

How do We ‘Measure Up’?: A Critical Analysis of Knowledge Translation in a Health Social Marketing Campaign

Bernadette Sebar⁴⁶ & Jessica Lee

School of Public Health
Griffith University, Australia
email: b.sebar@griffith.edu.au
email: jessica.lee@griffith.edu.au

⁴⁶ Dr Bernadette Sebar is a Lecturer in the School of Public Health at Griffith University, Australia. She is currently conducting research on social marketing campaigns in Australia and the UK. Dr Sebar’s work takes a postmodern perspective and focuses on the impact of discourse and power on understandings of health and health behaviour. Her broad research interests include gender and health, women and work, and feminist theory.

Introduction

It would be difficult to argue to the contrary that our current culture is inundated with health messages and promotion initiatives. Our daily lives, from school to work, television to newspapers, and billboards to postcards, are saturated by calls for us to eat healthier, exercise more, and take control of our lives. Indeed, government campaigns to increase physical activity, improve nutrition, and not least, to lose weight are being supported by unprecedented amounts of funding. The current Australian Better Health Initiative (ABHI) of which 'Measure Up' and 'Swap It, Don't Stop It' are a part, is backed by \$500 million of public money (Australian Government, 2010). Such programmes however are by nature, largely 'top down' and based on taken-for-granted 'facts' around health.

The aim of the current project is to critically analyse the translation of knowledge between background research and the resulting health promotion campaign. Despite an understanding of the multi-determinants of health, the Australian Government continues to spend vast amounts of money on narrowly focussed individual behaviour change strategies. We examine the apparent disjuncture in the translation of knowledge in the Australian Government's 'Measure Up' and 'Swap It, Don't Stop It' campaigns. This is significant given the importance placed on evidence-based practice in health.

Policy as Discourse

We utilise the notion of policy as discourse (Bacchi, 2000; Green, 2004; Shaw, 2010) to explore how government health agendas shape discursive environments to enable or hinder certain ways of understanding and speaking about physical activity, nutrition, and health. In conceptualising policy as discourse we examine how the political becomes pedagogical. Forester (1993) argues that "public policy itself, by patterning social interaction, could ... be seen to shape not only the distribution of 'who gets what', but the more subtle constitution of ways we learn about and can attend to our concerns, interests and needs" (p. i). In this way, public health social marketing campaigns have a huge responsibility in the role of 'gatekeepers' of health knowledge. Through policy and subsequent social marketing campaigns, practices and discourses around what it means to be healthy are legitimised, shaping individuals' health 'choices' and behaviours. Policy makers and marketers therefore, are very powerful in constructing how we understand health, what practices are considered healthy/unhealthy and indeed, what a healthy person looks like. It is pertinent that this juncture between knowledge translation by policy makers and marketers and the resulting policy is examined, given that health discourses are also subject to the changing political and economic milieu and the relative uncertainty and changing nature of health knowledge.

Evidence-Based Practice and Translation of Knowledge

We review these topics in light of the current nature of health promotion interventions within the era of 'evidence-based practice'. 'Evidence' has become a key area of importance within health policy globally and is now a standard of best practice in government (Hewison, 2008). This trend in policy arose from the evidence-based medicine movement and is built on the belief that the "provision of care and treatment should be based on 'scientific' evidence for its efficacy and effectiveness" (Hewison, 2008, p. 288). Whilst this approach to health policy may sound logical and indeed necessary, the issue with the evidence-based approach is that some forms of evidence are considered more worthy and others are marginalised, which limits the informing perspective. Furthermore, research evidence is not immune to popular

discourses where some views become more accepted and taken-for-granted than others. It is common, particularly in health research as it is an area that most people have at least some understanding of, and vested interest in, to assume certain knowledge as truth. We explore and scrutinise the fragility of some of the taken-for-granted truths that inform the campaign such as the growing obesity epidemic. Further, we reveal how clinging to certain ‘truths’ around health clouded the interpretation of data from focus groups in the formative research stage (i.e. translation of knowledge).

Method and Results

We conducted a secondary analysis on four documents published by the Australian Department of Health and Aging as part of the Australian Better Health Initiative. Three documents (Bluemoon, 2007; GfK Bluemoon, 2009; GfK Bluemoon, 2010) were formative research reports used to inform the development of ‘Measure Up’ and ‘Swap It, Don’t Stop It’ and one was the ‘Measure Up’ evaluation report (The Social Research Centre, 2010). Critical discourse analysis and policy as discourse informed the analytical process. The researchers analysed the four documents and identified instances of reliance on taken-for-granted knowledge as well as evidence from focus groups that was not incorporated into either campaign. The following three themes emerged from the analysis raising serious issues concerning knowledge translation and evidence-based-practice. First, the ABHI campaigns focused on weight loss to gain health despite focus group participants consistently reporting difficulty in reconciling the relationship between physical activity, diet and exercise (i.e. the idea of being fat and fit, or eating all the right foods while being active and still not losing weight), and the body of scientific evidence which contradicts the relationship; second, issues such as socioeconomic status, gender, and ethnicity were recognised across the documents as being influential factors on people’s health behaviours yet these are not accounted for in the resulting campaigns; and finally, the Stages of Change model is referred to and used to segment the population, yet is not used to inform the strategies in the campaign. Rather, simplified strategies to target the whole population were developed.

Significance of the Current Project

This presentation highlights the process of knowledge translation and the power afforded to policy makers and marketers in constructing health knowledge. Most importantly, we discuss how, despite a thorough ‘formative research’ phase revealing insightful and informative knowledge on public needs and preferences, the ‘Measure Up’ and ‘Swap It, Don’t Stop It’ campaigns recycle dominant (and contested) discourses and methods to promote population health. It is questionable therefore, how successful such a public health campaign will be if it fails to address the major concerns and needs of the population. Given that the campaign is funded by public money, policy makers and marketers have the obligation to produce robust, publically informed, and evidence-based methods. Our focus on knowledge translation and the process of the formation of social marketing campaigns, ensure that our findings will have relevance beyond health, into the wider sphere of policy formation and social marketing in general.

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