

**Why Health Promotion is everyone's  
responsibility**  
**It's a tough nut to crack!**



September 2025

## Why should we invest in Health Promotion?

- The evidence is clear: investing in health promotion is an effective way of improving health
- However, why as health promotion professionals are we always defending our budgets?

### United Kingdom: 2022/23

- 8,800 hospital admissions directly due to obesity
- 1.2 million admissions where obesity was a factor.

ions:

developing and implementing health  
n projects effectively?

evaluating our projects accurately?

using the correct language to  
rate the effectiveness of health

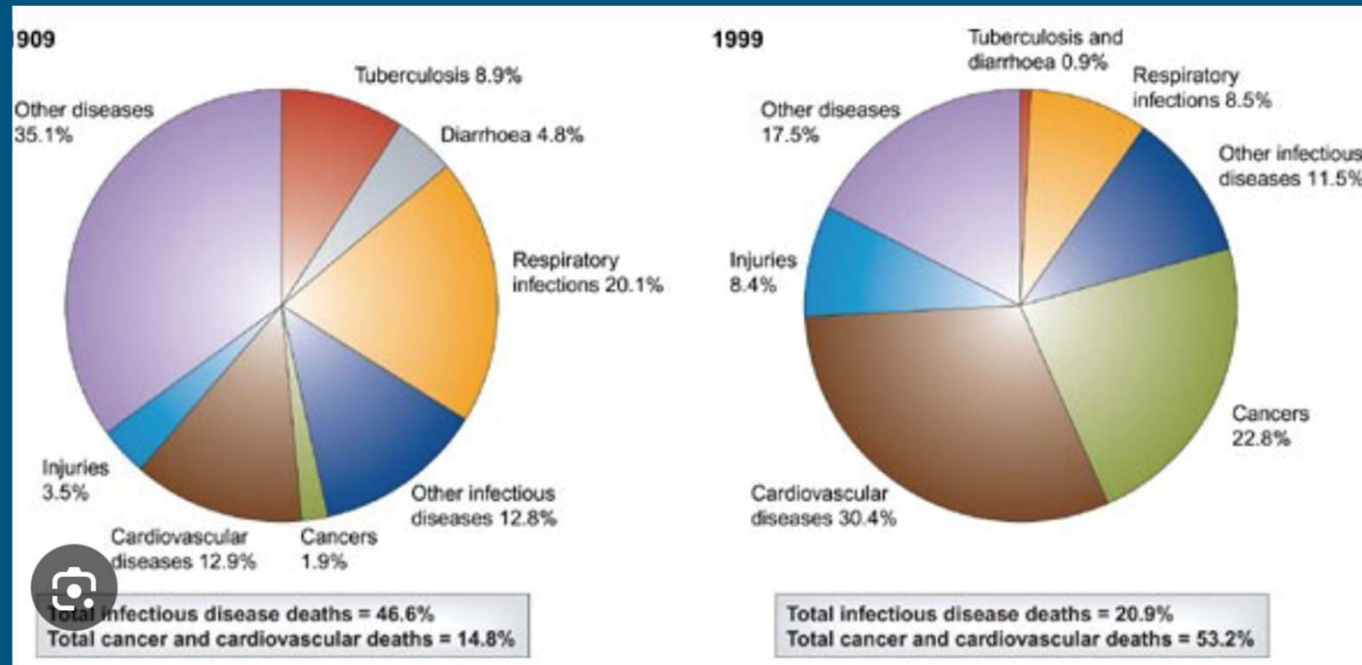
promotion?

- The answer is probably a bit of all three!



## How did we get here? (1)

- **The Ideal Society:** infectious diseases get easier to treat with increasingly effective clinical techniques and the population therefore gets healthier.

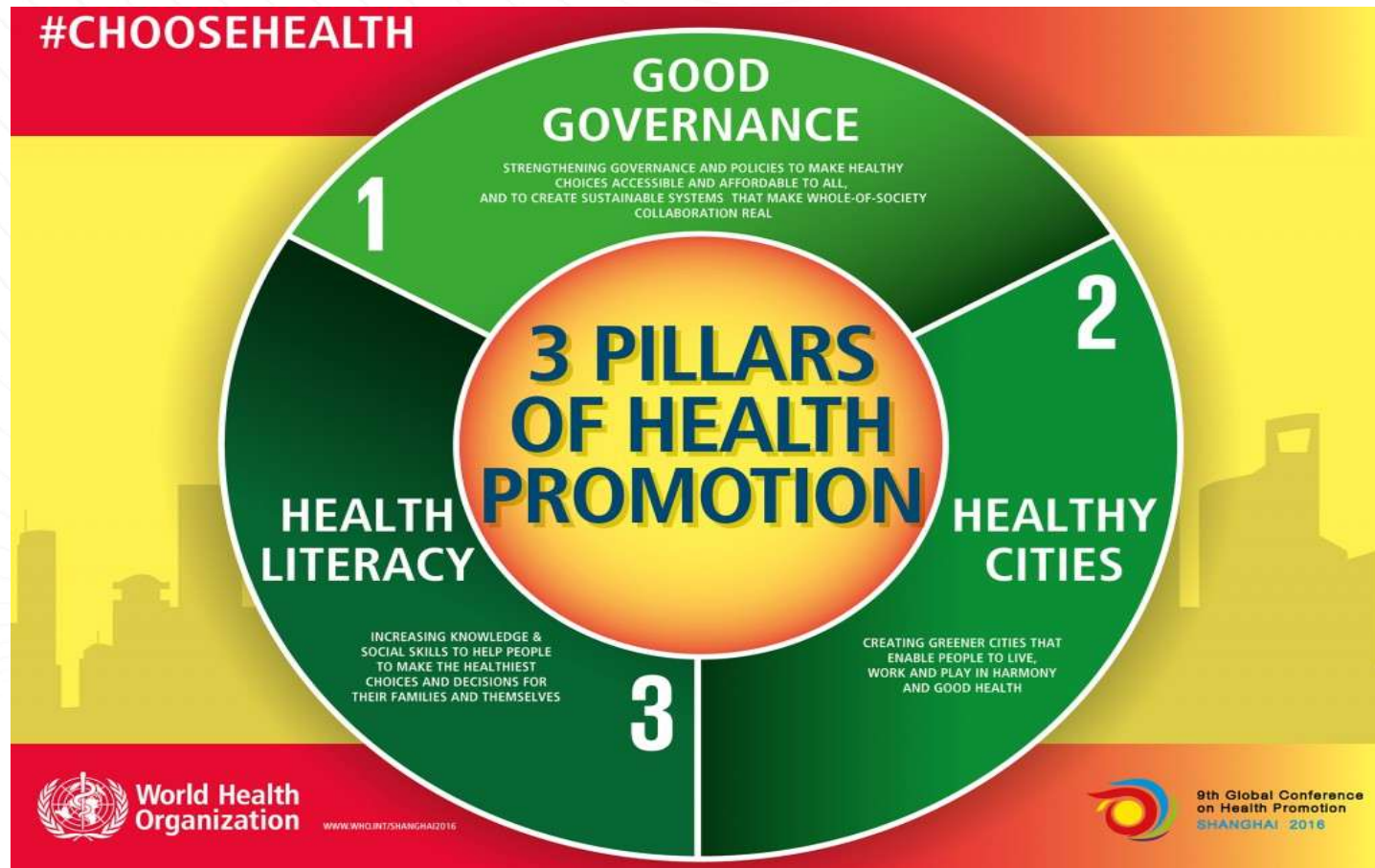




## How did we get here? (2)

- It is widely accepted that health promotion and prevention have a vital role to play in the managing of citizen's health.
- Clinical care often deals with the implications/results of "poor lifestyle" choices made by citizens over the last 20-30 years of their lives.
- The most important issue we need to deal with is whether the health promotion services currently on offer to the population are effective in reducing the rise in non-communicable diseases.

## WHO: Health Promotion is not just the responsibility of the healthcare sector (1)



## Health Promotion is not just the responsibility of the healthcare sector: Obesity

### Planning Policy

The density of fast-food outlets is generally higher in poorer areas of towns and cities. In the UK, the density is five times higher.

### Lack of green space

... Or the ability to walk, cycle or exercise safely.

### Tackling the competition

The competition is often massive and well resourced. McDonalds is one of the top spending food and drinks advertiser in Europe.



## So, who are the big spenders in healthcare?

nsmc

### HEALTH PROMOTION AND DISEASE PREVENTION PAVE THE WAY FOR A MORE EFFECTIVE AND EFFICIENT HEALTH SYSTEM



Non-communicable diseases account for up to 80% of HEALTHCARE COSTS

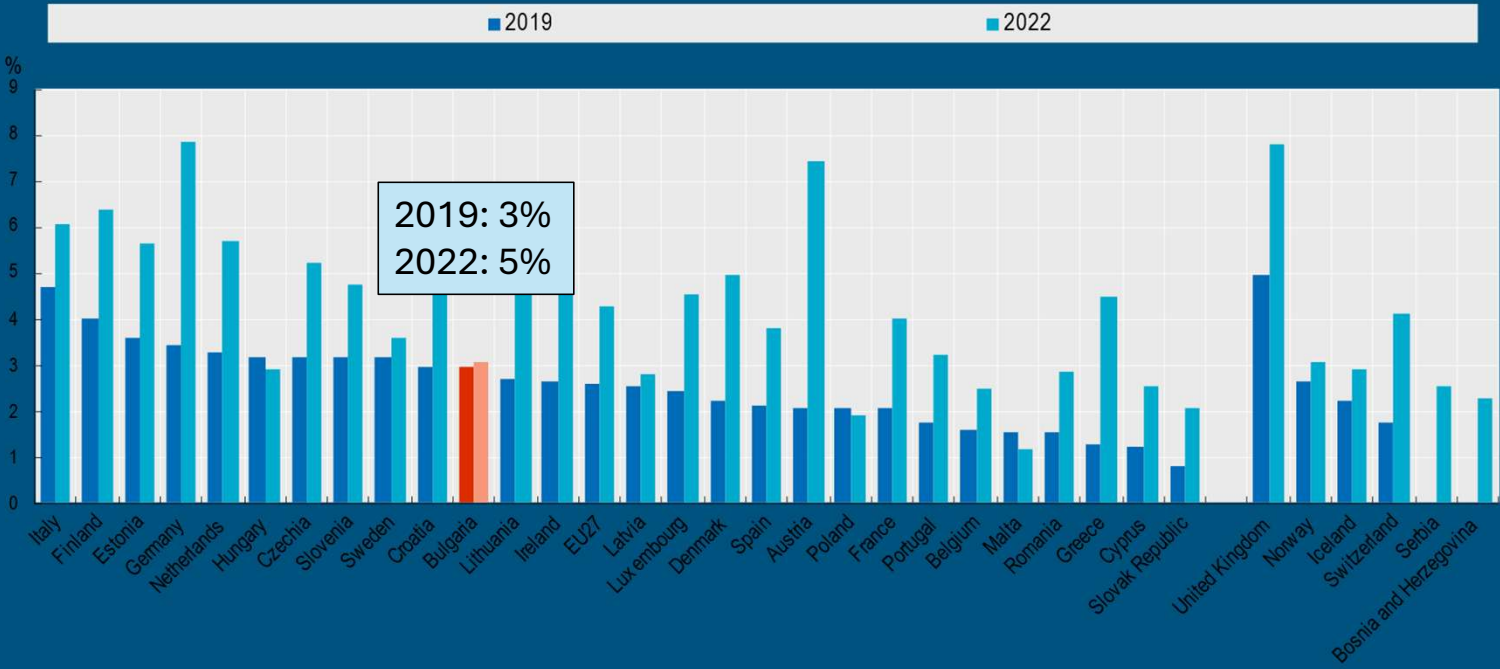


Yet only around 3% of health budgets are spent on PREVENTION



*Costs for chronic disease and budget expenditure on prevention (State of Health in the EU, Companion Report, 2017, European Commission)*

# Slovenia: healthcare expenditure on prevention



# So how do we make sure health promotion is providing effective interventions?

## The key concepts of social marketing

### The NSMC's Benchmark criteria

1. Customer orientation
2. Clear behavioural goals
3. Developing 'insight'
4. Audience segmentation
5. Theory based
6. Competition
7. Exchange
8. Methods mix



<b>1. BEHAVIOUR</b> <p><b>Aim to change people's actual behaviour.</b></p> <ul style="list-style-type: none"><li>The intervention is based on identifying specific behaviours, not just knowledge, attitudes and beliefs.</li><li>Clear, specific, measurable and time-bound behavioural goals have been set, with baseline and follow-up indicators established.</li></ul>	<b>2. CUSTOMER ORIENTATION</b> <p><b>Focus on the audience. Fully understand their lives, behaviour and the issues using a mix of data sources and research methods.</b></p> <ul style="list-style-type: none"><li>Gain beyond interests and focus people to use ethnographic methods as well.</li><li>Use a range of research analyses and combine data from different sources (qualitative and quantitative).</li><li>Gain key, understandable understanding and links to key methods via Benchmark 2. Develop insights.</li><li>Interventions are not imposed on the audience.</li><li>Involve the target audience and local community, rather than treating them as research subjects.</li></ul>
<b>3. THEORY</b> <p><b>Use behavioural theories to understand behaviour and inform the intervention.</b></p> <ul style="list-style-type: none"><li>The theory, or theories used, are identified (also considering the customer orientation research).</li><li>Appropriate behavioural theory is clearly used to inform and guide the methods mix (Benchmark 2).</li><li>Theoretical assumptions are tested against the intervention planning.</li></ul>	<b>4. INSIGHT</b> <p><b>Customer research identifies 'actionable insight' - a source of understanding that will lead to intervention development.</b></p> <ul style="list-style-type: none"><li>A deep understanding of what motivates and influences the target audience, including what and what influences the targeted behaviour.</li><li>Insight is generated from customer orientation work (Benchmark 2).</li><li>Identifies emotional drivers (such as fear of missing out) for a chosen as well as physical barriers (such as access, opening hours).</li><li>Can use insight to develop an attractive exchange and suitable methods mix (Benchmarks 7 and 8).</li></ul>
<b>5. EXCHANGE</b> <p><b>Consider benefits and costs of adopting and maintaining a new behaviour, maximise the benefits and minimise the costs to create an attractive offer.</b></p> <ul style="list-style-type: none"><li>Clear and comprehensive analysis of the personal/social costs versus personal/social benefits.</li><li>Consider what the target audience values (often resources and rewards, based on customer orientation and insight (Benchmarks 2 and 4) findings).</li><li>Explicit benefits the audience derives from the problem behaviour and comparison (Benchmark 4).</li><li>The exchange offered is clearly linked to 'gain' in the methods mix (Benchmark 8).</li></ul>	<b>6. COMPETITION</b> <p><b>Seek to understand what competes for the audience's time, attention, and motivation to behave in a particular way.</b></p> <ul style="list-style-type: none"><li>Address direct and indirect factors that compete for the audience's time and attention.</li><li>Develop an strategy to minimise the impact of competitors, clearly linked to the exchange offered (Benchmark 5).</li><li>Frame activities with an focus from the competing factors to develop the methods mix (Benchmark 8).</li></ul>
<b>7. SEGMENTATION</b> <p><b>Apply a 'one size fits all' approach, identifies audience 'segments', which have common characteristics, then tailor interventions accordingly.</b></p> <ul style="list-style-type: none"><li>Segmentation is drawn from the customer orientation and insight work (Benchmarks 2 and 4).</li><li>Does not rely only on traditional demographic, geographic or epidemiological targeting.</li><li>Draws on behavioural and psychographic data.</li><li>Identify the size of your segment or segments.</li><li>Segments are grounded and justified based on clear criteria, such as size and readiness to change.</li><li>Interventions in the methods mix (Benchmark 8) are clearly tailored to specific audience segments.</li></ul>	<b>8. METHODS MIX</b> <p><b>Use a mix of methods to bring about behaviour change. Does not rely solely on raising awareness.</b></p> <ul style="list-style-type: none"><li>Use all elements of the marketing mix (product, price, place and promotion) and/or primary intervention methods (films, videos, support, design and content).</li><li>Promotion is used to 'sell' the product, price, place and benefits to the target audience, not just to communicate a message.</li><li>Use full arsenal of marketing approaches in order to avoid saturation.</li><li>Creating a mix (and/or leveraging existing brands) accessible to the target audience.</li><li>Methods and approaches are financially and practically sustainable.</li></ul>

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# The key concepts of Social Marketing



## Behaviour

We develop interventions that tackle a clear behaviour rather than just raising awareness of an issue



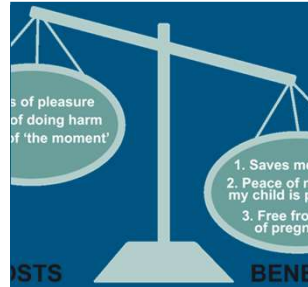
## Customer insight

We understand our target audience's lives, behaviours and the issues they face. We use this knowledge to develop interventions that they will value.



## Behavioural theory

Our interventions are based upon a well-respected behavioural theory that helps us understand how the interventions will change behaviour



## Exchange

We offer attractive benefits to the target audience to change their behaviour



## Segmentation and Competition

Populations are not treated as a single group, and we understand what is competing to stop our target audiences taking up the preferred behaviour.



## Methods Mix

We provide a range of support methods to change behaviours and don't just rely on communicating the message.

## Most importantly – we evaluate our programmes and learn lessons to improve

### Impact evaluation

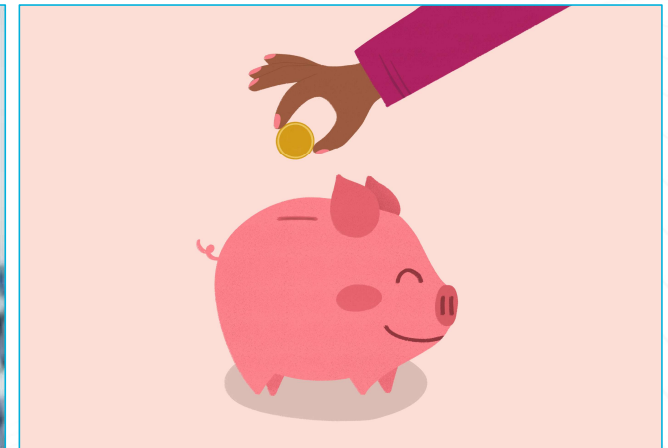
The immediate impact of a programme. For example: reported increase in knowledge, uptake of behaviour, an immediate increase in the take-up of a service.

### Outcome evaluation

The longer-term impact of the programme, observed behaviour and its consequences. For example: fewer obese people or reduced rates of smoking.

### Cost-effectiveness

Determine whether a programme is worth investing in – by comparing to another or to the status quo.



## Making the case for Health Promotion

We need more and better ways of evaluating programmes which measure their long-term behaviour change outcomes



- At present, we are good at measuring the numbers who attend events, visit websites or take our leaflets. However, we find it more difficult to evaluate how many people have actually lost weight or stopped smoking and for how long...
- So will people believe us when we evaluate effectively - it depends if they have patience? Many health promotion programmes take a long time to show results.
- It often takes years for life-style diseases to become apparent, and which are now habits that impact all aspects of their lives.
- It is often very difficult to break these habits because many of them are subconscious and deeply ingrained in their everyday lives.

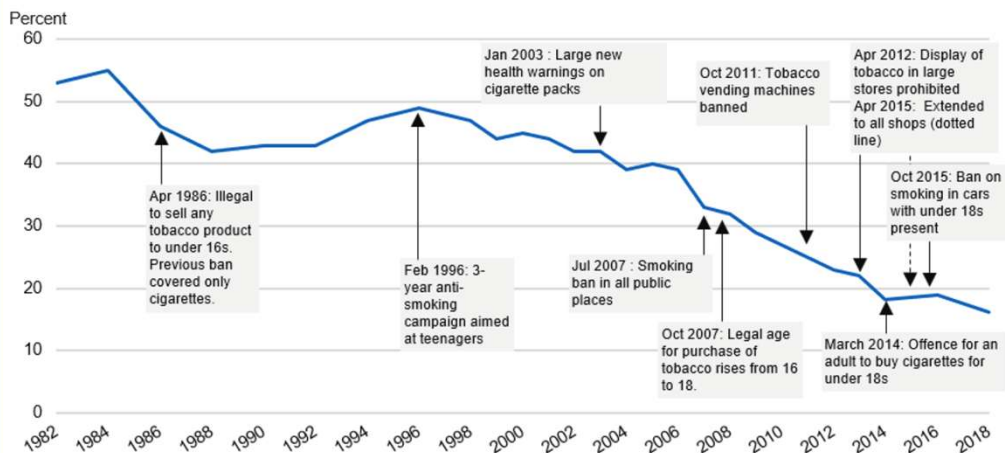
# So, is there a behaviour where health promotion has worked?

## Pupils who have ever smoked

### Pupils who have ever smoked, by year

In 2018, 16% (confidence interval 15-17%) of 11-15 year old pupils had ever smoked, down from 19% of pupils in 2016, and is the lowest level ever recorded by this survey.

There has been a steady decline since 1996, when 49% of pupils had smoked at least once.



## A day in the life of a smoker

It's all about life fitting around smoking!



### Morning

Smokers start their day with a cigarette.



### Work/Home

Smokers may take multiple breaks throughout the day to smoke, sometimes spending a significant amount of time outside smoking.



### After meals

Smoking after meals is another common habit among smokers.



### Social Situations

Smoking can be a social activity, with smokers often smoking with friends or colleagues.



### Evening/Night

Many smokers have a cigarette before bed.

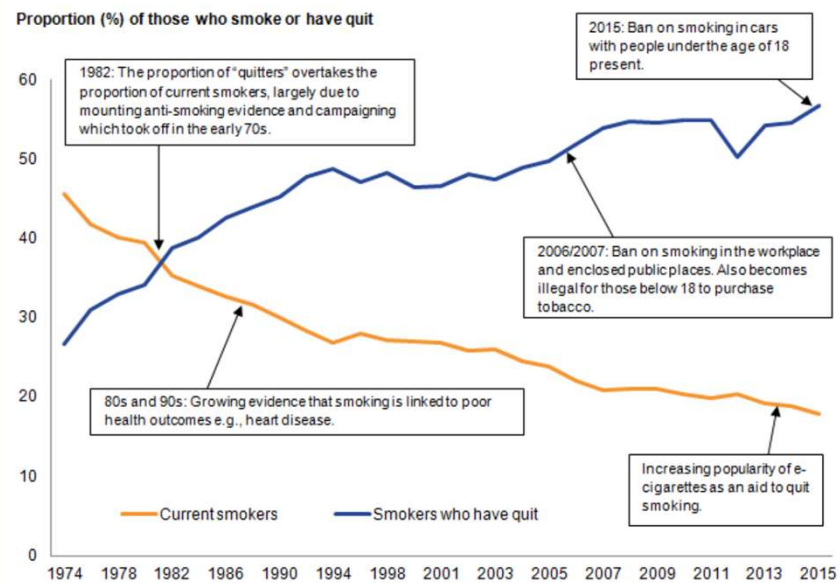


## Smoking cessation is complex

- We are dealing with complex behaviours with people living in an environment where their habits/behaviours are deeply ingrained into their lives:
  - Friends and family who smoke
  - Their day is built around smoking
  - Their habit is a physical addiction.
- A simple nudge is not going to kick habits that have built up over a lifetime.
- A strategic and comprehensive behaviour change programme will! And has done.

## Health Promotion cannot work in isolation

**Figure 4: In Great Britain, 2015 saw the highest proportion of quitters in over 40 years**



Source: Opinions and Lifestyle Survey; General Lifestyle Survey; General Household Survey - Office for National Statistics

# England's smoking strategy

## Policy

- Age of sale legislation
- Smokefree legislation
- Regulation of tobacco products
- Restrictions on advertising, promotion and sponsorship

## Delivery

- NHS Stop Smoking Services
- Smoking Cessation Helpline
- GP incentives
- Vaping

## Communications

- Driving social and cultural change
- Motivation to quit
- Making the case for support





# NICE

National Institute for  
Health and Care Excellence

<https://www.nice.org.uk/>

## What else is required?

### National Institute for Health and Care Excellence - UK

A body that sets out good practice and demonstrates how to evaluate health promotion programmes.

Provides evidence-based recommendations for the health and social care sector.

The NICE evidence base is widely used in Europe and across the world to help develop and implement programmes

Provides detailed guidance on 41 Health Promotion topics, including:

- Oral health
- Mental wellbeing
- Diabetes prevention
- Cardiovascular disease prevention
- Physical activity
- Reducing sexually transmitted infections
- Tobacco control

## The effectiveness of health promotion as part of an integrated strategy

**NICE**  
National Institute for  
Health and Care Excellence

### NICE concludes:

- Many HP interventions aimed at tackling multiple risk factors fall into the 'likely to be very cost effective' category in terms of quality adjusted life year [QALY]). This includes a mix of population-level and individual interventions for adults over the age of 30.
- Interventions aimed at changing the behaviour of adults with specific CHD risk factors (such as smoking, poor diet and low levels of physical activity) fell into the 'likely to be very cost effective' category..
- But evidence poorer for some population subgroups, including 19 to 30-year-olds and pregnant women.



## Conclusions

- Health Promotion (and Prevention) does work, and it has been proven to work all around the World.
- It cannot be developed or implemented in isolation – all parts of the health, social and planning system need to be involved.
- It requires a relatively long time before we see measurable results however, the alternative is treating more and more chronically ill people.
- Use clinical guidance from NICE or other bodies and ensure that it is followed.
- Finally ensure that there is sufficient budgets for outcome evaluation, without it we will always fighting for the small budgets we have been given.



THANK YOU