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Dear Editor,

Sport and Arts- Important Settings for Health Improvement

Davies paper in PIPH reports that arts settings were more effective than sports settings for promoting anti-smoking messages [1]. Whilst appreciating the reported differences, we can see that synergies exist between the two settings. Importantly, like the arts settings, sporting settings vary considerably in size and type and this is also true when considering their application for health improvement. For instance, consider three levels of sporting settings for delivering health improvement interventions. Firstly, international programmes, such as the European Healthy Stadia Network which aims to improve the health of fans and supporters through a range of interventions and policies [2]. Secondly, national programmes for health improvement [3] including, those for so called 'hard-to-engage' groups [4]. Thirdly, local community centred activities commissioned and supported by health improvement agencies [5]. Evidence suggests that health improvement activities in sporting settings can be effective in producing clinically significant and cost-effective outcomes [4]. Like the arts and indeed any setting, delivering health improvement in sports clubs is not without its challenges. Curran and colleagues have reported difficulties associated with delivering 'smoking cessation' activities on match days in the English Premier Football League, resulting in the disruption of interventions and ridicule of those providing the activities [6]. Spectatorship at sporting events can be associated with unhealthy behaviours and on match days some participants may be reluctant to have their entertainment interrupted with health messages [6]. Further, health improvement programmes may not always sit comfortably with the commercial interests of sports clubs, such as the sales of fast food and beverages. Davies and colleagues report that those engaging the arts present with a combination of healthy and unhealthy behaviours [1]. This is no different from those adopting health activities delivered in sports settings, where participants can demonstrate multiple risk factors for CVD [7]. Like the arts, sporting settings provide a culturally acceptable medium to engage participants with health improvement opportunities. Both settings also demonstrate the potential to recruit different demographic groups, the Davies study was dominated by women under 30. In sport, Extra Time, was a national programme of physical and social activity delivered in professional football clubs. Activities delivered in club stadia/community facilities were engaged by adults aged 50-85 years and more women than men adopted interventions! [8] Premier League Health, a bespoke men's health programme delivered in 16 professional football clubs was dominated by men 18-44 years, including constituents not engaging traditional health services and as such, referred to as 'hard-to-engage' [6-7]. Like the arts, sporting settings provide local community based opportunities to engage a range of groups. While the arts or sports may not be everyone's leisure or cultural bag, both are important channels to connect people with health improvement opportunities [9].

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