

Surveys on salad? Dumb PR

PR is ideally placed to help align healthy public behaviours with fundamental human needs

In the 1920s Edward Bernays, often described as the father of modern PR, pulled off the greatest public health campaign of all time. The US tobacco industry had identified a problem: women didn't smoke as much as men. Apparently it wasn't considered ladylike, especially in public. Naturally, this state of affairs could not be allowed to continue.

Bernays' solution was brilliant. He famously arranged for legions of women to march through New York holding aloft cigarettes, dubbed 'torches of freedom'. With one stroke of genius, Bernays equated cigarettes with women's suffrage and his actions paved the way for generations of women to smoke in public with pride and confidence.

Bernays probably didn't know he was perpetrating one of the greatest public health crimes of all time (the studies that established the link between smoking and cancer wouldn't be published for 20 years), but the episode should nevertheless be an inspiration to anyone involved in public health communications today.

If PR can be used so powerfully to promote smoking, why can't it do just as good a job in persuading people to kick the habit, or to get their heart checked out, or to cut down on saturates – or to achieve any one of the Government's public health goals?

Sadly, the PR profession has seldom matched Bernays' talent for finding the common ground between desired consumer behaviours and basic human needs. Today, public health campaigning is based largely on a linear model that supposes if you communicate hazard, people will adjust their behaviour and reduce risk. Infuriatingly, people aren't that rational. In fact, there often seems to be an inverse relationship between the magnitude of risk and the scale of behavioural change. Sensationalist reporting of low-level risks may be partly to blame, but so is a leaden app-



roach to public health promotion. We need to rediscover Bernays' genius.

To be fair, it has long been acknowledged that promoting a benefit can be more productive than wagging the finger. Over the years several campaigns have, for example, sought to associate smoking with reduced sex appeal. But these approaches are no more successful than death-and-disaster advertising campaigns with their lurid images of tarred-up lungs and heart-rending tales of kids contemplating the imminent death of their 40-a-day mum. Of course, these campaigns didn't have the desired effect and legislation has intervened. A different approach is needed.

In Norfolk, a quiet revolution is taking place. Groups of people are getting together regularly for a nice long walk. It doesn't sound very exciting, but public health professionals should take note because what the participants say is very revealing. They know that working up a bit of sweat a few times a week

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reduces the risk of heart disease. But they're walking for a different reason: companionship. The Active Norfolk scheme meets a fundamental human need – and that's why it is working.

Strange as it sounds, staying healthy is not a fundamental human need. Unless we are ill or fear that we are ill, few of us lie awake at night fretting about our health. But we do worry about being loved. We wonder how popular we are. We question whether we have the

respect of our peers. While public health advertising is stuck in the linear world of risk communication, PR can work through the media, internet and blogosphere to align healthy behaviours with fundamental human motivations.

There is a smart way of creating these kinds of associations, and a dumb way. A survey that reveals women find men who eat salad irresistibly sexy is the dumb way. Worthy as such endeavours are, they're no better than the shock-and-awe tactics of public health advertising. We don't need surveys; we need symbols that create connections in people's minds between healthy behaviours and the fulfilment of fundamental human needs. Only when health promotion pays as much regard to respect, popularity and desirability as it does to diet, exercise and screening will we see real changes taking place.

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