Sex & Drugs & Rock & Health: How music and popular culture can help reduce health inequalities

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Sex ‘n’ Drugs ‘n’ Rock ‘n’ Health

How music and popular culture can help reduce health inequalities
Dedicated to the ones I love
In ‘Read this! Business writing that works’, Robert Gentle says that the average general report is often read for as little as three minutes before it is put down.

Leonard Cohen, below, has some advice relevant to this:

‘Dear reader, thank you for coming to this book… I hope you will find it useful or amusing… May I suggest that you skip over the parts you don’t like? Dip into it here and there. Perhaps there will be a passage or even a page that resonates with your curiosity. After a while if you are sufficiently bored or unemployed you may want to read it from cover to cover.’

Alternatively ignore him and go straight to the summary on page 10
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Welcome to readers not from public health

This document is not just aimed at public health workers. However, as I come from this background it does inform the ideas in it. Like all other professions public health has its own language. I have tried to keep this to a minimum. However, below are some key concepts you need to understand.

Public health
Much of the health care system is about looking after individual patients. Public health, in contrast, is about how to keep whole populations healthy. This could be the population of a town or people with particular things in common e.g. sexually active young men. There are a range of different approaches in public health. These include
• Lifestyle change e.g. healthy eating
• Increased use of preventative services e.g. breast screening
• Personal development e.g. raising self-esteem
• Community development
• Tackling the wider determinants of health e.g. poverty, housing and transport
The profession has a range of tools to action these approaches. However in this paper I mainly focus on health education.

Health inequalities
Illness is not spread out equally among everyone in the UK. In general communities that are poorer are sicker than those who are richer. There are also differences depending on other life circumstances too such as where people live, their race etc. Public health is most interested in helping communities that are most unhealthy.
Public health + popular culture =

My ideas in this paper are from a wide range of sources. As a kid Superman inspired me to want to save the world. I guess I ended up in the public sector because of this. As I got older I got hooked on music. In more recent years I started ‘collecting’ tracks that I felt had something to say about how we should live our lives individually and collectively. As a sideline I facilitated a few workshops on music and therapy. This made me think about how we might use music in public health. We tend to focus on giving out information to help people make rational choices. Music might help us work with them on how feelings affect their behaviour too. I’d already done a few projects using football to look at mental health. I thought that tying in with a popular topic might make it easier for men to look at difficult issues. Later I stumbled across social marketing. This helped me get a better idea of the need to start from how the target group sees the world. If I look back on my professional life, as well as my personal one, popular culture has influenced me as much as academia.

The best of both worlds
This paper blends these two worlds. It takes popular culture and uses academic theories and research to see what public health might get out of it. I give examples throughout of where popular culture has been used. However, much of this report is a mixture of theory and practical but untried ideas. I see it very much as a work in progress. I’m looking forward to hearing other people’s ideas and experiences as the approach develops and a network of enthusiasts develops.

It is not an approach without a history but I do think that is has been underdeveloped. More needs to be done to develop an evidence-based practice. It isn’t just an arts and health approach under another name. Social marketing research shows that arts such as the theatre aren’t popular with most of public health’s target groups. (At least in Sunderland that provides the case study for this paper.) It’s true that some things like music, comedy, romantic novels are art forms. However, football, pets and crosswords aren’t.

We can learn from colleagues in the youth and community world. They have often used popular culture in their work. I give examples of their practice in this paper. However, most of it is with small groups. Here the health education focus is on the learning of a small number of active participants rather than the audience for what they produce. This is excellent. However, I believe that as public health workers we also need to explore how to use popular culture to reach larger audiences than this.

Engagement with the local population
I believe that this is the right time to discuss both these approaches. One of the main functions of Primary Care Trusts is ‘engaging with its local population to improve health and well-being’; Engagement is not an easy task. It means connecting with other people’s agendas and interests. It is as much about impressions and feelings as it is hard information. Community development approaches obviously have much to offer in this area. However, social marketing is mooted to be the next big thing in Government. I hope that this paper can add something to both disciplines. One of the key beliefs of social marketing is learning from the competition. The Devil has for far too long had all the best tunes. It would be good to use popular culture to promote health as opposed to beer or chocolate bars.
New ideas for both providers and commissioners

Another reason why I think the time is right for popular culture is the commissioner-provider split. Change always opens up the possibility of new ideas being taken up. However I also think that popular culture has much to offer both parts of the NHS. Commissioners don’t need to only fund traditional health services. They could develop links with performers, writers and game designers in tune with particular audiences. Alternatively providers can work with the same groups. They could then also sell the results to commissioners outside of their own area or to other non-NHS agencies. In either case, partnership working would be important as neither health workers or ‘creatives’ have all the answers.

Excitement and rigour

I hope that whether you are a provider or commissioner (or neither) that you will find this report useful. I have tried to write it in a way that captures the excitement of popular culture combined with the rigour and importance of public health. Please let me know what you think, particularly if you were inspired to try out any of the approaches. Only then can we complete the equation at the top of this section.
About me

I started off in health education before the profession evolved into public health. My career has involved many things including a specialist communication post, work with an arts & health initiative and involvement in Theatre in Education. I’ve been custard pied at a ‘laughter and health’ event I organised and had the moment recorded for posterity by a Viz cartoonist.

I’ve always been fascinated by popular culture. 
But can we use it to exterminate disease? (a)

Outside of work I love a wide variety of music. I play the cassette recorder and am beginning to learn the iPod. Any musical instrument beyond this is beyond me. However I am of an age that remembers the DIY spirit of punk. Despite my lack of musical ability I have organised three successful music, dance and therapy events for a counselling organisation I belong to. I’ve even run some workshops in them myself.

For many years I’ve had an interest in humanistic psychology, so have also been involved in psychodrama, art therapy etc.
Summary

Width of this discussion paper

• This paper looks at the question ‘Can a mix of popular culture and social marketing help reduce health inequalities?’ It shows how social marketing has a proven track record in this area. It provides examples of where popular culture has been a part of this. In addition it makes detailed suggestions of how else popular culture could be used and backs this up with a range of theories. This is in the hope that a network can be created to further feedback on good practice.

• The forms of popular culture looked at include music, comedy, magazines, comics, crosswords, reality TV, Ann Summers parties, football and computer games.

• Its starting point is that one of the principal functions of Primary Care Trusts is ‘engaging with its local population to improve health and well-being’. It shows how popular culture based on social marketing evidence can help both commissioners and providers do this.

• It applies this approach to different models of public health such as lifestyle change, increased use of preventative services, personal development, community development and the focus on the wider determinants of health. It also explores how NHS public involvement and public relations officers might use the approach. In addition it points out that many of the ideas are also relevant to other parts of the statutory and voluntary sectors.

• It recognises that many of the approaches are not totally new, particularly in the commercial world. However the paper stresses the need for the NHS to more systematically apply them strategically and operationally. This will mean a new mindset. Good research is also vital to further develop theory and practice.

• If popular culture is to be used successfully if requires a team approach. A range of skills are needed. As well as the target group, others such as social market researchers, health experts, educationalists, creative practitioners and evaluators may all need to be involved. This paper is aimed at all these different professional groups.

• Sunderland is often used as a case study. However the intention of the paper is to spark debate throughout the UK and create a network of practitioners and theorists.

Theories used in this paper

Overall the paper takes a public health approach that focuses on changing whole populations. However, it does also borrow ideas from both therapy and community development practice.

• Social marketing is the starting point for all the ideas in this paper. It is a bottom up approach. It tries to find out what the target group think and feel rather than making assumptions about how they behave. It works by dividing the population up into different subgroups and then researching their views. Why do they behave as they do on a particular topic? What stops them from behaving healthily? What would make them change? It also asks questions such as, ‘what can health promoters learn from the opposition?’ e.g. people who produce magazines full of adverts for unhealthy products. In addition, in this paper it is suggested that the NHS could benefit from finding out more about what people are genuinely interested in. This is instead of assuming or demanding they are interested in health. Ways then need to be identified as to how their interests and passions can be used for health purposes.
- **The Stages of Change model** is also often referred to in this paper. In simple terms it divides the population into those who are not even thinking of changing to a healthier lifestyle and those who are or already have. Popular culture may be a particularly good way of engaging with those in this first group. It starts with their interests instead of those of health professionals. (Those in the second group may benefit too of course.)

- **The three legged stool model of health education** stresses that information alone is not enough to change behaviour. It is also necessary to tackle attitudes, values and feelings as well as give people new skills. Popular culture can help with all these things.

- **AIDA** is a model from advertising. It stands for get Attention, hold Interest, arouse Desire, and obtain Action. It is a useful tool when applying many of the different popular culture formats.

- **Community development** ideas are also referenced as many of the examples quoted involve small groups learning by using music, comedy etc for self exploration. However the paper is also interested in how to use these formats to reach much larger audiences who are more passive. Community development theory also raises an important question. Should agencies be trying to social engineer health change in people or working with them on what they see as important?

- **Theories from writing** are also a big part of the paper. The magazine section specifically looks at journalism. More importantly as stories are a universal way of engaging with people, ideas from fiction also appear throughout.

- **Evaluation** is also covered as this is essential if the approach is to develop.

**The money is out there**

- Partnership working is likely to improve the chances of successfully obtaining funding.

- A partnership of the NHS and the local council could pool money not just from health and arts budgets but also from funds for specific audiences such as young people. Economic regeneration teams may also be interested because of the positive benefits of culture to an area. Gateshead being a classic example.

- Other agencies may also be interested if the issues being tackled are topics that underpin their own work, such as self-esteem

- Commercial sponsors may also be interested. For example, Orange sponsored the Evolution 06 music festival in Tyne and Wear.

- Grant giving bodies for the arts, health and specific target audiences or conditions may also be interested

- There may also be possibilities to sell on projects to other agencies in the new world of commissioning. Games, books and CDs can all be tailored for other areas. Performers can perform live elsewhere.
Recommendations
Recommendations

Public health and other NHS commissioners
- Public health departments need to learn from the commercial sector and social marketers. The NHS needs to become public-centred rather than looking inwardly to its own interests in health as of present. Commissioning needs to involve piloting new ways of engaging with the public, e.g., by focusing on their non-health interests. This could be to promote services or empower populations to live healthier lives. However, the involvement and consultation process itself could be enlivened by more use of popular culture. This could also help to promote a positive PR image of the NHS.
- More emphasis needs to be given to finding out both why different groups behave in certain ways as regard health and what their interests are. If research shows they are not interested in health messages, the NHS must find out what they are interested in and look for health links. Even if they are interested in health, building on other interests they have might pay dividends.
- Local research in Sunderland shows that many groups with health problems are interested in things as diverse as pop music, crosswords and pets. However, attention needs to be given as to how precisely to use these. Theory, research and evaluation are vital here.
- Commissioners can either contract with NHS providers to develop new kinds of services provided by staff with new skill sets or buy from elsewhere. If the latter option is preferred these staff will probably still need NHS support.
- Opportunities for joint work with local authorities, the voluntary sector and the private sector should be explored.

NHS Providers
- NHS providers need to decide whether they want to make use of this approach. If they do, they can either train up health staff in new skills or recruit appropriate new staff and then train them in health issues. Alternatively they could create partnerships with non-NHS providers e.g., a musical theatre company.
- They should also consider the potential for selling these new approaches to other commissioners within the NHS and beyond.

Non-NHS providers and commissioners
- There is plenty of scope for local authority cultural service departments and regional organisations such as the Arts Council to work with the NHS. They have specific expertise to offer. (Though the approach is not just based on art.)
- Many other state agencies are also interested in aspects of health or also want to reach the public. Again there are opportunities for partnership.
- There are also opportunities for the private sector, the voluntary sector and individuals to work on this approach too.
How popular culture might improve health inequalities
‘We are enemy of the people. The problem is that we come across as spoilsports, telling people to stop doing things.

There has never been a better time to think through how we get our message across.

We need to make health sound exciting, and look at how we encourage people to make healthy choices.’

Fiona Adshead, Deputy Chief Medical Officer

(At UK Public Health Association Annual Forum 2006 and quoted in Public Health News 27/3/6)
How popular culture might improve health inequalities

Just how interested are the public in health?
The Deputy Chief Medical Officer’s words on the previous page describe perfectly the theme of this report. Health workers cannot assume everyone shares their passion for healthy living. The rising figures for lifestyle related conditions such as obesity may suggest otherwise in fact. Academic research from Cardiff University backs this up, ‘…for many, it (health) exists as a flimsy, insubstantial idea.’

Perhaps putting time into discovering what the passions of their target audiences are would pay dividends for health organisations. Then they need only look for the health links. This slant on the bottom up approach fits in well with community development and social marketing. Both models that health workers and others already use. Social marketers stress thinking like one of the target audience and in this role asking the question ‘What’s in it for me?’

How to engage with the local population

One of the principal functions of Primary Care Trusts is ‘engaging with its local population to improve health and well-being’

Similarly within local government there is an aim to ensure that people engage with local councils more

Engagement is more than just giving information. It is a two way process. It also involves connecting with people emotionally as well as at a more logical level. In social marketing speak it is about motivation as well as information. (The words emotion and motivation both of course come from the same root.)

Emotions can be used in two different ways. Using music as an example

- People may be motivated to go over to live music played at a health event because they enjoy it. Once there staff may engage them on a health issue
- The choice of music or lyrics may also emotionally move people, so that they are more open to engaging around particular health topics

So what are people moved or motivated by? In general terms research shows people want to be happy. Health programmes can use this fact to increase involvement. More specifically, different people are interested in different things. A wealth of data is already available at a low price. Experian for £4,000-£8,000 a year can provide a range of information on the interests of different subgroups in a PCT area. This service is branded as ‘Mosaic’. It also includes health data. This is by postcode or household. It includes information by class and race but not in terms of sexual orientation or learning disability. Separate research would therefore be needed for work planned with these two groups.
In some areas of course appropriate research may have already been carried out by state or voluntary agencies.

What motivates people to get out of bed in Sunderland?

‘... a greater challenge still: of achieving health for all, not just improving health care. Our central question: how do we help every individual and every community get the most out of life?’

Patricia Hewitt, when health minister.

Health has moved away from just being about the medical model. This however may even benefit traditional health campaigns around diet, physical activity etc. Research may show how they can be linked in with individual’s own definition of what they want to get out of life.

Social marketers are not interested in just raising people’s awareness. They want the target group to behave in a certain way. (This can include not changing to an unhealthy behaviour). Social marketing underpins this report. Sunderland is used as the example throughout. So, what interests do people in Sunderland currently enjoy that might be used for health purposes? Mosaic provides information on all the different subgroups that make up Sunderland. However, I only had access to the largest groups that make up this population. They accounted for about half of the total population. This is not a problem, as this data is only used to show how popular culture might be used. It is worth saying that smaller subgroups are still important of course if they suffer disproportionately from particular illnesses.) Below are listed any activity that at least 20% of any of the subgroups mentioned. (See social marketing appendices for more information.)

Places people like to go include
- Bingo
- Cinemas
- Pubs
- Football
- Places to eat out

Popular entertainment mediums include
- Books (especially romantic novels)
- Competitions
- Computer games
- Crosswords and puzzles
- Film
- Popular music

Topics that interest people include
- Football
- Cooking
- Fashion
Feeding the birds
Gardening
Hair and beauty
Grandchildren

‘Commissioners should
- Provide accessible, relevant information on how to improve health and stay healthy, and do so in a way that promotes greater equality and social inclusion. This needs to be provided in a variety of settings and using a range of media, recognising that different people access information in different ways and are influenced by different sources of information. Social marketing approaches can make a major contribution in helping to get the right messages to the right people in the right way’

The Department of Health is keen on social marketing approaches. 8

- Pets
- Popular music

The lists are not in any particular order as interests were ranked differently in different subgroups.

Engage the public with what interests them
The Mosaic data suggests a number of ways to use the public’s own interests to engage them on health issues. Some of these have been tried before in the past. However, in this report it is argued that this should be done more systematically. Subsequent chapters look at topics such as music, romantic novels, football and crosswords in detail. Below however some of the public’s other interests are used to describe the approach in brief.

Going to the cinema or watching a film
Around a third of middle aged people in the Sunderland subgroups picked cinema and film as a recreational choice. The figure was even higher for younger people. Although health agencies have not got the money to finance their own blockbusters perhaps they could learn from the museums sector. Many museums picked up on films like Jurassic Park II when they came out and organised events on prehistoric themes. Alternatively, perennial favourites like James Bond often have gadget exhibitions based on them in
‘PUBLIC HEALTH: Soon to be a major motion picture.’
How many films can you think of with a public health theme?

‘Philadelphia’ ‘Trainspotting’ and ‘Supersize Me’ are three ‘issuetainment’ films that immediately spring to mind. When ‘Braveheart’ came out, the Scottish National Party supposedly used it as a tool to recruit new members. Is public health missing an opportunity here?

Places like science museums. Given the number of lovers, martinis and car crashes 007 has had, sexual health, alcohol education and accident prevention may be natural tie ins. (Without breaking copyright of course.) This could be in the form of advertising at cinemas or rental stores. Workers interested in community development or mental health may find the American Film Institute’s website of their 100 most inspiring films of all time sparks off new project ideas. Go to http://www.afi.com/tvevents/100years/cheers.aspx

Cookery and gardening
Both of these activities were popular with around 25-50% of all the subgroups in Sunderland. There are obvious links with nutrition and physical activity.

Pubs, bingo halls and restaurants
In Sunderland in the nineties City Challenge Health Promotion developed a one woman show on cancer screening. This was performed before the bingo. Pubs might be willing to have some health education campaigns run in them if they do not interfere with profits. Perhaps a series of music and comedy gigs on positive mental health might be acceptable. Alternatively, pubs and restaurants may have rooms that can be booked to hold events in. At least people will know where they are and feel comfortable in them. Another approach would be to revisit the Peckham Experiment and build NHS premises that had restaurants and entertainment spaces in them. Community cafes are also being developed and supported by the NHS in different places to promote healthy eating. They could also perhaps be venues for health shows using music and comedy. The Arts Council document on arts & health produced in 2007 has the ‘built environment’ as one of its priorities so there may be opportunities for joint working here.

Fashion and hair & beauty
Fashion was popular in only a small number of groups. However, fashion shows have been used to promote sun safety in the past. Perhaps fashion students could be used to make falls clothing more acceptable to older people. Hairdressers have also been taught to give health education messages. Another approach would be to make more use of a TV format such as ‘Look Ten Years Younger’. This could involve health advice around diet, exercise, smoking, sun safety and drinking. All of which can damage the skin. However, it could also include information about make up and fashion. The health aspects of cosmetic surgery could also be discussed as this is a big part of the TV show. Dental health could also be included as this also affects appearance. Mental health advice would be useful to counteract the negative aspects of concentrating on appearance. Sexual health information might be useful, if people were improving their looks to get a partner.
The Department’s of Health’s support for the ideas in this document:
Better information, better choices, better health 15

The Department of Health promoted the key ideas in this report in 2004. In ‘Better information, better choices, better health: Putting information at the centre of health’ it says

- The need to improve information was confirmed through the recent ‘Choosing Health?’ consultation on public health
- The Department will segment the population and identify best practice for communicating with each audience
- Greater diversity is needed in how information is made available to people... through ways that are personably accessible
- The route to true equity is through greater personalisation of information
- To deliver an Information Revolution, the NHS should work
  - In partnership with the private and voluntary sectors to create health care and healthy living information products that talk to public and patients in their own language
  - With industry, commerce and the wider public sector to deliver these products in the environment where people, work, live, shop and play
- The ‘Your Life!’ and ‘FIT’ magazines pilots... shows what can be done to present information on healthy living and local services in an accessible way
**Pets and Feeding the birds**

There is also evidence about how looking after pets is good for mental health. Perhaps projects to help people have pets they could not afford otherwise, would be worth considering. Evidence of the benefits of this already exists from work in prisons, nursing homes and mental health programmes.16, 17, 18

‘Feeding the birds’ was mainly an interest of older people. Maybe it is linked in with social isolation. If so, it could be a way in to tackling this issue.

**TV**

Television watching is recorded separately in the Mosaic research. Data about the popularity of specific TV shows with different groups is not recorded. However, overall viewing figures for shows can be found at [http://www.barb.co.uk/index1.cfm?flag=home](http://www.barb.co.uk/index1.cfm?flag=home). More detailed information may be available for workers buying advertising space. This may help explain what different segments of the population watch. In general terms soaps, popular dramas, game shows and reality programmes have the highest rating. Sport and the news also have high figures.

Health agencies can make use of the popularity of TV in a number of ways. One of course is advertising, though this can be expensive. The Department of Health has commissioned celebrity health magazines to tie in with the public’s interest in soap stars etc. Another option would be to look at what people can learn from shows such as *Big Brother*. The kind of issues covered could include:

- Human physical and psychological needs
- Self-esteem
- Decision-making skills
- Emotional intelligence (including dealing with stress)
- Communication skills
- Conflict resolution and bullying
- Relationships
- Power e.g. gender, class, race, disability, sexual orientation and age
- Sex
- Addictions and mind altering substances (Drink and cigarettes often play a big part in *Big Brother*)
- Nutrition (Food again is often an issue.)
- Exercise (as a stress release or in terms of body image)
- Understanding the media (as moral panics can be about health as well as Jade) 19
- Life satisfaction – Do money, fame or sex make people happy? What does? 20

As well as teaching packs, there could be courses, a magazine when the show is on and press releases as particular issues hit the headlines.
Health information can be dull. On a cold, wet day how do you make it worth getting out of bed for? Perhaps by putting it in places people want to go to such as the bingo, the cinema or the pub and offering a bridge into the health service from their own world. (a)

**Popular culture not the same as arts & health**

Some of the topics described in this report on how to use popular culture could be described as ‘arts & health’ approaches e.g. fashion, music, books and cinema. However, the research suggests that all arts are not popular culture. For example very few people in the Mosaic research identified the ‘theatre/arts’ as a recreational activity they did. These therefore may not easily be used to tackle health inequalities.

**That’s Edutainment!**

The idea of using popular culture as an educational tool can be summed up in the word ‘edutainment’. It is defined in the Oxford English Dictionary as ‘entertainment with an educational aspect.’ Often, edutainment seeks either to teach about specific subjects, or to change behaviour by tackling specific attitudes.

Although a new word the concept goes back at least to Ancient Greek times, e.g. Aristophanes. Sesame Street, the US TV series for young children about literacy, moral values and health is perhaps the classic example of edutainment. It uses social marketing type techniques to research, engage and motivate its target audience. Results have been impressive. Importantly the production company paid a lot of attention to detail. Many of their initial assumptions about how to use children’s TV to teach literacy were wrong. Research and evaluation were key to their success. Similarly when using popular culture to promote health, evaluation and attention to detail is important.
This report lists a whole range of ideas about how to use popular culture to edutain. Many of these involve entertainment professionals and relatively large budgets. Ultimately, however it is a mindset. A few years ago I was asked to arrange a talk on alcohol for a group of people in an old people’s home. They had not asked for this themselves. The staff just thought it would be good for them. I was unsure about their response, so tried to think about what might interest them. For next to nothing I got a local historian to talk about pubs in the area and build in some information about safe drinking. If I was doing it again now, I would have consulted the older people themselves right from the start.

A word of warning however. The entertainment aspect of edutainment is useful for attracting people and maintaining their interest. But it should not be allowed to get in the way of the overall health aims. It is important to always be clear of what these are and how the chosen format will help achieve them. It is also vital that the approach does not compromise the underpinning values of the agency.

What social marketing offers health agencies

‘Public health specialists… will need skills in communications and marketing.’

The quote is from the Department of Health’s Choosing Health document. The British government is the first in the world to commission a national social marketing strategy. Go to www.nsms.org.uk for information on this and other social marketing topics.

Marketing is not the same as advertising or even campaigns. Marketing is about finding out about the needs and life circumstances of the target groups. The response after that to improve health could be campaigns. However, it could equally be changing how services are provided or lobbying government. In terms of using popular culture, social marketing techniques are needed to

- Select the form of popular culture to be used e.g. hip hop or cricket
- Fine tune projects to make sure they hit the target
- Decide on the message that will change health behaviour

The key lessons health agencies can learn from social marketing are to

Set behavioural goals
Social marketers aim to get the target group to change their behaviour or to maintain it. So they might try to stop people smoking or stay as quitters.

Divide up the population
Be as precise as possible. Try not just to rely on age, class and gender classifications.

Make use of research
Find out about the target group. Why do they behave as they do in terms of health? How can they be reached? What special needs, interests or characteristics does this group have that might be useful to know about?
Be aware of the cost of healthy behaviour
Social marketing emphasises looking at the research. Identify any hidden costs to the target group of being healthy. This does not need be financial. Reading health information that is boring ‘costs’ the target audience. If they will not pay this cost, the message will not get through. The answer is to make it more relevant and interesting.

Be aware of the competition
How do healthy agencies overcome the marketing of the big alcohol, tobacco and food companies? Do what they do better. One thing they do is link popular culture to their products. They are particularly keen on music, sport and blockbuster movies.

Make use of appropriate theory
Social marketing theory does not prescribe what theories to use. It does stress however the need to base programmes on theory. A number of theories are used in this paper but others may be more appropriate in different circumstances.

Be creative
‘If you do what you always do, you’ll get what you always get.’ Use the research to try something new and appropriate with the target audience. This may or may not be creative in the artistic sense of the word.

Pre-test
Pilot any interventions first so improvements can be made early on. 27

‘The TPCT must ensure that services are accessible to everyone… This will involve applying a range of mechanisms to reach people who are not accessing health services or taking up preventative messages.’

This quote is from a paper on vulnerability rather than social marketing. However, it echoes many of the concerns of social marketing. Popular culture could be one of the ‘mechanisms’ referred to. 28

AIDA and the use of popular culture
Not the opera. (Unless the target group is social class A and the research shows they love Verdi.) This section is on advertising theory. AIDA is the traditional conceptual model for creating any advertising or marketing communications message.29 It stands for
- Get Attention
  E.g. ‘That band’s playing a song I like. I think I’ll check this out’
- Hold Interest
  E.g. ‘They’re performing a musical about teenage pregnancy. It’s quite moving and relevant to my worries about my daughter’
- Arouse Desire
  E.g. ‘I really don’t want us to end up in the same situation as the people in the musical. I’ve left sorting this out too long.’ (Suggests a feeling state but could be intellectual too.)
- Obtain Action
  E.g. ‘I’m going to talk to the health workers by the side of the stage, about my daughter.’
AIDA is used throughout this report to show how to use popular culture as a health tool.

‘Don’t make me think!’

This is the advice by a designer about the need to ensure that finding the way round a website is easy. If it is even slightly difficult, people will probably surf away. Similarly public health need to ensure that health information is easy to access. 30

Is Doctor Who a public health physician?
In *Dr Who Confidential*, the writers of one of Britain’s most popular series, expressed concern. They were worried that unless they engaged their viewers every few minutes their audience would disappear off to the pub. Magazine editors have similar concerns. They reward their readers regularly with interesting subheading, boxes etc. so as not to lose them. Health education may not excite people as much as the Daleks or ‘Hello!’ magazine. So it is even more important for the health sector to borrow ideas from experts in popular culture such as TV shows or magazines. Other than attention span the following ideas maybe useful to health workers

- **Spice up old information in new ways**
  Many magazines run the same kind of story over and over again but from a fresh angle. And who knows how many times the Doctor has defeated aliens trying to conquer Earth. If health experts repeat the same old health messages in the same way time after time, people will not pay attention. Try something familiar but different.

- **Appeal to people’s emotions as well as their intellect**
  But try not to make them hide behind the sofas. It is not good for their mental health.

- **Focus on the human interest angle**
  The modern *Dr Who* could be described as a love story with tentacles and slime.

- **Develop a relationship with the target group**
  This could be by having a character like the Doctor. It could be by being clear about the tone and style to use in communicating. What role is it most appropriate to adopt in any particular campaign e.g. expert, trusted uncle, peer. Will the target group be happy to the play the corresponding role?

- **Make it a long term relationship**
  Health agencies need to develop relationships with people for life, so that they are happy to come back again and again. Bit like an old loved serial from childhood.

Social marketing and Community Development

‘Social marketing is about putting people back into the centre of national and local strategies for public health’

*From ‘Health Challenge England –Next Steps for Choosing Health’. One of the questions to consider about social marketing is an ethical one. Is social marketing simply about using popular culture to get the public to do what health professionals want? Could the social marketing –popular culture combination also be used to explore with people what they actually want?*

In one sense the social marketing that underpins this popular culture approach is a
Viral marketing: An approach made for public health?

- ‘Viral is a word used to cover a range of marketing methods, including video, games, competitions, emails and so on. The concept is simple: it a marketing form which appeals to the recipient so that they pass it onto friends and colleagues, thereby keeping costs low and vastly increasing the size of the audience’ (William Makower, CEO of Panlogic digital marketing company.)

- ‘Audiences have become resistant to traditional advertising and media so cut-through communications to engage audiences is based around infotainment... This (viral marketing) is one of the safest ways to win business if done correctly.’ (Serena Read, managing director of 24PR)

- ‘Behind every successful viral marketing campaign is something truly original, interesting or helpful that your audience will find hard to resist. When something is perceived as being of value it will be passed on.’ (Matt Seward, Kilo 75 web design)

- ‘Marketers are tending to now approach businesses in a consumer focused way, spicing up their marketing communication accordingly. Traditionally, so many of the communications were typically grey, bland, safe and corporate looking, with the message being aimed at the business rather than the individuals within it.’ (Ed Chilcott, Minimart, advertising and marketing agency.)

Using popular culture to promote health may have a knock on effect. This could simply be by people talking to their families about the band or comedian they’ve just seen. It could be sharing CDs and books with them or asking them the answer to a health competition or crossword. As access to broadband continues it could be by them emailing games or clips of gigs or stand-up performances to friends.
bottom-up model. It does not necessarily start by finding out what the public’s main health concerns are. However, it does try to find out their concerns about a given health topic, such as professionals wanting them to go for a smear. It also wants to know what interests them in their lives generally. The health interventions that come from this may be carried out by experts or be peer-led.

Most of the popular culture approaches suggested in this report involve ‘experts’ and an audience. For example, the music projects focused on in the next chapter are not particularly participatory. The focus is on how a large audience of the target group can be reached by a small number of performers. The audience’s health is then hopefully improved if they take on board the messages of the performance. A more community development approach would focus on how to engage a small number of at risk individuals by them being performers themselves. The focus here is on the health benefits the performers get as a result of self-expression, self-understanding, group bonding, becoming more confident etc. This is a valid approach. It has its place in the public health tool kit and so is explored in passing in this report. It will never reach large numbers however. Neither is it for everyone, as some people prefer watching and thinking to performing.

With either approach the target group need to be involved at every stage to make sure the project is relevant to them.

**Popular culture and social capital**

Taking part in cultural activities can improve individuals’ sense of belonging and trust within their community. Sunderland, Gateshead, Nottingham and Knowsley councils took part in Beacon schemes that looked at regeneration through sport, culture and tourism. Research found that ‘well-run cultural services can have far-reaching benefits, including reducing problems in health, education, crime and anti-social behaviour’. They help with social cohesion and social capital, providing the ‘bridging capital’ that brings different classes and groups together.

‘Popular culture’ marries well with classic health practice

Approaches that use popular culture can easily make use of ideas current in public health. Examples are listed below.

- **Stages of Change**: Prochaska and DiClemente’s model ties in well with this approach. The Stages of Change approach divides people up by where they are in terms of changing their behaviour. This can range from not even considering the need to change to having changed long term. These different types need to be targeted differently. It would be useful to find out more about what social marketing groups they are most common in to be able to do this. The popular culture approach may be particularly useful with people who are not even considering change. These ‘pre-contemplators’ may be attracted by approaches that tie in with their own interests. This ‘in’ may then give health workers an opportunity to change their behaviour.

- **Health maintenance**: Similarly many of the different groups within the health maintenance pyramid can be further segmented by social marketing research. Depending on the research evidence, popular culture may then be a good way to reach them. (The pyramid’s base is of people who think they are healthy. As it goes up to its point, the groups have more and more health problems.)

- **Partnership working** is another staple of health agencies. Many organisations outside of the NHS have the same underlying principles as public health, such as environmental concern, self-esteem or the wider determinants of health. They may be
interested in working in partnership using approaches such as music or football. Cultural organisations may also be interested e.g. art funding bodies or council departments promoting outdoor events. Joint social marketing although it has an initial research cost, should also be cheaper in the long term as it should focus resources more effectively. (Popular culture may also be used to strengthen partnerships. Team building company of the year Blue Hat UK has used themes such as TV programme ‘The Apprentice’ and blockbuster ‘The Da Vinci Code’ in their events.)37, 38, 39

Branding: Engaging with the public on a long term basis
‘Once the enterprise understands what the brand is all about, it gives direction to the whole enterprise.’
(Shelly Lazarus CEO of Ogilvy and Mather Worldwide) 40

Social marketing tends to concentrates on how to reach the client group by looking at what they value. However, health agencies also need to know what they themselves value – and then tie the two together. The values of health agencies are more than just the health changes they want to happen. In the language of the commercial world it is about ‘brand values’. Organisations need to build up a relationship with clients if they want to succeed. In part this will depend on social marketing research. So for example an organisation may put more effort into a particular value such as confidentiality, if that is a concern people have. However, sometimes certain health agency values may be at odds with a minority or even a majority of its population e.g. around contentious issues such as racism or homophobia. Obviously in this case the organisation wouldn’t want to compromise its values. Instead it would need to work with their population to understand and change their views.

So what brands does the NHS want to build its relationship with people on? At www.nhsidentity.nhs.uk/main.HTM its values are listed as

- Health
- Caring
- Professionalism
- Efficiency
- Equality
- Choice and responsiveness

In ‘Shifting the Balance of Power within the NHS: Communications’ (February 2003) it adds ‘Primary Care Trusts present a big opportunity for the NHS… by actually forging a new and closer relationship with the public. Key to developing this new relationship will be… engaging the public/citizenship’ 41

I believe ‘relevant and interesting in the eyes of users’ are also essential values if health agencies want to engage in a close relationship with the public. Indeed research might show that in many circumstances ‘fun and life enhancing’ might also be values that are essential for achieving health improvement. If this is the case, then they are not bolt on extras. As Shelly Lazarus points out at the top of the page, they need to feed into everything the organisation does.
Using music to tackle health inequalities
Live 8: ‘I see it all as the biggest public health ever staged’

Dr Alan Maryon Davis, Public Health News,
Using music to tackle health inequalities

Why use music to engage local people in improving their health?

Music is popular with key target groups
In this section Sunderland continues to be used as an example of a city facing problems of health inequalities. The Mosaic research also shows that a large proportion of its population have an interest in popular music be it pop or rock. Around a third to a quarter of most of the major subgroups in the city says that they have an interest in pop music. Around 10-15% says the same for rock music. This is not just among young people. Indeed figures are even higher for some specific groups of young people. (See appendices for Mosaic data.)

Non-readers can learn from songs

‘Extraordinary how potent cheap music is.’

Noël Coward

Music is a powerful tool. It has been used throughout history by religions, the military, political movements and commerce to influence people. This may partly be because of the problem of literacy in previous generations. However, this problem still exists. According to official figures 16% of the adults in England and 21% of adults in Sunderland have literacy below Level 1 (Level 1 literacy being the equivalent to 5 GCSEs at grade D-G.) This does not necessarily mean that they cannot read. However, they may give up on anything not written as simply as a tabloid newspaper or magazine. Therefore health education interventions that do not rely on reading ability seem worth considering. Although the language used in particular songs still needs to be appropriate for the intended audience of course.

Some people learn best by hearing information
NLP (neuro-linguistic programming) theory claims that different people learn best in different ways. Although some people prefer to learn with their eyes, others regardless of their literacy level prefer to use their ears. A third group need to use their bodies. In practice this means that the actual act of writing things down helps them learn. This is regardless of whether they ever look at their notes again. Music may be useful as a tool to reach all three groups of learners. Obviously songs may be a particularly effective way of reaching people who like to hear things. However, musicals with their mixture of visuals and music may be effective for people who need to see things. It would be interesting to research if singing along reinforces learning in the group that need to use their bodies.

Paradoxically, other research shows that people remember

- 10% of what they hear
- 20% of what they read
- 30-40% of what they see
- 60-70% of what they see and hear

In this case again, perhaps musicals with their mixture of music and live action may be a good tool to develop. (See the subsection on musicals for more information on this.)
Although music then may be useful as a health tool, perhaps it might also need to be backed up by simple to read materials when people need to remember things. This could even be on CD sleeves if the music is in recorded form. Alternatively, live music could be backed up by a recorded version on CD or podcast.

**Music works on the head as well as the heart**

‘Music is something that can give us a focus. But most of all, music is the most powerful tool for expressing emotion that’s available to us as human beings.’

*Alex Kapranos from the band Franz Ferdinand*

Assumptions that human behaviour is rational are not accurate. In reality people are affected by their emotions as well as logic. Emotions and the unconscious evolved much earlier than logic as a way of making decisions. Songs with their combination of both the poetry of the lyrics and the sound of the music are powerful ways of triggering feelings. This may because music mimics the emotional sound of the human voice. Health workers may be able to use this power in a number of different ways

- As triggers to open people up, so that they are open to talking about health topics. This could be amongst themselves or with health workers
- By using song lyrics to remind people that they are not alone, e.g. other people are also HIV positive
- By using musical events to help create a sense of community
- By showing people how to use music to alter mood e.g. depression or anxiety (See subsection on Music as a mental health promotion tool)
- By using song lyrics to inspire people to change or keep going
- By showing people how to use music as a reminder or affirmation of their positive health choices

**Music brands the NHS as approachable**

Using music may help the NHS counter Deputy Chief Medical Officer, Fiona Adshead’s claim that ‘We are the enemy of the people’. It may present an image of the health service that is more human. Show it as an organisation in tune with real people’s lives and that can let its hair down to have fun or be moved. If so it would help primary care trusts in their aim to engage with the public.

**The media may love music for health**

Using music, at least initially, may have novelty value with the media. It may also provide them with interesting ‘sound bites’ and photo opportunities. Common Knowledge, the Tyne & Wear Health Action Zone arts and health project, found that music for health projects attracted the most media interest of all its projects.

As well as press releases about actual projects, perhaps interest could be created by annual awards for health and music. Categories could include most inspiring song about a health topic or the music performer who has done the most for health. This could be for charity work or sharing a health problem publicly etc.
Have you ever gone away humming a leaflet? Music helps brand an organisation or service. Think of all the classical and pop tunes advertisers have adapted over the years. (a)

Health workers also need to be prepared for negativity from some parts of the press. The Daily Mail attacked Prime, a government funded health magazine that mimicked the format of popular celebrity publications. The paper said that ‘The Health Service is spending millions publishing celebrity magazines. Every year it pays £2million for glossy publications featuring pop stars and actors discussing their views on diets, smoking and even fake tans. Critics said the money should be going to cash-strapped hospitals instead.’ 12

Things to consider about using music

‘Rap and hip-hop is a very powerful way to convey your ideas in a way young people enjoy and understand... We all have some strong beliefs and share a love of this type of music which we use to try and get some strong positive messages across.’

Amer Sheikh, chemistry teacher and rapper at Thornhill School in Sunderland 13

To reach a large audience you need a good product

Most of the popular culture approaches suggested in this report involve experts and an audience. In terms of music, the prime focus is on health education to mass audiences through live performances or CD. Both the songs and their performance need to be of a high quality. Local song writers or community groups may not always be able to consistently produce high quality songs. These need to both give the right message and be catchy and moving. If this proves to be the case it may be easier to use songs that have already been recorded by professional musicians. These can be performed by local
An incomplete history of public health and music part 1

• In the beginning: The human animal makes sounds to maintain contact and bonding between mother and children. Human have an incredible sensitivity to voice and song. This extends to music. Music is about connecting and body rhythm, which meets basic needs and that the brain feels as pleasure. Prehistoric people use ‘songs’ in the form of pitch and sound to communicate e.g. a certain noise might mean ‘Mind that falling rock!’ The rudiments of accident prevention are invented around the same time.
• Early times onwards: Religion, armies and political movements use music as a way to communicate information and motivate their followers.
• 1878: General Booth forms the Salvation Army. In part a temperance organisation concerned about the dangers of alcohol, the Salvation Army is also involved in medical, educational and social work. Music plays a big part in the Army’s proselytising efforts. The General asks ‘Why should the devil have all the best tunes?’ and asks new lyrics to the melody of music hall songs.
• Nineteenth century: The comic song Why Should Children Go Into Public House? helps to lead to a change in the law.
• 1930s and 1940s: Songs about poverty and social change are sung by Woody Guthrie and others in the US. Even establishment writers manage some social comment occasionally e.g. about racism in the musical South Pacific.
• Late 1950’s: Rock’n’Roll takes off and new attitudes about sex and other issues begin to form. The lower half of Elvis the Pelvis is banned from US TV because of his gyrations. A later commentator says that Elvis is more political than Bob Dylan because of this.
• The 1960’s: Music provides the soundtrack to a generation who want to change the world. Political singers like Dylan even impact on the charts.
• 1971: Concert for Bangladesh – Ravi Shankar and George Harrison respond to a political and health crisis in South-east Asia with an all-star benefit fund-raising concert.
musicians or residents if they have the skills. (However, for powerful examples of songs written by amateurs with the help of professionals go to http://www.musicinprisons.org.uk/index.php?page=news_topten.)

There are other ways of using music that would interest public health professionals. These focus not on the audience but the people making the music. For example, youth workers who get young people to write their own songs to explore issues, increase confidence or develop new skills. The finished product may not always be suitable for use as a mass communication tool however. This approach is covered in more detail in later sections. It is important not to confuse the purpose of the different approaches but to concentrate on their different strengths.

10 easy ways to find appropriate songs about health inequality

1. Talk to knowledgeable members of the target audience
2. ‘The Green Book of Songs’ by Subjects is a good source of titles. Order it at http://www.greenbookofsongs.com/order.asp or through the normal channels.
3. ‘Rise Up Singing’ contains song lyrics some of which would interest public health workers. They also produce a series of CDs to teach people the melodies of the songs as well. These can be ordered at http://www.singout.org/rus.html
4. People interested in the wider determinants of health could start with the links section of the Centre for Political Song website http://www.gcal.ac.uk/politicalsong/links/index.html
5. A simple approach is to put a word that sums up the aim of the project plus the word ‘lyrics’ in Google.
6. Another idea is to sign up to iTunes, put key words in the power search and see what comes up. The site also has short snatches of all the songs that are on sale. iTunes is on www.apple.com/itunes/download/. The development of iTunes is really helpful for using music as a tool to engage with the public or to combat health inequalities. The US site holds over six million songs. In the UK tracks can be downloaded for 79p each. The alternative of course is to have to buy a whole CD to get one track off it. Unfortunately, as yet there are no compilations albums called ‘Now That’s What I Call Public Health vol.56’ or ‘The Greatest Health Education Songs in the World…ever 42 (Thought iTunes have assembled their own Rest In Peace compilation of around 50 songs about death.)

‘If you don’t write good music, people aren’t going to listen to anything you say. That’s something I learnt from Billy Bragg when I met him about 10 years ago.’

Justin Sane from the band Anti-Flag. It is worth spending time finding the right songs for the target group and the aim of the project.

7. Amazon is a good place to listen to snatches of CDs that might be suitable. The US site on www.amazon.com seems to have a greater selection of tracks to listen to than the UK version.
8. A company called Broadchart have developed Play Time. This is subsided by the UK government and is aimed at schools. Play Time is available online. It includes every song from the UK Top 40 since 1952 and the majority of the US Hot 100 chart since
1954. It also has many other tracks too. Schools can access over 3 million recordings for whatever purpose’ plus music scores. Depending on the size of the school Play Time costs between £400-900 a year. For more information go to www.broadchart.com Health workers may be able to develop projects with schools that make use of this resource.

9. To find sheet music of appropriate songs try www.sheetmusichound.com
10. Workers could pool their collective knowledge of possible songs and create a national/international database on the web. This could be a wiki – a website where anyone can add to what is already on the site.

(Mobiles can now also be used to identify unknown songs that you hear that are appropriate. Simply hold the phone up to the music as it plays. There are a number of companies that provide this service as long as registration is completed with them first. For example go to www.shazam.com/ and press ‘what is shazam?’)

**Many health topics have been covered in song**
There is plenty of recorded music from the 1950s onwards that have themes appropriate to promoting health. For example
- Sex
- Drugs
- Alcohol
- Mental health
- Relationships
- Self-esteem and assertiveness
- Personal change
- Gender roles
- Ageing
- Raising children
- Wider determinants of health e.g. poverty
- Environmental issues
- Social change

There is less on smoking, diet, physical activity and accidents but some songs do exist.

**Music mentioned in this document**
To listen to any of the music in this document try www.amazon.com. To make things easier the albums that songs come from are listed in the appendices. Simply enter the album name in the search engine and change the drop down menu to music.

To find the words try Google and put in the song name plus the word ‘lyrics’. Be aware however that they may or may not be accurate.
BNWHM, Hi-NRG or R&B?

Popular music has as many subdivisions as the average branch of medicine and can be as confusing to the uninitiated. Does the target group prefer the British New Wave of Heavy Metal, high energy music or rhythm and blues? And this of course is just a handful of styles. It’s obviously important to pick songs whose content reflect the aims of the health project they are part of, but what about genre? Will a target group reject a song because it is not in the right style? Perhaps. Testing it with them may answer that question. Often however songs can be performed in different ways. ‘My Way’ for example started life as a rather depressive French song called ‘Comme d’habitude’ by Claude François. It was later recorded by Frank Sinatra with powerful new English lyrics. Since then there has been a disco version by the Bobby Azeff Orchestra, a Sid Vicious punk version, and the Gipsy Kings did a Romany rock version in Spanish. Impersonator Mike Yarwood even sang it as Prime Minister Harold Wilson. (The experience of soul legend and political activist Curtis Mayfield is also worth mentioning. When he started singing the Carpenters’ love song ‘We’ve Only Just Begun’ at a live gig, black power supporters started booing him. They ended up feeling moved. They realised that the lyrics and his performance had something to say to them about the recent attainment of civil rights in the USA.)

Reach 30,000 people face to face

Over 750,000 people visited major events (excluding football) in Sunderland in 2006. Possible events, with Sunderland examples, could include

- **Citywide events** such as the annual air show, kite festival, Mela Asian festival of music and dance or the women’s half marathon. (The Sunderland International Festival of Kites, Music and Dance’ alone attracted 30,000 people in one weekend in 2003. More information about this and other events are available in the appendices.)
• **Local events** such as the Hendon or Southwick area carnivals. Almost 2,500 people saw the Hendon carnival in 2006. 24 (Interestingly, local people said that they ‘would like to celebrate Sunderland more through events and festivals that bring people together’) 25

• **Celebration events** e.g. 120 people attended the Back on the Map Employment Awards and 400 turned up at the Safer Sunderland Partnership’s Pride of Wearside Awards. 26 Musical performances on the theme of the wider determinants of health or individuals’ personal struggles might work well at this kind of event.

• **Consultation events.** There is a number of these every year. Within Sunderland a consultative event using art was the most successful consultation done by Back on the Map up to that point. It included a range of approaches including music.27

• **Health fairs.** In 2006 there were 15 of these in one of Sunderland’s three Primary Care Trust localities alone. 28

• **Health events to mark campaign dates** such as World Aids Day. Perhaps these could even include legal busking or health-a-grams. The local council’s policy on culture included plans for more street theatre. 29

• **NHS premises.** The local NHS is building new Primary Care Centres. Perhaps any new ones should have an area that could be used for health gigs. This might help men and other non-users of services to feel more at home in them. The community could use them at other times. In a sense this is a development from the old Peckham Pioneer Health Clinic model of the 1920s and 30s.30 In facilities aimed more at young people, such as specialist clinics, perhaps a café could be opened for music and comedy performances connected with health. The café could also stock the magazines and games mentioned in other parts of this report.

• **Local authority premises.** Sunderland’s Cultural Strategy says that there is a ‘need to develop ‘one-stop’ cultural and community facilities as (there is) not equal access across the city’. Perhaps health agencies could tie in with this. 31

• **Pub tours.** Many local pubs and clubs have live music. They may allow a health band to play in their venue. Presumably they would want a choice of music that would not affect their profits from alcohol, food or cigarettes. Songs around positive mental health might be possible. (The Mosaic data showed that around 30-40% of the main subgroups in Sunderland listed going to the pub as one of their forms of recreation. The figure was even higher for eating out. These venues are therefore worth focusing on. This might even be simply hiring them as venues for public meetings. The target audience might feel more comfortable there than in an NHS building.)

• **Bingo halls.** The social market research also identified bingo as popular places for two of the main target groups to go to. In the past a one-woman show on screening toured bingo halls locally. 32 Perhaps music could go down equally as well.

• **In-house events.** Music may be also be a useful tool at Royal visits and tours by audit commissioners or potential funders. (It might also have role in training events as well.)

At events such as these it would be important to be clear what the health aims were and what the key targets were.

There is also the opportunity for using recorded music on CD or online. CDs could perhaps be distributed with magazines aimed at the target group e.g. ‘Street’ for young Weariders. This has a distribution of 26,000 free copies. 33
Key issues when using music

'Sing like the Supremes. Walk like the Clash.'

The band, the Redskins, had some chart success in the Eighties. They were also members of the Socialist Workers Party and used their music to promote its views. This quote in effect was both their mission statement and their operational outline. If health agencies want to use music for their own purposes they also need to be very clear about how they will use it to achieve their goals. Fortunately there are various theories that can help.

There are a number of key issues to be aware of when using music

- Have clear aims
- Have a well thought out plan of how the music will help achieve these aims e.g.
  - Who is the music aimed at?
  - Why should they be attracted to it?
  - How are they supposed to respond and why?
- Pilot the music to see if it works with the target group
- Have follow up workers or materials ready to follow up any interest
- Look for links with other agencies to share costs, workers etc

How music may help meet health targets
Music can probably only be used effectively when it clear what purpose it is being used for. Theoretically it can be used to achieve a number of different aims. The main ones are

- To attract people to a stall or event
- To change people’s image of an organisation
- To give out health messages and ideas
- To demonstrate the skills needed to be healthy
- To move people at an emotional level so as to effect their attitudes and behaviour

It may be possible to use music to meet more than one aim at a time. However to make explanation easier in the next few pages they are looked at one by one.

How to use music to attract people to an event
Music may attract people’s attention without it being anything to do with the event itself. Few of the songs performed at Live Aid or Live8 were about the Third World, starvation or poverty. Simply having live music may attract people to an event. Health workers can then engage with them about health face to face. To make it seem topical a band may perform seasonal songs, for example at a summer fete

- Here Comes The Sun (The Beatles)
- Let The Sun Shine In (From ‘Hair’)

However, there are so many songs about health it would be easy to make the repertoire link in more closely. Some topics have many songs about them that explore the complexity of their subject, e.g. sex and mental health. However, this is not always the case. There are very few modern songs about food. Those that do exist are unlikely to persuade anyone to change their diet. They may however attract people over to a stall where workers can do this. The song itself may also help workers to break the ice and
make it easier to start a conversation with people. It is probably an idea to get a number of possible ‘chat up lines’ ready at the start. It is also worth thinking about whether health professionals are always the best people for this role. People with an outgoing personality and an affinity for the target audience may be most appropriate. These could be health professionals, clerical staff or be specially recruited.

Light hearted or comic songs may be a good way to cover some subjects, such as food. Straight songs on some topics may end up sounding worthy but dull. Here are a few to choose from.

- **The Food Album** (by Weird Al Yankovic)
  This is an LP of covers of hit songs where the words have been changed, with permission, to be about food. For example ‘Addicted To Spuds’ instead of ‘Addicted To Love’. Some of the tracks however definitively couldn’t be endorsed by the NHS.

- **Slave To My Belly** (by Catie Curtis)

Alternatively, it may be possible to make an orchestra of instruments made out of fruit and vegetables. This was reputedly done on the BBC children’s TV programme ‘Blue Peter’.

### Using AIDA to attract people to an event

In this approach the AIDA model is attempted to be used in the following way;

- **Attention** is initially grabbed by the music
- **Maintaining Interest**, arousing **desire** and obtaining **action** is down to the skills of the worker at the stall or event

### How to use music to change people’s image of your organisation

**Red Wedge: An example of engaging with young people**

Can pop music help to alter the image of an institution? Before the 1987 election the Labour Party was concerned that it was out of touch with young people. It used Red Wedge to try to reach them. Red Wedge was a number of well-known musicians who performed for young people on behalf of the party. Their concerts also gave MPs a chance to mingle and talk with young voters. Although Labour still lost the election they successfully increased their votes in the 18-24 year old age group. Bryan Gould, a senior member of the party at the time said that Red Wedge had been ‘an important part of our efforts to reach the young’. 34 (In Ireland a Rock the Vote movement has also been set up to encourage young people to vote. It has blogs from all the main party leaders.) For more information go to [http://www.rockthevote.ie/](http://www.rockthevote.ie/)

Few local state organisations can call on a host of celebrities to support them. They could perhaps however use music to attract people and appear relevant and approachable. They could back this up with face to face talk.

‘**We need to provide a friendly and lovable face.**’

The Deputy Director of Public Health for England made the above comment. If the research shows a target audience is interested in music it may help create this new image. Of course, the reality of the audience’s daily interactions with the NHS also needs to back it up.
The choice of live music could simply reflect what is currently in the charts or reflect local culture. (South Tyneside NHS Trust took over the sponsorship of a miners’ brass band when the local pits closed. See http://66.102.9.104/search?q=cache:grFUu_Tfi0sJ:www.sthct.nhs.uk/newsEvents/media Releases/may06/PRESS%2520RELEASE%2520A%2520%2520Note%2520To%2520Remember.pdf+south+tyneside+Brass+band&hl=en&gl=uk&ct=clnk&cd=9)

An alternative approach is to theme the music. The theme would depend on what image an organisation was trying to create. This would partly depend on its own values as well as those of the target group. However one general theme might be the NHS being there for people when they need healing. Songs that tie in with this theme include

- **Fix You** (Coldplay)
- **London Rain [Nothing Heals Me Like You Do]** (Heather Nova)
- **Let The Healing Begin** (Joe Cocker)

**Singing to the world that the NHS is an equal ops employer**

The NHS is interested in promoting itself as equal opportunity employer. A number of songs could be used to support this message. These include

**Race**
- **Ebony And Ivory** (Stevie Wonder and Paul McCartney)
- **Scatterlings Of Africa** (Johnny Clegg and Savuka)
- **We Are All Made Of Stars** (Moby)

(Live performance by appropriate ethnic minority musicians might also send the same message. Music for Change is charity that uses music to promote cultural diversity and understanding. Visit their website at www.musicforchange.org. However, also see the pages further ahead on music and Islam.)

**Disability**
- **1 In 10** (UB40)
- **What You’ve Got** (Roy Bailey)
- **Spasticus Autisticus** (Ian Dury)

(This last track was considered controversial when it was released even though Ian Dury was himself disabled from polio.)

**Sexual Orientation**
- **Everything Possible** (Fred Small)
- Also check out the Tom Robinson CD ‘Cabaret ’79’

Applying the AIDA model to try to change the image of an organisation

- Music is used to try to get people’s **Attention**
- If the aim is simply to create a good image on the day an organisation may not be interested in maintaining **interest**, arousing **desire** and obtaining **action**. There is a need however for some explanation of who is providing the music and why. Otherwise the public may not link it to the organisation or think that it is wasting public money
- If an organisation wants to use this approach to recruit then they will need workers to follow up leads if people are attracted over. It is down to these employees to
An incomplete history of public health and music part 2

- 1978: singer Harry Chapin has a UK hit with WOLD and a US number one with Cat’s In The Cradle. However his true calling is to harass politicians, including President Jimmy Carter, to do something about worldwide poverty. As a result of his efforts a Commission on World Hunger is set up. Chaplin makes sure that half of his concerts every year are benefits for this cause. He also delights in saying that ‘Not one dollar goes to a starving child.’ (He thinks that the money is better spent on lobbying politicians and educating the public.) Tragically he dies at 38 in a car crash. His organisation ‘WHY: World Hunger Year’ still goes on however. (He called it this because every year is world hunger year.) Visit www.worldhungeryear.org for more information

- 1984: Band Aid release Do They Know Its Christmas? in response to the public health crisis in Ethiopia. Even years later it is claimed it makes about £100,000 a year from sales and repeats for the Band Aid Trust

- 1985: Worldwide perhaps 1.5 billion people watch TV footage of Live Aid from stadiums in London and Philadelphia. £150 million may be raised

- 1986: The cast of Grangehill get to number five in the UK charts with their anti-drugs song Just Say No! This is a re-recording of an American song that was part of a US campaign of the same name. The effectiveness of the American campaign is heavily questioned and the phrase is satirised. Music isn’t a magic wand that can cure all ills

- 1990: Red Hot + Blue, a collection of Cole Porter tunes reinterpreted by modern artists is released. It aims both to raise awareness about AIDS and to fundraise for the same cause. More records are later released from different genres.

- 2005: Live8 concerts are held in a number of countries throughout the world. They aim to put pressure on world leaders to cut debt in Africa as well as to increase aid and fair trade. Reputedly the concerts are broadcast on 182 television networks and around 2,000 radio networks globally

- 2006: To combat discrimination and stigma, Creative Futures start their first annual ‘Bonkersfest’ music and art event in London

- 2007: Tim Samuels creates a rock band, The Zimmers, to raise awareness of social exclusion and abuse among older people. The group’s oldest member is 101. Their version of My Generation enters the UK charts at number 26, (Watch the video at www.thezimmersonline.com/)
maintain interest, create a desire to work for the NHS or whoever and obtain action. This could be simply getting people to take a form home to apply for nurse training.

**Using AIDA to try to change people’s image of an organisation**

When asked what the health authority would be like if it came to life as a person, the majority of people believed it would be male, aged mid-40s, who made decisions without involving people, read the Financial Times, had lots of qualifications but a lack of common sense.

** Asked what their ideal health authority would be like, the majority of people said female, aged about 36, caring with a big heart, confident, able, inspirational, with energy and an independent reader.**

Although this research is about 10 years old now, it does still raise interesting questions about how the NHS should present itself. A health trust for example could personify itself in the form of a 35 year old singer/speaker with all of the qualities shown above. She could tour locally presenting in many ways what is an accurate image of a female dominated workforce. First however the research would need to be repeated to find out what was appropriate for particular target groups. The original researchers used a number of techniques to get people’s views. These included drawings and selecting from a range of photographic images.

**How to use music to try to tackle health inequalities**

Social marketing principles say to use theory to work out how to apply local research. However, the choice of theory is left to individual workers. In this next section the classic health education theory of the three legged stool is studied. This is made up of changes in information, skills and attitudes/feelings. It recognises that to change health behaviour all three are important. Information alone will not change behaviour. Attitudes also need to be challenged. People may also need new skills such as assertiveness or communication. Although this model focuses on individuals, attitudes and skills cannot be seen in isolation from the institutions and communities that people live in. Attitudes around health, and related topics such as sex roles, are formed in society. Institutions reward or punish particular attitudes that they approve of. For example, some schools may teach assertiveness but in practice punish it as ‘insolence’. (This model therefore has much in common with the work on health literacy developed by Nutbeam that stresses

- Communication of information: Functional Health Literacy
- Development of personal skills: Interactive Health Literacy
- Personal and community empowerment: Critical Health Literacy
The next three sections of this paper look at how music might be used to pass on information, challenge or reinforce attitudes and promote certain skills. For ease of explanation these are presented as three independent approaches. In reality a mixed approach may be necessary.

‘Making the healthier choices the easier choices’

This classic health education slogan sums up well the popular culture approach. Make it easy for people to listen to and engage with health education messages.

How to use music to give out health information

Songs that give straight information about health issues would probably be difficult to listen to. A better approach could be to mix songs with spoken anecdotes about health. For example, a performer could chat about diet between playing the food songs mentioned earlier. ‘Eat It’ by Weird Al Yankovic is a take-off of Michael Jackson’s ‘Beat It’. It is about an adult trying to get a fussy child to eat. The adult’s approach probably would not work, but the song could be used as part of a light-hearted routine. The singer would need to connect with the audience. This involves both understanding their views and having the performance skills to engage them. Other workers would also need to be around to pick up any questions they had.

A non-health example of what this might be like in practice are the tours by veteran politician Tony Benn and singer Roy Bailey. These are a mixture of readings, commentary and songs. In 2003 they even won BBC Radio 2 Folk Awards’ ‘Best Live Act’.

Using AIDA to give out health information

AIDA might be applied in the following way:

- **Attention** is initially grabbed by the music
- **Interest** is maintained by the humour and being able to relate to the song’s content. (‘Our youngest is like that.’)
- The **desire** to change to is two-fold. The problems associated with getting a child to eat are invoked by the feelings and memories the song brings up. The performer then provides the desired solution.
- **Action** is more likely if there is a worker who can back up the performer. Materials to take away may also be useful

There are a wide range of songs that could be used as part of an act giving out health information. The choice depends on both the issue focused on and the social market evidence. Below are a few examples.

**Child care**
- *On Children* (Sweet Honey In The Rock)

**Positive mental health**
- *Everybody’s Free [To Wear Sunscreen]* (Baz Luhrmann)

**Sex**
- *Let’s Talk About Sex* (Salt-N-Pepa)

**Smoking**
- *Quitting Smoking Song* (Princess Superstar.)
This has a lot of swearing in it, so is only appropriate for certain audiences e.g. university students.
If you are particularly interested in songs for primary aged children try the websites below. These companies provide a range of music on topics such as people who look after us, environmental health, taking care of myself and social skills.

- www.outoftheark.com

Health information music could tie in with campaign days such as World Aids Day etc. It could either be played live or on CD with information provided on the sleeve. Alternatively it could be part of a website.

**How to use music to affect people’s attitudes**

> ‘Music does not just express emotion and meaning – it enacts and constructs them.’

This is a quote from ‘Community Music Therapy’ on the power of music. Music plus lyrics make a very forceful emotional statement. Some performers, such as Bruce Springsteen, ratchet this up even further by the power of their oratory between numbers.

The previous section looked at the information leg of the three legged stool of health education. This section looks at issues around attitudes and feeling.

**How feelings affect our behaviour**

Feelings evolved before logical thinking as a way of helping animals make decisions. So if a deer was attacked by a lion but got away, strong feelings would be linked to different sensory stimuli from the incident. For example, the lion’s scent, the sound of the waterfall it was near and the shape of the rocks it hid behind would all say ‘danger’. If the deer came across any of these again it would feel anxious. However, it is a very crude decision-making system as a waterfall does not bite.

Humans are animals too, despite their capacity for logical thought. Like other animals they often respond to the strong feelings attached to different stimuli. Professor Maio from Cardiff University, for example, has found that feelings are one of the four psychological barriers that stop the fight against obesity. This is because ‘...people often possess feelings that they are unable to retrieve from their memories, or are unwilling to admit to others. For example, even though people may consciously endorse exercise, they may non-consciously associate it with pain, difficulty and exertion. Laboratory experiments have shown these automatic feelings are more accurate at predicting people’s behaviour than their conscious attitudes...’ It may further be useful to think of the *emotions* e.g. fear, as the glue that holds the *message* part of attitudes or beliefs in part. The message part could be something like exercise is difficult and people will laugh at me.

Similarly socialisation around gender, race, class etc. is also held in place by feeling as much as rational thought.
How to use music to try to affect people’s attitudes revisited

‘The role... was to entertain, and to help unite, the vast audience by performing songs that expressed, and intensified the emotions of the moment.’

The Civil Rights Movement in the American South in the 1960s used music to great effect. Although not consciously a public health movement, the poverty associated with segregation clearly affected health inequalities.

The sound component of songs (as opposed to the lyrics) mimics the emotion of the human voice or in the case of the beat, the heart. The poetry and content of lyrics too will often trigger an emotional response. As an emotional tool music might be used in a number of ways. Some of which could be considered unethical and manipulative. Religious figures as well as troops going into battle all know the power of music to move people. (Indeed the word emotion and motion or move, have the same root.) Music can help people get into altered states or face a hail of bullets. When supermarkets have played different sorts of national music in their stores, sales of food from those countries have gone up too. This is probably due to the positive memories associated with the sound.

In a health inequalities context perhaps health workers could try to

- Use music at health events to get people talking with each other or NHS staff about an issue (See later pages for more on this)
- Use music in educational settings to consciously trigger emotions. They can then be discussed in a group or explored by individuals. Fresh opinions and actions may result from this.
- Use music in a therapeutic setting to bring up emotions to deal with. They can then be released through talking, sound or movement. Self-reflection may often follow this. (See later pages for more on this too)
- Teach individuals to use music as a tool to modify their own feelings or behaviour. (See later pages for more on this as well)

The voluntary sector has used music and performance to try to change the views of the public about mental illness. This quote from a 2006 press release for Bonkersfest, an event supported by the Young Vic, sums it up well;

‘The mad have a tendency to ghettoise; we are against this and we want to show the local community the positive side of mental illness …’

Using AIDA when music focuses on feelings and attitudes

The AIDA model may work if

- **Attention** is initially grabbed by the music
- **Interest** is maintained by the music emotionally engaging the listeners
- The **desire** to change is triggered. (This may depend in part on how the workers follow up the music. Different options are described in the previous section)
- **Action** follows. (This is more likely if there is a worker who can back up the performer. Materials to take away may also be useful)
**All music is emotional**
There is a wide range of music to choose from that may work as a tool to deal with emotions or attitudes. The final choice, as always, will depend on a range of factors such as the social marketing evidence and the aims of the project. Music, in fact, by its very nature is emotional. Sometimes it may be useful to choose songs that bring up ‘difficult’ emotions like embarrassment or anxiety. For example see the mini-musical ‘In the Family’ later in this chapter. Some of the songs in this may bring up the pain as well as the pleasure associated with raising teenage children. This may be appropriate if it opens up a discussion and action on this topic. At other times, it may be more useful to choose upbeat pieces. For example see the section on ‘How to use music to give people the skills to be healthy’ below.

**All songs have a message**
Even throw away pop songs have a message. Try getting people to think about their attitude to sex and relationships by listening to changes in lyrics over the last 50 years.

**How to use music to give people the skills to be healthy**
There are a range of skills needed to be healthy. These could be demonstrated as part of a mini-musical. Alternatively a song and talk routine could be built around particular health issues. This could be an individual giving up smoking or a community dealing with conflict. As described in the other sections, the AIDA model of attracting people, keeping their interest, creating a desire for change and enabling action may be useful.

Example of songs that public health workers could use around skills include

**Self-esteem**
- *I Am What I Am* (Gloria Gaynor)
  According to some theories of health promotion, self-esteem underpins a range of positive and negative behaviours

**Assertiveness**
- *We’re Not Going To Take It* (Twisted Sister)
  Assertiveness can be about either individual or collective action

**Positive Mental Wellbeing**
- *My Favourite Things* (From ‘The Sound of Music’)
  This song explains how to focus on positive thoughts to change an emotional mood

**Keeping on until successful**
- *Let Your Soul Be Your Pilot* (Sting)
  Everyone needs some inspiration at times be it to give up the cigarettes, cope with redundancy or carry out a difficult piece of work.

**Celebration**
- *Celebration* (Kool and the Gang)
  This is a reminder to mark and celebrate success, be it individual or the work of a self-help group or community

**Community building**
- *Reach Out And Touch [Somebody’s Hand]* (Diana Ross)
  The skill illustrated here is taking the risk to reach out to other people and to break the isolation modern culture encourages

**Changing the world**
- *Imagine* (John Lennon)
  This was voted the UK’s most popular song lyric in a 1999 National Poetry Day competition. Imagination is needed to create a better world.
Musicals: Public health - the greatest story never told

‘The point of musicals is people have to sing because the emotion is too powerful to just talk.’

From the Saturday Review 54

Songs can be strung together to tell a story; an off the peg musical. (Though if it is targeted at a group for whom the word ‘musical’ is unattractive, it might need to be called something else.) An off the peg musical is not as unlikely as it sounds. Many successful current shows are made up of songs that were originally written as one offs. These so-called ‘jukebox’ musicals include
- ‘Mamma Mia! (The Abba Musical),
- ‘Movin' Out’ with a Billy Joel soundtrack
- ‘We Will Rock You’ written by Ben Elton and made up of Queen songs

Indeed, even many individual songs now include samples from earlier hits.

Use story to engage people

‘Storytelling is an ancient art, and stories are often used to develop an analogy between the present and a recent or past event. All of the world’s major religions blend stories with calls to action. Why? Because the story makes the message memorable as well as relevant to the listener.’

Many of the issues that public health addresses are dramatic topics- sex, the risk of death, power and poverty to name but a few. Yet the NHS seldom uses story to engage people. (Quote by John Baldoni) 55

The additional advantage of a musical is that it has the added power of a story attached to it. Story allows people to put health in context.

Stories have a long history of being used to put across what could be quite dry subjects. Aristophanes made a successful comedy out of play about rhetoric. 56 In modern times the Archers was created to help give out information to farmers.57

Write your own health mini-musical

Playwright John Osborne reputedly talked about drama as ‘being the art of the more so’. In other words it makes its impact by being larger than life whilst still being true.

There are a number of different formats that can be used in a Do-It-Yourself musical drama. For example a question song followed by a number of answer songs. On later pages I describe an imaginary musical. This is to show the process of how it can be done and how easy it is.
It is to encourage people to write their own. It is not based on social market research. If anyone wants to share their efforts with me and everyone else then email me at mail@sexanddrugsandrockandhealth.com

Anyone who decides to pull together their own mini-musical needs to think about plot and character as well as the choice of songs. These will all need to tie in with the project’s overall health aims e.g. to reduce teenage pregnancy. Social market research could also be useful as a way of choosing characters that the target group would identify with.

‘Musical numbers should carry on the actions of the play, and should be representative of the personalities who sing them’

Jerome Kern’s advice about musicals is probably the easiest theory for public health practitioners to follow, thought there are others. 58

Plotting the downfall of health inequalities

- The plot is simply the journey a story takes. In a mini-musical it should probably be more like a short story than a novel. In other words, new ‘writers’ should stick to only one plotline until they get really proficient.
- Stories often have a beginning, a middle and an end. However, the other approach would be to borrow from Theatre in Education practice. TIE sometimes uses stimulus pieces that allow the audience to decide how it ends. However, this is more suited for schools and community groups than a festival performance. Ideally the performers would also have the skills to interact with the audience in role and even to perform alternative endings in song. (I don’t consider Theatre in Education as example of the use of popular culture by the way. It is excellent in its own right. However, very few people in the target groups public health focus on go to the theatre. Straight drama is also less likely than music to hold people’s attention who wander in half way through a performance at a health fair.)
- It is often a good idea to build layers into the story. For example the surface story or layer of ‘Three Little Pigs’ is house building, but the premise is ‘Forethought leads to happiness’. There is always the danger of being ‘preachy’, however good social market research should prevent this. Being too melodramatic is another risk. In America the government has sometimes made deals to use popular TV shows to give out social messages. These ‘Very Special Episodes’ are sometimes disparaged if they are too heavy handed. For example the Buffy the Vampire Slayer episode on alcohol was voted as being the worst in the show’s seven year history. 59
- The premise of a story, according to James N. Frey is what happens to characters as a result of their actions. 60 When writing for public health purposes the premise also needs to tie in with the aim of the piece. There are three sorts of premise:
  o Chain Reaction e.g. drunkenness leads to sex leads to unintended pregnancy. (Though this example is a bit sermonising) Alternatively it could be a positive chain reaction. For example packing a condom leads to the love object of the story agreeing to have sex with the main character
  o Opposing Forces e.g. people’s prejudice against mental illness versus the courage of someone with depression. It must also have an outcome, for example prejudice
against mental illness versus an individual’s courage leads to acceptance. (These opposing forces can be internal e.g. ‘Should I do this or that?’)

○ Situational e.g. poverty leads to bad health, but this can be overcome with the right choice, such as people banding together

• The simplest format is simply to have a story unfold rather than use complicated structures like flashback. A narrator might sometimes help to explain what is going on if there is any chance of misunderstanding.

• To get the audience’s attention have an early hook, so they want to know what happens next. If possible, try not to make what happens too obvious.

• Be careful to judge how long a piece can be, to keep the target audience’s attention.

‘Rodgers and Hammerstein... turned (musicals) into a genre with a future, and that future has a political and social relevance.’


Audience identification allows safe exploration of health issues

• The target audience must be able to identify with the characters. This does not necessarily mean they have to live in the real world. They can be set in a fantasy world that allows the target group to see the metaphor. Buffy the Vampire Slayer is a good example of this. The monsters in it represented the everyday problems of teenage life. There are now many academic studies written about the sociology, psychology and ethics of the show, which was also a musical. 62

• However, the audience must have sympathy for the lead character even if he or she is ‘bad’. This could be because they feel sorry for him or recognise a universal human condition in her. If the character shows a desire to change this often evokes sympathy.

• The central character is sometimes neutral e.g. Tin tin. This allows the audience to impose themselves on the character easily. However, if this ‘trick’ is used, all of the other main characters must be strong to compensate. It is OK however to have larger than life main characters.

• Central characters can be wimps but they must move or there is no action in the story

• Central characters often behave like the audience initially but then take things a step further. This can offer inspiration or a warning. Alternatively it may allow the audience to explore new possibilities safely in their heads to begin with. (This can be followed up by public health staff after the performance. The workers can offer practical options around the health issue the character was grappling with.)

• Characters need to make decisions both for dramatic reasons and to raise public health issues. An inner conflict about what to do can serve just as well as a conflict with another person.

• To get an idea of what a character is like, writers sometimes sketch a quick biography separate from the actual novel, musical etc.

Dancing is not essential but the audience must want to watch

Traditionally many musicals often contain dance numbers. The main thrust of any mini-musical for health performance is not entertainment for its own sake. Movement then should reinforce the main messages i.e. by accentuating the emotion rather than diverting
the audiences’ attention. Some acting or dance skills might therefore be needed by the cast, as it may look odd if characters just stand there and sing.

Job Ad: What does the NHS want from it rock stars? Ideally you must be able to perform a wide range of genres and have no prejudices about doing so. You must have the stage craft to move an audience. If you have the patter to amuse them with stories about health this would be a bonus – as would acting ability. Off stage it would be useful if you have the skills to talk to people individually afterwards so as to provide follow up advice. If you’re applying for a senior post you should be able to help and direct other performers and volunteers to do all of this as well. Oh, and studio skills would be good too. It goes without saying that applicants with too much of a rock’n’roll lifestyle need not apply. On stage debauchery is not what the doctor ordered. Applicants in rehab will be considered however. (c)

In The Family: a hypothetical mini-musical about health
Below is sketched out an imaginary musical. It illustrates some of the theory described earlier. It is not based on social market research but is to encourage readers to write their own musical. It took about 15 minutes to come up with a range of songs that would carry the story and another 30 minutes to get the lyrics off the internet. I could have probably downloaded the songs from iTunes in another 15 minutes. A complete musical in one hour!

Description of the show
What is it about?
- Teen pregnancy
- Family relationships

Where’s it set?
- In a family home
Who’s in it?
- Mother
- Father
- Son
- Daughter

What’s the story? What songs does it use?
- Father and Son (Original by Cat Stevens)
  The father lays down the law to the son, who tells the audience how he feels. The mother just watches. The daughter listens to her iPod. The son eventually storms off.
- Girl’s Just like To Fun (Original by Cyndi Lauper)
  The daughter sings this to herself as she dances round the room with her iPod. The father leaves. The mother just watches.
- Tangled Up Puppet (Original by Harry Chapin)
  The mother sings this to herself as the daughter continues to listen to her iPod. The song is about the joy and pain of seeing your child turn into an adolescent and adult.
- Papa Don’t Preach (Original by Madonna)
  This is the second of two acts. The daughter sings to her father. She is accidentally pregnant. He says nothing but leaves in a bad mood. Elsewhere on stage is the son with a case in his hand ready to leave. He sees everything that has happened.
- If My Sister’s In Trouble (Original by Lady Soul from the film Sister Act)
  The son sings this to his sister as he has decided not to leave as she needs his support. Elsewhere on stage the parents are in view arguing and then coming round as they listen to their son
- I’ll Stand By You (Original by The Pretenders)
  Each of the parents sings lines of this to each of their two children.
- Thank You For Hearing Me (Original by Sinead O’Connor)
  Different members of the family sing different lines to each other

(‘Girls Just Like To Have Fun’ is not in the first person, i.e. the daughter does not sing ‘I just like to have fun’. As the daughter is singing this song about her own life this could sound a bit strange. One way round this is to get her to sing along to her iPod as she dances round the living room. This illustrates her character in a way that seems authentic.)

Practical issues of performance
How long does it last?
- 20-25 minutes (For some performances the audience will not have specifically come to see the show. Their attention span might be short. Experience will tell how long the show should be. As the shows are short each song must need to be there. They must advance the plot, highlight character or make a point about public health.)

Who could perform it?
- It would need 4 singers.
- It would also need either musicians or backing tapes.

What props does it need? Where could it be performed?
- It does not need a huge set. Just a few props to create the idea of a house with one main room and the illusion of other rooms coming off it
• It could be toured to community groups or performed at local events such as carnivals or health fairs

Live performance needs a good sound system and good diction if the audience are to hear the health messages (a)

Story theory in action

Plot (Premise)
• ‘Opposing forces’ i.e. a story about conflict
• Main theme: Communication overcomes problems

Plot (Initial hook)
• How will the conflict between the father and son turn out?

Character (Audience identification and sympathy)
• The target audience may well recognise the characters’ worries in the situation presented. The characters are not fully developed so as to make this easier. The songs are in character with the singers.
• There is also a general shift from conflict to love and resolution

Character (decision and conflict)
• All of the characters have either inner or external conflicts that they need to make decisions about. This adds to the drama.

Public health theory in action

Who is it aimed at?
• Families
• Young people and parents
Menopause: the Musical

This musical about life after 40 has developed a life of its own. As well as having been seen by nine million people throughout the world, it has inspired a free magazine, an art show and a non-profit charity. This is funded by souvenirs of the show.

The show is based round parodies of 25 classic hits e.g.

- I Heard It Thru the Grapevine; You No Longer See
- Stayin' Awake! Stayin' Awake!
- My Husband Sleeps Tonight

Writer/producer Jeanie Linders explains the impact of the show:

“Most women know intuitively every other woman is experiencing the memory loss or night sweats or hot flashes. They talk about it with their friends and, on occasion, with their spouses. But, when they're in a theatre with hundreds of women all shouting 'that's me!' then they know what they are experiencing is normal. They aren't crazy; they call it ‘sisterhood.’”

This echoes the view, which is then further developed in A Prospectus for Arts and Health produced by the Arts Council of England in 2007;

‘The benefit of using drama is that it has the capacity to affect audiences, and then to move them on in their thinking by engaging them in a living narrative, raising questions rather than providing answers. The powerful impact of drama stimulates dialogue between different parties within the audience, which often includes … health service users, professionals and policy makers.’

For more information as well as positive and negative reviews go to


http://blogs.guardian.co.uk/theatre/2007/04/why_i_loved_menopause_the_musi.html
What is the aim?
- Depending on the audience to get people to talk about either sex education with teenagers, worries about becoming pregnant or family problems

How might it work in terms of AIDA?
- The music could attract people to the event
- Interest might be maintained by the music and the emotional content of the story.
- Hopefully the characters and plot resonate with the lives of the intended audience and creates a desire to do something.
- To turn this desire into action, workers would need to be around to talk to, get materials off etc. These could be from the NHS or other agencies.

How might it work in terms of the three legged stool?
- In terms of this model of health education, the post-show workers could build on the emotions up by the musical to further explore attitudes and emotions.
- They could also explore skills and information in more detail. For example, what communication behaviours were most useful in the family? How do you build on these?

Although it is an imaginary musical I did try it out in a self help group I belong to. We sang along to the tracks. People found it moving and it did bring up feelings. This pre-testing also showed the need to double check downloaded lyrics as some were wrong.

A local paper was interested in giving a CD of this musical away with a magazine they produce for young people. They talked about putting money into it too, but in the end it was just not possible to get a cast together in time.

Other ideas for mini-musicals
- Reality TV continues to be popular and perhaps should be a format that public health pays more attention to generally. A mini-musical based around Big Brother could look at issues around relationships, mental health, sex and alcohol.
- A radio phone-in lends itself to a simple question and answer format.
- A postman delivering letters on a health topic could be another plot device. Songs like ‘Please Mr. Postman’ could set the scene.
- Very short musicals could be built into Ann Summer type parties. Perhaps these could be rebranded as ‘Anne Sinners’ and look at issues around sex and relationships for women. (These are described in later pages)
- Musicals don’t need to be static. Performers could travel round in a bus and perform a musical version of a public health annual report at different venues.

To find out more about writing musicals try ‘Writing A Musical’ by Richard Andrews.

There are also a few ready made musicals on health themes;
- ‘Bullying!’ (For children)
  http://starshine.co.uk/content1/productlist/musicalsforallyearround/bully/product_main bully.php
- ‘The Litter Muncher’ (Environmental health show for primary aged children)

There is also ‘Menopause: the Musical’ (described previously) and on the same topic ‘Hot Flashes’. (Listen to this at http://www.hotflashesthemusical.com/info.htm)
Other ways to reach large numbers of people using music

Radio NHS

“We should never underestimate the power of the very local when it comes to broadcasting.”

The Right Honourable Chris Smith (www.commedia.org.uk)

The authorities in the UK give special licences for people to operate community radio stations for limited periods of a few days. (See www.ofcom.org.uk/radio/ifi/rbl/rsls/ for more details) In terms of the AIDA model there is an immediate problem. How do new broadcasters get people’s attention when there are so many other stations out there? One approach might be to have a station that is highly targeted to a particular audience. Then use research to position it and advertise it effectively. What health benefit would come from this would depend on the programming. Possible ideas could include variations on ‘Our Tune’, ‘Desert Island Discs’ and programmes listing the twenty greatest songs about ‘being all you can be’ etc. All these would be a mixture of song and talking. Songs could be selected by the station with phone-in suggestions from listeners. Radio 1 also recently reintroduced the radio ballad documentaries of the fifties. Put on ‘Radio Ballads 2006: The Enemy That Lives Within’ to listen to the one about HIV. It is at http://www.bbc.co.uk/radio/aod/genres/musicdoc/aod.shtml?radio2/r2_radioballadaids

An alternative would be to copy some high street shops and have the NHS’ own radio stations in clinics etc. Of course some commercial companies such as the Life Channel already produce television stations for this market. However, perhaps radio could still be part of the mix. There may be a niche that a particular format could fill at certain times e.g. World Mental Health Day. Again see www.ofcom.org.uk/radio/ifi/rbl/rsls/ for more details. Volunteer hospital radio stations may also be able to offer help or try university or college media courses.

Radio has been around a long time. With the web it is now possible to start a station at home. (See www.radioandtelly.co.uk/internet.html)
Celebrity Magazines

"I love reading women's magazines and have always been interested in information about health. The NHS magazines are great because they look like regular women's and men's magazines. This is a brilliant way of communicating with people who aren't going to read an official-sounding letter or leaflet."

Patricia Hewitt, the then Secretary of State for Health

Dr Foster has produced a number of celebrity magazines for the Department of Health. ‘Your Life!’ is aimed at women aged 18-35. ‘Fit’ is for men aged 18-35. ‘Prime’ is for people over 40. These are all free. The first two publications in particular contain stories around pop stars and health. To see what the magazines look like go to www.drfosterintelligence.co.uk/newsPublications/publications/magazines/

An official evaluation of ‘Your Life’ showed that
- 90% of readers found it accessible
- 86% found it useful or very useful
- 67% had changed or intended to change their behaviour because of it

It would be possible to produce a local version for a more specific target group. (See next chapter for more information on magazine theory.) These could copy the weekend papers and include music CDs. This would tie in with social market ideas of learning from competitors. These local magazines could be distributed in places that the Mosaic research shows the target audience go to. Mosaic breakdown every household in the UK into one of 61 different social groups. For around £8,000 per year it is possible to buy this data for a Local Authority area. This means that magazines and CDs could also be sent directly to appropriate people’s homes.

Information about celebrities can be gained from secondary sources such as papers and the net. It is important to make sure that it is true of course. Alternatively, try approaching celebrity musicians or other stars directly. To get contact details look in Celebrity Black Book: Over 55,000 Accurate Celebrity Addresses by Jordan McAuley

Dr Foster often uses stories from celebrities who have either received NHS treatment themselves or have close family who have. Co-operating with an NHS initiative was their way of giving something back. Of course it is important to match the right star to the right target audience.
How else can we use music in public health?

Youth and community work

‘The idea for this CD came out of another project where we had been looking at our life stories through music. We discovered that lyrics had played a powerful part in our lives and so we decided we might try and write our own songs.’

Music is not just for the young. The local hospice in Sunderland has also used music. Residents worked with musicians to write their own songs. To hear extracts from their CD go to http://www.hospice.co.uk/fundraising/new.asp

So far this chapter has focused on how ‘edutainment’ by skilled performers can reach the largest possible number of the target group. However, there are other ways of using music in public health. These often concentrate on smaller numbers, with the focus on the ‘performer’. Indeed there may never be an audience. The impact on the individual may be great however.

Music as a Personal, Social and Health Education tool

The Department of Culture, Media and Sport in the UK are working with Youth Music to inspire young people and so tackle antisocial behaviour. The idea is to help young people make music to give them a sense of purpose and self-respect. Examples of projects with various groups are explored in the Spring 2007 edition of Feedback, the Youth Music organisation magazine.

In a similar way since 1994 Sunderland Council have used music making with young people to
- Improve basic skills such as reading, writing and talking
- Develop life skills such as working with others, negotiating and time management
- Increase self-esteem
- Carry out issue-based youth work
- Improve music skills such as playing, performing and song writing

All of the above may have an impact on health. They also fit well into the 3 legged stool model, as information, attitudes/feelings and skills are all addressed. Writing and performing their own lyrics might allow young people to think through an issue, release any feelings around it and communicate with others.

For an evaluation of community music approaches with young offenders (and other prisoners) go to http://www.musicinprisons.org.uk/index.php?page=pubs_eval

Can dead rock stars help people today?

One project suggested by young people in Washington, Tyne & Wear, a few years ago was ‘Dead Rock Stars’. Young people would look at the lives of rock stars that had died from a range of causes such as AIDS, suicide, drug overdoses etc. A concert of cover songs plus songs written by the young people was planned. Young people without music skills would produce materials to go with the concert. In the end the money was not forthcoming to make it happen. Would it have worked? It may well have attracted young
people and kept their interest. After all they had suggested it. However, there is always a risk that people cannot identify with rock stars. They are too far away from ordinary people’s lives. Alternatively, by focusing on dead pop stars, is there a chance of glamorising the Rock & Roll lifestyle of risk-taking? Perhaps, it depends on how the project is developed and the skills of the workers.

To find about more about peer education approaches try ‘Theatre-Based Techniques for Youth Peer Education: A Training Manual’. This is at http://www.fhi.org/en/Youth/YouthNet/Publications/peeredtoolkit/TheaterTraining.htm

Dead rock stars include
* Freddy Mercury (Aids)
* Kurt Cobain (suicide)
* Brian Jones (drowned)
* Elvis Presley (heart failure)
* George Harrison (cancer)
* Bon Scott of AC/DC (alcohol)
* Janis Joplin (drugs)
For more information try http://www.turkku.com/music/musicians_a.html
Building community – the role of music

“At one time we all sang, in pubs and homes as well as schools. We have lost that collective experience, which I think helped to knit our communities together. It is time to try and bring that back…”

Howard Goodall, chair of the singing stream of the Government’s Music Manifesto. Does encouraging communal singing have a role in public health? 76

The evidence from research into life satisfaction shows that dancing to music is very good for mental health. This is because it mixes music, physical activity and social contact. 77 However, social contact is also important for another reason. Research suggests that Americans are much less likely now than in previous generations to belong to community organisations such as sports groups, social clubs etc. 78 This has led to a breakdown of community cohesion that in turn has led to social problems, including health ones. It is worth considering whether local dances, music clubs and live performances all add to a sense of community and so to better health. Another question worth considering is when to target particular social groups and when to try to involve everyone. Social marketing stresses targeting. However, in an article in Sounding Board, the journal of community music, Andrew Peggie argues the opposite view. 79 He believes that to build community different groups must mix. The idea of having different music projects for different age groups is a mistake in his eyes. For more information on community music in the UK generally go to www.soundsense.org

How music can help consultation with the public

‘All Primary Care Trusts have a programme of Patient Public Involvement … to ensure that users’ voices and experiences are a core part of shaping future healthcare services. The power of the arts in building confidence and empowering individuals and communities in self-expression has enormous potential to deliver on this agenda and to bring innovation and creativity to the modernisation process.’


In 2002, ‘Back on the Map’ a multi-agency partnership staged a consultation event in a part of Sunderland that was in danger of being ‘consulted to death’. However the event used a range of artistic ways to collect people’s views. It was at that time ‘the most well attended event connected with Back on the Map’. 81 Music played a big part on the day. If organisations want people to give time for something important but potentially boring, such as consultation, do it on their terms. Make it interesting, or even fun, for them. Consultation is not just a way of collecting information. It is also an opportunity to try to create a positive image of the agencies collecting the data. This way the public may be more likely to want to engage with them again later.
In development education, consultation is often carried out by workers who use drama or drawings to reflect villagers own life back to them. This helps people think about the root social causes behind development issues. These are often issues such as poverty, ill health etc. In the UK this might be considered too biased politically and in terms of research practice. However, the use of stimulus pieces of theatre, music or a combination of the two might attract more people to consultations. It may also encourage them to open up more.

**Some Muslims may be offended by music**

Before using music in the community, be aware that some Muslims are wary of it. They are uncomfortable with
- Music that may lead to inappropriate emotions
- Words in songs that are sexual or romantic
- Any ‘suggestive’ movements that accompany songs
- Males and females performing to or with each other
- The use of musical instruments, because of historic links with prostitution and drink
- Spending too much time on music (presumably as opposed to on more practical or spiritual matters)

This is not true for everyone however. For example, Sarfraz Manzoor is a second generation Pakistani person in Britain. In his recent autobiography he explores his life in terms of his love for the music of Bruce Springsteen. ‘The Boss’ probably offends all the rules mentioned earlier. The answer as always is to do the research first. This may show that music is not a controversial issue with Muslims in the relevant target group.

Other ethnic minority communities may have their own songs that can be used to promote health messages. Reggae stars Bob Marley and Jimmy Cliff for example have a number of songs with positive health messages. These include
- *Three Little Birds* (Bob Marley)
- *You Can Get It If You Really Want It* (Jimmy Cliff)

There is also a musical about how a family became refugees and asylum seekers, though this is an unlikely premise for a fun evening out for anyone but the most ‘right on’ theatre goer. It’s called *The Sound of Music* or something like that.

Generally think very carefully about using lyrics with people who do not speak English as a first language. They may struggle to understand songs that use metaphors or slang. If the singer has an unusual accent or imprecise diction this could also be a problem. Ironically language teachers sometimes find that foreign singers who perform in English are easier to understand.

In the Northeast of England, the North East Cultural Diversity Arts Forum maybe a useful organisation to speak to about many of these issues. Ring 0191-477 3311. (Their website, [http://www.necdaf.org.uk/](http://www.necdaf.org.uk/), is currently being redesigned.)

**Music as a health education tool in schools**

Schools may be able to use many of the approaches discussed elsewhere in this chapter on music. However, there are some specific websites that teachers may want to visit.
- [http://www.songsforteaching.com/teachertips.htm](http://www.songsforteaching.com/teachertips.htm) includes how to use music for personal, social and health education purposes in primary schools.
http://artsedge.kennedy-center.org/content/2058/ and  
http://www.rockhall.com/programs/plans.asp
Both these sites offer lesson plan ideas for secondary school teachers on personal development and social issues. Many could be adapted to look at health from a range of different perspectives.

www.bbc.co.uk/music/childrens/
This site includes tips for young people on writing songs.

http://www.creative-partnerships.com/
Creative Partnerships is a UK government project that encourages schools to improve pupils’ ability to think, come up with new ideas and make choices. These are essential skills in health education. The project regularly uses artists including musicians in its work.

In addition there are a number of song books on relevant themes e.g. Every Colour Under the Sun by Brenda Piper for primary schools. This contains songs about helping others, social awareness, co-operation and tolerance as well as working towards building a better world.

For older pupils, libraries may still have copies of the out of print ‘Sing for Your Life: 44 Songs to Change the World’ by Sandra Kerr.

Music as a training tool
Trainers can use music as an

Emotional Tool
- To give the message that this training is different i.e. not boring
- To relax or energise people before, during or after the training or meeting
- To use lyrics to open people up to discussing things more
- To change the mood using entrainment (See later pages for a fuller explanation.)
- To encourage people to physically move, which again will alter their mental state

“...music is the life blood of our young people and it is this nation’s common currency.” The then Culture Minister David Lammy

Social Tool
- To build a community or group identity e.g. the Conservative Party sings ‘Jerusalem’ at its conferences. The Labour movement also has a tradition of songs. (Catalyst UK
offers teambuilding events using music. For more details see http://www.catalystglobal.com/our_events/)

- To celebrate successes and milestones e.g. ‘For He’s A Jolly Fellow’

**Procedural Tool**
- To signal changes of process e.g. one trainer uses Bryan Ferry singing ‘Let’s Stick Together’ to get people back when their tea break is over

**Thinking Tool**
Music can be used
- To aid concentration Georgi Lozanov deliberately induced the alpha state in his language students with music. This normally occurs just as a person is waking or falling asleep. There is some evidence that learning at these times goes straight to the long term memory
- To relax people before using guided visualisation techniques
- To challenge people’s views with controversial lyrics
- To reword songs as memory aids
- To link songs to particular messages. When learners play the song, even if just in their own heads, they remember the messages
- To engage rhythm and rhyme in learning and memory
- To appeal to people who prefer verbal learning (See NLP theory section)

‘If you really want to have a go at everything music has to offer training, try this…

1. Put on a piece of fairly upbeat, rhythmic music, instrumental music
2. Let it play for 20 or 30 seconds then begin talking in harmony with the music
3. Use the pauses and changes in the music to emphasise key messages in what you are saying

This can be very useful when the training involves learning big chunks of information’

*Thanks to Mark McKergow Associates and the Training Journal for this idea and many of the others in this section.*

**Music as a mental health promotion tool**
Perhaps talking therapies are not always the best approach with clients groups that
- Are not particularly literate
- Do not like talking about their feelings e.g. many young men
- Cannot speak English
- Have a non-Western concept of mental illness

Music could be used in a number of ways instead. Many of these approaches have been tackled earlier in the chapter. However, ideas from music therapy can also be adapted.
**Entrainment: Musical mood changing techniques**

Probably the simplest technique that public health practitioners can borrow from music therapists is ‘entrainment’. This is a technique to help people change their mood. They make a CD of music that starts with tracks that reflect their current state e.g. heavily depressed. They then start introducing pieces that are less depressive and then move to happy and finally joyous tracks. They then use this CD whenever they are depressed. (Playing relaxation CDs may not work as they may simply grate with how the person is feeling.) The technique can be used for other emotional states too e.g. anxious to calm. If people are having trouble thinking of suitable music they could try ‘The Tao of Music’ by John M. Ortiz.  

Some library departments are now getting involved in health books on prescription schemes. Perhaps they could also help promote entrainment in their CD sections.

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**Co-counselling: Music and self esteem**

Co-counselling International is a free peer counselling organisation. Members take it in turn to be counsellor and client, swapping roles during a session. The emphasis is on letting out feelings and reflecting on how to move forward. This emotional literacy allows members to try out other therapeutic techniques amongst themselves. Often this involves the arts. One approach is simply to ask group members to share tracks that move them. Everyone then takes turns to listen, dance, sing a long or be sung to as well as sharing whatever comes up. This is a very powerful as a way of building self-esteem by showing who you really are in a safe environment. However, it is not everybody’s taste. (For more general information on co-counselling go to http://www.co-counselling.org.uk/)

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*It might be worthwhile producing music CD with booklets.* These could tie in with entrainment or be on themes such as self-esteem or assertiveness. People could use them as reminders or to boost their confidence at difficult times. ‘I can do it’ songs might also be useful for people wanting to change their behaviour, when they are faltering. Other selections might remind some groups that they are not the only ones e.g. people with drug problems. The accompanying booklets could tie in with the music theme. For example by having a chart count down of relevant songs with complementary information. Obviously these would need to be researched, pre-tested and evaluated. (h)
Five Rhythms: Dance for the mind
This is dance to a series of five different rhythms. There are no set steps. However each rhythm matches both a different kind of movement and state of being. The sequence is designed to release tension in the mind and body. For more information go to http://www.gabrielleroth.com/ or read Sweat Your Prayers by Gabrielle Roth. Trained teachers are initially needed to run any sessions, but peer-led groups can be set up later.

What can music and dance therapy offer public health?
Anyone interested in seeing what else music may offer public health try contacting the professional organisations below.

- The Association of Professional Music Therapists: www.apmt.org/
- The International Association for Voice Movement Therapy http://www.iavmt.org/index2.html
- The Association for Dance Movement Therapy UK: www.admt.org.uk/

Where to find musicians

- To contact professional community musicians try www.soundsense.org
- There are also regional centres that may be able to recommend musicians, for example Generator in the North of England. (www.generator.org.uk)
- Many university, colleges and schools have performing art courses
- Local authorities also sometimes employ musicians in schools or youth projects. They also have workers who specialise in the arts and cultural events
- Some NHS trusts, councils and charities employ music therapists. They may be able to tie in relevant projects
- To find your local regional office of the Arts Council go to http://www.arts council.org.uk/regions/index.php
- Local people may be a good source of talent if supported. In the UK over 21% of the UK population over five years old play an instrument, with 57% of these being under 35 years. An additional 15.5m people would also like to learn to play music
- Similarly co-workers may be able to help. In Sunderland there was a local tradition for several years of staff putting on a pantomime at Christmas. This was most successful when people could rehearse after their shift in their own workplace. Staff may want to be involved in health projects using music and have the skills to do so. This could either be in their own time or as paid overtime.

Remember that being a skilled musician is not enough. The skills to engage with the public are equally important. Musicians will also need support from health workers and social marketing experts if any project is going to be successful.

How much would using music in public health cost?

In ‘No Surrender’ Bruce Springsteen’s lyrics talk about learning more from a three minute record than he ever learnt at school

Lyric publishers are much more stringent than book publishers about people using quotes from their works. This is why there are not any songs quoted in this chapter. Even the licence that the NHS has with the Copyright Licensing Agency around photocopying and scanning forbids copying music and lyrics. Anyone needing to print song words for any reason should add the cost into their budget proposals.
As well as the cost of performance there is also rehearsal time. Singers may also need back up musicians. To find the rates recommended by the Musicians’ Union go to http://www.musiciansunion.org.uk/. Click on the advice button at the top of the page. This gives information on rates recommended for different jobs e.g. stage performances, studio work etc. Alternatively try Equity at http://www.equity.org.uk/start_theatre.htm. This gives costs for singers, dancers, actors etc.

On top of this there is a need to pay for relevant licences for using other people’s music. For more information go to http://www.mcps-prs-alliance.co.uk/subsites/router/5/default.asp#

**How to find out more**

There are a number of journals that are worth subscribing to

- *Feedback: Your Essential Youth Music Update*
  
  www.youthmusic.org.uk
  
  Subscribe at http://www.youthmusic.org.uk/subscribe.jsp

- *Sounding Board: The Journal of Community Music*
  
  Email: info@soundsense.org

- *Link: Connecting the Music Education Community*
  
  Subscribe at https://www.impromptupublishing.com/subscribe/link/subscribe1.php

- *Mailout: Developing Participation in the Arts Across the British Isles*
  
  http://www.e-mailout.org/
  
  Subscribe at http://www.e-mailout.org/subscribe.htm
Using books & magazines to tackle health inequalities
‘The real challenge is that people don’t want to hear messages from government on television campaigns. But people will listen to messages in lifestyle magazines’

Professor Ian Philip

(Sheffield University)
Using books & magazines to tackle health inequalities

How to make people want to read about health
Consistently around 35–40% of the target population highlighted in the Sunderland research listed books as an interest. There is therefore an opportunity to reach a sizable number of people with health content through this medium. Of course the readability and kind of book varies from group to group. In some groups the language may be quite simple. Overall, in Britain ‘at least 15% of adults have literacy skills at only the most rudimentary level - making it difficult for them to cope with the rising skill demands of the information age.’ So the best approach may be to keep any writing simple and to supplement it with other formats e.g. music.

Local research may find that different genres of books appeal to different groups. Perhaps local libraries could help here. Romantic fiction however is particularly popular.

Magazines are another way of reaching key target groups. How the health content of these can be focused can be seen later in the chapter. A feature of many magazines worth highlighting because of their popularity in the research is crosswords and puzzles. Health education needs to consider making more use of these formats. See later in the chapter for ideas on this subject.

Graphic novels for younger people are another possibility. These are covered on in this chapter too.

‘Few annual reports can have achieved as much interest as Bethan’s Story... The annual report, in the form of a paperback novel, essentially followed the life of 15 year old Bethan, a fictional character whose brushes with local health services were used as lead-ins for factual information.’

‘Bethan got pregnant by her drug-abusing boyfriend – yes, very Trainspotting’, grins Dr Donnelly. ‘Then her father is involved in a tanker accident. I suppose it was like a bad episode of Brookside, but it had a major impact. People actually wanted to read it.’

Bethan’s Story was produced by Dr Peter Donnelly, the Director of Public Health for Iechyd Morgannwg in Swansea.

Public health: File under fiction
The Mosaic research singles out romantic fiction as a popular genre. Around 30% of the population in the Sunderland groups read it. Figures from America would suggest that around 80% of these are likely to be women. This could mean almost 50% of all local women in Sunderland read a form of romantic fiction. However they may not all read the
same kind of titles, as the style has many subgenres from traditional Mills & Boon to Chick Lit.

In Mexico, public health workers have used light fiction as an educational tool. Health promoters noticed that sex workers were keen readers of novellas. They worked with writers and the women themselves. They came up with plots and characters that would both appeal to the women and help them in their daily lives. More specifically they created dialogue that they could use if clients were pressuring them to have unsafe sex.

UK health workers could produce fiction with groups of women on issues around mental health, sexual health, childcare, stop smoking or obesity. Perhaps healthy recipes could even be built into some stories. The book or short story would need to follow all the rules of the genre and be easy to read. If a target group was identified, the appropriate subgenre of romantic fiction could be worked out. Local libraries and shops may be able to help here, as well as the target group themselves. The story should be written by a professional writer. The Romantic Novelist Association could perhaps suggest someone. (There website is at www.rna-uk.org/)

If public health was a book it would be a best selling blockbuster: Sex, the struggle against poverty, drugs, unintended pregnancy, sport, early death, a fight against good and evil. Nobody could put it down! Instead too often it is one of those leaflets we continue to churn out that make the Telephone Directory look like an exciting read.

Earlier, I questioned how many people are interested in health. However many people pay good money to see ‘health’ topics explored in books, TV programmes and films. The challenge is to move people from a vicarious interest in health topics to them changing how they live.

Commissioners would need to be able to ask potential fiction writers the right questions before commissioning them. The below titles may help in this process.

- **Writing Romantic Fiction** by Daphne Clair and Robyn Donald
- **How To Write Romances** by Phyllis Taylor Pianka

Aspects of the theory of story-telling are also briskly covered in the section on musicals in the previous chapter. (Topics such as how to use structures such as myth however are not covered there.) Resist the temptation to turn the story into an ‘information dump’. The health content must flow naturally out of the plot and characters.

Non-fiction books may reach certain target groups. Dr. Ian Banks worked with the publisher Hayes to produce health books in the format of car maintenance manuals. By early 2005, 180,000 copies of the edition on male health had been sold.

In some parts of the country, books on prescription scheme exist. These are sometimes partnerships between libraries and the NHS. Specific stock is bought on topics such as depression. Health specialists can then suggest that certain patients might benefit from reading these books. Specially commissioned novels however might also tie in well with this approach.
As well as the normal health campaign dates, World Book Day in March might be a good time to get publicity for a project launch.

‘People will listen to messages in health magazines’

Mosaic data can also be used to see how popular magazines are with different target groups. As mentioned earlier the Department of Health has already commissioned Dr Foster to produce a number of magazines in a popular style. They focus on three different target groups

- *Your Life!* is aimed at women aged 18-35 in disadvantaged groups
- *Fit* focuses on men aged 18-35 in disadvantaged groups
- *Prime* is aimed at people of both sexes aged over 40

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“I was a smoker and *(Your Life!)* has helped me give up. It’s been hard and there have been temptations, but Holly Aird’s story really helped as she went through the same scenario at home with her son as I did. My four year old daughter was making comments about my smoking which scared me”

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Writing for the public only appears to be top-down. It’s actually bottom up. You cannot make anyone read anything, only entice them to. This means writing in a way that they want to read. This is communication. Anything else, such as simply publishing what you think they should read, is merely printing. This feedback from reader Jackie Carlyon quoted in an early evaluation suggests that ‘Your Life!’ was successful in this.

The national pilot of *Your Life!* was evaluated using in-depth interviews. This found that

- 90% of readers liked the magazine and found it accessible
- 86% found the information it contained useful or very useful
- 67% said they had already changed their behaviour as a result of reading the magazine or planned to do so
- Among these 67%, the most popular behavioural changes were
  - Improved diet/weight loss (60%)
  - Increased exercise (40%)
  - Stopped smoking (25%)

**How to reach your ‘hard to reach’ group**

If research shows that a target group read and take notice of magazines, then the next step is to find out what style they like. Sometimes however it may be necessary to produce a publication for everybody in an area e.g. an annual report in a magazine format. Looking at national statistics from the newspaper market about half of people read papers like the *Sun, Star* or *Mirror*. About a quarter read mid-market papers like the *Mail* and *Express*. Less than a quarter read the ‘qualities’.

It may make sense then if targeting a large area to go for a style like the *Mirror* or *Sun*.

The issue of balancing being like a commercial magazine whilst still influencing the target audience is the key to successful health outcomes. Commercial magazines may be tempted to simply pamper to their audiences. If they try to change them too much, their
readership and profits may go down. Public health however, like advertisers, has its own agenda. This is often to change behaviour. (Sometimes of course it may to reinforce existing behaviour.) Public health workers need to research their target audience if they are influence them. The questions to ask are

- What would make them read the publication?
- What approach would get them to change their behaviour?
- Where are they on the cycle of change?

The AIDA model can be applied to written materials, as it can most other means of communication. It stresses

- Attracting attention
- Keeping interest
- Creating desire
- Enabling action

Fortunately there has been a lot written about how to do all this by magazine and advertising specialists. The next few pages cover attention and interest. After this the focus shifts to desire and action.

**Getting attention and maintaining interest: Learn from professional writers**

Attracting attention and keeping interest is partly about content. It is important to engage the reader by tying in with one of their deep felt issues. This could be a local issue such as the health hazards on a local beach. It could be something lighter such as fashion. This can then be linked to health e.g. attractive sun safety clothing.

Academic writing also often encourages people to use long-winded language to sound ‘impressive’ or to meet a specific word target. The rules are quite different when writing for the public.

"Writing for the public is different from writing for teachers or lecturers. They were paid to read what you’d written. Indeed they might get sacked if they didn’t. The public have to want to read your words. They must interest or entertain them.

Pitch your writing at the right reading level 13

- Make it easy for readers and use plain English
- Choose words learnt early in life
- Stick to one thought per paragraph
- Keep sentences to 20-25 words maximum but vary their length

Create a relationship with the readers

Find out if they want the writer to come across as a wise relative, an expert, an equal, or some other figure."
**Make the most of how people read a page**
Research show that people read magazine advertisements in a particular order. Readers
1) First scan the picture
2) Then look at the headline
3) Then go to the caption under the picture if there is one
5) Then look at other details such as cross-headings or smaller illustrations
6) Then read the main body text
It is worth therefore making points 1-5 as interesting and informative as possible. This increases the chances that the reader gets as far as reading the main text. (Even if they do not, they may get some information or a positive impression from the little they do read.)

**Think about how to structure the article**
Articles can be sequenced in a number of different ways. These include
- In order of importance
- By what happened when or what steps to follow
- By presenting the problem and then the solution
- In terms of who, what, where, why and how (though not necessarily in that order)
- By describing the benefits and costs
- By simple to complex e.g. in a health science article for lay people
- By starting with the big picture and then moving to the detail or vice versa
- In groups e.g. an article on an organisation might be by departments

Magazine articles are generally put together in a particular way. They often contain
- A headline
- The writer’s name
- A stand first (separate introduction line away from main text)
- Paragraph titles
- Pull quotes (those short quotes taken from the main text)
- One or more illustrations
- Captions (that add to the picture, not just describe it)
- Fact files are becoming common too. For magazines these are better than footnotes.

Keep references to a minimum.

*Professional magazine writers try to reward their readers as often as possible to keep them interested. This could be with exciting headlines, fact boxes etc.*
Know the ‘tricks’ to interest readers and keep them interested  

- Use descriptive headlines e.g. ‘We Can Reduce Your Tax’ not ‘Tax’. A tip from advertisers is to use ‘why’ in headlines e.g. ‘Why Sue Gets The Boys And Kate Can’t’ (with a picture of a couple kissing, for an advert about giving up smoking). Alternatively consider using ‘how’ e.g. ‘How To Enjoy Safer Sex. ‘12 Top Tips’ or ‘10 Golden Rules’ may also get people’s attention.
- Good headlines are particularly important on the cover of a magazine. If readers do not pick up the publication in the first place there is no chance of engaging them about health. The choice of image is also vital. (This is covered in one of the later sections)
- Keep things concrete rather than go into abstract theory
- Use case studies of people to maintain the human interest angle
- Make the article interactive by giving readers a phone number or email address to contact for more information or a chance to reply

Keep the grammar simple
Stick to full-stops and commas unless you know the audience have a good grasp of grammar.

Link your health articles to topics that you know interest readers
For example:

- Accidents
  Changing Rooms Meets Casualty
  (DIY accidents)
- Alcohol
  Drinking To Good Health
  (Benefits and otherwise of alcohol)
- Cancer
  Fashions To Die For – And Live For
  (Sun safety)
- Children
  iPods – Are They Good Or Bad For Your Kids
  (Messages in songs, benefits of dancing, hearing damage etc.)
- Diet
  Want The Perfect Picnic?
  (Also includes sun safety and physical activity)
- Drugs
  Surviving Christmas Parties
- Emergency resuscitation
  Avoid Dying At The Match
- Health Inequalities
  Monopoly: Where Would Your House Be On The Board?
  (An area could be divided up by income like the real Monopoly. The link to health status could then be explained.)
- Mental Health
  Stress: What You Can Learn From Dogs and Goldfish
- Physical Activity
  Where To Go If It Chucks It Down All Summer
- Sexual Health
  The Ten Most Romantic Places Locally
(Family planning clinics could slip in at number 10)

- Smoking
  Spring Sales: Dresses Not Smoking Will Buy You
- Workplace Health
  Scrooge: What He’d Make Of Today’s Workplace
  (Christmas article on health at work)

Celebrities may be happy to talk about issues, like their kids’ health, for nothing for a good cause like an NHS magazine. Otherwise quote them from other sources as long as they are reliable. Photographs may be expensive, so consider getting someone to do a cartoon or line drawing.

The other way to use celebrities is to prepare general articles in advance. Then drop in information about the celebrity who is in the news that day. Celebrities are often in the news for stories connected with drugs, alcohol, stress, weight or sex. These all offer opportunities for health education.

There is more on using celebrities in the chapter on music.

**Layout: Keep it simple**

- Software packages like *Microsoft Publisher* are useful for providing templates
- On the whole stick to the columns and do not write across them. However occasionally breaking this rule by having quotes go across two or three columns can be very effective

**A picture is worth a thousand words – but are they the right words?**

- What kind of pictures are the audience used to, ones that reassure, shock or educate?
- Don’t forget the human interest angle. If possible try and have a person somewhere in the picture
- Try and get clutter out of the picture before you take it, e.g. bags etc
- Crop the picture to get the details you want
- Think about what’s in the background and foreground. What do they say? Books for example might say ‘expert’ or ‘ivory tower’ depending on the readership
- Be wary when providing a photo for an article someone else is writing. They may give it a caption with a negative spin
- The caption should add something extra, that you cannot get from the picture alone, e.g. a name or context. Also remember that people read the captions before the main text. This is a chance to give them key information or a reason to read on
- Print quality is measured in dpi or dots per square inch. Anecdotally pictures in magazines need to be of a quality of 300 dpi. For papers 150 dpi is OK

**Writing involves at least two people: Find an editor**

- Get one or more people to check the piece once it is written. Tell them about the background to why the piece is being written. Be clear what the feedback is on. Different people may be better on editing advice about the content, the grammar, the style, the structure etc
- The writer needs to go through the piece and highlight where the key ideas are that need to be got across. They should be mainly at the beginning, but all paragraphs should have some in. (If some don’t, consider deleting them.)
- Go to [http://juicystudio.com/services/readability.php](http://juicystudio.com/services/readability.php) for readability tests
• Keep anything that has been edited out. It may come in handy another time

Creating desire and ensuring action

To create a desire in the readers for change requires good social market research. What stops them from behaving healthily? What would help them to change? The answers may be about focusing on the benefits as perceived by the reader of changing. This may not be the same as the health benefits. So as a hypothetical example, people may want to get fitter to keep up with their grandchildren rather than to be healthier.

The magazine should have a personality or image so as to build up an ongoing relationship with readers. By doing research to create the right personality they can relate to, writers and readers can create a shared agenda to move forward with together.

People are generally interested in a service or message only in as much as it helps them in their lives. Focus everything on them.

Advertisers have broken down the possible interest to the reader into a number of categories. These are given below with examples from sexual health:

- The benefit of the new behaviour or a service, e.g. peace of mind, health
- The attributes of the service, e.g. reliable, confidential etc
- The values attached to the behaviour or service, e.g. is carrying condoms seen as being sensible, immoral or daring
- That the user is part of a group e.g. using contraceptive services may be linked with being an adult
- The role of the user, e.g. loving partner is different from being a ‘lad on the pull’.

Articles are more likely to create a desire for change in the reader if they focus on one or more of the above.

Try to turn facts into personal experience to make them feel more relevant. Teenagers in particular respond to personal stories.

There should be a promise in the article. Make sure the information given is something the reader can actually use and benefit from. An example could be what to do if someone is thinking of having sex. However, do not dictate to people what they should do.

In terms of the action phase of AIDA, magazines often give contact information at the end of articles. It may also be useful if articles address all the legs of the three legged stool model, i.e. information, attitudes/feelings and skills.

Pre-testing and evaluation

As well as double checking all the above guidelines at the editing stage, get the views of the target reader. One problem here is that if someone is asked or paid to read something, they probably will read it. In real life of course, they may not have even picked it up or may have only looked at it for a few seconds. Try and work out ways to get round this. Perhaps give people a range of materials on similar topics to pick up and not just the magazine being pre-tested. Ask them which they would pick up first and which not at all. Find out why. What can be learnt from this, in terms of the pre-testing?

Also try asking people to look at a page and say whether they would read it or just turn over. Ask them to mark where they got bored on the page and skipped on. Then talk to them about why they made these decisions. These approaches appear undeveloped in the NHS. It may be worth discussing sharing any findings with the Patient Information
Forum (www.pifonline.org.uk) Alternatively try to join the HP-Resources network (www.mailtalk.ac.uk)

Commercial magazines often use competitions as a way of seeing how many readers are actively engaging with their publications. This is probably even more important in a publication which is free.

Test the magazine out with people who it is not aimed at too if they are likely to see it. A classic error was made by the Health Education Authority in 1988 with its press advertising around AIDS. They placed an advert that asked ‘What is the difference between HIV and AIDS?’ and gave the answer ‘Time’. This pre-tested well but when it ran, upset many people who had HIV. The campaign was soon dropped.

Also check that all the magazines that have been given to GPs, supermarkets etc have actually been taken by the public.

“We displayed more than 3,000 copies on all of our checkouts and all the copies have been taken”

This is a comment from an Asda checkout manager about ‘Your Life!’ It’s not only the content and style of the magazine that matter. Where to give it out is also important. Good social market research will answer all the questions about where to distribute a successful magazine. Mosaic data can also be used to mail it to people’s homes. However, make sure it does not fall into the hands of anyone it might offend or prepare a response in advance. Sexual health information for young people is probably the most likely topic to offend other groups.

(Many of the tips mentioned for magazines also apply to websites. Most NHS sites target people who are already interested in health. To reach those who are not, how about a ‘What’s on?’ site? This could include features on where to eat out locally, DIY tips on bank holidays, where to take the kids over the summer holidays, what’s on TV etc. These could be linked to health information as long as this was not too blatant. The site could also include a ‘What’s in the news?’ section. This could include celebrity and general news with a slight health slant.)

**Crosswords, puzzles and competitions can be a winner for health**

This paper stresses concentrating on the particular interests of specific target groups. However, crosswords and puzzles are popular in all of the groups listed in the appendices. (These make up over 50% of the population of Sunderland in total.) Around 30-40% of people said that they were interested in this pastime. About a quarter of people said that they were interested in competitions. Many magazines of course regularly use crosswords and competitions as part of their mix.

There is now software that makes creating crosswords and puzzles much easier. For example with crosswords, start by writing out about 200 health questions. Then write out the list of words that make up the answers. The software then creates the crossword square. (It may still need to put in an odd word with nothing to do with the topic to make it work.) A range of companies produce software. I used *Crossword Compiler* at
www.crossword-compiler.com/ for the crossword on the back page but Google will throw up many more. Remember to pre-test that the target group understand the clues.

Alternatively, compilers who write specialist crosswords can be found at http://www.puzzlecraft.co.uk/index.html. For an idea of how much this service might cost go to http://www.londonfreelance.org/feesguide/xwords.html

(There is also an interesting site for producing anagrams at www.anagramgenius.com/ Dan Brown used it to generate the anagrams for *The Da Vinci Code*. These could form the basis of other word puzzles though the knowledge gain here may be minimal.)

One way of using crosswords would be to produce regular free puzzle books on a health theme. This format is probably more useful for drawing people in and passing on information than motivating change. As they may take in only a little from the clues the books themselves perhaps should also include supporting articles on health. (Given the statistics on literacy in the UK these would need to be easy to read.) Health adverts could also be included. Alternatively the books could be funded through appropriate paid for advertisements. Including competitions in the book would appeal to many readers. It would also be a way of measuring what response the book gets. Commercial magazine publishers often do this. A thorough evaluation of the effectiveness of using crosswords to give out information would also be vital.

The books could be distributed to places that the research shows the target audience go to or sent directly to their homes.

They might also be popular in NHS waiting rooms. (In passing, health professionals may also be interested in a health quiz for the public. This was developed for using with PowerPoint in GP waiting rooms. For more details go to http://www.emedica.co.uk/quiz.htm)

Strip cartoons and graphic novels

**Comics aren’t just for kids**

As well as articles and crosswords, magazines often also have cartoons and comic strips. Cartoons are usually single panel pictures, which are meant to be funny. (Off the shelf examples on different themes can be purchased at

‘I don’t think of comics as just entertainment. It’s a rare privilege to be able to talk to millions of people on a given day, so I’m eager to say something meaningful when I can... When cartoons dig beyond glib punch lines, cheap sentimentality, and tidy stories to deeper, truthful experiences, they can really touch people and connect us all.’

*Bill Watterson, the creator of Calvin and Hobbes comic strips. His style was ‘cartoony’, however a comic does not need to be like Batman or Dennis the Menace. Any style that is appropriate for the audience can be used. This can even include photograph stories, as used in classic girl magazines.*
Cartoon or comic strips are made up of panels of words and pictures telling a story over time. They often appear in a paper or magazine or in a comic devoted to this format. Often the story is told bit by bit over a number of weeks. Graphic novels are often longer strips that tell a complete story.

Regardless of what they are called, stories told by pictures and words have a bad press in the UK. They are seen as being just for children. The assumption is that they are not capable of dealing with themes covered in ‘proper’ literature. This is not so in all countries. In any case it is not true in practice in the UK. For example check out ‘Maus’ written by the son of a Holocaust survivor or ‘Dragon Slippers’ on abuse. Raymond Briggs, famous for Christmas favourite The Snowman produced a graphic novel about nuclear war. (When the Wind Blows was successful enough to later be turned into both a BBC Radio 4 play and a film with music by David Bowie, G enesis and Roger Walters.)

The two most syndicated strip cartoons in the world in the mid-nineties were Peanuts with Snoopy and Charlie Brown by Schultz and Calvin & Hobbes by Bill Watterson. Each reputedly appeared in around 2,500 publications. Although they are funny they also covered issues such as the environment and the complications of relationships. Other strips such as Alex and Dilbert concentrate on workplace issues. These have often been used to illustrate points in management text books. Buying the rights to famous characters however, may be beyond the budgets of public health workers. (A European writer once used images of Captain Haddock from Tintin, to illustrate the symptoms of alcoholism. This was without permission. He lost the following court case.)

Graphic novels have a lot in common with film. Both mediums deal in words and images telling stories overtime, except of course that the special effects and actors are much cheaper in graphic novels.

"I rank Schulz with Gandhi in the scope and influence on people in this century. Sure, Gandhi spoke to multitudes, but has anybody counted Schultz’s circulation? And the same message is conveyed: Love thy neighbour even when it hurts. Love even Lucy."

OK, perhaps a tad over the top about the power of Charlie Brown and Snoopy to end imperialism and create a new philosophy of non-violence. You get his point though. (The quote is by Bill Maudlin, a famous Second World War cartoonist talking about Charles Schultz who produced the Peanuts strips. I first came across the’ moral aspects’ of Peanuts when Mr. Collins, a much loved RE teacher, had them plastered all over his walls.

Comics aren’t just for kids but...

However, this is an examination of how to use popular culture in the UK. It is probably fair to say then that comics are probably most suited to children and young people in this country. They are perhaps particularly useful with those who have low reading abilities in English. The pictures can help give clues to the content. Adults within ethnic groups whose first language is not English may find this helpful too for the same reason. However this will depend on their cultures’ particular views of the medium. If an English
version is to be translated into another language, it is important to check first that the illustrations and content are suitable.

How to apply comic strip theory to health
The AIDA theory can be used with comic strips and graphic novels too. The format and content of a comic might be used to attract the client group to it. Then the information within it perhaps used to keep interest, create a desire for change and point the reader in the direction of action. The format could be also used for the different legs of the three legged stool i.e. giving information, exploring feelings/attitudes and developing skills.

The FPA currently uses comics for sexual health issues. They use a story format in ‘Love S.T.I.NGS’. 41 (See music chapter for more on story theory). It was produced by the Comic Company who specialise in health education. See their site at http://www.comiccompany.co.uk/index.php However, probably the best known exponent of the medium is Lifeline. They have used it mainly to look at issues around drugs and alcohol. They use social marketing principles, so involve their audience all through the creative process. This is probably why it is popular with the target group but offends others. Go to http://www.lifeline.org.uk/about.asp?ID=37 for more information

There are a number of books about producing comic strips that are useful to read. One is itself written in this format. It gives an in depth understanding of the principles behind using comic strip as a communication tool. This is Understanding Comics: The Invisible Art by Scott McCloud. 42

Another is Writing and Illustrating the Graphic Novel by Mike Chinn. 43 This includes

- Elements of the novel
  - Panels
  - Framing devices
  - Speech and captions
  - Characterisation

- Writing the script
  - Basic scripting techniques
  - Pace
  - Scene changing
  - Telling the story
  - Writing styles
  - Briefing an artist
  - Writing realistic characters
  - Setting

- Illustrating the script
  - Style of artwork
  - Techniques
  - Drawing from a script
  - All about layout
  - Thinking like a movie director
  - Lighting
  - Body language
  - Lettering
As the internet becomes more popular and download times become quicker, online comics may come into their own. ‘Webcomics’ by Steven Withrow and John Barber is a good starting point for exploring this approach.

**Producing a health comic needs team work**

To produce resources in this format needs a writer, an illustrator, health experts, the people doing the market research and the target group. The target group are vital but will not normally be skilled enough to do the illustrations themselves. (If the project is lucky enough to have some talented artists amongst the target group point them towards the recommended text books above. This is a specialist area that needs more than simple drawing skills.)

Comics can however still be used by non-artists. In 1991 the Terrence Higgins Trust commissioned ‘1+1’. This was a comic about HIV. Youth workers and teachers could also get the ‘1+1 Users Guide’. The guide contained ideas on how to use comic strips with groups of young people who did not necessarily have drawing skills. The ideas included

- Completing the story in the strip
- Acting out the strip and improvising round it

There is any number of books about how to draw in a particular style e.g. Manga or Marvel. These can be purchased online, at bookshops or in the specialist comic shops that have sprung up in many cities.
• Having a picture of characters thinking – then asking what is going on in their head

The comic strip form is good for illustrating body language and facial expressions. This may be useful in starting discussions off around mental health.

**Who would pay for a health comic strip?**

‘Myths over Pendle’ by Peter Rigg appeared in local papers in the Lakes. It was funded by a Local Strategic Partnership to use gentle humour to address issues that concerned the community. (72% of the people interviewed thought that it helped raised awareness.)

For an idea of rates for artists go to [http://www.londonfreelance.org/feesguide/illust.html](http://www.londonfreelance.org/feesguide/illust.html)
Using comedy to tackle health inequalities
‘Comedy is simply a funny way of being serious’

Peter Ustinov
Using comedy to tackle health inequalities

Is there an audience for health comedy?

‘Humour is by far the most significant activity of the human brain.’

This quote is attributed to Edward de Bono. He is interested in how to get people to think outside of their normal ways of doing things – as are health educators. 2

Comedy is not specifically mentioned in the Mosaic research used in this paper. However, using Sunderland as an example again, ‘cinema and films’ are popular with all the groups highlighted. They are most popular with young families with limited incomes, living in cheap terraced housing. Indeed, 44% of this group list cinema and film as an interest. Most other groups have figures of around 30%, though this drops to 27% with older people.

The UK Film Council figures for 2005 ranked comedy as the most popular genre of movies in Britain and Ireland.3 Indeed even in the category that came third, animation, the top film was a comedy, namely ‘Wallace & Gromit: The Curse of the Were-Rabbit.’4

Although public health workers cannot produce their own feature films, they may be able to make more use of humour to promote health. This could be verbal, e.g. the use of stand-up comics, or in a written form

What is comedy?

Laughter is not the same as humour and humour is not exactly the same as comedy. Laughter can be caused by anxiety, joy or tickling as well as something being funny. Humour can occur spontaneously in every day life, where as comedy is always planned. People’s motives for being humorous were described by Ann Snowden in the Health Education Journal.5 She said they were about

- Power
- Coping and defence mechanisms
- The expression of positive or negative feelings

Much comedy involves incongruity – the unexpected.

There are many different kinds of humour e.g. slapstick, puns, sexual jokes, nonsense or surreal humour etc. Good social market practice would therefore need to find out what kind the target group might respond to.

Many of the issues raised about how to use music as a health tool also apply to comedy. For example, where the target group is in terms of the cycle of change. However, there are differences. Unlike music, comedy cannot be downloaded or bought at a record store. Health workers will probably need to get someone to write as well as deliver the act. This means less certainty in terms of quality and content. There is therefore more need to
ensure the material does not cause any bad PR by being offensive to anyone who might see it. (Who will see it may also be wider than who is it aimed at.)

**How to use comedy to tackle health inequalities**

As in the music chapter I have listed a number of discrete ways comedy can be used. In practice of course these ways may all be combined into one act (Music could also be part of this act too as discussed earlier.)

Would Hollywood have been spared the horrors of slapstick in the early part of the Twentieth Century if California had had a falls prevention co-ordinator? The most famous comic of the period was of course, Charlie Chaplin. He went on to use comedy to explore the degrading and unhealthy lives of industrial workers and the poor in his classic ‘Modern Times’. Two other greats of the period, Laurel and Hardy, are still sometimes used during accident prevent campaigns.

**How to use comedy to change people’s image of an organisation**

In everyday life evidence suggests that humour is often used as a way of building better relationships. Experiments have shown that when the same speech is done with or without humour, that the speaker is liked more when there is humour. Similarly research shows that teachers are more liked if they use humour. The research further goes on to show that it is best to use a variety of kinds of comedy. The comedy has to appropriate for the audience of course.

In the 1980s the Labour Party followed in the footsteps of Marx. Grouch Marx. They used comedians as part of the Red Wedge campaign to reach young people. Amnesty International are also known for their comedy shows. The ‘Secret Policeman’s Ball’ being the best know example. Perhaps organisations, such as public health departments, would appear more approachable and relevant to people if they engaged them with humour. They could commission stand-up comedy on health themes in places where specific target groups go.

Comedy can also be used in a written form if the research is clear about what the target group read and find funny. (It’s actually easier to write humour for a specific audience than a general one. With a general audience a large percentage of readers may not get the joke at all.)
How to use comedy to give out health information

'Humour is extremely helpful in learning... because when you are happy, your brain produces chemicals called endorphins which help you relax and are likely to enhance motivation.'


'There are various ways to give up smoking – nicotine patches, nicotine gum. My Auntie used to pour a gallon of petrol over herself every morning.'

This Paul Merton gag could be developed into a whole act around jokes and information about giving up smoking. It might help smokers realise that they would not be ticked off by stern NHS matrons if they approach quit services for help.

Information alone does not change people’s behaviour. The three legged stool model suggests that skills and attitudes/feelings are also important. However, comedy may make people more likely to listen to health information. In terms of the AIDA model it may attract their attention and keep their interest. After that it would be the job of health workers to make sure this is turned into a desire for change and action.

The Centre for Life in Newcastle is a good example of organisation that routinely uses humour. They use comedy as part of their programme of science education. (Much of their approach with children focuses on human body functions. Kids love this. It seems to keep their attention as information is given to them. On the downside, does it reinforce negative attitudes of shame about the human body?)

It is easy to see how the Centre’s approach could be adapted for education around the more scientific aspects of health issues. (Keep a check on www.life.org.uk/ to see what they are planning next.)

In the written form of comedy, the ‘Horrible History’ books by Terry Deary have proved commercially very successful. These are humorous and look at the gory, trivial facts of history. They have been so popular with children that they have spawned similar series on Horrible Science e.g.

- Deadly Diseases
- Blood, Bones and Body Bits

As well as PSHE type topics e.g.

- Coping With Parents
- Coping With Love
- Coping With Girls/Boys

‘The biggest fear for many youngsters when they go into hospital is not understanding the situation. The Clown Doctors, can help to explain medical procedures and jargon to minimise the distress and confusion of the children. We can also help them come to terms with their situation through humour and play.’

Lead Clown Doctor, John Quinn.
Clown Doctors use song, dance, circus skills and storytelling to help hospitalised children come to terms with their situation, and feel a whole lot better. 15

How to use comedy to change people’s attitudes

For the Ancient Greeks, ‘comedy was any drama that exacted laughter by holding up a mirror to all that was characteristic of Athenian social and political life.’ 16

Many centuries later comedians such as Mark Thomas, use jokes and comic stunts for the same purpose. 17

The Attitudes and values leg of the stool model can be addressed at a logical level that is still humorous. For example Peter Cave and Nick Romero did a 2005 Radio 4 series on philosophy called ‘This Sentence is False’. 18 Their brief appeared to be to both educate and entertain. Some of the comedy is just amusing, other parts of it illustrate philosophical paradoxes. Philosophy has a key role in school health education. Young people need to look at issues of morals and ethics. For example, does it matter that less well off communities are also less healthy? Should people drink and drive simply because they want to? The Radio 4 series showed that these topics did not need to be presented dryly. (For more information go to http://www.humanism.org.uk/uploadedFiles/cms/store//Demo_BHA/article_HPGMembers_files/ATTACHMENTS/This%20Sentence%20Is%20False%20Def%20Flyer.pdf)

Attitudes and values however are also about feelings. So a purely logical approach to them may not always work. Humour may help here. Research has shown that ‘there is more attitude change when recipients of a message like the source and are in a good mood, as can be produced by humour.’ 19

In a sense humour marks the boundary of what people are comfortable with. Comedy tells people about their own and society’s hang ups and conflicts. These are often round issues of power and helplessness. This could include social injustice around class, race, or
gender. Alternatively it may be due to personal circumstances. Social taboos around the human conditions are another great source of comedy e.g. sex, death and mental health. Comedy may be a way of approaching these issues in a way that is less threatening. It may point out personal or societal contradictions and absurdities. Show that there is a less threatening way of seeing an issue. If a group of people are looking at difficult issues, humour can help them bond quicker. This may help them share more, although it can also be used as a defence mechanism to avoid issues. Laughter may also have a physical action on the body that helps people feel good.

This may help them share more, although it can also be used as a defence mechanism to avoid issues. Laughter may also have a physical action on the body that helps people feel good.

20. It has been suggested that psychiatrists be trained in the use of humour and perhaps the same should go for public health specialists.

21. Comedy may work best when there is some follow up. In some ways the comedy, may both open people up and give them permission to talk to someone about the issue. This may be a lead discussion to pick up on some on the emotional issues that are raised. It might be a chance to talk to a worker face to face for some advice. At the very least, people need the chance to pick up a leaflet to get some follow up information, such as a phone number.

22. One example of comedy around health is ‘Hurt Until It Laughs’. Comedian John Ryan performed this show at the Leicester Comedy Festival. It was about men and their health behaviour (www.comedy-festival.co.uk)

How to use comedy to give people the skills to be healthy

‘There’s a hell of a distance between wise-cracking and wit. Wit has truth in it. Wise-cracking is simply callisthenics with words.’

Dorothy Parker’s words illustrate the importance of health comedy being about something e.g. demonstrating skills rather than just being funny for its own sake.

23. Skills are the final leg of the three-legged stool model. Comedy could be used here too. The Radio 4 comedy programme on philosophy also dealt with logic, the skill of thinking. These are the basis of any rational individual change model of health education. They are also essential for any discussion about health issues in a democracy.

‘Anne Sinners Parties’ improve mental and sexual health

When Aids was at the top of the agenda in the 1980s, there were comedy shows aimed at students about sexual health. These focused in part on the practical skill of putting on a condom. A modern variation on this could be to have mock Ann Summers parties. These
would be aimed at women who go to them. So as not to break copyright perhaps they could be called Anne Sinners Parties. They could look at issues to do with both sex and relationships. In a sense they would also echo reality TV programmes such as *Trinny and Susannah Undress* or *Wife Swap.*

Relationships are linked directly to NHS targets for sexual health and domestic violence. However, they also have an impact on other targets. Two in five UK marriages will end in divorce, well above the European Union average. Cohabiting relationships are four times as likely to breakdown even when there are children involved. The divorced are more vulnerable to physical and mental illness than married people. Indeed divorce increases the risk of death in every age group, when a comparison is made between divorced and married adults. Compared to the general population, divorced and widowed men are nearly twice as likely to consult their doctors for mental disorders. Divorced/widowed women are one and a half times as likely.

Women and children are more at risk of poverty than men after divorce and, on average, suffer from substantially reduced incomes.

As long ago as 2000, family breakdown was estimated to cost the UK £25 billion per annum. The direct cost of family breakdown was around £15 billion per annum. To put this in context it is the equivalent of about a quarter of what the Government spends on the NHS or a third of its spending on education. It was also suggested that another £10 billion maybe generated in indirect costs. The biggest direct costs were on social benefits and welfare (£9,534 million) and health (almost £1,500 million).

There may be no simple answer to the issue of relationships breaking up. Reducing poverty is probably a factor. The last few decades have also seen a change in people’s expectations about relationships from defined roles of male dominance to equal partnerships. However, society has not had a chance yet to work thorough what this means in practice. So a health education approach that looks at relationship skills as well as information and attitudes/feelings may also be helpful. However, there is no evidence to suggests that people will queue up to join ‘How to save your failing relationship’ classes. One alternative, for a particular subgroup, if the social marketing backed it up, could be comedy e.g. Anne Sinners Parties.

The parties could initially use trained workers, but could be developed to use peer educators as well. The party workers could have interesting items to

- Demonstrate theories about relationships
- Spark discussion
- Teach new skills e.g. communication, assertiveness and self-esteem
- Take home as reminders of the learning

Depending on the group these could include the following

- *Empathy Penis:* An empathy belly lets a man know what it feels like to be pregnant. This penis would help a woman understand what it’s like to be male. In reality the party worker would use it as a prop to spark discussion about men’s conditioning and the skills needed to deal with it
- *‘They may look lovely, but they’re damn hard work’:* Baby simulators are often used in schools to teach adolescents about babies. Here the women would invent a simulator. This would show what it’s like to have a partner and the skills needed to make a relationship work. A party worker would play the role of the simulator, going on the information given to her by the women
Laughter is the shortest distance between two people, according to comic Victor Borge. Comedy may be a way of opening up taboo subjects for discussion and forging a bond between people.

Perhaps the Anne Sinners Parties could also include music e.g.
- *Is That What You Really Want?* (Libby Roderick)
- *Show Some Emotion* (Joan Armatrading)
- *Honesty* (Billy Joel)
- *It Wasn’t Me Who Hurt You* (Heather Bishop)
- *Love Me For What I Am* (The Carpenters)
- *Be Kind To My Mistakes* (Kate Bush)

Making sure that comedy leads to health improvement

*‘If comedy is an escape from anything, it is an escape from illusions. The comic... reminds us of True Reality, and in that moment of recognition, we laugh... Good comedy helps people know they’re not alone.’*

US comic Bill Hick puts forwards his view on how comedy should be used. More often however it is merely a safety valve. It allows people to harmlessly let off steam or take their minds off the reality of the world. There is nothing wrong with that. However, unless it is well thought out, comedy for health purposes could easily fail to give people new perspectives or skills.

Comedy might be a powerful health tool if it is aimed at the right target in the right way. However, much humour does not deal with insight but with stereotypes. It is unlikely to affect a change in health behaviour. For this reason, the use of humour in health is a team effort. Health workers need to work with researchers, comics and the target audience. The process is described in more detail below.

**Talk with the target audience to be clear what their beliefs around different health issues are and what health response is needed**
- The response could focus on information, values or skills. (Alternatively it might not be a health education problem and issues like transport or staff attitudes may need to be tackled.)
Clarify what kind of humour is in broad terms likely to lead to the response wanted

- Assuming humour is an appropriate campaign approach, what sort of humour from what kind of person would the target group respond to?
- Where will they see or hear it? What do they read or listen to, if anything? Where do they go?
- All of this will vary not just with social class, gender and race but also age. Children find different things funny depending on what stage of development they have reached.

Work with professional comedians and/or writers to come up with the humour

- A good place to start to find out about comedy as a social tool is http://thecomedydschool.com/. The Comedy School can offer institutions both staff training and tailored comedy performances. Alternatively contact a local comedy club or council arts team. The Arts Council might also be able to help. To find the local regional office go to www.artscouncil.org.uk/regions/index.php.
- Often the comic’s approach will be to do with overstating or understating real life to show paradoxes etc. Health workers need to work with the comedian to pick up on these absurdities. This is so they can prepare ‘chat up’ lines to use with people after the show. If the health workers are not very good at this, consider employing other people to do this. Local people, such as health trainers, might be good in this role.

Check that the comedy is focused on challenging behaviour and not reinforcing stereotypes

- Unless of course this is useful. The Cycle of Change model emphasises that individuals and groups may need to be encouraged to maintain healthy behaviour at times.

Talk to the target group again to pre-test the comedy

- If other people other than the target group is likely to see it, they also need to be tested, so any negative reaction can be planned for.

"Let me show you how much ash a 20-a-day smoker makes.
Of course, they're not all cremated - some are buried".

Match the humour as precisely as possible to the target group. This John Cleese TV campaign was based on social market research. ) 38

Fascinating AIDA 39

The AIDA model from advertising is a good one for a health comedy team to think through

- **Attention** should initially be grabbed by the comedy, as it is both fun and different.
- **Interest** is maintained by the humour and being able to relate to the routine’s content.
- The **desire** to change could be brought about by
  - confronting people with their own behaviour
  - creating a fun atmosphere where they feel safe with other people
  - getting them to laugh and release the physical tension in their bodies
  - giving them new information on health behaviour
- **Action** should be encouraged by follow up workers and written materials.
Just kidding – comedy and health for children

From 18 months to 3 years children begin to enjoy slapstick
They find fallibility reassuring. Parents can start to build honest and trusting relationships if they allow their children to laugh at them in good humour.

“…children can only really understand jokes from the age of eight onwards; which is when they can see other points of view and the effect jokes will provoke. Understanding jokes is about considering how other people feel”.

Cliff Arnall, psychologist quoting Piaget.

Between 4 and 7, children find toilet humour funny and may push taboos on issues adults find difficult
Perhaps how parents, schools and society in general respond to this has a big effect on health. For example, if people have hang-ups about body functions this may make sexual health education more difficult. If certain things are taboo it may also affect mental health. Especially if it means that there is no one a young person in future can now trust to talk to. Comedy could be used to explore these sorts of issues with both children and adults.

Research also suggests that a sense of humour is important to building resilience in a child. Steven and Sybil Wolin carried out research amongst adults who had extremely deprived childhoods. The ones who did best were those who had a healthy emotional resilience. Humour was vital to this. Mental health campaigns can perhaps help develop this skill.

Bottom up comedy
Comedy is not just a top-down public health tool. It can also be used within target groups to get them to look at issues and develop new skills and confidence. An example of this is the work of Rudi Lickwood. He is an award winning comic and taught comedy in Brixton Jail. His project there was made into a BBC 3 programme 'Banged Up Stand Up'.

Another community based approach is laughter yoga. Laughter has health benefits in its own rights. For example, laughing is good for blood pressure, as well as the cardiovascular, respiratory and immune systems. It also just makes people feel well. An Indian physician Dr Madan Kataria started off, what is now an international laughter network, in 1995. There are now more than 1,800 free laughter groups in India and throughout the world. People learn how to laugh without the need of comedy. However they still get the physical benefits of a good belly laugh. For more information go to http://www.laughteryoga.org/

Ricky Gervais: ‘Humour comes from a good or bad place.’

Care needs to be taken with humour:
• Relationships where husbands use humour to avoid the concerns of their partners are more likely to break up.
- Within schools and other organisations laughter is a live issue. Bullying is often synonymous with ‘laughing at’ and teasing
- There is also the issue of racist and similar jokes
- What one group finds funny, another may find disgusting. If a humorous health campaign is seen by the ‘wrong’ people there may be a PR backlash
- How acceptable is it from one background to use comedy as a health education tool with people of a different background. Could it be seen as condescending?

**When and where can I start?**

Comedy can be performed at the same kind of events listed in the music chapter. However as comics need less equipment than many musicians; they may be able to perform in more places.

Red Nose Day may be a good time to get media attention. Try [www.rednoseday.com](http://www.rednoseday.com) Alternatively there is April Fools Day and any local comedy festival weeks. Comedy on particular topics could tie in with the various health days or weeks.

**Laughter tracks.** Comedy, unlike music, may lose its power if repeated with the same audience. However, not all comedy relies on surprise. Think of all the people who quote whole sketches from Monty Python ad nauseam. It may therefore be worth recording a health comic’s routine on to CD to give out after an event or at a later date. (a)
How much will it cost?

‘Fundraisers take note – a study carried out by Universities of Kent and Liverpool revealed that laughter makes us more likely to give generosity to strangers. Participants in the study were more likely to part with their money after being shown funny video clips than those who were shown more serious films.’ 46

Though the NHS does not generally fund raise, this information maybe useful for health charities planning events or campaigns.

It might be possible to reduce some of the costs by sharing routines on the same hypothetical wiki site as mentioned in the music chapter. This might cut down on the need to write a script. Somebody would just be needed to perform it. If any staff have a talent for stand up, they could brush up their skills at ‘It’s A Funny Business’. Go to http://www.itsafunnybusiness.com/standup.htm (They have special rates for corporate clients. They also claim stand up skills are good for learning how to hold an audience’s attention and team work.) Alternatively try the Comedy Trust who specialise in working with health services. Their website is http://www.liverpoolcomedyfestival.co.uk/comedytrust/FunnyBusiness/Standupcourses.htm

Read jokes in work time
To find out more about comedy try
• The Naked Jape: Uncovering the Hidden World of Jokes by Jimmy Carr and Lucy Greeves (It has an excellent introduction to the theory behind comedy, though it may offend some people) 47
• Step by Step to stand-up comedy, Greg Dean 48
• Zen and the art of stand-up comedy, Jay Sankey 49
• Humor: International Journal of Humor Research 50
Leicester Comedy Festival as a case study

“Their brilliant programme, of comedy with a social conscience, makes me intensely proud of being a Leicester MP. The work they do, delivering comedy based work with a very serious purpose, has now become a mainstream part of public health in Leicester”.
Patricia Hewitt, MP

Leicester Comedy Festival started in 1994. It has always had a community education programme. These are attended by thousands of people.

*Hurt Until It Laughs* was the original health and comedy stand-up show that came from the Festival. This is still being performed by John Ryan across the UK. It goes to working men clubs, workplaces, conferences, festivals and comedy clubs. Later projects included the *Laughing Fit* project and tour funded by Arts & Business, *The Odds* film and on the ongoing *Ditch the Chips* project which now extends to Northamptonshire.

In 2007 the community programme was rebranded as *Make Me Happy*. A range of agencies are involved in this, including North West Leicester Mental Health Action Group and Braunstone Community Association. This latter group received £48,500 from Arts Council England for school and community projects.

*Bring Me Sunshine* is a project within *Make Me Happy* that uses comedy to look at personal, social and health education issues in schools and colleges. It has covered topics such as healthy eating, exercise, drinking, smoking and racism.

For further information go to www.makemehappy-online.co.uk or www.comedy-festival.co.uk/community/index.php?nav_id=8&level=1. The Liverpool Comedy Trust are also doing a lot of work around comedy and have an annual conference. For details go to www.liverpoolcomedyfestival.co.uk/comedytrust/AboutUs.htm
Using football to tackle health inequalities
'I had rather regenerate England with the football elevens than with average members of Parliament'
Edward Bowen, 1884
Using football to tackle health inequalities

Six ways football can promote health

Football is everywhere you look in modern Britain, on the TV, on the radio, in magazines and newspapers. Within the sample population in Sunderland almost a quarter of all the people in the largest subgroups expressed an interest in watching or playing the sport. (I assume that the figures were much higher in men than women particularly in the older generation.)

Unlike most of the other forms of popular culture in this paper, football is simply a topic to link in with. It is not a medium through which to communicate. (Compare this with music. It can be used to engage people as a topic, for example, articles on health issues of various stars. However, it can also be used as a tool to give out health messages, e.g. songs on particular issues.) Despite this limitation football can be used as a health tool in six ways:

1) **Playing football as exercise**
   Playing football has now become popular with girls and women as well as males

2) **Playing football as a way to build team spirit and other values**
   In the late nineteenth century the influence of Muscular Christianity and the moral value of sport took hold in the public schools. Christian Socialists later exported this to the slums as a community development tool. They saw how football as a team game could be used to promote certain values, such as team work.

3) **Football as a way to build communities**
   The work of Robert Putnam also suggests that clubs and local leagues of any sport may help maintain a local sense of community. This in itself is good for health according to Richard G Wilkinson in ‘Unhealthy societies: the afflictions of inequality’.

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‘Some groups of the population are described as this (hard to reach). What do we actually mean? One such classic alleged group is young men and another alleged group is middle-aged men who think they are healthy. In Torbay we have decided to go to where those people go. On 15 March Torquay United are playing Scunthorpe United in a Division Three football match. There will be approaching 3,000 people at the match – mainly men. We have decided to hold a healthy lifestyle event with the wonderful support of the Football club... So this is not a “difficult to reach group” – they are easy to reach – the NHS seems to find it difficult to reach them – so the mission statement here is “GO TO WHERE PEOPLE GO”’

 _From ‘Ten Great Myths of Patient & Public Involvement’ by Trevor Gay_3 The media can also tie in with this kind of approach. Century Radio in Tyne & Wear offer to run their radio talk shows with stars of the past in community venues. The station charge for this. The venue gets increased bar receipts. The health agency gets access to a group of men that they may not reach any other way. 4

3) **Football as a way to build communities**
   The work of Robert Putnam also suggests that clubs and local leagues of any sport may help maintain a local sense of community. This in itself is good for health according to Richard G Wilkinson in ‘Unhealthy societies: the afflictions of inequality’.
4) Football as a venue to reach people

Football stadiums are good places for advertisements aimed at certain target groups. However, the bigger clubs are now so expensive that the groups most in need of health information may not be able to go. It may be worth thinking about working with local weekend leagues to reach certain target groups.

5) Football as a way of linking health to people's own interests

Sections five and six explore how football can be used as a topic to engage people in health. This has two aspects to it. One can be described as superficial and the other, explored more in section six, as more intrinsic to the game. Neither is any better than the other. A 'superficial' approach is where football is used to 'sugar the pill'. This is a variation on the commercial world using footballers to promote their products or religion selling figurines of Jesus playing ice hockey to encourage Christianity (www.catholicshopper.com/products/inspirational_sport_statues.html) For example, a member of a local professional football team is invited to a health fair. The hope is that people will come to see him and then stay for the rest of the event. In terms of AIDA, football is the 'A', the initial way to attract attention. The rest of the event has to keep the clients' interest, create a desire to change and the ability for action. In terms of health education, in Sunderland the NHS worked with the football club to produce a set of cards of current players. These had health information on the back about drugs etc.

6) Bringing out health related issues within football

As discussed in section two, football is not morally neutral. The professional game has certain topics, values and contradictions embedded within it. It might therefore be used to engage people in a debate about a range of health matters. These topics and values might include

- Issues round lifestyle that tie in with player and fan behaviour, such as alcohol and drug use, stress, violence, gender roles and class
- Issues round health education skills that often derive from the role of the manager such as how to make decisions, how to deal with feelings, communication and promoting self-esteem
- Issues round the wider determinants of health. Examples include helping others, poverty, racism, the role of government and the media. These are a reflection of the world the clubs operate in

One way of using these links would be a magazine like 'Fit'. This is produced by Dr Foster on behalf of the Department of Health. It is aimed at men aged 18-35 and in part contains health interviews with famous footballers.
The approach used in ‘Fit’ can be used with older men too. Above is sample page from ‘Want Career Success? Then Watch More Football’, an unpublished book on work and health.11 (a)

For something more interactive, try a board game. There are a number of discussion based board games around issues like sex or masculinity. On the next few pages are some sample questions from one that uses football as its central theme. (To see a more fully worked up version contact me on mail@sexanddrugsandrockandhealth.com)

In all three of these examples it is possible to look at all aspects of the three legged stool model i.e. information, attitudes/feelings and skills. In terms of the AIDA model football is again used to try to attract attention. However it is also used to try to maintain interest, create a desire to change and enable action.

So for example, in the unpublished book mentioned earlier, examples from football are mixed with theories and information about health. This is intended to create a desire for change. Addresses are given for people if they need help to act on this. With the board game expanded on below, it could be played under the supervision of youth workers. They could then further help change take place.

All the hypothetical examples of course would need social market research to test out their feasibility.

Sample questions for a football board game

Below are sample questions from a possible discussion based football board game.12

Specific health topic issues

1. Alcohol
   Is alcohol is to blame for most football hooliganism?
   a) Yes
   b) No
2. Drugs
Players shouldn't be tested for drugs like cannabis, which don't improve their performance.
   a) Agree
   b) Disagree

3. Junk food
Gary Lineker shouldn’t advertise crisps. They make kids unhealthy.
   a) Agree
   b) Disagree

4. Mental health and Stress
Top players and managers are paid so much money they should be able to cope with the stress of fans abusing them etc.
   a) Agree
   b) Disagree

5. Use of NHS
Is it OK to get a doctor’s note so that you can watch an important match?
   a) Yes
   b) No

6. Violence
Having a good fight at a match would be exciting.
   a) Agree
   b) Disagree

**Life skills**

7. Decision-making (Ethics)
Should you care if your team bribes opponents as long as they get away with it?
   a) Yes
   b) No

8. Decision-making (Priorities)
What would you think of a fan who gave away a large part of their huge Lottery win to buy their club new players?
   a) Idiot
   b) Good way to spend the money

“All that I know most surely about morality and obligations, I owe to football”

*Albert Camus and other great thinkers’ quotes have been used by Philosophy Football, Sporting Outfitters of Intellectual Distinction, on T-shirts and other items. They illustrate the link between soccer and society. (To see the whole product range go to www.philosophyfootball.com)*
9. Feelings
   Eric Cantona Kung fu kicked a fan. The United legend attacked a rival supporter because
   a) He couldn’t control his feelings
   b) The fan deserved it

10. People skills
    The team you managing are losing at half-time. Do you
    a) Shout at them
    b) Discuss tactics and ideas to raise their spirits

11. Self-esteem
    Research has shown that people's self-esteem goes up, when their national team do well. People should feel good about themselves, not about a group of 11 other people chasing a ball.
    a) Agree
    b) Disagree

**Wider determinants of health**

12. Community: Helping others
    Researchers set up an ‘accident’ and watched what happened. Fans helped the victim if he was wearing their colours. They didn’t if he was in the colours of a bitter rival. Would you help someone from your biggest rivals?
    a) Yes
    b) No

*Football is more and more becoming a game that appeals to all sexes and nationalities. This makes it useful for health education purposes. (b)*
13. Gender
Trevor Francis fined QPR midfielder Martin Allen for missing a match so that he could be at the birth of his son. Should a player be punished for putting family before club?
   a) Yes
   b) No

14. Racism
Is there still too much racism in football?
   a) Yes
   b) No

15. Media
"THE END OF THE WORLD!" How many people think this after England do badly in the World Cup. The press sensationalise football. The only real tragedies were at Heysel and Hillsborough, where people died. Do you agree that the media get things out of proportion?
   a) I agree
   b) I disagree

16. Poverty
TV spent millions of pounds on World Cup football in 2006. Think of all the starving people it could have fed. It is a scandalous waste.
   a) I agree
   b) I disagree

17. Role of Government
The Government should spend money to ensure that no clubs go out of business.
   a) Agree
   b) Disagree

Football is the main sport in the UK. However, the Olympics come to the UK in 2012. Many of the approaches mentioned could also be adapted to this theme in future.

FA use popular culture to help England
Interestingly the Football Association sees the value of popular culture to ensure that a person is fit and well. The FA and sports psychologists drew up a list of 400 songs, films, books and video games before England played in the 2002 World Cup. The 400 were divided up into six sections:
- Get fired up
- Chill out
- Have a laugh
- Escapism
- Football focus
- Get Patriotic

These were ‘designed to ensure optimum performance on the pitch and full relaxation off it’. **14**
Using computer games to tackle health inequalities
‘…the best educational games teach students … to understand a set of processes rather than a set of facts. As more students, young people and old, learn to ask why the world works the way it does, we’ll build a more engaged and successful population.’

Dr. Ian Bogost, academic in computer game research
Using computer games to tackle health inequalities

Computer games: Toys or educational tools?
James Paul Gee in his book ‘What Video Games have to Teach us about Learning and Literacy’ makes a strong general case for the educational benefits of games. He argues that thirty-six important learning principles are built into good video games, principles that are strongly supported by current research on human learning in cognitive science such as:

- How one forms an identity...
- How one chooses between different ways of solving a problem...
- How one transfers abilities learnt while doing one task to doing another…’

‘The future of entertainment is games’

Roger Bennett, director general of the games trade body, Elspa

Computer games aren’t just for kids
Computer games are not just for the young. Two thirds of gamers are over 18. The average age of people who played computer games in the USA in 2004 was 29. Over 40 percent of them were female. The mass market audience for games aimed at men is 21 to 35. The average age is also going up, as generations brought up on computer games continue to play them as they get older. (The games they play however will not stay the same as they mature, any more than they would still be reading Enid Blyton at 60.) A Screen Digest study also shows that spending on games grew much faster in the UK than on other forms of entertainment such as music or movies. Between 1997 and 2003 games spending increased by 100%, compared with a 30% rise in film spending and a 4.5% drop in music sales.

Computer games aren’t just for kids but...
UK public health workers therefore need to be aware of the potential of computer games in the future to reach a wide swathe of the population. However at the present time games are still mainly played by specific groups of people. For example in Sunderland, only one of the subgroups that make up 50% of the population listed computer games as a major interest. This was young families with limited incomes living in cheap terraced housing. Another much a smaller subgroup of childless couples and singles renting in city centres from private or public landlords also listed them. (See appendices for more details.) Both groups have specific health problems and perhaps could be targeted via games. Young people at school and the training public health workers are other audiences this chapter will cover.

However, first there is the issue of ‘platform’, whether games be produced for specific consoles such as Xbox and PlayStation and if so which. It is probably easier to produce games that can be downloaded straight on to the PC and played there. In terms of the two groups mentioned, around a quarter of their populations had access to the internet. Broadband access is low but this is expected to rise.
The figures quoted from America suggest that a percentage of people who play computer games as children will continue to play them as they get older. So, what is the interest in games amongst UK youngsters? One piece of research found that 82% of 11-16 old pupils in the sample played games outside lessons at least once a fortnight. Boys were more likely to play them than girls.7 62% of 11-16 olds would also like to use computer games as learning aids in school.8

Some research claims that a serious game can keep students engaged to 2 to 4 hours compared to 15 minutes with a traditional lesson.9 However, other educationalists would still say that more research is needed to confirm the benefits of computer games in schools and colleges.10

‘... a study from the NTL Institute for Applied Behavioral Sciences in Alexandra, Virginia found that the learning retention rates go up to 75 to 80 percent when catering to the learning style of gamers, compared to the 5 percent learning retention rate of lecture-based instruction.’ 11

John Beck and Mitchell Wade in ‘Got Game: How The Gamer Generation Is Reshaping Business Forever’ say gaming has created a new learning style. This downplays formal instruction and instead emphasises trial and error, learning from peers and ‘just in time’ learning 12

However, there is a potential problem if health workers produce games for youngsters to download to play on PCs. Once they have left school youngsters face the problem of the ‘digital divide’. Put simply the neediest groups have less access to the internet. The Mosaic figures show that only 1-2% of most groups in Sunderland have broadband. 13

Computer games as public health training tools
A whole part of the games industry has grown up dedicated to serious games. They are often for commercial or military training purposes. However, they also include games on health, third world development and other issues for schools, medical staff etc. To check out what they have to offer in more detail go to www.seriousgamessource.com/ or try http://www.socialimpactgames.com/modules.php

What makes a good health education game?
(For what makes a good game full stop try ‘A Theory of Fun for Game Design’ by Raph Koster.) 14

Ideally games need to tie in with AIDA. That is they need to attract players and keep them interested. They also need to create a desire in them for change and enable them to put this into action. In terms of content they need to focus on giving information, exploring and challenging attitudes and teaching new skills. In practice games can probably not do all this. However, they may be part of a package that could. They may be useful in attracting people to the rest of the package, e.g. a site saying where to get help.

They may also be useful for promoting a positive, relevant image of the organisation that has produced them. In other words, generally fulfilling one of the main functions
of Primary Care Trusts, of ‘engaging with the local population to improve health’.

In serious games, the intention is education rather than entertainment. (The term edutainment is often used, but in the serious games context usually means games with cartoon characters aimed at young children.) Although the word ‘serious’ is used, there is debate about the role of fun in them. The annual Hidden Agenda competition for serious games aimed at 12-15 year olds emphasises fun. Indeed 70% of the marks are for entertainment value and only 30% for education. This is based on the idea that if games are too worthy, young people simply will not stick with them. Others would downplay this and say that sometimes it is enough to get people immersed in the world of the game. Both views may be right depending on the target group. Serious games used as a training tool with staff may get away with being less fun, than those aimed at disengaged youngsters. Good initial research and pre-testing/piloting is important however to answer this question in practice.

Some educationalists are keen on games because they offer an interactive rather than passive way of learning.

**How to use computer games to give out information**

The three legged stool model of health education can be used with computer games. One of the things needed to help someone change their health behaviour is information. For an example of an expensively produced commercially game, go to [www.commonsensemedia.org/game-reviews/Hungry-Red-Planet.html](http://www.commonsensemedia.org/game-reviews/Hungry-Red-Planet.html). This describes a nutrition game set on Mars. An example of a much cheaper game produced by a public health department for under a thousand pounds is at [www.justshowt.com/funstuff/stiattack/default.htm](http://www.justshowt.com/funstuff/stiattack/default.htm). This is a simple chase game that gives people information about sexually transmitted infections (STIs). The first screen shows the couple being chased by a sexually transmitted infection. The second screen gives information about the infection if they are caught.

If budgets are limited it may not be possible to have a game that immerses the player in a new way of learning. However it may still make sense to focus on producing something cheaply on the internet that fills a particular niche and meets a particular need. On the Showt-ed website, as well as the STIs Attack game there is a quiz that tests young people knowledge of sexual health matters. The problem with this format is that the number of questions that can be asked is limited and therefore it may not get many return visits.

How to use computer games to change attitudes and values

‘I’m less interested in the future of pedagogy and corporate training …and more interested in the expressive power of video games, their ability to make people ask difficult questions, to change their views, to inspire and impel them to make the world a better place.’

Dr. Ian Bogost, academic game researcher

Another leg of the three legged stool model of health education is attitudes and values. SimHealth was a commercially produced policy simulation game. It was produced to tie in with the 1994 debate over what kind of health care system the United States should have. The players begin by clarify their values, for example balancing liberty against quality and community against efficiency. They then create new policies and change existing ones. More info at www.mcli.dist.maricopa.edu/proj/sw/games/simhealth.html

Not everybody has the budget to produce something so lavish. This does not mean that public health workers cannot produce something worthwhile. When Sunderland Teaching Primary Care Trust produced the Show-ed website their budget did not stretch to a SimHealth simulation. As a member of the team involved in this project I know we did think about how to change attitudes and values however. We considered adding some questions to a simple knowledge quiz already on the site (This is presented like a board game to be user-friendly; www.justshowt.com/funstuff/boardgame/boardgame.html)

Although the new questions still had right or wrong answers they might get young people to question their attitudes. (Particularly if a worker or peer educator followed this up. Although there is always a danger of being heavy handed about this and taking the fun out of the game.)

The questions were taken from books on different attitudes and beliefs around sex in different parts of the world and at different times in history. Below are some hypothetical examples to give a flavour of what another organisation might want to produce.

- **It’s 1660. You are a 25 year-old English woman and haven’t had sex. Are you normal?**
  Yes. Women tended to get married and have sex at a later age at this time. Most of us sometimes wonder if we are normal. At different times and places, this has meant different things. Perhaps, a better question is am I happy or am I hurting myself or other people? (This statement would appear after each answer.)

- **You are a Choroti man from South America. When you make love, you spit in your partner’s face. Are you normal?**
  No, it’s the woman who does this. Most of us sometimes wonder if we are normal. At different times and places, this has meant different things. Perhaps, a better question is am I happy or am I hurting myself or other people?
• You are a man of the Toda tribe in India. Your wife has married several other men. She has sex openly with others as well. You are OK with this. Are you normal?  
  Yes, you would be considered a bad person if you tried to stop her.
  Most of us sometimes wonder if we are normal. At different times and places, this has meant different things. Perhaps, a better question is am I happy or am I hurting myself or other people.

• You are an unmarried young man of the Keraki tribe in the Pacific. You have gay sex. To stop having a baby you eat limes. Are you normal?  
  Yes. All young men of the Keraki had gay sex until they got married.
  Most of us sometimes wonder if we are normal. At different times and places, this has meant different things. Perhaps, a better question is am I happy or am I hurting myself or other people?

How to use computer games to improve health skills

‘For every choice a consequence’

This was the advertising slogan for a game called ‘Fable’ on the Xbox. However, it also illustrates well the mindset needed to live a healthy live. Interactivity allows games to mimic life safely and perhaps be powerful educational tools.

The third leg of the three legged stool model of health education is skills. Members of the public need these to put health information into action e.g. the thinking skills to make health choices. However, computer games can also be used to help public workers develop their own professional skills.

The www.gamesforhealth.org site highlighted two games being developed on public health themes. On the site, Russel Shilling, a US Naval Officer, described how the American navy is using games to prepare for and predict the effects of pandemic flu. They are interested because an outbreak would affect the military in the same way as it would the civilian population.

Also on the site Yasmin B. Kafai, a Visiting Associate Professor at the Harvard Graduate School of Education, discussed Whyville. This is a virtual world in which an epidemic of Whypocks breaks out. The child inhabitants of Whyville must use science to learn how to stop the epidemic.

For other games that may be of interest to public health workers go to www.educationarcade.org and www.simulearn.net (This last site is on leadership)

One alternative to spending millions on developing serious games is to use off the shelf ‘entertainment’ games. Future Lab produced a report on using three commercially available games in secondary schools. See http://www.futurelab.org.uk/research/teachingwithgames.htm The games are all about choices. The three were Sims 2, Knights of Honor and RollerCoaster Tycoon 3. The Sims offers possibilities for learning within a personal, social and health education framework.
Similarly the *New Scientist* reports how popular games *Unreal Tournament* and *Half-Life* have been adapted to treat common phobias. This cost only a few hundred dollars.  

The other option might be for public health workers to produce simple games themselves. One possibility is to borrow a popular game format from elsewhere. In Japan dating games have been popular with both boys and girls. They try to date beautiful partners and keep a relationship going with them. How successful they are depends on how they interact with potential partners.  

Social marketing might show that something similar would work here. If so it would be possible to produce a simple dating game. Players would select a partner and their decisions would effect whether they got dumped or not. Decisions would be made on simple questions about what to do in different circumstances. The questions could be based on theories from relationship experts about good communication etc. Relationships skills are important for both good mental and sexual health. In addition the skills might be transferable to other settings e.g. child rearing, dealing with peer pressure etc. Such a game could therefore tie in with several public health goals. However, Marc Prensky in *Digital Game-Based Learning* warns about making serious games too obvious. He suggests that setting up a scenario, with questions for players and answers from an expert is rarely satisfactory. So some sophistication would need to be shown in producing a relationship game.  

Despite the reservation mentioned above, it might be possible to produce decision-making games on issues such as the consequences of taking drugs etc. To encourage people to also play them in their own time, they could be built round another interest such as becoming a famous pop or football star. Then as well as all the fun stuff involved in this lifestyle, there could also be information on decisions around smoking, diet, drugs, sex etc. Who knows one day 'Public Health: Judgement Day' may have everyone queuing in the arcades. (a)
It is also worthwhile keeping an eye on online worlds like Second Life. These are places where people can create their own character and interact with other people. Currently as of 2007 Second Life has a population of around 2.5 million worldwide. However, if market research shows that it becomes popular with particular local target groups it may be worth having an online health education presence. Businesses already offer advice and services in this alternative universe, both to reach customers and for in-house training. For more information go to http://secondlife.com/businesseducation/

There is also others use of computer in health. One is distraction. A number of games have been devised to take children’s minds off their condition or medical procedures. Visit the Make-A-Wish Foundation website to see Ben’s Game.

**Partnership working is essential**

In *Serious Games* David Michael and Sande Chen say that neither game designers nor educationalists can produce a good serious game on their own. Kevin Corti from PIXELearning also suggest that game designers are better partners than e-learning companies, even though such companies have more education experience. E-learning has tended to develop as a way of putting passive information giving online. This is very different from the interactive learning that a serious game can give. David Michael and Sande Chen also suggest that IT departments should be involved once a contract is agreed to iron out any problems.

**How much do computer games cost?**

‘Not all games should have top of the line production values… Games need to be compelling; they need to grab our attention…’

*Gonzalo Frasca (researcher IT University of Copenhagen)*

One way of grabbing attention is to make a game quick and topical. Panlogical did this with their Splat the MP online game: http://www.panlogicgames.com/Game.aspx?game=11

It is possible to produce a simple web based game for under a thousand pounds by using a designer just out of college. However, for more sophisticated approaches the increased cost may call for regional or national partnerships. PIXELearning say that their serious games projects range from £10,000 to £100,000. Alternatively it may also be possible to get commercial sponsorship. This may not always be simply money. When I produced a mental health website quiz ‘Up For It’ around football the Cherry Red record label donated backing tracks for nothing.

**Good practice in games design**

Regardless of the cost of the game being produced there are a number of issues that need to be thought about at the planning stage.

**Target audience**

The target group needs to be thoroughly researched. Do they like computer games and if so what sort?
The below considerations are from the excellent book *Game Design Complete* by Patrick O’Luanaigh.

**2-4 year olds**
- Children at this age cannot type or read. They can use the arrow keys and find single letters on the keyboard.
- They can use the mouse to find very large hot spots on screen.
- The game should be so simple it does not really need instructions.
- Use simple spoken phrases to tell them what to do if they seem stuck i.e. keep making mistakes.
- Congratulate them after each task.
- Let your characters talk and also have funny noises.
- Avoid anything frightening.
- Use bright simple colours and simple shapes. Don’t clutter the screen.

**4-6 year olds**
- Most of the points above still apply with this age group.
- Some children may be able to recognise words but not all can read.
- Most children can make better use of the mouse but it is still a good idea for the game to work with arrow keys as well.

**5-8 year olds**
- Many children enjoy ‘bad guys’ as long as they are not too scary.

**7-11 year olds**
- By this age children tend to identify with children slightly older than themselves.
- This is useful to know when designing characters etc.
- Most children will be able to read to a certain extent.
- Generally, children need to be told how to play. Instructions need to be clear. The game needs to offer players a challenge without being too difficult.

**Teenagers**
- Boys often prefer macho games.
- Girls prefer more social activities to computer games but can be tempted by games like *The Sims* that involve relationships.

**Older people aged 55 and over**
- Words may need to be in a bigger type face.

**Objectives**
- How does the game relate to the AIDA and the three legged stool models?
- What are the players’ key objectives? For example, is it to have fun? (These objectives may not be the same as the educational objectives of the game.)
- What is the goal of the game? For example, in *STIs Attack* it is to avoid being caught by a bug.
- What’s the hook that gets the player initially playing?
- Why should the players care about progressing?
- How is the leap made between the game and real life?
- How does the look and sound of the game support all of the above?

**Rules**
- Are the rules easy to understand?
- Is their minimal written instruction? Ideally the game should be self explanatory.
• Will the target group understand the way the rules are explained? Are they literate enough to want to try read any writing on the screen?

**Playability**

• Players need to feel that they have met a challenge and mastered it
• To keep their interest needs new challenges e.g. different levels or ways of playing
• All the target group need to be able to play the game. This might mean the game has different levels that are suitable for different individuals.
• Games are multi-media. Music can be used as well as images.
• Games can benefit from a strong story to make them more interesting. (See section musicals for ideas on plot and character.)
• The content although ultimately about health issues might benefit by being superficially related to other popular topics such as football. (See chapter on football for more ideas)

How can a game be spread?
Can you email or text it? (b)

**Research and evaluation**

• It is vital to research the views of the target group before designing the game. This will show if a game is a good approach and how it should be focused
• Pre-testing the game before it is finally put out to the public will pick up any last minute problems
• Evaluate the game to see if the health objectives have been met. (See chapter on evaluation for more information)
How do you evaluate a joke or a song?
Average age at death of included rock stars: 36.9 years

Average age at death of Americans: 78.5 years

This data is from an American website trying to show how rock is bad for both health and morality. It demonstrates the problems of trying to evaluate lifestyle behaviour.
How do you evaluate a joke or a song?

Evaluating the use of popular culture as a health education tool

The scientific approach to knowledge is to look for flaws. Does the theory actually work? In any new approach, such as using popular culture, it is important to set up systems to test it out thoroughly. Does it deliver? Can it be improved? Evaluation is based on setting aims and objectives at the beginning of a project. It is useful to have data right at start so any change can be measured. Ideally projects should use control groups but in practice this may often not be possible. The evaluation needs to be planned at the beginning of a project and not the end.

The approach outlined in this report depends heavily on social market research. Social marketing focuses it aims and objectives on action. It wants to change behaviour to improve health. The AIDA model used throughout the paper is also action focused. However, popular culture can obviously also be used to meet other objectives such as raising awareness.

Right from the start it is important to have a detailed image of the target audience. If music is used as an example then the issues to consider are

- Who is the target audience for a particular health topic, such as safer sex?
- What are their general interests? How many are interested in music?
- What kind of music would they respond to and how?
- What kind of language do they understand? (So the lyrics are appropriate)
- What kind of messages would affect their sexual behaviour?
- What else would they need to respond to the messages? (E.g. access to condoms)
- Where can the target group be reached? (So that music CDs, for example, can be distributed through the right channels.)

This is the research stage. It helps create a set of assumptions about what might work. These help to decide on the correct intervention and it is useful to evaluate later whether or not the assumptions were useful or not. Social marketing then stresses the need to pre-test a solution before proceeding with it fully. How do the target group respond to the intended project? Does anything need to be changed? (A successful edutainment approach such as Sesame Street evaluated and modified its approach even once it was considered successful. The show could always do better.)

A full evaluation may include the following:

Inputs
What resources were put into the project? For example find out
- How many hours did the project take to develop? How was the work spread out? Can this be streamlined?
- How much did it cost? Could it be done cheaper?

Process
As well as some of the more formal issues covered above in the social marketing paragraph what human factors were in play? For example
- What was the official structure? What happened in reality? How were decisions made? Were they decided by Government instruction, by senior management, by workers on the ground or by the participants? How fair and effective was this process? Could it be improved?
Carnivals are popular in the UK. When evaluating them it is worth thinking about any negative aspects to them. Did the volume cause noise pollution or damage performers or listeners hearing? Indeed it is worth doing a quick health impact assessment about any possible problems at the planning stage. (Photo from www.bigfoto.com)

Outputs
What happened as the result of the project?
In terms of a live performance
- How many people watched the show?
- What songs (or jokes) seemed to get what response? How could this be built on?
- How many successful contacts did the follow up workers make?
- How many people followed up any referrals?
In terms of other formats such as magazines or web pages
- How do they score on the various tests that can be carried out on written materials? What can be improved?
- How many materials were given out or how many hits did the site get on various pages?
- How do people use the materials? For a website or magazine invite potential readers to look at it. Ask them to record how long they stay on each page? If they are looking for something specific, how easy is it to find?
- Commercial publishers often use competitions as a way of getting a response from their readers

Outcomes
- Has health improved as a result of the project?
- Outcomes are easier to measure if the intervention has a short-term outcome such as someone going for screening or to a stop smoking adviser
- In terms of some health outcomes the result may take decades to measure, e.g. a drop in deaths from cancers. (This is sometimes described as impact assessment.) Even then any change may be the result of many things
This old Christmas cracker gag is probably true. Don’t expect to get the format right straight away with either music or comedy. They are powerful but underused approaches in public health and may need trial and error to get them right. Reflective practice and evaluation are key.

If the intervention appears not to have worked, this may either be because the concept behind it is wrong or it has been carried out ineffectively. In some case of course, it may be impossible with the skills or money available to carry it out effectively.

Evaluation also needs to be used to compare the project with other possible approaches. Is the same result possible from another approach for a cheaper cost?

As can be seen in the previous paragraphs both quantitative and qualitative approaches have a role to play.

Finally, who benefits from the evaluation? For example, who gets paid for doing it and who is expected to do it for nothing? Do professionals come into an area, do the evaluation and then get out? Alternatively are local people skilled up to be employed to do this and subsequent evaluations? Do the people who take part in it, see the findings?
Where do we go from here?
‘Give ‘em what they need to know alongside what they want to know’
Dr. Ian Banks
(Author of popular health books, such as the Haynes ‘motor’ manuals on men’s health)
Where do we go from here?

What is needed to make a popular culture approach work?

*We’re all in show business nowadays*

*Social marketing theory stresses learning from the competition. Modern business practice in the food, drink and tobacco industries all use partners and ideas from outside of their own professions to influence the public. Music, sport and celebrity are often key parts of their campaigning mix.*

If popular culture is to be used more systematically to improve health inequalities then a number of things need to be in place. In this next section Sunderland is used as an example of what might need to be done.

**A partnership approach**

The immediate future of the NHS looks like being divided between the NHS commissioning services from a range of organisations and providing some of these themselves. However as the NHS does not officially employ many comedians or prima donnas itself, even provider departments would have to subcontract or partner up with ‘creatives’. This could include theatre companies, fiction writers etc.

If the NHS is to use popular culture there needs to be a genuine three way partnership. This would be between health experts, creative types and the target group. If one or more of these partners are missing, it will not work. The target group are needed to ensure that the approach is tailored to their needs. However, they may not have the technical skills to write the romantic novel, design the computer game or teach young people to write songs. Specialists are needed to do this. In some cases they might be found in-house. Traditional health workers are needed to ensure that the projects are edutainment and not just entertainment. They need to be clear of how to get the market research evidence, apply the theory and evaluate the project. In some cases they may want a fourth partner of social marketers or researchers to do some of this.

A wider partnership is also needed to share good practice nationally and internationally. The first step could be one or more websites. Perhaps social market bodies in different countries might like to help make this happen.

Within the UK it is still unclear how far provider organisations will compete or collaborate with each other. This will have a bearing on how a popular culture approach could develop. It could be that one provider tries to sell a product to a number of commissioners. It could be that commissioners across an area fund a particular project jointly.

**A new kind of public health practitioner**

Who provides the creative input into the partnership? Who sings the songs or tells the jokes? Who writes the books or the games? One approach suggested above would be to simply employ ‘creatives’ on a contract basis. Another approach would be to create a new public health professional with a mixture of health education and creative skills.
This would tie in with the priorities the Arts Council England identified for arts and health development.

The health trainer jobs that are being created for local people could tie in with the popular culture approach. With support they may be a good source of talent.

In the UK over 21% of the UK population over five years old play an instrument, with 57% of these being under 35 years. 15.5m more people would like to learn to play music. It therefore might be possible to create a band of local people who could both perform musically and follow up with health information. The work that Rudi Lickwood did in prisons also shows how it might be possible to train up other health trainers to do stand up. They could then back this up with health information. Open auditions for these posts might also make good press with the local media.

Some of the other skills, such as fiction writing may need a higher education. However one of the aims of the local council in Sunderland in their cultural strategy is to ‘… retain graduates in creative sectors from Sunderland University and City of Sunderland College’. As well as or instead of using health trainers, the NHS could work with the Council, academics and art funders to create jobs for appropriate graduates. This could include top up training in health issues. Personnel departments would need to be involved to sort out how to grade and support this new breed of staff.

Alternatively if the subcontracting approach is preferred there would be a need for organisations or individuals who could provide the talent. This could be done at a local or regional level. For example, agencies that could help Sunderland Teaching Primary Care Trust know who to commission might include

- The council art department
- The local unit of Arts Council England (www.arts council.org.uk/)
• The Sage music centre, which has a regional remit for music (www.thesagegateshead.org/)
• Generator, who promote and support popular music (www.generator.org.uk/)
• The Forge for work in schools (www.intheforge.com/)

Individual professionals, educational organisations and volunteers may also have a role to play. The magazine Art Professional may be a good place to advertise (www.artsprofessional.co.uk)

As well as recruiting people for particular pieces of work it might also be possible to recruit musician or writers in residence for a set period of time.

Funding popular culture health work

“People are dying now. Give us the money now. Give me the money now!”

Bob Geldoff making his point about the public health crisis in Ethiopia during Live Aid. He put his views across even stronger a little later. 6

Other than swearing on live television there are a wide range of ways of raising money

Pool local state money
• A partnership of the NHS and the local council could pool money from health and arts budgets. They might also be able to access funds for specific audiences such as young people. Economic regeneration teams may also be interested because of the positive benefits of culture to an area. (Gateshead being the classic example.) 7
• Other agencies may also be interested if the issues being tackled are topics that underpin their own work, such as self-esteem

Get sponsorship
• Commercial sponsors may also be interested. For example, Orange, Northumberland Water and a number of media companies sponsored the 2006 Evolution music festival in Tyne and Wear.8 Of course the sponsor will at the very least want their name on the event or resource. This may not be appropriate if the purpose is to promote the NHS or the interested sponsor is Benson and Hedges. Sometimes sponsors will offer staff time rather than money
• It is worth thinking hard about who to approach as a sponsor. Though entertainment companies may be obvious choices, there may be other bodies who would gain from an association with either popular culture or the NHS. Healthcare union, Unison, for example sponsored a Billy Bragg anti-racism tour in 2006 9

Get charity money
• Grant giving bodies for the arts, health and specific target audiences or conditions may be interested
• Voluntary sector agencies can apply for money under the Department of Health’s Section 64 General Scheme Grant. 10 They may also want to work with the Association of Fundraising Consultants. (www.afc.org.uk/)
Sell to other agencies or the public

- There may also be possibilities to sell on projects to other agencies in the new world of commissioning. Performers can perform live anywhere. (Though they may be able to do this without any benefit to the original organisation depending on how their contracts are drawn up.)

- Similarly games, books and CDs can all be tailored for other areas. Charities such as Oxfam with BignoiseMusic.com (at http://sib1.od2.com/common/Framework11.aspx?shid=0536002E) and WarChild at www.warchild.org.uk already raise income from online music download stores. Oxfam gets 10% on all sales.\textsuperscript{11} Warchild made £450,000 on the Help: Day in the Life LP alone.\textsuperscript{12} It also won the prestigious PR on a Shoestring award for its innovatory approach.\textsuperscript{13}

- Why not establish a download site dedicated to self help music? The market for self-help audio books in the US alone was $476 million in 2001 according to Marketdata.\textsuperscript{14} A gap exists in the market for music. The site could also be educational. The NHS would need to find a partner to set this up. Perhaps an NHS website could be set up that linked to other music websites. The NHS one could have headings such as assertiveness etc with song lists underneath. If people brought them they would in effect download them from other sites, taking a percentage of the profits. (Arrangements would need to be made about rights issues for users outside of the UK.) The partner could promote the site worldwide as this may not be a role for a UK public body. Alternatively, tracks could be recorded afresh by local musicians. If instead of downloads CD are produced, try not to use a jewel case to store them in. These are very ecologically unfriendly.\textsuperscript{15}

As many of the approaches discussed involve the arts, agencies from any sector might benefit from joining the Association of Arts Fundraisers www.artsfundraisers.org/index.htm

The Directory of Social Change organisation also offers a range of books and CDs on finding funding. Try www.dsc.org.uk/acatalog/Fundraising.html or subscribe to their services via www.trustfunding.org.uk

Other challenges

For popular culture to succeed nationally as an approach there needs to be a UK-wide network of research and contacts. This could start off with a conference and a website where people can share experiences of all aspects of the work. (An interesting model to look at is Raise Your Banners. This was a weekend of political music in Sheffield in 1995, 1997, 1999 and 2001. Perhaps public health needs something similar. It could be a mixture of events for both the public and professional.)\textsuperscript{16}

However in my view, the biggest challenge is to change the mindset in some state organisations. There needs to be a change in culture from simply telling people what to do, to trying to engage with them. This may be a challenge for some people. Even writing in a non-academic way can be difficult or threatening for many staff. Social marketing also suggests focusing approaches and messages at the target group. These may threaten the values of staff for which they are not intended.
A culture that was embedded in evidence based practice in all its work might be better able to deal with these issues. There is need for training in communication issues for all public health staff and not just specialists.

All new approaches have a learning curve. A culture also needs to develop that tolerates and learns to grow from ‘failure’ rather than punishing it and avoiding risk.
What a local authority could get from working with Public health

The Department of Culture, Media and Sport (DCMS) expects councils to lead in the development of a local cultural strategy. The Sunderland strategy is cited here. There are many links to ideas in this document:

- P2 “The partnership is committed to extending social and cultural opportunities and to align the cultural strategy with the community strategy objectives”
- P8, ‘... there are strong links between culture and other areas such as health and education’
- P10, Eight of the ten local priorities have a health link including Healthy city, Community safety, Life long learning, Social and cultural opportunities, Young people, Environment and Economic growth.
- P19, The strategic aims of the Council are to use culture to
  o Create Sunderland as a distinct city in North east
  o Improve life...
  o Make access to culture more equal and improve levels of participation
- 25, “…there is evidence that taking part in cultural activities – whatever they maybe – has a positive impact on the well-being of individuals and whole communities”
- P27, “We will increase participation in reading, libraries, dance, theatre, music
- P24, We will ‘support the promotion of street theatre activities throughout the city centre
- P21, We will “Secure sponsorship from the business community” and “…develop and promote more festivals and events which celebrate the distinctiveness and diverse cultures of Sunderland”
- P24, “We also need a strong cultural sector that features the creative industries, one of the biggest growth areas in the UK economy.”
- P17 “…in order to sustain a vibrant and healthy cultural economy, we need to ensure that there is a good balance of activities, facilities and providers. This means that we will need to encourage a stronger independent sector including small businesses to create jobs. We need to try and retain graduates in creative sectors from Sunderland University and the City of Sunderland College.”
- P24, The Council needs to ‘support the independent sector, including graduates, artists and small businesses, retain creative sector graduates – offer support and grants to develop the independent sector’
- P16 ‘Working together across the City will bring synergy to the development and delivery of cultural activities, and may facilitate accessing resources, for example, external funding.’ It goes on to mention the possibility of getting EU money
- P24 talks about the need to develop a cultural quarter
- P28 describes the need to ‘Develop a network of cultural coordinators to work within area of the city’
Conclusion: Can popular culture help reduce health inequalities?
‘We need to provide a friendly and lovable face’
Fiona Adshead, Deputy Chief Medical Officer
(At UK Public Health Association Annual Forum 2006)
Conclusion: Can social marketing and popular culture reduce health inequalities?

Yes
Social marketing has a proven history in helping to reduce health inequalities. Understanding the target group helps produce interventions that work

Social marketers have also successfully used some of the popular culture formats described in this paper. Romantic fiction, for example, has been used in Mexico.

Other formats such as celebrity health magazines have also evaluated well in the UK. Community development type approaches such as working with groups of young people on music and health projects have also proved popular.

This is the right time for the approach to take off. PCTs need to engage local people. Commissioners and providers may be open to fresh ideas in their new roles.

Maybe
Social marketing theory stresses learning from the opposition. Many of the other formats described in this paper e.g. music have a long history of being used by the commercial sector to influence people. However, many of the approaches have not been sufficiently used in public health to be certain that they can reduce health inequalities.

I have provided a theoretical framework and practical suggestions in this paper. My hope is that new approaches will be tried out successfully and the evaluation shared amongst practitioners.

No
If popular culture is used without social market research it is likely to fail. The views of the target group are essential in deciding whether any of the formats are appropriate.

If the focus is just on health information and not on values and skills as well, the approach will probably fail.

If partnership working is not adopted the approach is likely to fail. Partners are needed at both the strategic level to obtain funding and at the operational level where a range of skills are needed.

If interventions are not evaluated, lessons will not be learnt and the approach improved.

If the NHS does not change its mindset so as to engage with its population and not just expect them to do what they are told, the approach will fail.

Overall the approach will not solve all public health problems. It can perhaps offer some useful ideas. These may not always be easy to apply but are not impossible.
Appendices on social marketing
‘Social marketing is about putting people back into the centre of national and local strategies for public health’
Health Challenge England – Next Steps for Choosing Health,
Appendix A: The population of Sunderland by social marketing categories

Experian are a company who provide social market research information through a database called Mosaic. This divides the UK up into 61 different categories. This data is useful when targeting specific populations for health interventions. Experian can say where within a specific area, such as Sunderland, the different subgroups of people live to help target them. For the purpose of this report I have provided data on about 50-60% of the population of Sunderland. This figure represents the largest subcategories in the city. This does not mean that the rest of the population is unimportant. A small group by population size may represent a major challenge in terms of the health problems they face. However, this report is simply on whether it is possible to use popular culture to influence health at all. The data in appendices B-D illustrates how to match typical health data to popular culture interests.

Definitions
The below definitions are used by Experian in dividing the population up.

Low Horizons (13.4%)
Tenants reliant on city councils for housing and transport, where few neighbours have bought their homes

Ex-Industrial Legacy (11.7%)
Settled but poor older people in low-rise social housing, often found in declining industrial areas

Rustbelt Resilience (9.2%)
Workers reliant on manufacturing employment living in low value terraced houses

Affluent Blue Collar (5.8%)
Older manual workers with a good standard of living in comfortable semis where traditional working class values are held
Appendix A: The population of Sunderland by social marketing categories continued

**Industrial Grit** *(5.5%)*
Self-sufficient families traditionally reliant on industrial employment, living in older terraces

**Coronation Street** *(5.2%)*
Young families with limited incomes living in cheap terraced housing

**Older Right to Buy** *(4.6%)*
Low income older workers in manufacturing jobs. Some may have bought their council terraces

**Town Centre Refuge** *(local figure for Sunderland not available)*
Young, unattached people in small flats above shops and older housing close to small town centres

**Bedsit Beneficiaries** *(local figure for Sunderland not available)*
Childless couples and singles renting in city centres from private or public landlords

For more information about Experian and Mosaic visit [http://www.business-strategies.co.uk/sitecore/content/Products%20and%20services/Micromarketing%20data/Consumer%20segmentation/Mosaic/Mosaic%20Public%20Sector.aspx](http://www.business-strategies.co.uk/sitecore/content/Products%20and%20services/Micromarketing%20data/Consumer%20segmentation/Mosaic/Mosaic%20Public%20Sector.aspx)
Appendix B: The population of Sunderland by social marketing categories (Interests 1)

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<th>Category</th>
<th>% in Sunderland</th>
<th>Crosswords/Puzzles %</th>
<th>Competitions %</th>
<th>Books %</th>
<th>Romantic Fiction %</th>
<th>Cinema/Film %</th>
<th>Theatre/Arts %</th>
<th>Pop (Rock) Music %</th>
<th>Computing games %</th>
<th>Internet home (broadband) %</th>
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<td>38</td>
<td>27</td>
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<td>32</td>
<td>34</td>
<td></td>
<td>35 (15)</td>
<td>17 (1)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Ex-Industrial Legacy</td>
<td>11.7</td>
<td>37</td>
<td>26</td>
<td>37</td>
<td>30</td>
<td>31</td>
<td></td>
<td>28 (13)</td>
<td>16 (1)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Rustbelt Resilience</td>
<td>9.2</td>
<td>36</td>
<td>25</td>
<td>37</td>
<td>31</td>
<td>31</td>
<td></td>
<td>28 (13)</td>
<td>21 (1)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Affluent Blue Collar</td>
<td>5.8</td>
<td>33</td>
<td>22</td>
<td>39</td>
<td>30</td>
<td>31</td>
<td></td>
<td>23 (12)</td>
<td>30 (2)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Industrial Grit</td>
<td>5.5</td>
<td>33</td>
<td>24</td>
<td>39</td>
<td>29</td>
<td>37</td>
<td></td>
<td>31 (15)</td>
<td>28 (2)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Coronation Street</td>
<td>5.2</td>
<td>35</td>
<td>26</td>
<td>41</td>
<td>28</td>
<td>44</td>
<td></td>
<td>37 (18)</td>
<td>20</td>
<td>25 (2)</td>
<td>9</td>
</tr>
<tr>
<td>Older Right to Buy</td>
<td>4.6</td>
<td>36</td>
<td>24</td>
<td>38</td>
<td>30</td>
<td>27</td>
<td></td>
<td>21 (11)</td>
<td>19 (1)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Town Centre Refuge</td>
<td>N/A</td>
<td>34</td>
<td>26</td>
<td>48</td>
<td>27</td>
<td>42</td>
<td></td>
<td>30 (20)</td>
<td>26 (1)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Bedsit Beneficiaries</td>
<td>N/A</td>
<td>30</td>
<td>25</td>
<td>53</td>
<td>24</td>
<td>59</td>
<td></td>
<td>22</td>
<td>42 (26)</td>
<td>22</td>
<td>12</td>
</tr>
</tbody>
</table>

In the above table, an interest in a form of popular culture e.g. books is only shown if at least 20% of the subgroup is keen on it. (Mosaic however does report figures below this.) The exception is in the column for ‘Pop Music’ where the figure for ‘Rock’ is listed too. Although this is often below 20%, it is useful in showing how popular, popular music is as a whole. Note that the category ‘Books’ excludes ‘Romantic Fiction’.

All data excluding ‘% in Sunderland’ is from the 2006 Mosaic Public Sector CD and 2005 Mosaic United Kingdom
**Appendix C: The population of Sunderland by social marketing categories (Interests 2)**

<table>
<thead>
<tr>
<th>Category</th>
<th>% in Sunderland</th>
<th>Cookery %</th>
<th>Wine %</th>
<th>Pets %</th>
<th>Feeding the birds %</th>
<th>Grand Children %</th>
<th>Fashion Clothing %</th>
<th>Hair &amp; Beauty %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Horizons</td>
<td>13.4</td>
<td>28</td>
<td>32</td>
<td>30</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ex-Industrial Legacy</td>
<td>11.7</td>
<td>29</td>
<td>27</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rustbelt Resilience</td>
<td>9.2</td>
<td>27</td>
<td>30</td>
<td>34</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affluent Blue Collar</td>
<td>5.8</td>
<td>29</td>
<td>22</td>
<td>28</td>
<td>20</td>
<td>34</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Industrial Grit</td>
<td>5.5</td>
<td>30</td>
<td>21</td>
<td>30</td>
<td>27</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronation Street</td>
<td>5.2</td>
<td>31</td>
<td>20</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Older Right to Buy</td>
<td>4.6</td>
<td>28</td>
<td>26</td>
<td>20</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Town Centre Refuge</td>
<td>N/A</td>
<td>34</td>
<td>26</td>
<td>29</td>
<td></td>
<td></td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Bedsit Beneficiaries</td>
<td>N/A</td>
<td>35</td>
<td>28</td>
<td>24</td>
<td>20</td>
<td>32</td>
<td>23</td>
<td></td>
</tr>
</tbody>
</table>
**Appendix D: The population of Sunderland by social marketing categories (Interests 3)**

<table>
<thead>
<tr>
<th>Category</th>
<th>% in Sunderland</th>
<th>Pub %</th>
<th>Eating out %</th>
<th>Bingo %</th>
<th>Motoring %</th>
<th>Hiking &amp; Walking %</th>
<th>Garden %</th>
<th>Football (Watch or play) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Horizons</td>
<td>13.4</td>
<td>35</td>
<td>36</td>
<td>22</td>
<td></td>
<td></td>
<td>35</td>
<td>24</td>
</tr>
<tr>
<td>Ex-Industrial Legacy</td>
<td>11.7</td>
<td>33</td>
<td>38</td>
<td>20</td>
<td></td>
<td></td>
<td>35</td>
<td>24</td>
</tr>
<tr>
<td>Rustbelt Resilience</td>
<td>9.2</td>
<td>33</td>
<td>41</td>
<td></td>
<td></td>
<td></td>
<td>40</td>
<td>24</td>
</tr>
<tr>
<td>Affluent Blue Collar</td>
<td>5.8</td>
<td>31</td>
<td>53</td>
<td>24</td>
<td>21</td>
<td></td>
<td>47</td>
<td>24</td>
</tr>
<tr>
<td>Industrial Grit</td>
<td>5.5</td>
<td>37</td>
<td>50</td>
<td>21</td>
<td>38</td>
<td></td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Coronation Street</td>
<td>5.2</td>
<td>44</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>Older Right to Buy</td>
<td>4.6</td>
<td>29</td>
<td>43</td>
<td>21</td>
<td>43</td>
<td></td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Town Centre Refuge</td>
<td>N/A</td>
<td>40</td>
<td>46</td>
<td></td>
<td>21</td>
<td>26</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Bedsit Beneficiaries</td>
<td>N/A</td>
<td>49</td>
<td>52</td>
<td></td>
<td>20</td>
<td>26</td>
<td>28</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix E: The population of Sunderland by social marketing categories (Lifestyle)

<table>
<thead>
<tr>
<th>Group and local prevalence</th>
<th>Amount of Smokers</th>
<th>Drinking</th>
<th>Bad diet</th>
<th>Amount of physical activity</th>
<th>Permanently sick</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Horizons (13.4%)</strong></td>
<td>Heavy smokers: 255% above average</td>
<td>Heavy/medium beer drinkers 55% above average</td>
<td>70% above average</td>
<td>Gym membership 35% below average</td>
<td>215% above average</td>
</tr>
<tr>
<td><strong>Ex-Industrial Legacy (11.7%)</strong></td>
<td>Heavy smokers: 60% above average</td>
<td>Heavy/medium beer drinkers 70% above average</td>
<td>30% above average</td>
<td>Average</td>
<td>210% above average</td>
</tr>
<tr>
<td><strong>Rustbelt Resilience (9.2%)</strong></td>
<td>Heavy smokers: 15% above average</td>
<td>Heavy/medium beer drinkers 70% above average</td>
<td>40% above average</td>
<td>Gym membership 15% below average</td>
<td>70% above average</td>
</tr>
<tr>
<td><strong>Affluent Blue Collar (5.8%)</strong></td>
<td>Average number of smokers</td>
<td>Heavy/medium beer drinkers 55% above average</td>
<td>Slightly above average</td>
<td>Gym members 25% below average. (Marathons 25% above average)</td>
<td>Average</td>
</tr>
<tr>
<td><strong>Industrial Grit (5.5%)</strong></td>
<td>Heavy smokers: 20% above average</td>
<td>Heavy/medium beer drinkers 240% above average</td>
<td>5% above average</td>
<td>Above average</td>
<td>Average</td>
</tr>
<tr>
<td><strong>Coronation Street (5.2%)</strong></td>
<td>Heavy smokers: 55% above average</td>
<td>Heavy/medium beer drinkers 95% above average</td>
<td>25% above average</td>
<td>Gym membership 5% below average. (Marathon running is above average)</td>
<td>35% above average</td>
</tr>
<tr>
<td><strong>Older Right to Buy (4.6%)</strong></td>
<td>Heavy smokers: 35% above average</td>
<td>Heavy/medium beer drinkers 5% above average</td>
<td>5% above average</td>
<td>Gym membership 50% below average.</td>
<td>60% above average</td>
</tr>
</tbody>
</table>
### Appendix E: The population of Sunderland by social marketing categories (Lifestyle) continued

<table>
<thead>
<tr>
<th>Group and local prevalence</th>
<th>Amount of Smokers</th>
<th>Drinking</th>
<th>Bad diet</th>
<th>Amount of physical activity</th>
<th>Permanently sick</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Town Centre Refuge N/A</strong></td>
<td>Smokers 15% above average. (Average numbers of heavy smokers)</td>
<td>Heavy/medium beer drinkers below average. but 15% above average in people drinking alcohol daily</td>
<td>Below average</td>
<td>45% below average</td>
<td>45% above average</td>
</tr>
<tr>
<td><strong>Bedsit Beneficiaries n/a</strong></td>
<td>Heavy smokers: 5% above average</td>
<td>Below average</td>
<td>Below average</td>
<td>60% below average</td>
<td>30% above average</td>
</tr>
</tbody>
</table>

Figures are compared with national averages

Mosaic unfortunately does not normally give a precise figure for these health categories. Instead it gives a tiny bar chart with a vague scale. I therefore had to use a ruler and a calculator to estimate what they were. Even more than normal then it is important to consider backing up Mosaic data with local research.

The column on ‘Drinking’ can either refer to a high amount of units consumed or an above average number of people drinking alcohol every day of the week.
Appendix F: The population of Sunderland by social marketing categories (Health status)

<table>
<thead>
<tr>
<th>Group and local prevalence</th>
<th>Alcohol, drug abuse</th>
<th>Ischemic heart disease</th>
<th>Cancer - skin</th>
<th>Cancer - breast</th>
<th>Cancer – Respiratory &amp; intrathoracic</th>
<th>Poor mental health</th>
<th>Sexual health problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Horizons (13.4%)</td>
<td>220% above average</td>
<td>15% above average</td>
<td>Below average</td>
<td>Below average</td>
<td>45% above average</td>
<td>65% above average</td>
<td>Abortions 60% &amp; teen pregnancies 270% above average</td>
</tr>
<tr>
<td>Ex-Industrial Legacy (11.7%)</td>
<td>100% above average</td>
<td>60% above average</td>
<td>20% above average</td>
<td>Below average</td>
<td>220% above average</td>
<td>75% above average</td>
<td>Abortions 15% &amp; teen pregnancies 80% above average</td>
</tr>
<tr>
<td>Rustbelt Resilience (9.2%)</td>
<td>30% above average</td>
<td>Slightly below average</td>
<td>Below average</td>
<td>Below average</td>
<td>10% above average</td>
<td>5% Above average</td>
<td>Teen pregnancies 65% above average. Abortions below average</td>
</tr>
<tr>
<td>Affluent Blue Collar (5.8%)</td>
<td>Below average</td>
<td>5% above average</td>
<td>5% above average</td>
<td>35% above average</td>
<td>5% above average</td>
<td>Below average</td>
<td>Below average</td>
</tr>
<tr>
<td>Industrial Grit (5.5%)</td>
<td>5% above average</td>
<td>Average</td>
<td>Below average</td>
<td>5% above average</td>
<td>5% Above average</td>
<td>Below average</td>
<td>Abortions 10% &amp; teen pregnancies 15% above average</td>
</tr>
<tr>
<td>Coronation Street (5.2%)</td>
<td>220% above average</td>
<td>5% above average</td>
<td>Below average</td>
<td>Below average</td>
<td>27% above average</td>
<td>75% above average</td>
<td>Abortions 85% &amp; teen pregnancies 95% above average</td>
</tr>
<tr>
<td>Older Right to Buy (4.6%)</td>
<td>Below average</td>
<td>35% above average</td>
<td>25% above average</td>
<td>Below average</td>
<td>55% above average</td>
<td>Average</td>
<td>Below average</td>
</tr>
</tbody>
</table>


Appendix F: The population of Sunderland by social marketing categories (Health status) continued

<table>
<thead>
<tr>
<th>Group and local prevalence</th>
<th>Alcohol, drug abuse</th>
<th>Ischemic heart disease</th>
<th>Cancer - skin</th>
<th>Cancer - breast</th>
<th>Cancer – Respiratory &amp; intrathoracic</th>
<th>Poor mental health</th>
<th>Sexual health problems</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Town Centre Refuge</strong> N/A</td>
<td>370% above average</td>
<td>10% above average</td>
<td>Average</td>
<td>Below average</td>
<td>22% above average</td>
<td>320% above average</td>
<td>Teen pregnancies 250% above average (Abortions average however)</td>
</tr>
<tr>
<td><strong>Bedsit Beneficiaries</strong> N/A</td>
<td>410% above average</td>
<td>Below average</td>
<td>Below average</td>
<td>Below average</td>
<td>Below average</td>
<td>395% above average</td>
<td>Abortion 50% &amp; 215% teen pregnancies above average</td>
</tr>
</tbody>
</table>

Figures are compared with national averages

Mosaic unfortunately doesn’t normally give a precise figure for these categories. Instead it gives a tiny bar chart with a vague scale. I therefore had to use a ruler and a calculator to estimate what they were. Even more than normally then it is important to consider backing up Mosaic data with local research.
Appendix G: A hypothetical example of how to use the social marketing data

Bedsit beneficiaries

Problem
- Drug and alcohol abuse figures 410% above average
- Mental illness figures 395% above average

Interest
- 42% interested in pop music (and 26% in rock)

Format
- 53% interested in books
- 29% have internet access

Venue
- 49% like to go to the pub

Sunderland’s population is only made up of a relatively small number of people from this group. However, they do have specific health problems that need to be tackled. Looking at their interests, how about a music project that involved live gigs in pubs about promoting positive mental health? This could perhaps be backed up by written resources and an internet site. Music lends itself to emotional issues. There is plenty of music around both mental health and drug/alcohol themes. It could be arranged into a contemporary sound for this client group. The musicians could either be trained up in basic mental health or a specialist health worker could go with them to create follow up interest.
Appendix H: Events
**Event** *n* a happening or occurrence, *esp* a noteworthy or important one.
Appendix H: Events

Information provided by the Marketing Officer for the City of Sunderland’s Culture & Tourism department.

Sunderland International Kite Festival 2006

151 visitors were questioned over the two day festival.

Area of residence
13% of respondents were from Sunderland
27% from Washington
50% from the North East region
9% from somewhere else in the UK
2% from Overseas

Profile of Respondents
66% female
34% male
18% 18-24
21% 25-34
23% 35-44
14% 45-54
12% 55-64
12% 65+

Socio Economic Grade
0% A
17% B
38% C1
20% C2
25% DE

Sunderland Winter Festival 2006

500 respondents were interviewed across six town centre locations.

Area of residence
75% of respondents were residents of Sunderland
23% from the North East region
2% from outside the North East

Profile of respondents
67% female
33% male
13% 18-24
15% 25-34
14% 35-44
21% 45-54
24% 55-64
14% 65+

**Socio Economic Grade**
0% A
15% B
30% C1
17% C2
37% DE

**Airshow 2005**
**Reason for coming to the Airshow**
40% Good family event
34% Aviation enthusiast
15% Other
11% Because it's free
11% Recommendation

**Gender**
53% male
47% female

**Socio Economic Group**
A 1%
B 15%
C1 28%
C2 22%
DE 34%

**Age**
11% 18-25
23% 26-35
23% 36-45
18% 46-55
13% 56-65
13% Over 65
Appendix I: Music
Music can ‘contribute to an environment in which social responsibility and awareness grow’

Bono
Appendix I: Music

To listen to clips of most of the music mentioned in this document go to www.amazon.com and type in the name of the album it comes from. In the below list the album title is usually given after the track and the artist.

Songs
- *Be Kind To My Mistakes*. Kate Bush. *Hounds Of Love.* (At present there are no clips of it on Amazon.com)
- *Cat's In The Cradle*. Harry Chapin. *Greatest Stories Live*
- *Comme d'habitude*. Claude Francois. *Ses Plus Grands Succes.* (At present there are no clips of it on Amazon.com)
- *Do They Know It's Christmas?* Band Aid (Just title Band Aid in and the track will come up as a single.)
- *Ebony And Ivory*. Paul McCartney (with Stevie Wonder.) *All The Best.*
- *Everybody's Free (To Wear Sunscreen)*. Baz Luhrmann. (Just type in Baz Luhrmann).
- *Father And Son*. Cat Stevens. *The Very Best Of Cat Stevens.*
- *Fix You*. Coldplay X&Y
- *For He's A Jolly Good Fellow* (Not on Amazon.com)
- *Girls Just Like To Have Fun*. Cyndi Lauper. *The Essential Cyndi Lauper*
- *Here Comes The Sun*. The Beatles. Abbey Road. (As Amazon.com do not have clips of this, try Cockney Rebel’s hit cover version on A Closer Look/Love's a Prima Donna)
- *Honesty*. Billy Joel. 52nd Street.
- *I Am What I Am*. There are no clips of this on any Gloria Gaynor CDs on Amazon. Instead type in ‘Cage Aux Folles’ to get the musical the song originally came from.
- *I Heard It Thru the Grapevine; You No Longer See 39* (At present there are no clips of it on Amazon.com)
- *If My Sister's In Trouble*. Lady Soul. Sister Act: Music From The Original Motion Picture Soundtrack.
- *It Wasn't Me Who Hurt You*. Heather Bishop. Old New Borrowed Blue. (At present there are no clips of it on Amazon.com)
- *Just Say No!* The cast of Grange Hill (At present there are no clips of it on Amazon.com)
- *Let The Sun Shine In*. Hair soundtrack album
• Let Your Soul Be Your Pilot. Sting. Mercury Falling.
• London Rain (Nothing Heals Me Like You Do). Heather Nova. Siren
• Love Me For What I Am. The Carpenters. Horizon.
• My Husband Sleeps Tonight. (At present there are no clips of it on Amazon.com)
• My Generation. The Zimmers. (Watch the video at http://www.thezimmersonline.com/video.html)
• My Way. Bobby Azeff Orchestra. (This was from a long deleted disco compilation LP)
• My Way (A Mi Manera). Gipsy Kings. Gipsy Kings
• My Way. The Sex Pistols. Flogging A Dead Horse
• My Way. Frank Sinatra. Sinatra Reprise: The Very Good Years.
• No Surrender. Bruce Springsteen. Born In The USA.
• Papa Don’t Preach. Madonna. The Immaculate Collection
• Quitting Smoking Song. Princess Superstar. My Machine. (Song contains swearing.)
• Reach Out And Touch (Somebody’s Hand). Diana Ross. Diana Ross The Definitive Collection
• Slave To My Belly. Catie Curtis. Truth From Lies.
• Stayin’ Awake! Stayin’ Awake! (At present there are no clips of it on Amazon.com)
• Spasticus (Autisticus) Ian Dury And The Blockheads. Reasons To Be Cheerful: The Very Best Of Ian Dury & The Blockheads. (At present there are no clips of it on Amazon.com)
• Tangled Up Puppet. Harry Chapin. The Gold Medal Collection.
• Thank You For Hearing Me. Sinead O’Connor. Universal Mother
• Three Little Birds. Bob Marley. Legend.
• We Are All Made Of Stars. Moby. Go: The Very Best Of Moby
• We’re Not Going To Take It. Twisted Sister. Big Hits And Nasty Cuts: The Best Of Twisted Sister
• We’ve Only Just Begun. Curtis Mayfield. Curtis/Live!
• What You Do With What You’ve Got. Roy Bailey. What You Do With What You’ve Got. (At present there are no clips of it on Amazon.com)
• Why Should Children Go Into Public Houses? (I could not track down a recording of this)
• You Can Get It If You Really Want It. Jimmy Cliff. Ultimate Collection

**Albums**

Unless indicated go to www.Amazon.com and type in the name of the album.

• Bullying: The Musical (Go to http://starshine.co.uk/content1/productlist/musicalsforallyearround/bully/product.main.bully.php )
• Cabaret (Type in ‘Cabaret’)
• Hot Flashes (Go to http://www.hotflashesthemusical.com/info.htm)
• Les Miserables (Type in ‘Les Miserables’)
• Mamma Mia! The Musical Based On The Songs Of ABBA (Type in ‘Mamma Mia!’)
• Menopause: The Musical doesn’t have any clips on Amazon
• Movin' Out (Based On The Songs And Music Of Billy Joel) (Type in ‘Movin’ Out’)
• Red Hot + Blue: A Tribute To Cole Porter. (Type in ‘Red Hot + Blue’)
• Sweeney Todd (Type in ‘Sweeney Todd’)
• The Litter Muncher’ (Go to http://www.outoftheark.com/products/product_details.php?action=keysearch&searchterm=muncher&id=9)
• The Writing On The Wall by Tony Benn And Roy Bailey does not have any clips on Amazon
• Tom Robinson Cabaret ’79 by Tom Robinson does not have any clips on Amazon
• West Side Story (Type in ‘West Side Story’)
• We Will Rock You (Type in ‘We Will Rock You’)

**Hypothetical health mini-musical: In The Family**

- *Father And Son*. Cat Stevens. The Very Best Of Cat Stevens
- *Girls Just Like To Have Fun*. Cyndi Lauper. The Essential Cyndi Lauper
- *Tangled Up Puppet*. Harry Chapin. The Gold Medal Collection
- *Papa Don’t Preach*. Madonna. The Immaculate Collection
- *If My Sister’s In Trouble*. Lady Soul. Sister Act: Music From The Original Motion Picture Soundtrack
- *I’ll Stand By You*. The Pretenders. The Pretenders - Greatest Hits
- *Thank You For Hearing Me*. Sinead O’Connor. Universal Mother
Appendix J: Actual or potential projects listed that use popular culture
If you want to share details of any other projects please contact Mail@sexanddrugsandrockandhealth.com
Appendix J: Actual or potential projects listed that use popular culture

Books
- *Bethan’s Story* – Director of Public Health’s annual report
- Books on prescription
- *Daydream Achiever* – CD and book on mental health
- *Haynes motor manuals* - Men’s health
- *Horrible Science* - Books on health issues for children
- Romantic novels for sex workers
- *Want Career Success? Then Watch More Football* includes mental health at work

Comedy
- Anne Sinners parties - Sexual health and relationships
- *Banged Up Stand Up* – Empowering prisoners
- Centre for Life – Popular science education
- *Clown Doctor* - Reassuring children in hospital
- *Horrible Science* books on health issues for children
- *Hurt Until It Laughs* – Stand-up on men’s health
- *It’s A Funny Business* – Education in stand-up to improve presentation skills
- John Cleese TV campaign about smoking
- Laughter Yoga
- Leicester Comedy Festival health programme
- Liverpool Comedy Festival’s annual conference on comedy, education and health
- New NHS premises – Why not have space for restaurants and edutainment
- Pub tours on comedy and health
- *Red Nose Day*
- Red Wedge - Labour Party comedy tours
- *Secret Policeman’s Ball* - Amnesty International and comedy
- The Comedy School – Comedy work in prisons
- *This Sentence is False* – Philosophy education through comedy (e.g. ethics and thinking skills, both of which underpin health decision-making)

Comics
- *1+1* - Aids comic
- *Lifeline* - Drug comics
- *Love S.T.I.NGS* - STI comic
- *Myths over Pendle* strip on local issues
- *One Game at a Time* - Mental health comic
- *Tintin* – Copyright breaching alcohol education

Computer games
- BBC website’s human biology games
- *Ben’s Game* - Devised to distract children in hospital
- *Half-Life* - Adapted to treat common phobias
- Hungry Planet - Nutrition education
- Japanese dating games
- Knights of Honor learning within a personal, social and health education framework
- Rollercoaster Tycoon 3 learning within a personal, social and health education framework
- Second Life - A virtual world with the opportunity for health education
- SimHealth – A simulation of the US health care system
- Sim 2 learning within a personal, social and health education framework
- Showt-ed - Quizzes on sexual health
- STI Attack - Sexual health
- Unreal Tournament - Adapted to treat common phobias
- Up For It - Football and mental health
- Whyville - Infectious disease outbreak

**Film and TV**
- Big Brother or soap teaching packs
- Bond or other film tie-ins for health
- Braveheart as a model for health education
- Buffy the Vampire Slayer – How not to do alcohol education
- College radio health soap
- Cinema advertising
- ‘Feel Years Younger’ – A health version of Look 10 Years Younger
- Sesame Street – General health education
- Weekly column on TV, film and health
- Writing to papers about health related stories on TV etc

**Football**
- Board game - Football and health issues (Dissent)
- Century Radio road shows - Hard to reach men
- Fit - Celebrity health magazine
- Football Aid - Premiership anti-diabetes campaign
- One Game at a Time - Mental health comic
- Southend FC matches - Venue to reach men
- Sunderland AFC star cards – Health education tool
- Up For It - Football and mental health website game
- Want Career Success? Then Watch More Football includes mental health at work

**Magazines and articles**
- Crosswords about health
- Fit - Celebrity health magazine
- Pets and health magazine or articles
- Prime - Celebrity health magazine
- Your Life! - Celebrity health magazine
- Weekly column on TV, film and health

**Music**
- Back on the Map consultation using music and art
• Billy Bragg union tour
• Bullying: The Musical
• Catalyst – Music and team building
• CD sleeves - Health information
• Celebrity health magazines –Prime, Fit and Your Life
• Co-counselling and music
• Community radio – Health education
• Community singing
• Creative Partnerships - Music and thinking for oneself
• Dance - Mental benefits
• Dance - Physical benefits
• Dance - Social benefits
• Daydream Achiever - CD and book on mental health
• Dead Rock Stars - Role models or otherwise
• Desert Island Discs
• DIY health musical
• Entrainment - Music therapy tool
• Five Rhythms dance
• Fit - Celebrity health magazine
• Health fairs and other events
• Health trainers
• Hospice CD
• Hospital radio
• Life Channel - GP surgeries
• Live 8 - Public health
• Live Aid - Public health
• Menopause: The Musical
• Music as a training tool
• Music therapy
• New NHS premises – Why not have space for restaurants and edutainment?
• Online health music
• Our Tune – Format adaptable for health and social purposes?
• Personal, Social and Health Education in primary schools - songs
• Personal, Social and Health Education in secondary schools - project ideas
• PR possibilities of music
• Prime - Celebrity health magazine
• Pub tours - Health music
• Radio Ballads 2006: The Enemy That Lives Within (HIV & Aids)
• Raise Your Banners- Festivals of music with political and social themes
• Red Wedge - Labour Party music tours
• Sing Your Own Song - Therapy and singing
• The Litter Muncher - Environmental health musical
• War Child CD - Fundraiser
• www.bignoise.com – Oxfam fund raiser
• Your Life! - Celebrity health magazine
Other

- Bingo - A one woman show on screening
- Cookery and health
- Fashion shows and health - Falls and sun safety
- Gardening
- Hairdressers - Sources of health information
- New NHS premises – why not have space for restaurants and entertainment?
- Pets and health
- Playing with the grandchildren
- Talks on history of local pubs - An alcohol education tool
- ‘What’s on and what’s in the news’ - Health website
References and photo credits

References

Front plate

Public health + popular culture =
1 I organised and facilitated workshops with Co-Counselling International 2004 onwards

Summary
Prochaska and DiClemente describe five stages of change: 1) Precontemplation; 2) Contemplation; 3) Action; 4) Maintenance; and 5) Relapse. Relapsers often responded by a combination of contemplation and action.
5 (AIDA is the classic model from advertising. Although newer versions exist, it is the only one that lets me make several poor jokes about opera etc.) STRONG, E.K., 1925. Theories of Selling. Journal of Applied Psychology, 9, Pages 75-86.
7 Orange sponsored Orange Evolution 06 in Newcastle and Gateshead in 2006. The organisers were expecting in excess of 50,000 people the following year. (http://www.evolutionfestival.co.uk/evolution.html) (Accessed 1 March 2007.)

**How popular culture might improve health inequalities**

2 The work of Professor Gregory Maio, a psychologist from Cardiff University in the UK, on values is particularly relevant here. Some of his research and the quote I used are in ECONOMIC AND SOCIAL RESEARCH COUNCIL, 2007. *Britain Today 2007*. Page 42.
6 In September 2005 the cost of household Mosaic for Sunderland was £7,050 per year plus VAT. The same information but clustered by postcode was £4,700 per year plus VAT. To get an up to date go to Experian available from: http://www.business-strategies.co.uk/sitecore/content/Contact%20Us/UK%20offices.aspx (Accessed 18 January 2008.)


14 *Ten Years Younger*, 2007. TV, Channel 4, UK. (Though I personally always think a better title for it would be ‘As If Feminism Never Happened.’)


19 Jade Goody made all of the papers after an appearance in *Celebrity Big Brother*, 2007. TV, Channel 4, UK. Big Brother itself is produced by Endemol. In 2007 they also started running *Big Brother on the Couch* where psychologists discussed what went on in the house with reference to various theories. This may be a useful starting point for any projects. However it explains housemates’ behaviour rather than suggesting how they could do things in a way that is less problematic.

20 References on happiness research:

**Academia:**

**Governmental:**

**Populist:**


31 Dr Who Confidential, 2006. TV, BBC3, UK. (Interestingly science educators have also used the popular culture approach to promote their subject e.g. PARSONS, P., 2006. The Science Of Doctor Who. Cambridge, UK: Icon Books.


36 The health maintenance pyramid was popular within Sunderland Teaching Primary Care Trust’s Health Development Unit around 2005. It was developed from other models.


Using music to tackle health inequalities

1 DAVIS, M., 2005. Public Health News. 27.6.5.


22 Events Attendance Sunderland 2006

<table>
<thead>
<tr>
<th>Event</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penshaw Bowl</td>
<td>500</td>
</tr>
<tr>
<td>Race for Life</td>
<td>3,000</td>
</tr>
<tr>
<td>Mela</td>
<td>10,000</td>
</tr>
<tr>
<td>Sunderland International Kite Festival</td>
<td>30,000</td>
</tr>
<tr>
<td>Sunderland International Air Show</td>
<td>650,000</td>
</tr>
<tr>
<td>NE Motor Show</td>
<td>30,000</td>
</tr>
<tr>
<td>County Show</td>
<td>30,000</td>
</tr>
<tr>
<td>Remembrance Weekend</td>
<td>5,000</td>
</tr>
<tr>
<td>Illumination Switch On</td>
<td>7,000</td>
</tr>
<tr>
<td>Xmas Ice Rink</td>
<td>18,000</td>
</tr>
</tbody>
</table>

Information provided by City of Sunderland Council (UK).

23 See above.


26 Figures provided by Back on the Map and Sunderland City Council staff.


28 Information provided by SUNDERLAND TEACHING PRIMARY CARE Trust (Health Development Unit North Locality Team).


32 I managed this project for PRIORITY HEALTHCARE WEARSIDE NHS TRUST at City Challenge Health Promotion in Sunderland in the late nineties.

33 SUNDERLAND ECHO AND STAR SERIES provided me with figures that *Street* had a distribution of 26,000 copies four times a year in 2006.

35 Sleeve notes from *Harry Chapin: The Tribute Concert* from 1990
49 As an example here is Bruce Springsteen on the track ‘Remember When The Music’ on *Harry Chapin: The Tribute Concert* from 1990
‘... I guess there was a time when people felt that music provided you with... a greater sense of unity, a greater sense of shared vision and purpose than it does today. And my generation, we were the generation that were going to change the world. Somehow we were going to make it a little less lonely, a little less hungry, a little more just place. It seems that when that promise slipped through our hands, we didn’t replace it with nothing but lost faith...
... and you can kind of sit back and say, not cynically but truthfully, that maybe, maybe, all men are not brothers and maybe we won’t ever know who or what we really are to each other. But I think Harry instinctively knew that it was going to take a lot more than just love to survive. That it was going to take a strong sense of purpose, of duty and a
good clear eye on the dirty ways of the world. So in keeping… his promise to himself, he reminds us of our promise to ourselves and that tonight, alongside Harry, it’s that promise that his spirit would have us remember and honour and recommit to. So do something and may his song be sung.’

50 The work of Professor Gregory Maio, a psychologist from Cardiff University in the UK, on values is particularly relevant here. Some of his research and the quote I used is in ECONOMIC AND SOCIAL RESEARCH COUNCIL, 2007. Britain Today 2007. Page 42.


39a2 (Accessed 18 January 2008.)


(Accessed 18 January 2008.)


70 In September 2005 the cost of household Mosaic for Sunderland was £7,050 per year plus VAT. The same information but clustered by postcode was £4,700 per year plus VAT.


92 BURNS, M., 2002. *Daydream Achiever*. Unpublished manuscript. (For details email: Mail@sexanddrugsandrockandhealth.com)
95 Conversation between panto volunteer and author.

Using books and magazines to tackle health inequalities
1 Ian Philip quoted in *City Hospitals News* (City Hospitals Sunderland NHS Foundation Trust), October 2006.
5 This project was under a USAID contract called AIDSCOM, which was managed by The Academy for Educational Development (AED). It was done in 1988. I have verbal and email confirmations of its existence but have been unable to track down a report on it yet.
6 *Grumpy Old Men*, 2006. TV, BBC 2, 30 February 200… – oh alright then, I said it.
9 Figures provided by BANKS, I at the HEALTH EVENTS/CENTRE FOR HEALTH INFORMATION QUALITY conference *Better Information for Better Health* in London 9-10 February 2005. (For information on Haynes health books go to HAYNES. Available from: http://www.haynes.co.uk/webapp/wcs/stores/servlet/CategoryDisplay?catalogId=10001&
10 CARDIFF AND THE VALES MENTAL HEALTH DEVELOPMENT PROJECT. 
Book Prescription Scheme. Available from: 
http://www.cvmhdp.org.uk/content/public/news_and_events/default.asp?id=59 (Accessed 
14 September 2007.)

Rather Than Cure. Using Targeted Communications To Encourage Improved 
Appropriate Use Of Local Services. Available from: 
http://www.drfoster.co.uk/yourlife/whatPeopleSay/evaluations.asp (Accessed 7 March 
2007.)

http://www.abc.org.uk/cgi-bin/gen5?runprog=nav/abc&noc=y (Accessed 20 March 
2007.)

Page. (In other publications a sentence length of no more than 25 words is 
recommended.)

Business Ltd.

Davies Communication.


17 The first bullet point in this paragraph is from CROMPTON, A., 1987. The Craft Of 


Paraglyph Press.

20 For useful on photography in magazines try MCKAY, J., 2000. The Magazines 

21 This figure has been quoted to me a few times by colleagues, although I have never 
seen it written down anywhere.

22 Information on advertising is taken from 

23 I contacted a range of NHS communication networks to see who was pre-testing or 
evaluating whether people read NHS materials and if so how. Although I got a lot of 
interest back, people seemed to be only checking that materials followed NHS guidance 
on font size etc.

page 11.

Rather Than Cure. Using Targeted Communications To Encourage Improved 
Appropriate Use Of Local Services. Available from:
http://www.drfoster.co.uk/yourlife/whatPeopleSay/evaluations.asp (Accessed 7 March 2007.)


34 *The Calvin and Hobbes Album*. Available from: 


36 ADAMS, S. *Dilbert* is syndicated in many publications by UNITED MEDIA. To find out more about Dilbert go to www.dilbert.com/ (Accessed 18 January 2008.)


38 Twenty-four books were produced by Hergé about Tintin. In the UK they are published by Egmont. (EGMONT, *The Adventures Of Tintin*. Available from:  
   http://www.egmont.co.uk/search_tintin.asp?selCategory=&selSubject=&selAuthor=&selCharacter=1057&selAge=&iPageNum=&pageSearch=0&searchMade=true (Accessed 18 January 2008.)

39 BOULIN, B. AND HISPARD, É., 1995. *Tintin Et L'alcool*. The publisher may have been Chapitre Douze in France. The book was recalled by the French authorities and destroyed for breaching copyright.


**Using comedy to tackle health inequalities**


8 The BRITISH SAFETY COUNCIL used to have a series of around a dozen Laurel and Hardy posters with captions such as ‘Stanley Next Time Follow The Rules’, ‘That’s Another Fine Mess! So Clean Up!’ and ‘Olly Says Watch Your Step!’ This was perhaps in the late eighties.


14 DEARY, T. is published in the UK by SCHOLASTIC. Available from: http://scholastic.co.uk/zone/authors_t-deary_bio.htm (Accessed 18 January 2008.)


18 This Sentence is False, 2005. Radio. BBC Radio 4, 13th -17th June 2005.


24 Trinny And Susannah Undress, 2006. TV, ITV.


34 LORDS AND COMMONS FAMILY AND CHILD PROTECTION GROUP, 2000. *Cost of Family Breakdown*. London: Lords And Commons Family And Child Protection Group. (Though it was actually produced on their behalf by the FAMILY MATTERS INSTITUTE.)


39 FASCINATING AIDA are a comedy act. Available from: www.fascinating-aida.co.uk/ (Accessed 18 January 2008.)

Using football to tackle health inequalities

3 GAY, T. Ten Great Myths of Patient and Public Involvement. (Trevor Gay is Head of Communications at Torbay Primary Care Trust. However the article I am quoting was emailed in a private capacity.)
4 Conversation between radio station and author. CENTURY FM is available from http://www.100centuryfm.com/ (Accessed 18 January 2008.)
8 Cards produced by SUNDERLAND ASSOCIATED FOOTBALL CLUB AND PRIORITY HEALTHCARE WEARSIDE NHS TRUST around 2000.
9 PREMIER LEAGUE, 
Kick It Out. Available from: 
http://www.premierleague.com/page/KickItOut/0,,12306~1078199,00.html
(Accessed 18 January 2008.)
Play ing for Success. No longer available from Premier League. (Similar information 
available from: DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES
http://www.dfes.gov.uk/playingforsuccess/index.cfm?CategoryID=2&SectionID=1
(Accessed 14 September 2007.)
Football Aid (anti-diabetes). Available from:
http://www.premierleague.com/page/FootballAid/0,,12306~1078209,00.html
(Accessed 18 January 2008.)
10 DR. FOSTER. Fit. Available from:
manuscript. (For details email: Mail@sexanddrugsandrockandhealth.com)
12 BURNS, M., 2002. Dissent. Draft board game. (For details email:
Mail@sexanddrugsandrockandhealth.com)
14 THE GUARDIAN, 2002. Good Reads In Package To Help England Team Relax. 15 
May 2002.

Using computer games to tackle health inequalities
Paraglyph Press.
Quotes from back cover. New York: Palgrave Macmillan.
3 BBC 24 (Website), 2004. UK Turning Into A Nation of Gamers. Available from:
5 The Screen Digest study show quoted in 
BBC 24 (Website), 2004. UK Turning Into A Nation of Gamers. Available from:
information provided to the BBC by ELSPA, (Entertainment and Leisure Software 
Publishers Association).
6 20% or more of people in a subgroup had to be keen on an interest before it made the 
short list.
7 SANDFORD, R., ULICSAK, M. FACER, K. AND RUDD, T., 2006. Teaching With 
Games: Using Commercial Off-The-Shelf Computer Games In Formal Education. Page 
2. Bristol: Futurelab. Available from:
http://www.futurelab.org.uk/research/teachingwithgames/report_01.htm#1 (Accessed 18 
January 2008.)
8 SANDFORD, R., ULICSAK, M. FACER, K. AND RUDD, T., 2006. Teaching With 
Games: Using Commercial Off-The-Shelf Computer Games In Formal Education. Page 
17. Bristol: Futurelab. Available from:
www.futurelab.org.uk/resources/documents/project_reports/teaching_with_games/TWG_ 
report.pdf (Accessed 18 January 2008.)


13 EXPERIAN data from the *Mosaic United Kingdom CD*, 2005 and *Mosaic Public Sector CD*, 2006. (Application to Sunderland with the help of Experian staff.)


26 BIG BLUE BOX AND MICROSOFT, 2004. *Fable.* Computer game. (I noticed the advertising campaign in late 2006 or early 2007.)


41 This is based on quotes I received for work I was interested in doing.

How do you evaluate a joke or a song?

1 The Fear Of The Lord Prolongeth Days: But The Years Of The Wicked Shall Be Shortened. Proverbs 10:27. Available from: http://www.av1611.org/rockdead.html (Accessed 18 January 2008.) The site’s figures are not reliably compiled or analysed. The rock star deaths the authors use are only the ones they could find a record of. How many did they miss? The figure for rock stars does not include those still alive within a particular generation. It is not accurate to compare the rock statistics with those of an American population when not all the rock stars are American. A more accurate comparison in any case would need to take into account the social breakdown of the two
populations. It may be that rock stars come from a particular part of the population who die earlier than the average American anyway. Alternatively, in some cases people may be attracted to rock music because they have mental health problems and singing about them is a kind of release. It may not be enough however and drugs overdoses or suicide may result. In any case it is not the actual rock music that kills them. (However recent research from John Moores University in Liverpool does throw an interesting light on this issue. For more on this go to BBC, 2007. Why Rock And Roll Stars Die Young Available from: http://news.bbc.co.uk/1/hi/health/6976583.stm (Accessed 15 September 2007)

2 The information on evaluation in this section was from the following sources:


Where next?
1 Banks, I., 2006. (Event by South Tyneside PCT, Stadium of Light, Sunderland, 16 June 2006.)


8 Available from: http://www.evolutionfestival.co.uk/evolution.html (Accessed 10 August 2006.)


10 Government Funding.org.uk. Available from: http://www.governmentfunding.org.uk/VCSSearch.aspx?WCI=htmSchemeList&WCU=DS%3DDSCLIVEGF%2CTI%3D%22ABI%22&GRANT%22%2COI%3D%2212-O8%22&CTM%3D1 (Accessed 18 January 2008.)


15 EMI commissioned a study by the Edinburgh Centre for Carbon Management. This showed that 65% of the CO2 emissions from the recording, processing, packaging and


17 This is my own experience working for the state for 20 plus years.


**Conclusion: Can popular culture help reduce health inequalities?**


**Appendix A-G on social marketing**


**Appendix H on Events**


2 Information provided in 2007 by the Marketing Officer for the City of Sunderland’s Culture & Tourism department.

**Appendix I on Music**


**Back**


**Photocredits**

**Front cover**

a BURNS, M., 2007

**About me**

a This photo is of me in the mid-Sixties. I don’t know who took it

**How popular culture might improve health inequalities**


**Using music to tackle health inequalities**

a BURNS, M., 2007

b BURNS, M., 2005.

Using books and magazines to tackle health inequalities
a BURNS, M., 2007
b MURRAY, C., 2007

Using comedy to tackle health inequalities
a BURNS, M., 2007
b HOTBLACK, 2005. Copyright free photo available from:
http://www.morguefile.com/archive/?display=92270&MORGUEFILE=fcas5msg1ofq
97vaf037a7pk2 (Accessed 14 January 2008.)

Using football to tackle health inequalities
a BURNS, M., 2005
b CLICK, 2004. Copyright free photo available from:

Using computer games to tackle health inequalities
a MR WRITE, 2005. Copyright free photo available from:
http://www.morguefile.com/archive/?display=80812&MORGUEFILE=fcas5msg1ofq
97vaf037a7pk2 (Accessed 14 January 2008.)
b TALIESIN, 2006. Copyright free photo available from:
http://www.morguefile.com/archive/?display=115084&MORGUEFILE=fcas5msg1ofq
b97vaf037a7pk2 (Accessed 14 January 2008.)

How do you evaluate a joke or a song?
a Copyright free photo available from: Unknown. Copyright free photo available from:

Where next?
a PHAEWILK, 2006. Copyright free photo available from:
http://www.morguefile.com/archive/?display=100148&MORGUEFILE=7477s9tmvlve
46l63t90jib8n7 (Accessed 14 January 2008.)
Crossword
Test how much you have learnt from this paper

Across
7 Give this regularly to the public when writing for them (6)
8 He wrote the UK’s most popular song about a peaceful healthy world (6)
9 Not popular culture to read these, though may be to write them (4)
10 All work should be based on this (8)
11 Older groups may have this characteristic (7)
13 Social marketing and popular culture may help people actually do this (5)
15 A popular topic to link health to (5)
17 One half of a TV show that changed the face of TV and offers the NHS a genre to exploit for mental health education etc (7)
20 When writing for the public try not to be this (8)
21 If you write fiction for the public this is important (4)
22 Using a character illegally from this cartoon strip for alcohol education triggered a law suit (6)
23 The __ of change model is useful when deciding how to focus campaigns (6)

Down
1 An important factor to take into account when considering your target audience (6)
2 Don’t think in terms of this kind of audience - segment! (4)
3 ___ is an example of approach from this medium (7)
4 Still’s from this comic’s films have been used on safety at work posters (5)
5 AIDA = Attract, -----, Desire, Action (8)
6 As well as being a physical activity it can be used to provoke discussion around values etc (6)
12 If you misjudge your intervention you may do this to your target audience (8)
14 An essential part of social marketing (3, 4)
16 A house where there is a large potential audience (6)
18 Feelings are important to take into account, so you may want a performer who does this (6)
19 These birds are a symbol of knowledge - but sometimes of the pompous kind (5)
21 Edutainment makes education more like this (4)
About this crossword

This crossword is based on the content of this document. I compiled it using software produced by Crossword Compiler for Windows. (See http://www.crossword-compiler.com/ordcur.html?CUR=GBP) I made a list of the main concepts and put key words in the crossword software I was using. However, this didn’t generate enough answers. I then went back and put in some more words based on other things from popular culture that I thought most people would have heard of. This generated nearly all the answers in this crossword. However the software still had to throw in some random answers to fill some blank spaces. I then wrote the clues. This included trying to find public health themed clues for the random answers the software had produced. It’s a first attempt but it suggests to me with practice that it would be possible to produced health themed crosswords for the public. Obviously the language needs to match the target group.

If you want to give me feedback about whether it is too easy, too cryptic or simply want the answers, email me at mail@sexanddrugsandrockandhealth.com
‘We are the enemy of the people. The problem is that we come across as spoilsports, telling people to stop doing things.

There has never been a better time to think through how we get our message across.

We need to make health sound exciting, and look at how we encourage people to make healthy choices.’

Fiona Adshead, Deputy Chief Medical Officer
(At UK Public Health Association Annual Forum 2006)

This is one response to her call for action. Based on theory, practical examples and personal experience, this report explores how to use popular culture to improve the nation’s health. It looks at

- Pop music
- Comedy
- Magazines
- Fiction
- Computer games
- Football

Sex ‘n’ Drugs ‘n’ Rock ‘n’ Health

How music and popular culture can help reduce health inequalities