

An approach to health promotion in one region

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INTRODUCTION

In 1981, the 34th World Health Assembly formally adopted the Global Strategy of Health For All by the year 2000 (HFA 2000).^{1, 2} According to this strategy, the task is to ensure that in 15 years time 'all people in all countries should have at least such a level of health that they are capable of working productively and of participating actively in the social life of the community in which they live'.

The three principle objectives of the strategy are the promotion of healthy lifestyles, the prevention of preventable conditions and rehabilitation; the strategy aims to reduce or eliminate inequalities in health status. As a result of the development of the Strategy of Health For All, each Region of WHO has developed its own programme of action aimed at the attainment of that goal. The European programme is intended to achieve a shift towards primary health care from primary medical care by way of an expansion in five areas:^{3, 4}

1. self-care;
2. integration of health care with other related activities such as social welfare and education;
3. the integration of primary, secondary and tertiary care;
4. the meeting of the needs of underserved groups;
5. community participation.

Within the United Kingdom although there has now been nearly 10 years of discussion about the way forward for preventive medicine, there is still a strong tendency to assume that the World Health Organization Strategy is for third-world countries and that it has little relevance here. The current emphasis on primary medical care often seems to arise from a concern as to whether general practice services are adequate to meet increasing demands for treatment as a result of cuts in the hospital services.^{5, 6} However some Health Authorities, most notably Wessex and West Midlands, have attempted to develop broad-based approaches to the promotion of good health and there is now quite general interest in the idea of multidisciplinary health promotion teams as a vehicle for making progress.⁷ The current paper describes the first 18 months of the development of the strategy for health promotion in the Mersey Region which has been inspired by Health For All by the Year 2000 and is based on the development of a regional health promotion team.

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whole, it is apparent that some Districts have severe deprivation which must pervade the lives of their residents and have a major impact on health.

THE ROLE OF THE REGIONAL HEALTH AUTHORITY

Mersey Regional Health Authority is responsible for overseeing the development of strategies for the promotion of good health and the prevention of disease within the Region. This can only be done in a systematic way if definite goals are set and a planned approach adopted as described in *Care in Action*.⁶ In *Care in Action*, Health Authorities are directed to play their part by:

1. insisting that the NHS develops a commitment to policies on health promotion and preventive medicine;
2. ensuring that resources are directed to these purposes;
3. establishing priorities for programmes which meet the health interests of the local population.

It is the recommendation of the Department of Health and Social Security that local strategies of health promotion and preventive medicine should include defined policies in relation to a number of identified priorities and that Health Authorities should work closely with the Local Authority, and voluntary, professional and other organizations in order to achieve them. It is the responsibility of the Regional Health Authority to ensure that its strategy for health promotion and preventive medicine is followed by its Health Districts.

CREATING A CLIMATE FOR HEALTH PROMOTION

Contemporary health problems are almost always multifactorial and have their roots as much in society as in biology. In general it is possible to identify three levels at which action is necessary if a systematic approach is to be adopted; the political, the organizational, and the personal. There is a danger that the current focus on health promotion can be seen as a form of victim blaming if it concentrates solely on individual behaviour and ignores the context in which that behaviour is to be found. This is particularly the case in any attempt to influence lifestyles where in fact the key to success will lie in empowering people to take actions which will promote health partly by placing them in a position where the healthy choices become the easy choices. For this to happen, medicine needs to relinquish some of its control over information by sharing it with the public and enabling participation to become possible. In contemporary parlance the first step on this path is consciousness raising about the issues on a wide scale such as to include health and paramedical professionals, opinion-formers and decision-takers as well as the general public. Little recognition is given openly to the idea that knowledge is power as well as being information.

The appointment of one of us (JA) to a post in the Liverpool University Department of Community Health with consultant responsibility to the Regional Health Authority provided the opportunity for a new initiative. It was apparent from the outset that there was considerable interest in, and support for, an energetic approach to health promotion both among the regional members and officers. What was also clear was that some conceptual framework was needed to develop a strategy and that some organizational arrangements would be necessary to pursue it.

In the beginning, the conceptual framework was a verbal one backed up by outline papers. It was felt that, initially a small embryonic health promotion team was necessary to identify the resources potentially at the disposal of health promotion in the region and to facilitate the creative use of the organizational arrangements at Regional Headquarters.⁷ There was concern that the team should not be a talking shop but that it should produce action. It therefore began to meet on a monthly basis with an officer-based membership which included representatives from administration, treasurers, training, public relations, nursing and statistics with the

4. Public relations.
5. Regional nutrition policy.

Future working groups will probably include primary health care, occupational health and the health needs of the unemployed.

Development of models

The Regional Health Team has seen one of its roles as being to develop model programmes in conjunction with interested Districts. The link between Region and the Medical School Department of Community Health provides access to the support needed for evaluating such programmes. So far, three such programmes are being developed.

1. The reduction of teenage pregnancy and sexually transmitted diseases in Liverpool funded by the HEC.
2. The encouragement of participation in physical activity by health centre based populations in Liverpool, funded by the Sports Council.
3. The promotion of positive health in the elderly in Southport funded by the Southport Health District and Mersey Regional Health Authority.

Regionally organized peripatetic health fair

The success of the Health Fair at the International Garden Festival has led to a second Manpower Services scheme to continue it. This scheme employs 126 people as health promotion assistants working from converted buses as mobile Health Fairs which visit factories and other work places, shopping centres and health centres and large public events such as the Grand National. The original scheme has been elaborated to include the Health Education Council Look After Yourself (LAYS) programme, with health promotion assistants trained as LAYS tutors. It is also intended to encourage and support the development of self-help health groups in conjunction with the District Health Education Units.

One feature of the Health Fair to be developed is the collection and collation of health-related data from those passing through it. It is hoped that this will itself provide one way of obtaining quota sample survey information on defined local populations, for use in planning and as a means of stimulating local responses.

SOME PRINCIPLES OF ACTION

In developing a strategy and a programme of action the Mersey Regional Health Promotion Team has been guided by the WHO approach. In addition a local style has been developed which recognises that in an area of deprivation and high unemployment the people themselves are probably the key resource. Job creation through the Manpower Services Commission Community Programme has been an essential part of the effort; a recognition of the need to build on what people are themselves interested in has been behind much of the activity so far particularly in relation to physical fitness and coronary prevention and the problem of drug abuse.

A high profile with the generation of *Healthy News* has been found to be effective in raising consciousness and of political benefit across the board and the use of high technology in the form of microcomputers has proved to be a potent method of giving ordinary people access to the power of information.

Acknowledgements

We wish to acknowledge the assistance of all those who have been instrumental in developing a Strategy for Health Promotion in the Mersey Region. In particular we would mention the Regional Officers and headquarters staff, and members of the Health Promotion Team. The

comparatively rapid progress which has been made to date has been as a result of a large number of people being willing to find new ways of working both within a large bureaucracy and across into other sectors outside the health service. Those involved are too numerous to mention individually.

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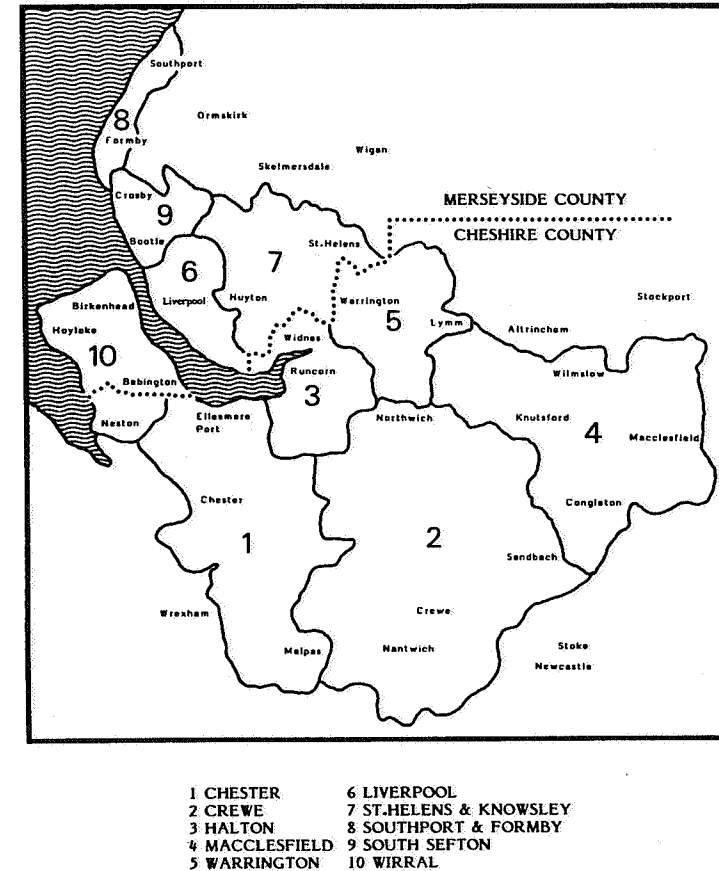


Fig. 1. Mersey Regional Health Authority and the District Health Authorities.

THE MERSEY REGION

The Mersey Health Region is geographically one of the smallest and most compact in the United Kingdom. Extending from Southport in the north to Crewe in the south, east to Macclesfield and west to the Wirral, it has a population of 2.45 million. Administratively, the region is coterminous with Merseyside and Cheshire County Councils, which in turn relate to 13 local authorities and 10 health districts (Fig. 1).

With the Mersey estuary and the City of Liverpool at its centre, the region encompasses a cross-section of the nation in the variety of its geography and physical appearance, in its social structures and activities and in the health of the people it contains and supports. There are marked contrasts between industrial, urban and rural areas. Within the Mersey region as a

1984—CONSCIOUSNESS RAISING

The role of the Regional Health Authority is to try and develop a climate in which health promotion can flourish, particularly at the District level and at the primary health care level where most of the action does and will take place. However, there are some functions which are best carried out at a regional level, and some facilities such as the statistics section, the training unit and the press and public relations department which are essential to the prosecution of a regionwide strategy.

From a regional point of view, 1984 was identified as a year of consciousness raising. It was felt that by the end of that year health promotion should be firmly on the agenda of every District Health Authority in the Region and that increasingly Local Authorities within the Region should be drawn into new types of discussion and activity which had an emphasis on promoting good health. As a counterpart, it was felt that public consciousness about contemporary health problems should also be a target.

Accordingly, three main initiatives were identified for 1984 as methods to achieve consciousness raising and to place health promotion firmly on the public agenda.

A major conference

Key opinion-formers and decision-takers (550 in total) from around the Region attended a one-day conference where they were informed about initiatives taking place around the country and provided with perspectives on current health problems which cross the boundaries of discipline. Participants included members and officers of Health and Local Authorities and Community Health Councils, professionals from various walks of life and representatives of voluntary health groups many of whom provided stalls for an informal health fair. The conference included a key note speech from a Minister of Health and the contributions were extensively reported in the local mass media. The conference itself was sponsored by an insurance company.

'Health in Mersey'

A report produced especially for conference participants to provide an analysis of contemporary health in the Region and a framework for action.⁸ Such has been the interest in this document that 4000 copies have now been produced and its distribution has been extensive. It appears to be fulfilling the intention that was held for it, which was particularly to enable an informed, focussed debate to take place about what should be done to improve the health of the people in the Region.

A Health Fair and related activities at the International Garden Festival and the Tall Ships Race

A proportion of the endowment fund monies was used to employ a full-time health events organiser to develop the 'Health Fair'. The fair began as an abstract idea and from knowledge of short-lived health fairs mounted in various parts of the country by Community Health Councils, Health Education Officers and others. It became a formidable operation in association with the Manpower Services Commission Community Programme and a variety of other sponsors; these included computer and bicycle manufacturers. The health fair concept was transformed into a large scale public event.

An underlying principle which emerged at this time was to extend the idea of 'health as everybody's business'. Health is gained and lost for the most part outside the direct control of the Health Service and the participation of the public, private and voluntary sectors was sought to enable progress to occur on a broad front. From a pump-priming financial contribution of £10000 from the Mersey Regional Health Authority, the Health Fair attracted in excess of

£150000 of outside funding from sources which were judged to be ethically acceptable. Much of this money went towards employing 65 long-term unemployed people as Health Promotion Assistants. For most of these workers the scheme which developed was regarded as a useful and very enjoyable alternative to the dole.

During the 5.5 months of the International Garden Festival about 10000 people were subjected to a 15 minute test of their physical fitness (stamina, strength, flexibility, and body composition) and received a personalized computer printout detailing their fitness test results. A total of almost a quarter of a million people passed through the Health Fair itself: a futuristic 1400 square foot geodesic domed structure which accommodated fitness testing equipment including six cycle ergometers, and sixteen microcomputers programmed to assess individual lifestyle in an interactive way. The dome also contained exhibits on dental health and other topics of concern to the Local Community Health Councils as well as an imaginative display of information about lifestyle and health and an abundant provision of Health Education Council Literature.

The Health Fair proved to be one of the major attractions of the International Garden Festival. Much of its success appeared to be due to its comparatively simple formula. The exhibit was essentially participative; people could use the computers themselves and were offered a fitness test. The service provided was fun and most of its messages were positive and built on the interest which people already have in their health and fitness.

The Health Fair itself was used as a base for a range of other activities designed to capture public attention and inform. These included agit-prop drama on the themes of food, tobacco and dental caries performed as a commission around the Garden Festival site by the Merseyside Young Peoples' Theatre and the theming of an area of allotment, kitchen and organic gardens with a display of the main findings of the National Advisory Committee's report on Nutritional Education (NACNE) provided by one of the NACNE committee members, Caroline Walker.⁹ The Health Promotion assistants became involved in events such as the Mersey Marathon as shirt-wearers for health promotion. Liverpool goal keeper, Bruce Grobbelaar, was televised being fitness tested the week before playing in the European Cup Final (and being assessed as excellent) and Liverpool Football Club agreed to be promoted by the Health Education Council as the non-smoking football team; copies of the poster of Liverpool player Graeme Souness went to over 1000 head school teachers in the Region with a letter from Dr David Player, the Director of the Health Education Council and Howard Seymour asking that the pupils' attention be drawn to the association between footballing success and non-smoking.

A REGIONAL STRATEGY FOR HEALTH PROMOTION

As a result of the production of the report *Health in Mersey* and the ensuing discussion a draft chapter on health promotion was produced for the Regional Plan and the essential elements of this have now been included in the new plan. In addition, it has been accepted that health promotion should form part of the Regional Review. The inclusion of health promotion in the Regional Review Process has already led to a dramatic change in the number of Health Education Officers and it has become clear that there is already a new commitment to health promotion throughout the Region.

PUBLIC RELATIONS, THE MEDIA AND THE MESSAGE

From the beginning of its activities, the Mersey Health Promotion Team has sought a high public profile and developed active collaboration with the media. This is based on a belief that for information to be perceived and understood on a large scale, it should be attractively presented; that it should explain and enthuse and should aim to make each person an authority on their own health. At the same time there is recognition that 'razzmattaz' in health promotion

and health education have become common and that there is a danger that they may have become the equivalent of 'brown bread and aerobic circuses', distracting attention from the substantive issues which affect health whilst giving the impression of action.

The creation of a New Public Health Movement requires a systematic approach which includes the collection and dissemination of health statistics and information on health problems and the ways in which they can best be tackled. Such information should be accessible and should be presented in ways which facilitate participation by the public in modifying the environment which shapes life experience. The provision of knowledge in this way to enable individual and collective action is a basic principle of health promotion but is one which may have to be fought for in a service in which the starting point is often the restriction of information.

High quality public relations is an essential ingredient in developing a dialogue with the public. In the Mersey context in 1984, this led to the commissioning for a 9 month period of a public relations firm on a contract basis. This gave the Health Promotion Team access to the full back up of the skills of a major public relations firm at modest cost and enabled the production of two issues of a four-page broadsheet *Healthy News*. This was distributed to health workers throughout the region, providing information about the regional strategy for health promotion and the activities of the Health Promotion Team. It also generated extensive media coverage.

The involvement of Health Promotion personnel with the local media was recognised when a local radio station won an international award for a special 2 hour programme on smoking.

INTO THE FUTURE

The definition taken as the baseline for health promotion in Mersey is 'Any combination of health education and political, economic and organizational activity designed to improve or protect health through its effect on the human environment and on behaviour'. Clearly this is a wide brief.

With imagination the possible areas of activity for health promotion are infinite whilst, of course resources are finite. The emerging philosophy in Mersey has been to use a little to achieve a lot by harnessing goodwill and existing structures and manpower and by drawing in outside resources. So far this has achieved a great deal in a very short time. The initial goal of agenda setting and consciousness raising is well on its way to being met.

The next phase seems likely to be one of consolidation and considered innovation and is developing in three ways.

A change of emphasis of the Regional Health Promotion Team

The Regional Health Promotion Team which was initially an all purpose and often very domestic group has now come to be much more focussed and meets only 4-6 times a year. It is probably still not complete in its membership which will evolve with time. An effective involvement of the wider community is still required possibly by the establishment of a health forum. Its current task has moved on from initiating the debate to offering practical examples of the responses needed. It has done this by establishing short-life, working groups to produce reports on key topics. So far, these include:

1. Information. A regional 'Korner' is now being undertaken for health promotion information—what is the information that we need at regional, district and local level for health promotion and what is practicably feasible? There is particular interest in the possibilities of local community surveys and one pilot has already been carried out.

2. Health education.
3. Regional training.

honorary specialist in community medicine (JA), initially acting as secretary, convenor and chairperson. This group met on several occasions, essentially clarifying its objectives and seeking to establish a way forward; at the same time, it was deliberating over the appropriate extension of its membership. The initial strategy that developed contained two major elements:

1. agenda setting for opinion-formers and decision-takers throughout the Region (members of Handed and Local Authorities and Community Health Councils, politicians and health and paramedical professionals)—the top-down approach;
2. consciousness raising among the general public—the bottom-up approach.

Two early achievements provided impetus to the new initiative:

1. Funding of the first Regional Health Promotion Officer post in the country on an experimental basis by the Health Education Council and the Mersey Regional Health Authority. This post which came to be filled by HS was intended to improve the working arrangements between Region and the HEC and by providing support for the development of health promotion within the Region to facilitate the development of health promotion within the Districts. The funding included provision for secretarial support and the creation of the post of the RHPO meant that health promotion at Region had its own full-time officer. As a result the health promotion team could be adequately serviced with HS acting as administrative secretary.

2. The offer of £31000 for health promotion activities in connection with the Liverpool International Garden Festival and the finish of the Tall Ships Race in Liverpool in 1984. This money was derived from regional endowment funds and was one way of obtaining 'seed' money at a time of considerable financial stringency, after the financial year had already begun without a commitment to health promotion in the budget.

The Regional Health Promotion Team consolidated its membership by the inclusion of a member of the Regional Health Authority as its chairperson and the addition of the following other members: one of the District Health Authority chairpersons; a representative of the District health education officers; a representative of the North West Sports Council; the Health Education Council liaison officer for Mersey; a representative of the Mersey Community Health Councils; an occupational health physician; a general practitioner; a consultant physician. At this time, the health promotion team became a sub-committee of the Regional Health Authority.

THE DUNCAN FACTOR

One local opportunity for popularising the message about the need for a new public health was identified at an early stage. In William Henry Duncan, Liverpool had appointed in 1847, the first Medical Officer of Health in the country and it was felt that reincarnating Duncan might be a useful thing to do. Emulation being the highest form of flattery, Dr Sidney Chaves' initiative in having a Soho pub on the site of the famous Broad Street pump renamed as the *John Snow* provided the inspiration for a similar conversion of a Georgian public house in the street where Duncan was born; the *Doctor Duncan* is now a public health theme pub. At the pub's reopening under its new name, the Drama Society from a local comprehensive school performed their own melodrama based on the nature of health problems in Liverpool in the 1840's and the parallels with the sort of action which is necessary to tackle the public health problems of today.

The Duncan connection has been a useful one because it is newsworthy and there is a very widespread interest in social history. The Health Education Council has subsequently sponsored a plaque on Duncan's residence in Rodney Street (Liverpools Harley Street) and has begun to support an annual Duncan memorial lecture which is intended as a public lecture with a wide audience to provide a platform for the new public health and thereby engender debate within the Region.