years. These respondents mostly received sun protection and smoking messages.

With the exception of children, respondents were asked a series of questions to assess their current health behaviours. The health behaviours of those that took part in the 2006/2007 sponsorship monitor (teenagers and adults only) can be summarised as follows:

12%   smokers
39%   consumed unsafe levels of alcohol on a day when they drank alcohol
84%   consumed less than the recommended amount of fruit and vegetables in the last week
66%   consumed fast food on one or more days in the last week
60%   exercised for recreation, sport, health or fitness less than the recommended level in the last week
77%   were sunburnt in the last twelve months
28%   did not do anything in the last four weeks to keep themselves mentally healthy

Smoking message awareness was higher among smokers (73.3%) compared with non-smokers (70.9%). Intention and action was also higher among smokers than non-smokers. Respondents who consumed both fruit <u>and</u> vegetables at recommended levels showed higher levels of nutrition message awareness (60.7%) than those who consumed only one as recommended (41.2%) or both below recommended levels (41.2%). Total action was also highest amongst those respondents who consumed fruit and vegetables at recommended levels. In 2006/2007, total awareness of exercise messages was lowest among those who did 'no exercise' (no exercise 38.5%, some exercise 42.8%, as recommended 69.0%), however intention to take action was highest amongst this group. Overall, total action was highest amongst those who did 'some exercise' and was lowest among those who did 'no exercise'. In 2006/2007, awareness of sun protection messages among respondents with unsafe and safe sun protection practices was similar (unsafe 68.2%, safe 69.3%). Intention and action was higher among those with unsafe compared with safe sun protection behaviours.

Discussion

The use of a standardised evaluation framework has enabled the monitoring of Healthway sponsorship over time. Evaluation using CIM demonstrates that health sponsorship of sport, arts and racing events is and effective strategy to achieve high awareness, comprehension and acceptance of a health message. It suggests that health sponsorship can achieve self reported behaviour change. Importantly, this change not only relates to personal actions but also to those actions in which respondents encourage others to adopt or continue a recommended behaviour as a result of seeing or hearing a message at Healthway sponsored sport, arts or racing events.

References

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