

Prevalence and acceptability of public health initiatives in licensed premises

ABSTRACT

OBJECTIVES: To determine the prevalence and acceptability of public health initiatives in licensed premises.

METHODS: Licensees/managers of all 333 licensed premises in the Hunter Region of NSW were interviewed to assess the practice of, and interest in undertaking public health initiatives relating to: responsible service of alcohol; environmental tobacco smoke; healthy-food choices; skin, breast and cervical cancer prevention; and the prevention of HIV/AIDS.

RESULTS: Ninety eight percent of contacted premises participated in the study. Approximately two-thirds of premises reported having a responsible service of alcohol policy and training their staff in responsible service. One third of premises reported the provision of healthy food choices and smoke-free areas. Initiatives concerned with the prevention of cancer and HIV/AIDS were practised by less than 25% of premises. Between 41% and 85% of premises expressed an interest in undertaking all but two initiatives. Almost all interested premises accepted the offer of resources to facilitate adoption of public health initiatives.

CONCLUSIONS: The study suggests that licensed premises are already involved in a number of public health initiatives, and that they appear willing to consider the introduction of a wide range of such initiatives.

IMPLICATIONS: The prevalence of public health initiatives in licensed premises, and the extent of interest expressed by licensees/managers in undertaking such initiatives suggests that both a need and an opportunity exist for public health and other agencies to be more actively involved in disseminating appropriate services in this setting.

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Introduction

Although public health initiatives should occur in a variety of community settings that reflect the diversity of every day activity,¹ most occur in institutional settings such as schools, workplaces and health care services, with relatively few occurring in recreational settings.²

Attending premises that are licensed to sell alcohol is a common recreational activity.³ Such premises provide an appropriate setting for public health initiatives as they provide access to large numbers of at-risk and difficult to reach population groups such as young adults and those who are socio-economically disadvantaged.^{4,5,6} Public health initiatives in licensed premises are effective in reducing the health risks of both patrons and staff⁷⁻¹⁰ and have strong community and industry support.¹¹⁻¹³ Only limited data are available concerning the extent of public health initiatives undertaken in licensed premises.¹⁴

Although research suggests that public health initiatives in licensed premises may be effective in reducing health risks, this information is of limited value if such initiatives are not widely adopted by licensees. Critical determinants of whether a public health initiative is adopted by a target group include the acceptability

of both the initiative and its method of dissemination.¹⁵ Limited data are available describing the acceptability to licensees/managers of public health initiatives.¹²

Given the potential for risk reduction in licensed premises, and existing deficits in information concerning the prevalence of, and acceptability to licensed premises of public health initiatives, this study sought to assess the:

- prevalence of, and interest in public health initiatives by registered clubs and hotels;
- the acceptability of a tele-marketing strategy for disseminating public health initiatives to registered clubs and hotels.

Method

SAMPLE AND SETTING

All 333 hotels, registered clubs and nightclubs in the Hunter Valley region of New South Wales, 9.4% of all such premises in the state, were eligible to participate in the study.

PROCEDURES

Data were collected in 1996 by trained interviewers conducting a 20-minute telephone interview with the licensee, manager or nominee.

SELECTION OF HEALTH TOPICS

Five health topics, as shown in table 1 were selected as the focus of

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TABLE 1: PROPORTION OF LICENSED PREMISES UNDERTAKING AND EXPRESSING AN INTEREST IN PUBLIC HEALTH INITIATIVES

Topic	Initiative	Prevalence of Initiatives			Interest in Initiatives		
		n	%	CI	n	%	CI
Alcohol Related Harm	Responsible Service Policy	311	67	61-72	102	85	77-92
	Responsible Service Training	311	65	59-70	109	80	71-87
	Promotion of Non-Alcoholic Drinks	311	54	48-60	143	59	51-67
	Safe Transport Options	310	37	32-43	196	48	41-55
	Breathalyser machines	309	9	6-13	281	51	45-57
Tobacco Related Disease	Smoke Free Area	310	32	27-37	210	34	27-41
Skin, breast and cervical cancer prevention							
	Provide Sun Protection Products ¹	217	25	19-31	162	41	33-49
	Sun Protection Information ²	130	2	0-7	127	61	52-70
	Information on breast, cervical cancer ³	170	3	1-7	165	60	52-67
Nutrition	Healthy Food Choices	311	35	30-41	202	42	35-49
HIV/AIDS Prevention	Condom Vending Machine	311	17	13-21	259	41	35-47
	Needle Disposal Bin	311	2	1-4	305	16	12-21

Notes:

- (1) Premises providing outdoor area/activity
- (2) Registered clubs providing outdoor area/activity
- (3) Registered clubs only

the study, based on their contribution to mortality and morbidity, an association between risk factors and licensed premises, and the capacity of licensed premises to undertake risk reduction initiatives.

SELECTION OF PUBLIC HEALTH INITIATIVES

For each health topic, risk reduction initiatives were chosen that focused on either modifying the service and organisational environment of licensed premises, or providing information to patrons.¹

DISSEMINATION STRATEGY

A telephone-based direct marketing strategy was used to offer a variety of free services to licensed premises. These services included: pamphlets, sample policies, pricing and sources of equipment, guidelines, resource catalogues.

Measures

PREVALENCE OF PUBLIC HEALTH INITIATIVES

Respondents were asked if their premises was interested in undertaking each public health initiative. Prevalence of existing public health initiatives was calculated as the proportion of participants indicating that they were already undertaking the initiative.

INTEREST IN UNDERTAKING PUBLIC HEALTH INITIATIVES

Extent of interest in undertaking public health initiatives was calculated as the proportion of premises not already undertaking an initiative that reported an interest in doing so.

ACCEPTABILITY OF DISSEMINATION STRATEGY

Those respondents who indicated that their premises was not undertaking a particular initiative, and who accepted the

offer of a free service to facilitate the adoption of the initiative were classified as finding the dissemination strategy acceptable.

CHARACTERISTICS OF PREMISES

Based on Department of Gaming and Racing¹⁶ data, premises were classified according to the volume of alcohol sold. Details of the type of premises (registered club or hotel) and the location of premises (city, rural centre or other rural area) were also recorded.

Results

Of the 333 premises approached, 16 (5%) were unable to be contacted. Of the remaining 317 premises, 311 (98%) consented to complete the interview (93% participation).

The Hunter Region appears to have a slightly greater proportion of licensed premises that are registered clubs relative to the State as a whole (54% vs 43%). Licensed premises in the Newcastle city area appeared slightly more likely to participate in the study, relative to other areas (94% vs 91%). No differences were evident in the likelihood of participation according to volume of alcohol sales.

Results describing the prevalence of, and interest in conducting public health initiatives by respondents are shown in table 1.

Between 93% and 100% of respondents accepted the offer of services to facilitate the adoption of each initiative.

Discussion

Given the known association between attendance at licensed premises and risk to health,⁴⁻¹⁰ licensed premises are not generally considered to be conducive to good health. Despite this, the present study has suggested that a large

proportion of licensed premises are either undertaking, or interested in undertaking initiatives that have the potential to reduce health risks. These findings and the apparent acceptability of the dissemination strategies used in this study suggest a considerable opportunity for public health and other agencies, such as police, licensing authorities and councils to consider conducting risk-reduction programs in this setting. The need for such an involvement is emphasised by approximately one third of premises not having responsible service policies or staff training in place, between 45% and 63% of premises not promoting non-alcoholic drinks or providing safe transport options, and two-thirds not having a smoke-free area.

Between a quarter and one-third of premises reported the introduction of smoke-free areas, the provision of healthy food choices, and the provision of sun-protection products. These results suggest that licensed premises have a capacity to undertake initiatives addressing a range of health risks broader than those related to the service of alcohol. Nonetheless, this capacity appears to be associated with those initiatives that are either directly or indirectly linked to the satisfaction and comfort of patrons. Such an interpretation is supported by the finding that considerably fewer premises reported undertaking initiatives concerning the prevention of HIV/AIDS and cancer. However, the finding of a large proportion of premises expressing an interest in undertaking these latter initiatives suggests that premises were willing to consider the implementation of initiatives not directly associated with their commercial objectives.

The almost universal acceptance of the study's telephone-based dissemination methods suggests that such a strategy offers a feasible and relatively low-cost means of contacting and delivering public health services to licensed premises. However, as no follow-up assessment was undertaken, the satisfaction with, and utility of, such a dissemination strategy is unknown, suggesting a need for further research. Similarly, further research is required to determine the effectiveness of the dissemination strategy in increasing the actual adoption of public health initiatives by licensed premises.¹⁷

To the best of research team's knowledge, this is the first study of its kind to assess the prevalence of, and interest in undertaking a wide range of public health initiatives as reported by licensees/managers of licensed premises. The findings therefore provide a strong foundation for the further research and development of public health initiatives in this setting. Given the very high respondent consent rates, and given the overall similarity between the characteristics of the study population and those of licensed premises in the State, the results can be considered to be representative of licensed premises in both the region and the State.

The survey relies on the self-report of respondents to determine the prevalence of, and interest in public health

initiatives. It is therefore possible that the results of this study over-estimate the true extent of such initiatives and interest.¹⁸ In this event, the principal conclusion of the study concerning a need for further service development and research is strengthened. Further research assessing the validity of licensees' self-reported undertaking of public health initiatives is required.

This study has identified areas of need in licensed premises that require attention if risks to the health of staff and patrons are to be reduced. To address this need and to realise the potential of licensed premises as an appropriate setting for reducing such risks, what remains is to determine the effectiveness of such a program in increasing the adoption of public health initiatives by licensed premises.

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