Promoting health into the 21st century: new horizons from Wales

HM Queen Elizabeth the Queen Mother Lecture 1992

Twenty years ago the Faculty of Public Health Medicine was inaugurated as a constituent member of the Royal Colleges of Physicians of the United Kingdom. The first President of the Faculty was the late Professor Archie Cochrane, one of the founders of the science of modern public health medicine. He lived and worked in Wales and for Wales and it is fitting that someone from Wales should mark this twentieth anniversary of the medical specialty of public health medicine.

Over the last decade, public health in Wales has been growing in strength both from policy and service aspects. Public health is a broad field. It stretches beyond the medical specialty of public health medicine to a wide range of disciplines and organisations that seek to promote health and prevent disease.

Heartbeat Wales

Heart disease, the major cause of ill health and premature death in Wales, was the reason for launching Heartbeat Wales, the UK’s national demonstration programme for coronary heart disease prevention, on St David’s Day 1985.

The creation of this initiative is itself a case study of how Wales works. The programme was initially set up by the Health Education Council with strong support from the Welsh Office and the University of Wales College of Medicine. All were conscious that there was an urgent need to take action concerning smoking, nutrition, physical exercise, psycho-social health, high risk reduction and cardiopulmonary resuscitation.

In addition to a range of health outcome targets [1] the Heartbeat Wales initiative had three strategic aims, addressing both individual and environmental issues on a regional basis.

Leadership: to coordinate, support, initiate and monitor action at local and regional level.

Demonstration: to stimulate, disseminate and assist developments throughout the UK and overseas.

Experimentation: to research, initiate and evaluate new projects, methods and approaches.

A wide range of alliances was set up which generated a number of innovative projects [2]. The sectors involved included education (eg Life Education Centres), voluntary (eg National Federation of Wonfen’s Institutes), media (eg BBC Wales ‘Don’t break your heart’), local authorities (eg Heartbeat Award), supermarkets (eg Tesco food labelling), workplace (eg CBI Make Health Your Business Award), food sector (eg Lean Choice Scheme), and NHS (eg Healthy Hospitals Award Scheme).

The organisational response was considerable at both national and district levels. All the health authorities, for example, initiated a variety of local activities. Even before the new GP contract was in place, 62% of adults reported having had their blood pressure checked in the previous year by their doctor.

Changing lifestyles in Wales

Within two years, 70% of the Welsh population knew and supported the aims of Heartbeat Wales. Five years later major changes in health behaviour were apparent [3]. Fig 1 shows that more people ate wholemeal bread in 1990 than in 1985. Consumption of low fat milks had increased substantially (Fig 2), as had unsaturated fat spreads and fish. On the other hand, both adults and children were eating fried food less frequently (Figs 3, 4). These changes are confirmed by the Ministry of Agriculture’s National Food Survey [4]. Saturated fat consumption had fallen by 13.5% from 41.3g per person per day in 1985/86 to 35.7g in 1989/90.

Smoking had also decreased significantly in both sexes including welcome changes in all social groups (Fig 5).

International links

Other parts of the UK and several countries have developed projects based on the experience gained through Heartbeat Wales.

In 1987 the Welsh Office took over the Health Education Council’s responsibilities for Wales and set up the Health Promotion Authority for Wales. Health promotion was considered sufficiently important for Wales to have its own structure and delivery machine. This was a unique development in Europe, and subsequently the World Health Organisation (WHO) has asked us for technical support in Eastern Europe and
other areas such as the Caribbean. This led to the Authority being designated an official WHO Collaborating Centre for Health Promotion and Health Education Development.

The Welsh Office at work

Wales has its own Secretary of State who has responsibility for a wide range of sectors including health, education, agriculture, industry, social services, housing, etc. This allows Wales to act somewhat independently from England, Scotland and Northern Ireland. For example, the unique all Wales strategy for mental handicap—now 10 years old—has made a real impact on the care of mentally handicapped people and has provided the exemplar for advanced joint social care planning for a range of health issues between the health service and other organisations.

Wales was the first ‘territory’ in the UK to set up its own infectious disease control unit as a satellite of the Communicable Disease Surveillance Centre at Colindale. One of the products has been the successful Epinet—a computerised online information service for public health doctors, environmental health officers of local authorities, and microbiologists.

The Valleys initiative is another example of a determined and courageous attempt through the Welsh Office to address the problems of neglect, decline and decay in the post-industrialised South Wales valleys. It addresses not just health and education services but also housing, communications, industrial regeneration and community development. Out of this has sprung Team care valleys—a training, development and research programme for primary healthcare in some of the poorest parts of Britain where those in most need receive the least—the inverse care law.

Public health and the College of Medicine

Wales is also fortunate in having just one medical school—the University of Wales College of Medicine. It created the first Chair in health promotion in Europe in 1984. The Institute for Health Promotion quickly established a masters course in health promo-

Fig 1. Percentage of adults aged 18–64 usually eating wholemeal bread: Wales 1985–90

Fig 2. Percentage of adults aged 18–64 usually drinking fat-reduced milk: Wales 1985–90

Fig 3. Percentage of adults aged 18–64 eating food fried in solid fat four or more times a week: Wales 1985–90

Fig 4. Percentage of 15/16 year olds usually eating chips daily: Wales 1986–90

Fig 5. Percentage of adult smokers aged 18–64 by social group: Wales 1985–88
tion, the first of its kind in the UK. We organise an international summer school every year, publish *Positive Health*—an international news magazine, and edit *Health Promotion International* journal, published by Oxford University Press.

Another innovation was to link the new Chair of Public Health Medicine with South Glamorgan Health Authority where the postholder is also Director of Public Health Medicine. These two new chairs complement the long established Chair of Epidemiology, and all three public health professors have now joined forces with Cardiff Institute of Higher Education to form a Joint Centre of Public Health Studies which has established a comprehensive Master of Public Health course.

A further example of public health developments within the College of Medicine closely linked to health services in Wales is the breast screening service for Wales—*Breast test Wales*. Unlike schemes elsewhere in the UK, it has developed as a truly regional service with a strong emphasis on quality assurance, audit and outcome assessment. This would not have been possible without the active participation of the College of Medicine and the ready cooperation of all nine Welsh district authorities.

**NHS Wales in the lead**

Wales does not have a regional health authority. The Welsh Office takes on some of this responsibility and distributes others to districts. As a result, Wales has its own NHS director who is the accounting officer to parliament for NHS expenditure. This gives Wales the opportunity to develop slightly differently to the rest of the UK. A good example of this is the work of the Welsh Health Planning Forum. Set up as an advisory committee it has provided a vision and framework for planning in the NHS. As a consequence the NHS in Wales has a bold strategic intent: 'working with others, to take Wales into the 21st century with a level of health on course to compare with the best in Europe' [6]. This is supported by three strategic directions: (i) health gain focused—to add years to life and life to years; (ii) people centred—to value people as individuals, and (iii) resource effective—to achieve the most cost effective balance between resources.

Protocols for the top 10 health priorities for Wales are being developed. Each protocol examines the contribution that can be made to health gain in terms of health promotion and prevention, diagnosis and assessment, treatment and care, and rehabilitation and monitoring. The protocols also recommend best practice and propose health gain and service targets for each of the responses. Through the NHS planning system the health authorities are now asked to develop local strategies for health building on these concepts.

This initiative has a profound effect on the health service reorganisation and is setting a specific and demanding agenda for the purchaser/provider developments in Wales. This has been recognised not only by the rest of the UK but also overseas. A NHS team has been formed—*Welsh health development international*—to take forward overseas work. Substantial progress is being made in Eastern Europe and Africa.

**Health for all in Wales**

When the Health Promotion Authority was set up as a special health authority in 1987, the Welsh Office asked it to develop a broad vision for better health in Wales, the *Health for all in Wales* strategy [7]. Based on widespread consultation, the document addressed the four major issues of disease prevention, healthy lifestyles, health skills, and healthy environments. It highlighted the special needs of socially disadvantaged communities, younger and older people, and the problems of access [8]. A cascade for strategic planning was put forward, together with measurable objectives and targets (Fig. 6). This work provided a practical case study for the Department of Health in England and prompted the *Health of the nation* Green Paper for England two years later.

The *Health for all in Wales* strategy, however, is not a paper exercise left on a shelf collecting dust. It led to more than 600 organisations throughout Wales committing themselves to action [9]. A computerised database of the various activities has been set up to form a valuable directory. Individual publications have also been produced—in a series entitled *Plans for action*. The most recent [10] presents a report on progress towards achieving the targets and summarises key activities in the period 1992–94.

**Recent public health initiatives**

There have been more than 30 important public health initiatives in Wales over the last decade. These are summarised in Table 1. However there have been failings. Wales has lagged behind some English regions...
in public health medicine training although it is now catching up. There has also been little progress on the fluoridation of water supplies after the excellent start in Anglesey in the 1950s and 60s. Wales has not progressed in health research to the same extent as Scotland where considerable progress was described in last year’s Queen Mother Lecture [11].

Nevertheless, over the last decade Wales has been responsible for some innovative and interactive developments which have been replicated elsewhere in the UK and overseas. The result is a rich tapestry of action. Why should these events have happened? What are the possible explanations?

Table 1. Recent public health initiatives in Wales

| Initiative                                                                 | Date          |
|---------------------------------------------------------------------------|---------------|
| Mental Handicap Strategy—achieving a fundamental shift in care, 1980—     |               |
| Communicable Disease Surveillance Centre, Wales and Epinet information service, 1982— |               |
| Perinatal Mortality Initiative—tackling geographical variations, 1984–86  |               |
| Health Education Advisory Committee (Wales), 1984–1987                     |               |
| Heartbeat Wales—community based heart disease prevention programme, 1985–90|               |
| Chair and Institute for Health Promotion, UW College of Medicine, 1985—   |               |
| Master of Science in Health Promotion and Health Education, UWC, 1978—    |               |
| Welsh AIDS Campaign—focussing on young people, 1985–87                     |               |
| Health Promotion Authority for Wales—a special health authority, 1987—    |               |
| Welsh Committee on Drugs Misuse—providing strategic advice, 1985—          |               |
| Nursing in the Community Working Party and Report, 1987                    |               |
| Royal College of Nursing Chair of Nursing Research, UW College of Medicine, 1988— |               |
| Health for All in Wales—consultation and strategy, 1988–1990              |               |
| Breast Test Wales—incorporating regional services and evaluation, 1988—    |               |
| Health Intelligence Unit, Welsh Health Common Services Authority, 1988—     |               |
| Community Health Information Project—personal and population health summarises, 1987— |               |
| Public Health Medicine requirements for district health authorities, 1988— |               |
| Welsh Health Planning Forum—providing strategic advice and leadership, 1988— |               |
| Chair and Centre for Applied Public Health Medicine, UW College of Medicine, 1989— |               |
| NHS Strategic Intent and Direction framework, 1989                          |               |
| Local Strategies for Health, agenda for action, 1988                       |               |
| Public Health Reports for NHS Annual Reviews, 1990—                       |               |
| Health for All in Wales Plans for Action monitoring service, 1991—         |               |
| Masters of Public Health, with specialty options, UW College of Medicine, 1989— |               |
| Masters of Business Administration (Health), UW College of Cardiff, 1989—   |               |
| Valleys Programme for economic regeneration in South Wales, 1988—          |               |
| Team Care Valleys—strengthening practice and research in primary care, 1990— |               |
| Nuffield Centre for Health Care Evaluation, UW College of Medicine, 1989—  |               |
| Wales/Lesotho Collaboration in health development, 1985—                   |               |
| Wales/Hungary Collaboration in health promotion, 1990—                     |               |
| World Bank Consultancies for Polish health reforms, 1990—                  |               |
| Welsh Health Development International overseas consultancy, 1990—         |               |
| Institute for Health Informatics, UW College of Aberystwyth, 1990—         |               |
| Dental Information and Research Unit, UW College of Bangor, 1990—          |               |
| Centre for Research into Environment and Health, St. Davids College, Lampeter, 1988— |               |
| Welsh Committee on Alcohol Misuse—providing strategic advice, 1990—        |               |
| Cardiff City Council Environmental Strategy, 1990—                        |               |
| World Health Organisation Collaborating Centre for Health Promotion and Health Education Development, 1992— |               |

Social geography is important

Wales’ physical geography hardly lends itself to this sort of interaction. The mass of the population is situated in the south. The road and railways relate to England and run east–west not north–south. The physical infrastructure actually works against a united Welsh nation. The social structure is also complex and certainly not homogeneous. There are proportionally more unskilled households than in the UK as a whole. They are often isolated from middle class diffusion points and situated in declining industrial areas such as the South Wales valleys. There are also many dis-
tinct and separate social groups. The Welsh people are, in fact, quite pluralistic, representing the different waves of migration through the ages—the most recent being the Japanese.

Media communications, however, are more favourable. There are distinct Welsh newspapers, radio and television. The population is also small, comprising three million, and as a result the key decision makers know each other. Wales may well have an advantage in terms of communications and population size perhaps summed up as ‘large enough to cope but small enough to care’.

Wales is not a rich country. Agriculture is dominant in some parts of Wales and these farming communities are hard pressed at the moment. Over the past year, seasonally adjusted unemployment has risen from 7.4% to 9.5%. Disposable household income in Wales is the second lowest in the UK after Northern Ireland. In 1980 average earnings in Wales were 95% of the UK average. In 1990 it had decreased to 90%. Great variation in wealth across Wales is demonstrated by the housing stock. In some areas such as the Rhondda, one in ten houses does not even have basic amenities such as an inside toilet or bath. There have been considerable efforts to rejuvenate the Welsh economy in recent years. In 1991, 22% of inward investment in the UK was in Wales.

Resources spent on public services are not more favourable than in many other parts of the UK—indeed less than in Scotland and Northern Ireland. But like those territories Wales does not have the benefits of coterminous organisational structures. There are many advantages that come from the territorial state department: the Welsh Office is responsible for a wide range of sectors such as education, housing, industry and health. There is also another important ingredient— the Welsh people themselves.

Welshness supports action

Wales has a rich and dramatic history. The Welsh language, said to be the oldest living language in the world, is spoken by more than a fifth of the population. All newcomers to Wales are impressed by the culture, identity, self esteem and sense of community that pervades Welsh life. *Hwyl* is a word that portrays the Welsh spirit. It is hard to describe—joy, life, spontaneity, enthusiasm, courage.

Perhaps it is no coincidence that a Welsh politician, David Lloyd George, introduced national insurance or that another Welsh politician, Aneurin Bevan, introduced the National Health Service. Leadership has been an important factor in these recent developments. Effective leadership means working more smartly and quickly [12]. The essential ingredients can be illustrated by using the words ‘SMART’ and ‘QUICK’ as acronyms, ie Strategic, Moral, Articulate, Results-focused, Team Centred; and Questioning, Utilitarian, Ideas, Courage, Kidding.

The most important explanations for the health innovations in Wales appear to be media communications, population size, governmental structures, leadership, the Welsh peoples’ sense of community and their *hwyl*.

Lessons for the UK

If there is merit in greater autonomy for the regions of England and more opportunity for independent regional activity, then there are also difficulties. The difficulties of spreading oneself too thinly—having the width but not the depth. This calls for appropriate support and services from the UK as a whole—for example in health research and development, in health intelligence, and in health strategy and policy formulation. Health is an international issue. Wales surely must be situated within a UK-wide framework for better health, and the UK within an European one.

Every level has a role to play in health promotion. But the bias should be to delegate downwards. In service terms that means all the way down to primary care level. In the past Britain has been guilty of keeping the authority at one level too high. The NHS reforms go some way towards improving this. Nevertheless those in public health must guard against being distracted from the key and essential role of championing the health of the people. Service specifications, extra-contractual referrals, NHS trust applications and the like, must surely be set in context with this overall mission.

Health authorities as purchasers have a valuable and unique role in public advocacy that cannot be contracted out to trusts and units. The UK needs ‘smart’ and ‘quick’ public health practitioners at all levels, who work in unison no matter what background, profession or discipline.

What then are the challenges facing public health in the future? Of the many, just two will be mentioned—children and environments.

Children: fit for the future

Like the rest of the UK, a major challenge facing Wales is to safeguard and promote the health of young people. The majority of physical diseases, psychiatric problems and social disorders of adults have their roots in childhood and yet here progress has been disappointing. For example, by the time young Welsh people leave school, one in four boys and one in three girls will be smokers.

Alcohol misuse is also a growing problem, evident from the large number reporting drunkenness (Fig. 7). There are other worrying indicators such as the increase in teenage pregnancy and the problems of drugs misuse. If we in Britain are serious about promoting the health of young people we need to understand the reasons *why* and address the determinants of ill health.
Targeting interventions on the ‘victims’ is futile when they are merely the products of their environments (Fig 8). The Royal College of Physicians working party on teenage smoking has proposed a much more comprehensive approach. Health education programmes for children cannot hope to neutralise the pressures to smoke when these are so persuasive and substantial.

Increasingly, health promotion needs to focus further down the causal chain. This does not mean that entry points like heart disease, AIDS, and drugs should not be used to win political and community support or that action should not take place at all the various levels; rather that actions should not just stay at one level but increasingly move downwards and broaden so that work will also assist other health gain areas. Indeed, this is very much the strategy of the Health Promotion Authority for Wales. Personal, social and environmental factors should be the battle ground for the next century.

Caring for the Earth

Britain needs to recognise the increasing threats from environmental destruction and the impact on health [13]. Air pollution promotes respiratory illness, polluted water causes sickness, noise at work deafens, ozone depletion results in skin cancer. These are only a fraction of the problems when considering the health disasters that may occur from the world’s population doubling in the next 60 years. This will be at a time when a third of the world’s agricultural land could become either flooded or turned to desert through global warming. Famine and wars are on the horizon.

At last health workers are becoming aware of these issues [14]. Public health needs to be smart and quick and become environmentally literate. We should embrace an ecological model of health that recognises the inextricable links between people and their physical and social environment. One of the lessons from the environmental and development movements is that action can and needs to start locally [15]. Work at grass roots can initiate a snowball effect involving larger and larger populations seeking improvements. We too should participate in this.

The health services need to promote healthy environments as much as healthy lifestyles. Environmental aspects are now included in the Healthy Hospitals Award Scheme. The Welsh Health Planning Forum will soon produce a protocol on healthy environments for the NHS. The Health Promotion Authority is encouraging healthy environments through the Health for All in Wales strategy. The Welsh Office has set up a special Environmental Health Group and the University of Wales has a centre for research into the environment and health at Lampeter. Local government environmental strategies are emerging too, as for example in Cardiff.

Public health advocacy

We in public health need to understand and support measures likely to safeguard the environment and provide for sustainable living. In 20 years’ the slogan ‘Health for all by the year 2000’, which has a somewhat human-centric ring, should have been replaced by ‘Health for environments by the year 2022’. That year will be the fiftieth anniversary of the Faculty of Public Health Medicine.

The Faculty has already made a contribution in this area through the UK Levels of Health Working Party and through the work of the Health Promotion Committee, for the example the report on housing and health.

Public health advocacy is an important role for bodies such as the Faculty of Public Health Medicine, the Royal Colleges and the public health coalitions that are now emerging. We should be excited and cautiously optimistic about the changes we are now witnessing in public health.
Youth Life Wales Award Scheme

Ending on the theme of children and environments, I am pleased to say that the stipend graciously provided by the Nuffield Provincial Hospitals Trust for this lecture will be used to establish a special award scheme. The Youth Life Award Scheme is designed to encourage and recognise the contributions of young people to health promotion in the community—for themselves and others. Organised through the Health Promotion Authority, certificates and medals will be awarded annually for worthwhile projects and initiatives in Wales.

I have no doubt that the organisations and the people of Wales will continue to promote health into the 21st century; for in Wales the proverb is true ‘Success has many parents, failure is an orphan’.

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