

# spectra

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## Prevention strategies

### 2 Quickies? Take care.

The prevention campaign being run by the Federal Government and the Swiss AIDS Federation over the next two years will be focusing on fast-moving situations in which people may throw caution to the winds. The LOVE LIFE STOP AIDS will ask the question: «Too quick to think of condoms?» As various studies have shown, people often dispense with condoms in exceptional out-of-the-ordinary situations in which they are not prepared for spontaneous sex, for instance if they're under the influence of alcohol or drugs, or they're on holiday or at a party. Advertising spots only a few seconds long and fast-moving online banners will address the subject of the «ultra-quickie».

### 3 What makes prevention campaigns successful?

LOVE LIFE STOP AIDS is a success story. Now into its third decade, this prevention campaign has made a crucial contribution towards ensuring that the public is well informed and knows how to protect itself against HIV/AIDS. The federal anti-smoking campaign is also proving effective, with the percentage of smokers in the population falling from 33 to 27%. According to a study commissioned by the Federal Office of Public Health, if prevention campaigns are to be successful they need to be designed with a long-term perspective, receive adequate funding, fit into a broad institutional framework and undergo regular evaluation.

### 4 Sensitising men to the subject of health

Men pay less attention to their health and have a shorter life expectancy than women, dying an average of about five years earlier. There are social and cultural as well as biological reasons for these differences. The Federal Government is seeking to remedy the problem by undertaking prevention activities geared to men, for instance in relation to suicide, sports accidents, violence, smoking and alcohol abuse. Switzerland is taking the lead in such activities from Ireland, which has recently developed a men's health policy that is exemplary.



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Federal Department of Home Affairs FDHA  
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# New AIDS campaign will step on the gas

**LOVE LIFE STOP AIDS campaign 2009.** «Too quick to think of condoms?» This question will be at the heart of the AIDS prevention campaign of the Federal Office of Public Health and the Swiss AIDS Federation over the next two years. By portraying situations that frequently result in unprotected sex, the campaign will step up its efforts to get people to check their own risk behaviour.

The CHAT study in which people recently infected with HIV were asked about the circumstances of their infection generated findings that were helpful when it came to defining the focus of the 2009 campaign. The study showed that people with an intrinsically good protective strategy can still be infected if, under certain circumstances, they are unable to apply the strategy successfully. This failure may be due, for instance, to the effects of alcohol or drugs, or to being head over heels in love or having spontaneous sexual relations in special circumstances such as being on holiday or travelling. In such «exceptional» situations, people are often not prepared for sex: they do not have a condom at hand, so they expose themselves to the risks of unprotected sex even though they know better.

## Dynamic campaign to raise awareness about «quickies»

The 2009 LOVE LIFE STOP AIDS campaign will target situations in which sexual desire gets the upper hand and all caution is thrown to the winds. Taking the key question of «Too quick to think of condoms?» as a common theme, all campaign media will focus on spontaneous, high-risk situations in which unprotected sex is known to occur more frequently. On the one hand, the cam-

paign will make people more aware of the fact that they also have to protect themselves in such situations. On the other, it will advise them – if they have had sex without using a condom – to carry out the risk check at [www.check-your-lovelife.ch](http://www.check-your-lovelife.ch) and find out whether they should take an HIV test or not. The next time the situation arises, they will therefore be better prepared and have a condom with them.

## Ultra-short spots

Speed is, in fact, a key factor in all the campaign measures. These include four TV spots about five seconds in length, which will be transmitted at short intervals and portray heightened, ultra-short stories involving spontaneous sexual escapades. They are designed to attract a lot of attention, not least on account of their extreme brevity and off-beat transmission.

## High-speed online banner

Besides the purely typographic media, the Internet offers three interactive banners: «Speed», «Tacho» and «tillate.ch». In «Speed», the word «sex» races across the banner for several seconds before being abruptly stopped. In the «Tacho» banner, the computer mouse is used to step on the accelerator, an action that pushes the speedometer upwards and reveals a woman performing a striptease. Special banners are also planned for use on event portals such as «tillate.ch» or «usgang.ch». They will show a couple whom a click of the mouse will reveal being caught «in the act». Finally, all banners will call on viewers to carry out the risk check at [www.check-your-lovelife.ch](http://www.check-your-lovelife.ch).

## Adverts, posters, public transport advertising

Other planned measures include half-page and one-third page advertisements. These will be supplemented to maximum effect with single-column, classified-type ads with minimal content that can be placed cheaply and at short intervals. In addition, F12 and tram and bus posters using the same design as the adverts and online banners will be produced in order to raise the visibility of the campaign in public spaces. As always, catch covers will also be produced for the Swiss AIDS Federation.

## Evaluation of the 2005–2008 campaigns

With STOP AIDS since 1987 and LOVE LIFE STOP AIDS since 2005, the Federal Office of Public Health (FOPH) and the Swiss AIDS Federation have been running campaigns to keep all inhabitants of Switzerland regularly informed about HIV/AIDS and how they can protect themselves against it. The aim of the campaigns has been to ensure that all people living in Switzerland are informed in a manner appropriate to their needs about the

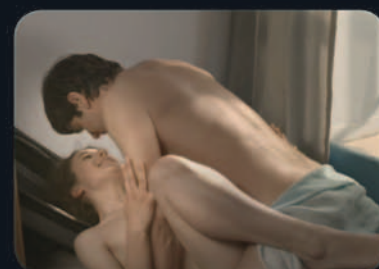
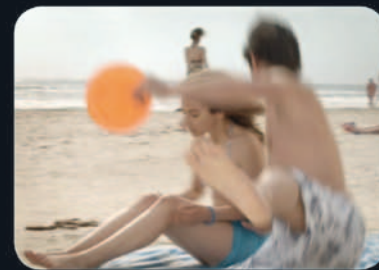
possible ways in which HIV can be contracted, and that they understand the risks involved and know how to protect themselves adequately. The LOVE LIFE STOP AIDS campaigns are evaluated by independent experts every two to three years with a view to improving future campaigns.

The recent evaluation of the 2005–2008 campaigns has shown that LOVE LIFE STOP AIDS has been largely successful, and therefore the strategy is to be continued until 2010. It enjoys a particularly high level of acceptance and its messages are regarded as relevant.

However, the LOVE LIFE STOP AIDS strategy has not entirely achieved the campaign's quantitative and qualitative goals, particularly as regards visibility, recognition and understanding. With regard to understanding, the issue is not that the standard messages (the two safer-sex rules «1. No intercourse without a condom» and «2. No sperm or blood in the mouth») or the yearly change in thematic focus (e.g. «Check your love life») were too complex. The problem was that the graphic design of the posters made it more difficult for the public to quickly understand the message. The evaluation shows that the first safer-sex rule is very well known, while most interviewees recall the second one only on being prompted.

## Meticulous improvements for the 2009 campaign

The shortcomings of the previous campaigns are to be remedied in the new edition by adopting clear, direct and easy-to-grasp texts and stories and a broad media mix. As in all preceding campaigns, the two safer-sex rules will be communicated in a concise and telling form, along with an additional, broader message that people should examine their own risk behaviour and always carry a condom. This is likely to result in a substantial increase in the number of visitors to [www.check-your-lovelife.ch](http://www.check-your-lovelife.ch). In addition, the campaign team will also examine whether further improvements can be made to aspects such as the understanding, visibility and recognition of the campaign ideas and products by applying stringent check-lists and pre-tests based on the findings of the evaluation. This would lend the dynamic campaign even more



Too quick  
to think of condoms?

[www.check-your-lovelife.ch](http://www.check-your-lovelife.ch)

pace and forcefulness and enable the campaign goals to be achieved even more rapidly.

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## Credits

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Next issue: September 2009

1. Schädigung: man muss schnell  
2. Sperme und Blut nicht in den Mund

# Schäfersekündchen?

## [www.check-your-lovelife.ch](http://www.check-your-lovelife.ch)

LOVE LIFE  
STOP AIDS



# Mass-media campaigns: investments in health

**Impact of prevention campaigns.** Smoking, AIDS, overweight: to protect public health, the Confederation spends millions each year on mass-media campaigns focusing on disease prevention and health promotion. Are these investments necessary and effective? Researchers claim they are – but only if certain success factors are taken into account.

Many people question whether it is really the job of the state to try and influence the behaviour of its citizens in health matters. The Federal Office of Public Health's activities are aimed at promoting the health of all people living in Switzerland, and this is also the Office's mandate as laid down in the Swiss Constitution. Thanks to improved knowledge of health issues (what specialists refer to as «health skills») people are now able to take greater responsibility for their health. This not only improves individual well-being, it also helps lower costs in the healthcare sector. Since mass-media campaigns require a great deal of expenditure, the Federal Office of Public Health underpins them with sound analyses to justify any campaigns they are planning or launching, and they receive support in this respect from scientific research: communication experts have confirmed a positive correlation between campaigns and prevention goals. But science alone cannot achieve the desired success. Development of best practice and continual, systematic evaluation also yield data that enable the quality and focus of the campaigns to be steadily improved.

## Using the findings of communication sciences

Numerous empirical studies have shown that prevention campaigns are successful and have an effect on their target groups if certain conditions are complied with. The FOPH's experience with prevention programmes and campaigns in the field of substance abuse has been largely positive as far as their intended effect on the target groups is concerned. For instance, the proportion of smokers in the Swiss population was reduced by 6% in a period of seven years (from 33% in 2001 to 27% in 2008) – this means that 400,000 to 450,000 people now no longer smoke.

The FOPH's mass-media campaigns are a firm part of national programmes and communicate the issues involved to a broad public. These campaigns are designed to motivate the public to behave in a specific way, as well as creating social acceptance of sustainable interventions: in the case of smoking, for instance, structural measures such as protection against passive smoking. The campaign lends a public face to the programme: media such as posters, advertisements, cinema or TV spots and brochures, along with counselling services, enable the specific target groups to be reached in a way that addresses their

particular needs. To achieve the desired effect, prevention messages have to be clear, concise and easy to understand. Not forgetting: humour achieves better results than intimidation or criticism.

## Systematic evaluation: an integral part of any campaign

Every mass-media campaign conducted on behalf of the Confederation is subjected to an effectiveness review. As a rule, campaigns are evaluated by a neutral body every two years. The review focuses on criteria such as perception, understanding, recollection and acceptance. FOPH campaigns are generally underpinned by scientific insights and designed to reflect the realities of life. Reactions from the public are also taken into account, as are the latest medical findings. Communication experts consistently award FOPH campaigns high marks. The LOVE LIFE STOP AIDS campaign, for instance, has picked up 15 national and international marketing and advertising awards in the last few years. One of these was the «Effie», the only distinction for which the advertising sector rates a campaign's cost-benefit ratio rather than its creativity.

## Best practice: applying the lessons of the tobacco campaign to the mass-media alcohol campaign

In connection with the National Alcohol Control Programme 2008–2012 (NPA), the FOPH commissioned the Interface Institute of Political Studies to examine procedural aspects relating to the planning of a mass-media campaign. The desired goal of an alcohol campaign is to create broad acceptance of the National Alcohol Control Programme 2008–2012, as approved last year by the Swiss Government. Besides seeking to bring about behavioural change, the campaign should focus more on creating public awareness of the effects that problematic alcohol consumption by individuals can have on other people. Societal acceptance of alcohol control activities currently exists only with regard

to issues such as drink driving, binge drinking and violence at sporting events. The fact that successful prevention also requires strict application of existing laws is not yet accepted by everyone.

## Success depends on a long time-frame and broad support

The NPA's overriding goals are, however, broader in scope and concern both structural and behavioural prevention and a diverse range of target groups:

- Sensitisation of society and political and business circles to the particular vulnerability of children and young people to alcohol and securing their support for appropriate measures to protect the young.
- Reduction in problematic alcohol consumption (binge drinking, chronic or situationally inappropriate drinking).
- Reduction in the prevalence of alcohol dependence.
- Reduction in the negative effects of alcohol consumption on public life and the economy.

A campaign to reduce alcohol abuse will also have a good chance of being successful if it takes on board the experience gained with best practice, as in the anti-smoking campaign for instance, and if it is an integral part of a comprehensive and coordinated programme of measures and can count on success factors such as a wide reach or the communication of new information for the target public. In addition, a campaign of this kind is an opportunity to use systematic evaluation to gather further data. Not only do such data enable best practice to be further developed on a continuous basis, but the feedback from the target groups creates scope for further differentiation with regard to measures and communication tools.

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## At first hand

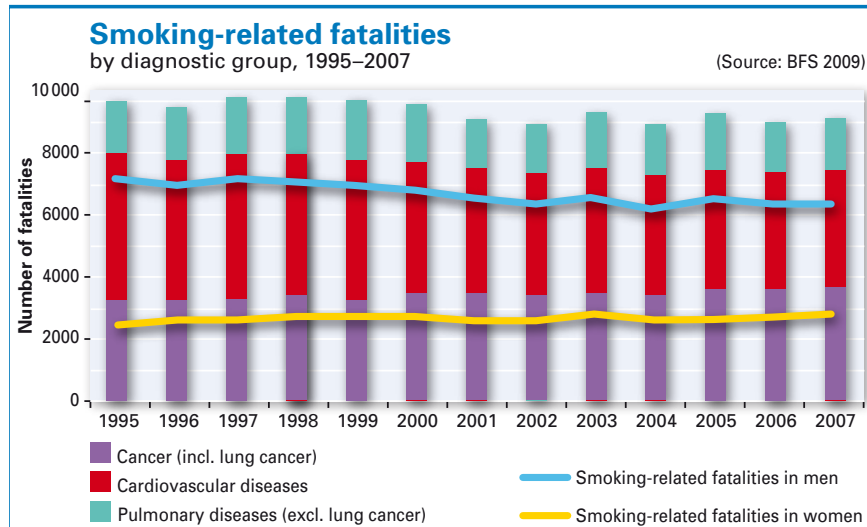
«What is prevention?» is a question that is raised in many discussions. I hear statements such as «We don't just need prohibitions, we also need prevention». What is often meant by this is that schoolchildren, for instance, have to be aware that smoking is harmful and that alcohol consumption can cause problems. But does this in itself achieve prevention? Is it enough for children and young people to know that they are doing themselves harm when they drink beer and smoke cigarettes? Prevention does not appear to be that simple, because people do not function in such a simple way. Health cannot be protected or promoted by means of information alone, i.e. by «behavioural prevention». We cannot assume that young people will not drink or smoke just because they have been informed about the risks involved. Children and young people especially are – thank goodness – natural optimists; they feel invulnerable and immortal. Appeals to reason are therefore of only limited value. Research has shown that successful prevention needs not only information and education, but also an institutional framework such as laws. It is not enough simply for young people to know that smoking is harmful or that excessive drinking is dangerous. It is not enough for us to know that we put ourselves and others at risk when we drive a vehicle over the alcohol limit. We also have to have a law that regulates conduct on the roads, and a police force that carries out checks. Drivers have to expect to be checked at any time and to be punished if they are found to be infringing the law.

Behavioural prevention is important and must be continued as a matter of urgency. But an appropriate institutional framework for prevention is at least as important and should no longer be neglected. The only prevention strategy holding out a significant promise of success is one that combines measures aimed at both behavioural and structural prevention.



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## Info Graph



# Focus on men's health: Ireland shows the way

**Gendered approach to health policy.** Men have a shorter life expectancy and tend to be in poorer health than women. There are a number of social and cultural (therefore avoidable) as well as biological reasons for these differences. To remedy such problems, Ireland has developed a «National Men's Health Policy 2008–2013», thereby becoming the first country ever to have such a policy. It could serve as a model for Switzerland.

The life expectancy of Irish men is about five years shorter than that of women, and they have higher mortality rates in all the leading causes of death. In particular, men from the lower socio-economic groups are in poorer health and are subject to higher mortality rates. In the light of these and other related findings, the Irish concluded that an effective health policy would have to take the specific needs and behaviour of men into account. As a consequence, Ireland has become the first country to develop a National Men's Health Policy.

## The six principles underpinning the Irish Men's Health Policy

The «National Men's Health Policy 2008–2013» is based on the following key principles:

- Adopting a gendered and gender-relations approach at all levels: men's health and health practices are perceived as something that can be affected by culturally defined gender roles.

- Adopting a social determinants approach: social and economic factors are key determinants of men's health and health practices. In recognizing this, the policy acknowledges the right of all individuals to the best possible health, irrespective of social, cultural, political or ethnic differences.
- Adopting a community development approach: communities – whether defined by geographic, cultural or social stratification – are a valuable resource for the health of the individual. The policy supports communities of men and harnesses them to improve health and wellbeing.
- Adopting a health-promotion, preventive approach: the policy calls for a gendered approach to the implementation and evaluation of health promotion measures.
- Adopting an intersectoral and interdepartmental approach: the policy seeks to promote men's health in synergy with other policies and services within and beyond the health sector.
- Tackling men's health from a strengths perspective: while the problems that underlie men's poorer health outcomes have to be addressed, it is equally important to build on men's strengths and to challenge them to take increased responsibility for their health.

Ireland's «Men's Health Policy» will generate a number of measures at the legislative, community and voluntary-work level that make it easier for men to take better care of their health and to benefit from healthcare services.

## Swiss men in similar situation

Particular attention has also been given to men's health in Switzerland over the last few years. Men's specific health-related needs are increasingly figuring in Swiss gender-sensitive health reports such as the «Gender Health Report Switzerland 2006» or the «Gender and Health» focus report from 2008. As in Ireland, the average life expectancy of men in Switzerland is five years shorter than that of women. Biological factors are responsible for one to two of these years. However, social and cultural factors such as society's expectations of masculine roles seem to be more important in this context. Thus men tend to play down the severity of health problems and make less use of medical services. In addition, they take greater health risks than women, they are subject to more – and more serious – accidents, their suicide and HIV/AIDS rates are higher and their diet is less healthy.

## Gender-appropriate prevention promoted by the Confederation

In Switzerland's national prevention programmes, men's health features as a main topic primarily in the HIV/AIDS and substance abuse fields. The greatest need – and also the greatest potential – for prevention is among gays and other men who have sex with men, and among prisoners, intravenous drug users, migrants from countries with a high prevalence of HIV/AIDS, and sex workers.

The Third Federal Programme of Measures to Reduce Drug Problems 2006–2011 explicitly states that professional interventions in the field of drug abuse

have to include the specific needs of men. Thus, gender-appropriate prevention activities in the field of substance abuse must take the gender-specific needs and experiences of both women and men, and the respective realities of their lives, into account. Since the Programme was launched, a broad range of gender-appropriate activities have been developed on behalf of the Confederation (see [www.infodrog.ch](http://www.infodrog.ch), [www.drugsandgender.ch](http://www.drugsandgender.ch)).

## Great need for prevention activities geared to men

National and cantonal health reports indicate that there is a need for prevention measures tailored to men's problems in the fields of mental health (stress, depression), domestic and non-domestic violence, road and sports accidents, suicide, smoking and alcohol abuse. In addition, health-related prevention should focus on raising awareness among men and medical professionals in order to improve levels of information regarding health and mental problems and to remove the stigma associated with seeking help (see «Gender and Health» focus report from 2008).

Generally speaking, the foundations and the need for prevention activities geared to men's requirements are largely in place in Switzerland. The Irish example shows that such interventions can be successfully implemented and how this can be achieved.

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# «Seismograph» for dietary and physical activity patterns in Switzerland

**Monitoring system for diet and physical activity.** In the context of the «Swiss National Nutrition and Physical Activity Programme 2008–2012» (NPEB), a tool is to be created that enables structures and changes in the Programme's different thematic areas to be depicted and monitored.

The aim of the MOSEB nutrition and physical activity monitoring system is to bring about a qualitative and quantitative improvement in data gathering on dietary and physical activity patterns in Switzerland. Planned products include collections of data and indicators. Meta-monitoring will be used to back up and evaluate the National Nutrition and Physical Activity Programme 2008–2012 (NPEB).

## Geared to the NPEB's goals

Rather than being set up from scratch, MOSEB will be developed from already active systems or tools. To this end, 30 existing surveys of nutrition and physical activity were analysed and tested for their suitability as «data sources» for the planned monitoring system. The focus was on finding individual or sets of

questions that yield data on the NPEB's following goals:

- Promote consumption of fruit and vegetables
- Reduce the salt, sugar and fat content of foodstuffs
- Reduce the proportion of high-energy food in the diet
- Promote breastfeeding
- Create an environment that encourages physical activity
- Motivate people to engage in physical activity (at home, at school, at work, on journeys/when travelling, in their leisure time, etc.)
- Identify population groups that are not reached by existing measures
- Make treatment services available to people with overweight, obesity and/or eating disorders

## Gaps found, but also a solid basis

The analysis of the 30 or so studies showed that not all surveys covered the NPEB's requirements. In particular, gaps were found in relation to

- the systematic recording and evaluation of services, interventions and operating conditions,
- surveys of specific areas of know-

ledge and motivation regarding diet and physical activity,

- the differentiated recording of the purchase and consumption of recommended or potentially harmful foodstuffs,
- the recording of «habitual» physical activity and «sedentary lifestyles»,
- representative measurements of anthropometric data (bodyweight, height, body fat measurement, etc.) and physical activity patterns, and
- recording of the prevalence of non-transmissible diseases.

Three studies proved to be an especially useful basis for developing MOSEB, being directly consistent with the planned monitoring system in terms of both content and methodology. The large sample population used in the Swiss Health Survey (SHS) make it one of the few studies from which conclusions can be drawn about both dietary and physical activity behaviour and which are therefore suitable for contextual analyses. The Swiss Health Survey is ideally supplemented by the international «Health Behaviour in School-aged Children» (HBSC) study, with its sample population of 15-year olds and over. This survey

is conducted every four years and collects a range of data on the eating and physical activity habits of children and adolescents aged between 11 and 15. The annual Household Budget Survey (HBS) gathers data of a quite different kind, but is just as important. It records the expenditures of randomly selected households over one month, enabling differentiated conclusions to be drawn about consumer behaviour, particularly in relation to food.

## Meta-monitoring of monitoring projects

In addition to the 30 surveys, the three existing monitoring systems in the specific thematic fields of «healthy bodyweight» (Swiss Foundation for Health Promotion), «sport» (Swiss Observatory for Sport and Physical Activity on behalf of the Federal Office for Sport/BASPO) and «health» (Swiss Health Observatory/Obsan) were also analysed. These systems are of great importance for the establishment of a comprehensive monitoring system and constitute a sound basis for the indicators.

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