A "Fun Run" staged by the United Kingdom's Health Education Council could be adapted by WHO and the Olympics movement to create a public awareness campaign for healthy living

by Steven Lindley-French

In the April 1985 edition of World Health, the "Winners for Health" (WFH) campaign was announced. The world's most influential international health lobby, WHO, has joined forces with the world's premier sporting body, the International Olympic Committee (IOC), in a project designed to promote healthy lifestyles world-wide. In particular, the objectives are to increase awareness of the link between a healthy lifestyle and exercise through sporting activity—whether competitive or non-competitive. This collaboration is both exciting and challenging, but will of course need careful management to ensure that the project realises its enormous potential.

Far too often health is placed low down on the list of political priorities, below such administrative favourites as defence. Health professionals often have to beg for the attention of their respective political hierarchies. One of the objectives of the WFH campaign—by placing health publicly on the political agenda world-wide—will be to ensure that the basic work of health and welfare organizations in all the Member States is easier to carry out as a result of a raised awareness of health issues on the part of political leaders.

Health promotion means facilitating communication about health through a wide range of activities and disciplines, all of which have a contribution to make towards improving health. Such activities might be in the social, environmental, political, economic, legal and cultural fields, as well as in the more traditional medical and educational realms of "health education".

Recent experiences in the United Kingdom in the use of mass participation events and "role models" lead themselves to being adapted to quite different countries and situations. In the past, the United Kingdom's Health Education Council (HEC) concentrated its resources on supplying information to a national network of Health Education Officers and other health professionals who in turn, passed the information on to their respective communities. To complement this activity the HEC has, in recent years,
addressed the need to establish a direct line of communication to the entire population of England, Wales and Northern Ireland, some fifty million people. Perversely, as the need for effective direct communication has become imperative, the resources available to complete the task had dwindled. Indeed, the HEC’s own resources have stood still, in real terms, during the period 1982 to 1985. Financial restrictions have also affected the many statutory and voluntary organizations—local governments, charities and so forth—that have a contribution to make to the broad field of health promotion.

The strategy adopted by the HEC called for three approaches. First, the involvement of the population in actual events that are aimed at getting people to motivate themselves in their quest for a healthy lifestyle. Second the use of “role models” utilising television, radio and the print media to stimulate interest and to emphasise that a healthy lifestyle is attainable by everyone. Third the involvement of political bodies in the health process.

The HEC has defined four major areas—regular exercise, non-smoking, a healthy diet and a reduction in hypertension—as contributing to a healthy lifestyle.

The use of mass participation media campaigns followed from the recognition that, in order to stimulate the population’s interest, it was no longer sufficient simply to transfer information in the hope that some people might show a degree of interest. This traditionally passive approach has had its measure of success, but the HEC has recognised the value of promoting health messages in such a way as to encourage individual participation in a process that leads to a healthier lifestyle. As a vital complement to this process, HEC has encouraged local authorities to provide adequate exercise facilities, and has consistently lobbied the Government to ban cigarette advertising—just two examples of the many ways in which a health-promoting environment is sought in the UK.

The philosophy that has been developed is twofold:

- firstly, to engender a degree of personal responsibility in the individual with regard to her or his own health care. This should create a desire for good health rather than for the treatment of illness, and should raise public awareness about the importance of enabling healthy choices to be made about lifestyle;
- secondly, to avoid appearing to expend negative messages. People hate to be told what they ought not to do. The new emphasis is on the positive!

The Director General of the HEC, Dr David Player, who is the architect of this new policy, has publicly stated that only by concentrating on positive aspects in health messages can individual members of society be encouraged to draw their own conclusion about the benefits of a healthy lifestyle, as opposed to the miseries of an unhealthy one.

The actual communication of the health messages was achieved by arranging 87 local special events or “Health Fairs”. These were linked by a 2,200 miles (3520 km) relay run around England, Scotland and Wales which took place between 27 May and 23 June 1985 and involved 20 teams of ten runners each. Each runner covered 10 miles (16 km), a day, making the average daily distance 100 miles (160 km) for each team.

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The HEC has been producing literature for many years, alongside such other organizations as the Chest, Heart and Stroke Association, the British Heart Foundation, the Coronary Prevention Group and Action on Smoking and Health (ASH), aimed at tackling those factors that contribute towards cardiovascular disease. The following primary areas have been concentrated upon: lack of exercise, tobacco use, unhealthy diet, and hypertension. Most previous campaigns had either concentrated on individual aspects of the problem or had been aimed at very specific groups of the population.

The HEC’s new strategy was to convey a message that was relevant to the community, through the creation of political momentum that would ensure that the ensuing work locally was easier to carry out. Political support from leading civic dignitaries not only made more resources available, but ensured access to effective means of transmitting details of current health programmes more effectively to national and local populations.

The HEC became a national catalyst for local actions. By definition the task was a huge one. How could it be achieved? The solution was relatively simple. The HEC did not want to—nor indeed could it—direct the activities of different groups around the country with specific local interests and priorities. Instead, it created a system based on local initiatives that were supported by a national campaign, not dictated by it.

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Charter was signed by civic dignitaries under a glare of publicity in front of television and press cameras. It amounted to a public commitment to work towards the well-being of local communities and, in particular, to make resources available for activities in the field of heart disease.

In essence, the Fun Run was a massive series of community-based projects organized by local people for local people. And the HEC was attempting to act as a catalyst for helping local organizations to pool their limited resources to achieve a penetration of the public consciousness that would not otherwise be possible.

Each of the 87 health fairs was organized by local steering committees made up of representatives of all the statutory and voluntary bodies working in the respective communities, including local government sports and recreation departments, environmental health departments and the Red Cross, as well as the organizations already named as working in the cardiovascular field.

The role of the national, regional and local media was vital. The HEC stimulated programmes and press coverage both before and during the Fun Run. As the event progressed around the country, updates were provided regularly and news stories were generated. The objective was to create a sense of anticipation in the mind of individuals. When would the event arrive in their area?

At the core of the media campaign were the “role models” or “exemplars”; these were local and national personalities whose involvement enabled people to identify with the health messages being highlighted by the Fun Run. The HEC had gained a great deal of experience in the use of “role models” from a campaign entitled “Pacesetters Don’t Smoke”. Targeted at young people in the eight to 14 age group, it sought to promote a positive image for non-smokers and to encourage the target audience to identify with a healthy image. Subsequent evaluation showed that youngsters readily identified with the messages being presented to them by leading sportsmen and sportswomen, show-business personalities and pop musicians.

The predominantly adult target audience for the Fun Run required a somewhat different approach. Rather than concentrating on the “super fit”, the HEC used personalities who were not fit, but who agreed to follow a more healthy lifestyle as a result of the campaign. So the runners participating in the actual run around Britain became “role models”. Many had not taken up fitness programmes until a year before the event but were quite able, if sensibly monitored, to compete. Indeed, one 77-year-old woman virtually stole the show!

To further support the local steering committees, the HEC produced posters, leaflets, fitness handbooks, even a Personal Exercise Plan as self-help towards a healthy lifestyle. All these materials could be overprinted to insert local information. Because the HEC produced the material in such large numbers the actual unit costs were relatively low.

The Fun Run proved to have been a major success. Over 50 per cent of the population took a direct interest in the health messages that were being promoted and indicated that they would act upon them. There has been widespread debate in every political forum on how to assist health educators in future. The press interest, particularly locally, was massive. Perhaps the most fitting testimony to the concept is that
many towns and cities around the UK are planning to repeat the exercise without any direct HEC involvement. The catalyst worked.

Given the huge differences in circumstances of the Member States of WHO, what implications can the UK’s experience with the Fun Run have for “Winners for Health,” the joint initiative of WHO and the International Olympic Committee?

“Winners for Health” can attempt to place health higher on the political agenda by inviting political leaders to sign a “health protocol”. It can enable health messages to be positively promoted through a media advocacy campaign based in the capital cities of Member States, but aimed at disseminating information to smaller communities.

National Olympic Committees, where practical, can be active in the local organization of events such as Health Fairs in support of “Winners for Health.” Other bodies, such as education authorities and youth organizations, need to be involved.

The strength of the system adopted in the UK was that it allowed localities to be involved to whatever degree they decided upon; to choose health topics that were relevant locally; and to present an event which took into account the strong cultural variations around the country. It is this format that would most readily tailor itself for an international health promotion, such as “Winners for Health.” Member States will decide at the national level what health topic they wish to highlight, whether they want a series of Health Fairs similar to the British model, whether they want to hold just one event in the capital city, or whether they simply want a ceremony to sign the “health protocol”.

Clearly, this is an ambitious project.

However, it is readily achievable in view of the commitment of WHO and IOC, and the emphasis upon recognising and meeting national priorities. The need for health promotion is vital, and “Winners for Health” offers an international project that highlights similarities between all people, yet encourages national events that can both stimulate media attention and promote locally appropriate health activities.

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**Cartoon heroes needn’t smoke!**

by Peter Ozorio

Do “good guys” always smoke? Certainly not, but it may be difficult to tell that from reading most comic strip cartoons. The “cool” cowboy, the smart private eye, and more recently, the hard-bitten newspaperman, far too frequently, are depicted with a cigar or cigarette in the mouth or the hand.

To take the latter example: it is true that Superman, the first enduring superhero of the strip cartoons, whose true identity is newspaper reporter Clark Kent, does not smoke. But his boss, editor Perry White, is virtually always seen brandishing a cigar. So too is editor J. J. Jameson in the cartoon Spiderman. These cartoons and scores more like them are distributed world-wide, suggesting to many thousands of impressionable young readers that the characters they like to identify with are dependent on tobacco.

It is true, of course, that from the time the first strip was drawn comic book characters have been portrayed smoking, with cigar, pipe or cigarette. But that was long before the U.S. Surgeon-General’s report in 1965, and findings from other parts of the world, that linked smoking to ill health.

“Comic books have a lot of influence on children. When a comic book character is shown smoking, it is like subliminal cigarette advertising,” says T. Casey Brennan, of Ann Arbor, Michigan. As a former writer of comic-book scripts, he should know. “Does the 12- or 13-year-old realise that the cigarette is a bigger danger to the tough guy than the story’s villain? Does the average comic-book writer, editor, or artist always strive to protect the young from misconceptions bred by the casual portrayal of the use of cigarettes?” he asks.

Writing in *Smoke Signals*, a Washington D.C. publication, he replies candidly: “As one who worked inside the comic book business for part of the sixties, and most of the seventies, I would say ‘no’ most emphatically.”

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Although his article acknowledges that there are non-smoking comic book personalities, Brennan set out five years ago on a one-man crusade to de glamourise smoking by taking it out of the hands of the “good guys.” It seemed to be something of a breakthrough in 1982 when one cartoon hero, Daredevil, uttered a warning cry: “Ben, you have got to stop smoking those cigarettes. They’ll kill you.”

But Brennan’s bright idea has been slow in winning acceptance, despite an initial flurry of radio, television and newspaper interest. He himself is undeterred. “Some gains have been made already. The work goes on. Time will tell,” he says. “We cannot feel that our work is complete until cigarettes, pipes and cigars are never portrayed except in stories specifically designed to oppose and ridicule their use.”

However, Europe’s favourite cowboy, Lucky Luke, has given up smoking. In 1984, Maurice de Bevere, who draws cartoons under the pen-name “Morris,” replaced the cigarette that hitherto always dangled from the lips of his hero—and indeed was an established part of his silhouette—with a hayseed. Now, even in tense moments, Lucky Luke chews his straw and doesn’t light up.