

# Communicating for Health

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## Heartbeat Wales: a challenge for change

Experience from the Heartbeat Wales national demonstration project, which is aimed at reducing heart disease through health promotion, shows that this can be achieved in cooperation with existing programmes and without disruption to them.

The Ottawa Charter, which builds upon the previous work of the World Health Organization, encourages an international commitment to health promotion (see box) — an approach that has been called “the new public health”.

The action implied in such an approach may seem to be problematic for existing health and health-related programmes. Experience from Heartbeat Wales, a national demonstration project with a target audience of three million, shows that such problems can be overcome. The conceptual framework of Heartbeat Wales is consistent with that of the Ottawa Charter, and the project has achieved organizational change in cooperation with existing programmes, which have both gained and contributed a great deal.

### The background

The Welsh Heart Programme, known as Heartbeat Wales, is a major national demonstration project to promote good health among the three million people living in Wales. It is particularly concerned with reducing the risks of cardiovascular disease throughout Wales by encouraging non-smoking, healthy nutrition, regular exercise, stress management, health screening and first aid for heart attacks. The long-term aim of the programme is to develop and evaluate, as a pilot venture, a regional strategy for reducing coronary heart disease incidence, morbidity and mortality in the general population of Wales, and particularly in persons under the age of 65.

The programme's potential for success was enhanced by the mandate received from professional and political bodies. As early as 1981, the Welsh Medical Committee recommended the development of a coordinated programme for the prevention

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## Key points from the Ottawa Charter for Health Promotion

According to the Ottawa Charter\*, health promotion is the process of enabling people to increase control over, and to improve, their health. Health promotion action means:

### ***Build healthy public policy***

- Health promotion goes beyond health care. It puts health on the agenda of policy-makers in all sectors and at all levels.
- Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change.
- Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the health choice the easier choice for policy-makers as well.

### ***Create supportive environments***

- Our societies are complex and interrelated. Health cannot be separated from other goals.
- Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people.
- Systematic assessment of the health impact of a rapidly changing environment—particularly in areas of technology, work, energy production and urbanization—is essential and must be followed by action to ensure positive benefit to the health of the public.

### ***Strengthen community action***

- Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health.

- Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters.

### ***Develop personal skills***

- Health promotion supports personal and social development through providing information and education for health and enhancing life skills.
- Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential.

### ***Reorient health services***

- The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.
- The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which ... should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.
- Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services.

\*Presented at the International Conference on Health Promotion: the move towards a new public health, 17–21 November 1986, Ottawa, Ontario, Canada (see *World health forum*, 8: 114–115 (1987)).

of cardiovascular disease (1). At the same time the Health Education Council, now the Health Education Authority, announced its intention to devote greater efforts and resources to health education and health promotion in Wales, and coronary heart disease prevention was acknowledged as a priority area. In support of the rationale for intervention, the Council referred to the evidence summarized by a WHO Expert Committee (2). Further support came from an important consensus report from the United Kingdom, which outlined a proposed strategy (3).

“Curiad Calon Cymru/Heartbeat Wales” was publicly launched in 1985 on St David’s Day (1 March) for an initial five-year period. It has since attracted considerable lay, professional, political and media interest. Initially, core funding was provided by the Health Education Council and the Welsh Office, and the project was administered through the University of Wales College of Medicine. On 1 April 1987, the newly created Welsh Health Promotion Authority took over the funding responsibilities. Considerable additional support is provided by statutory, commercial and voluntary agencies as well as the general public in Wales.

The importance of participation by and support for the many communities in Wales was recognized at the outset. Considerable energy was therefore directed during the planning stage to meeting key individuals and agencies throughout Wales. This culminated in the publication of a detailed consultative document, “Take Heart” (4), which outlined the proposed strategy and described the conceptual framework. The document elicited an overwhelming response from Health Authorities, community councils, family practitioner committees and individual health professionals, county, district and borough

councils, voluntary agencies, national and local politicians, to name but a few. Almost without exception the comments were favourable and supportive of the proposed strategy. This initial consultation did much to remove barriers to subsequent change.

### Main approaches

Heartbeat Wales was set up as a community-based intervention that would draw substantially on local resources from within the varied communities and organizations in Wales. As a consequence it comprises a wide range of locally organized projects together with centrally led initiatives.

The programme is based on a total-population approach to coronary heart disease prevention (2, 5), supplemented where appropriate by a high-risk approach (6). Suggested outcome goals, specific objectives and targets for the programme, presented in “Take Heart” (4), include not

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only reductions in mortality, morbidity and population risk factors for coronary heart disease, but also changes in related health behaviour, attitudes and knowledge. The promotion of a healthy life-style is at the core of the project and an important part of the strategy is to achieve environmental, organizational, structural and policy changes

within Wales that will support healthy choices by individuals. Examples include restrictions on smoking in public places, better food labelling, price incentives, greater availability of "healthy" foods in shops, workplace canteens and restaurants, and changing work practices among health

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and education professionals. The main approaches used in the programme were based on social learning, community development, social marketing and organizational change.

### Health Authorities

The importance of the nine Health Authorities in Wales was recognized from the beginning. Action at the local level would have been seriously hampered without their participation. Key personnel in each Authority were then contacted at the outset of the programme and requested to consider taking on three specific roles. Each Authority was asked: to provide general support for activities generated at the national level; to monitor and coordinate action within the corresponding county; and to identify two or three local priorities for possible financial support from Heartbeat Wales, the intention being to establish a network of local pilot projects covering the

entire range of activities described in the consultative document "Take Heart" (4).

In order to assist this process, each Authority was asked to establish a multidisciplinary planning group as described in a 1984 report of a conference on coronary heart disease prevention (3). Each Authority has at least one coronary heart disease planning group in operation and some of these have broadened their remit to embrace other health promotion and prevention issues.

The Authorities were given advice and support for the development of district policies on smoking, food and health. Most had already made inroads on the smoking issue and two had started to develop food and health policies. All the Authorities now have smoking and diet programmes, at least in the late planning stages, and most are in the process of implementation.

Heartbeat Wales allocated almost a third of its budget over the period 1986-89 to the support of local initiatives, most of the funds being directed through Health Authorities. This was in recognition of the fact that it would be unreasonable to expect hard-pressed Authorities and their health education units to take on a considerable increase in workload without a corresponding increase in resources. However, Authorities were advised early in the planning process that financial support would not be available unless additional funds were also generated at the local level on roughly a matched basis. Despite some initial resistance to the idea of local funding, arrangements were made with all of the Authorities and a total sum in excess of £ 400 000 was channelled into local programmes during 1987-88. Most of the activities described in "Take Heart" are undertaken by one or more local programmes.

## Information for planning and evaluation

Programme planning and evaluation requires recent, relevant population-based information on individuals, their life-styles and risk factors. Comprehensive information of this kind is not available from regularly collected government statistics. To meet this information gap, the Welsh Heart Health Surveys were planned and carried out during 1985 and 1986. The "Pulse of Wales" (7) contains a summary of the key information derived from an initial analysis of a large questionnaire survey of 22 000 Welsh people aged 12-64 randomly selected from the electoral register. Subsequent reports include information collected from medical examinations and from a special survey of young people. The large data-base for Wales permits an area-by-area analysis of the health status of the population. Individual reports for each county and Health Authority have been produced together with reports on specific topics such as physical activity, smoking in young people, and social class. These have been used not only for evaluation but also as a method of feedback to encourage local and national initiatives.

## Primary health care

Heartbeat Wales supports the proposals for the prevention of cardiovascular disease outlined in a report by the Welsh Council of the Royal College of General Practitioners (8). This recommended routine recording of smoking and blood pressure, as well as education about diet and general fitness. The moves towards increased prevention will be assisted through the appointment of a number of primary care facilitators as part of the local programmes mentioned above.

The Welsh Council's report also stressed the importance of appropriate education, including in-service training, for all members of the primary health care team. Heartbeat Wales has collaborated closely with the Open University in the development of a distance learning course on cardiovascular disease prevention for primary health care practitioners. Additional educational materials are also being produced in cooperation with the Postgraduate Department of the University of Wales College of Medicine.

## Community groups and voluntary organizations

Community organizations and lay people have contributed significantly to the programme as opinion leaders and by organizing educational, fund-raising and other events. Such groups include the Women's Institute, the Young Farmers Club, Rotary, Red Cross and St John Ambulance Brigade. In the programme called HeartStart Wales, the voluntary first-aid societies, in conjunction with the Health

**The programme would be newsworthy in itself if it was succeeding in its goal of community involvement.**

Authority ambulance service, have so far trained more than 40 000 people in basic cardiopulmonary resuscitation. Self-help and mutual support activities are backed by the "Look After Yourself" programme and by the Open University's community education courses. The British Heart Foundation has joined with Heartbeat Wales to launch a major fund-raising campaign called the Hearts of Wales Appeal.

## Schools and young people

In 1986 a major survey was undertaken in Welsh secondary schools (9) to determine knowledge, attitudes and behaviour in relation to a number of life-style issues. The resulting information has aided the detailed planning of a Welsh youth health programme. Research on the nature and extent of health education in Welsh schools

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has recently been completed and, combined with the health survey of young people, provides a comprehensive information base for further developments.

Considerable curriculum development work has been carried out by the Health Education Authority in recent years. Rather than duplicate these efforts, Heartbeat Wales has supported existing curriculum projects where appropriate. A decision was taken early in the programme to concentrate attention on the 9–13-year-olds, as this is the age when many young people start to acquire some independence and experiment with unhealthy behaviour patterns that may be carried through into adult life.

### Local authorities

There are 37 local Councils in Wales, and much of the work undertaken by Heartbeat Wales has been in collaboration with their environmental health departments, although leisure and recreation services are becoming increasingly involved in the development of

exercise programmes. In 1986 Heartbeat Wales launched a pilot project with four environmental health departments designed to promote nonsmoking areas and improve menu choices within eating establishments. The scheme, administered by environmental health officers as part of their routine food hygiene inspections, involved the provision of a “Heartbeat Award” to any establishment conforming to a set of specific criteria. Twenty-six Councils have now agreed to join the scheme and awards have been given to a large number of restaurants, hotels, schools, hospitals, fast-food outlets and public houses.

Local Councils and Heartbeat Wales have also collaborated in building exercise circuits and walks in pleasant countryside or parks. These “Heartbeat Ways” and “Heartbeat Walks” have been designed with graded levels of activity to permit their use by people of virtually any age, fitness or ability.

### The workplace

The workplace provides an opportunity to take elements of the programme to large numbers of people who share a common environment for much of the day and who infrequently consult the primary health care services. Many of the larger employers provide occupational health services and there has been considerable interest among managers, trade unions and occupational health staff in developing screening and general health promotion activities for the workforce.

A number of such programmes have been initiated with major employers in Wales, including well-known nationalized industries and private firms. Catering departments have been extremely receptive and now offer healthier menu options. Reducing exposure to other people’s tobacco smoke is

another important aim of Heartbeat Wales. As a consequence, employers have been encouraged to develop smoking policies that recognize the rights of nonsmokers as well as the needs of smokers. The resolutions on smoking at work adopted by the Trades Union Congress have often been used as the basis for dialogue at joint consultative meetings, with employers responding to a union initiative.

### Industry and commerce

The relationship of the programme has been primarily with the food industry. There is little point in encouraging people to eat a healthier diet if suitable food is not readily available at an affordable price. Agreement was reached with a major food retailer in Wales on compositional changes, improved labelling, and promotion of healthy foods. In the agricultural sector, discussion with the Meat and Livestock Commission has led to initiatives for the production and marketing of leaner meat. The experience of Heartbeat Wales shows that the food industry in general is prepared to cooperate provided there is a commercial advantage in terms of market share, public relations or added value, and provided that the industry is approached in a spirit of collaboration rather than criticism.

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The experiences of Heartbeat Wales show that it is feasible to apply the principles of health promotion which encourage participation at all levels. Changes promotive of health are occurring throughout Wales at both community and organizational levels. Heart disease is of course only one health problem, but there may have been advantages in concentrating upon it. First, it is seen as a discrete problem, recognizable by government, health services and other sectors as requiring

action. Second, the reduction of cardiovascular risk factors contributes to the prevention of other diseases as well, including cancers. And third, it is necessary to demonstrate in a pilot programme that methods are successful. In addition to early evidence that risk factors are being reduced, perhaps the best indication of the acceptance of the conceptual and organizational framework of Heartbeat Wales has been the formation in 1987 of the Welsh Health Promotion Authority which is responsible for the administration and funding of Heartbeat Wales, and provides the opportunity to apply its methods to other important priorities for health for all by the year 2000. □

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