

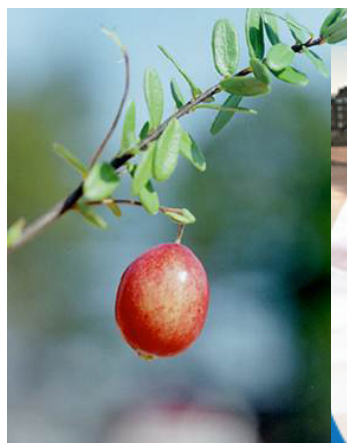
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# SCPHRP NEWS AND UPDATES

## Comment From John Frank, Director



As the end of 2012 approaches, we at the Scottish Collaboration for Public Health Research and Policy send you our heartiest greetings for the holiday season and the New Year. At last we are comfortably ensconced in our refurbished new University of Edinburgh offices at **20 West Richmond St., Edinburgh (east end of the second floor of the Mackenzie Medical Centre)**. The University has been a generous and effective new host organisation for us, as we transferred to it from the MRC organisationally and

physically, in July/August – part of the UK-wide MRC policy to reduce its administrative costs through the transformation of its far-flung Units to local universities, where they still receive MRC core-science funding, but are administered by universities.

We are delighted to be in the process of planning our next five years of operations, pending successful international peer-review of the 100+ page 2013-18 Renewal Bid which we submitted to our funders, MRC and CSO, in late September. The final outcome of that process should be known by March 2013.

This issue of the MAGAZINE contains newsy articles by our senior Fellows Rosemary Geddes, Helen Frost, John Mooney, and John McAteer as well as our newly arrived Fellow Larry Doi, and our Senior Scientific Advisor Dr. Ruth Jepson – and contributions from some of our many partner organisations across Scotland, involved in projects to improve Scottish health equitably. We hope you enjoy reading it.

## Recent Publications from members of SCPHRP

Fuller, C., Michie, S., Savage, J., **McAteer, J.**, Besser, S., Charlett, A., Hayward, A., Cookson, B.D., Cooper, B.S., Duckworth, G., Jeanes, A., Roberts, J., Teare, L., Stone, S. (2012). The Feedback Intervention Trial (FIT) - improving hand-hygiene compliance in UK healthcare workers: a stepped wedge cluster randomised controlled trial. PLOS ONE, 7, 10, e41617.  
doi:10.1371/journal.pone.0041617

Stone, S., Fuller, C., Michie, S., **McAteer, J.**, Charlett, A. (2012). What is the optimal period for measuring hand-hygiene compliance: are longer periods better than 20 minutes? Infection Control and Hospital Epidemiology, 33, 11, 1174-76

**Frost, H; Geddes, R;** Haw, S; **Jackson, CA.; Jepson, R; Mooney, J.; Frank, J** Experiences of knowledge brokering for evidence-informed public health policy and practice: three years of the Scottish Collaboration for Public Health Research and Policy. Evidence & Policy: A Journal of Research, Debate and Practice, Volume 8, Number 3, August 2012, pp. 347-359(13)

James Taylor, Tessa Parkes, Sally Haw, **Ruth Jepson** Military veterans with mental health problems: a protocol for a systematic review to identify whether they have an additional risk of contact with criminal justice systems compared with other veterans groups. Systematic Reviews (2012) in press

Ring N, **Jepson R**, Pinnock H, Wilson C, Hoskins G, Wyke S, Sheikh A. Developing novel evidence-based interventions to promote asthma action plan use: a cross-study synthesis of evidence from randomised controlled trials and qualitative studies. Trials (2012) 13:216  
<http://www.trialsjournal.com/content/13/1/216>

**Ruth Jepson**, Fiona M Harris, Alison Bowes, Roma Robertson, Ghizala Avan and Aziz Sheikh Physical activity in South Asians: an in-depth qualitative study to explore motivations and facilitators PLoS ONE (2012)  
<http://dx.plos.org/10.1371/journal.pone.0045333>

**Jepson RG**, Craig JC. Cranberries for preventing urinary tract infections. Cochrane Database of Systematic Reviews, 2012 Article Number: CD001321

For a full SCPHRP publication list please visit our website [www.scpgrp.ac.uk](http://www.scpgrp.ac.uk)

You can also follow us on twitter - @scphrp

## WEBSITE UPDATE

SCPHRP's Renee Ingram has been working on further developing our website. It is now easier to access all SCPHRP publications, news and events – including presentations and video of previous events.

Go to <https://www.scpgrp.ac.uk/> to take a look for yourself. For any information regarding our website please contact Renee at [renee.ingram@ed.ac.uk](mailto:renee.ingram@ed.ac.uk)





# Welcome Larry Doi - SCPHRP's New Research Fellow

Larry joined SCPHRP in the beginning of October 2012. He is the research fellow for the Early Life Working group and is currently the principal investigator on a SCPHRP led Exercise Referral Schemes project.

**Exercise Referral Schemes** aim to treat or prevent ill health in individuals who have or are at risk of ill health by encouraging participation in physical activity for the improvement of health and well-being. Individuals could be referred to the schemes by their primary or secondary care provider. The project is being conducted in collaboration with Xcite West Lothian Leisure, The Conservation Volunteers and the Community Greenspace team of West Lothian Council. It is a feasibility randomised controlled trial which will be looking at whether there are differences in the effectiveness of indoor versus outdoor exercise, and whether the different settings confer different health benefits. Larry is also developing evaluation training materials that will be used by SCPHRP (and will also be accessible on our website [www.scpgrp.ac.uk](http://www.scpgrp.ac.uk)) to train public health personnel who wish to learn and adopt other novel ways of developing and evaluating public health interventions in order to maximize the impacts of their programs. For example, the materials could be used to offer ongoing evaluation support for third sector organisations involved in the delivering ABIs in wider settings.



*Larry and family at his graduation at Stirling University, December 2012*



*Larry at his graduation at Stirling University, December 2012*

Larry began his education in Ghana and completed his first degree with honours in Biology at the University of Cape Coast, Ghana. He followed his childhood ambition by applying and gaining admission to study for a master's degree in Public Health Research at the University of Edinburgh. Being from a developing country, the international student fees of over £12,000 was a real threat to the realization of his dream. However, he received great financial support from his family in Ghana and also worked part-time to support himself whilst undertaking his studies. Larry completed his master's degree in 2006 with merit.

After working briefly with Pilton Community Health Project in Edinburgh, he was awarded a scholarship by the School of Nursing, Midwifery and Health, University of Stirling to study for a PhD in Public Health, which he successfully completed in March 2012.

Larry has eight siblings and enjoys very much being the fifth. In a typical African family, the older siblings support (both physically and financially) their parents to bring up younger siblings and it is great to have benefited from such a wonderful system. Larry says "Where you are unable to meet this obligation, you are generally considered a failure in the society. I am glad to say that I have fulfilled my part of this commission as I also had to financially support my three younger siblings through University education in Ghana. Thankfully, they have all got jobs now so I can focus on my little family here." Larry is married to Anita and they have two lovely kids, Jason and Zoe Amanda.

Larry is also an active member of his local church where he is the head of finance and is also on the church advisory board. "I like playing and watching football, but since I broke my ankle in May 2012 whilst playing, I have now resorted only to watching as I have sadly realized that it is never going to be a career option for me. I am a Chelsea and Rangers fan though!"

# Cranberries for preventing urinary tract infections: a Cochrane review

Ruth Jepson from SCPHRP recently updated this review

**Cranberries** (particularly in the form of cranberry juice) have been used widely for several decades to prevent and treat urinary-tract-infections (UTIs). Cranberries comprise nearly 90% water, but also contain various organic substances such as quinic acid, malic acid and citric acid as well as glucose and fructose. Until recently, it was suggested that the quinic acid caused large amounts of hippuric acid to be excreted in the urine which then acted as an antibacterial agent. **Several studies, however, have shown no difference in the levels, or only a transient effect thus casting some doubt on this theory.** No definitive mechanism of action has been established for cranberry in the prevention or treatment of UTIs. However, research suggests that cranberries prevent bacteria (particularly *Escherichia coli*) from adhering to uroepithelial cells that line the wall of the bladder. It is important to note that there have been no mechanism of action established for cranberries in the treatment of UTIs, nor have any studies been undertaken.

This updated review includes a total of 24 studies (six cross-over studies, 11 parallel group studies with two arms; five with three arms, and two studies with a factorial design) with a total of 4473 participants. Ten studies were included in the 2008 update, and 14 studies have been added to this update. Thirteen studies (2380 participants) evaluated

only cranberry juice/concentrate; nine studies (1032 participants) evaluated only cranberry tablets/capsules; one study compared cranberry juice and tablets; and one study compared cranberry capsules and tablets. The comparison/control arms were placebo, no treatment, water, methenamine hippurate, antibiotics, or lactobacillus. Data included in the meta-analyses showed that, compared with placebo, water or not treatment, cranberry products did not significantly reduce the occurrence of symptomatic UTI overall (RR 0.86, 95% CI 0.71 to 1.04) or for any the subgroups: women with recurrent UTIs (RR 0.74, 95% CI 0.42 to 1.31); older people (RR 0.75, 95% CI 0.39 to 1.44); pregnant women (RR 1.04, 95% CI 0.97 to 1.17); children with recurrent UTI (RR 0.48, 95% CI 0.19 to 1.22); cancer patients (RR 1.15 95% CI 0.75 to 1.77); or people with neuropathic bladder or spinal injury (RR 0.95, 95% CI: 0.75 to 1.20). Overall heterogeneity was moderate ( $I^2 = 55\%$ ). The effectiveness of cranberry was not significantly different to antibiotics for women (RR 1.31, 95% CI 0.85, 2.02) and children (RR 0.69 95% CI 0.32 to 1.51).

Many studies reported low compliance and high withdrawal/dropout problems which they attributed to palatability/acceptability of the products, primarily the cranberry juice. Most studies of other cranberry products (tablets and capsules) did not report how much of the 'active' ingredient the product contained, and therefore the products may not have had enough potency to

be effective. Prior to the current update it appeared there was some evidence that cranberry juice may decrease the number of symptomatic UTIs over a 12 month period, particularly for women with recurrent UTIs. The addition of 14 further studies suggests that cranberry juice is less effective than previously indicated. **Although some of the small studies demonstrated a small benefit for women with recurrent UTIs, there were no statistically significant differences when the results of a much larger study were included.**

Cranberry products were not significantly different to antibiotics for preventing UTIs in three small studies.

Given the large number of dropouts/withdrawals from studies (mainly attributed to the acceptability of consuming cranberry products particularly juice, over long periods), and the evidence that the benefit for preventing UTI is small, cranberry juice cannot currently be recommended for the prevention of UTIs. Other preparations (such as powders) need to be quantified using standardised methods to ensure the potency, and contain enough of the 'active' ingredient, before being evaluated in clinical studies or recommended for use.

## Sources

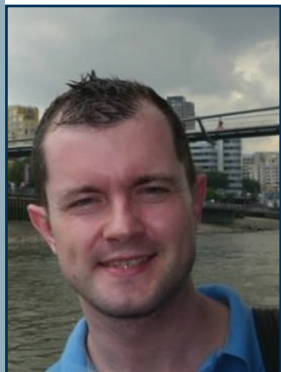
Review: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001321.pub5/abstract;jsessionid=21DDAB01897C8622FB56820D17865935.d01103>

Podcast: <http://www.cochrane.org/podcasts/issue-10-october-2012/cranberries-preventing-urinary-tract-infections>



# THE YOUNG STAND AWARDS scheme

Tuesday 19th February, Edinburgh, John McAteer gives an update



Much alcohol and substance misuse prevention for young people in Scotland is delivered through third sector organisations. It is, however, unclear what practices are being used and to what extent these are being evaluated. The adolescence and young adulthood working group identified this as a topic for further investigation in May 2012.

The Young STAND (Scots Tackling Alcohol and Drugs) Awards scheme is a joint initiative led by **Mentor** (Heather McVeigh) and the SCPHRP (Ruth Jepson, John McAteer). **STAND** aims to provide a forum for sharing practices, to promote a culture of research and evaluation and to develop a collaborative network across alcohol and substance misuse prevention projects for young people in Scotland. Additionally, STAND aims to support the provision of effective alcohol and substance misuse prevention projects for young people and to give public recognition for promising practices.

Winners of the scheme will receive mentoring/practical consultancy support from Mentor and SCPHRP. This support will help to develop, share, and embed effective practices from the award winning projects.

Which projects should apply?

Applicants to the awards should be 'grass roots' projects working in the area of alcohol and substance misuse prevention – everything from after school clubs, sports schemes, schools projects, to mentoring projects. Young people should be involved in the development and/or delivery of projects. Project award winners will be selected from each of the following categories:

- Schools
- Communities

Applications can be filled in electronically on the SCPHRP website - <https://www.scpgrp.ac.uk/stand> or <http://www.mentoruk.org.uk/mentorworks/scotland/the-young-stand-award-2013/>

The closing date for applications is **Friday 4th January 2013**. Shortlisted projects will be decided by a panel consisting of representatives from SCPHRP, Mentor, NHS Health Scotland, and Young Scot.

Shortlisted applicants will be invited to an awards event on Tuesday 19th February from 9.30am – 3pm in Edinburgh. The event will be focused upon evaluation and knowledge sharing between projects. The network developed through the awards scheme will provide a forum for future development of collaborative projects.

*If you can think of any projects that may be eligible for the STAND awards scheme, please encourage them to apply at [www.scpgrp.ac.uk](http://www.scpgrp.ac.uk).*

**STAND** YOUNG SCOTS TACKLING ALCOHOL AND DRUGS

Mentor Scotland runs programmes to protect children from alcohol and drugs. They give young people knowledge, skills and self confidence and help parents and carers to reinforce effective messages.

Mentor Scotland work in different communities across Scotland, wherever there are young people: with schools, youth projects and vulnerable young people who may not be in formal education, training or employment and who may be young offenders.

Partners include local support groups and national charities, whoever can best help us make a difference to young lives. Programmes are rooted in evidence based research and their projects are independently evaluated.



*When I saw the advertisement I felt that this would give me the right challenge and opportunity to use all my skills and enable me to help take forward and shape a new service in Scotland*

*Heather McVeigh*



**Mentor**

For further information about the award scheme please go to our website [www.scpgrp.ac.uk](http://www.scpgrp.ac.uk)

# THE YOUNG STAND AWARDS scheme

*Tuesday 19th February, Edinburgh, An Interview with Heather McVeigh*

**H**eather McVeigh is the Manager for the Scottish branch of Mentor UK. Heather is also a member of SCPHRP's Adolescence and Young Adulthood working group. John McAteer caught up with Heather to find out more about her and her work..

## **How did you get involved with Mentor?**

I began my career as a lawyer dealing with family and criminal law cases however decided to move into the voluntary sector to make a difference. I have worked with organisations such as Sacro and Apex addressing the rehabilitation needs of offenders in the community and within Edinburgh and Polmont Prisons developing a number of substance misuse programmes to meet needs. In undertaking my roles I enjoyed sharing my practice and feeding in to stakeholder and government meetings and this led to a desire to be more involved in helping shape policy. When I saw the advertisement for the Scotland Manager for Mentor I felt that this would give me the right challenge and opportunity to use all my skills and enable me to help take forward and shape a new service in Scotland

## **What's the most rewarding thing about your job?**

While my role is very strategic I do love the fact that I get the opportunity to get my hands dirty, working and supporting the various projects we support and have developed. This has enabled me to work closely with managers, practitioners, volunteers and young people. At this time within our prison project, Breaking Out and our Kinship Care project I am getting the opportunity to work closely with the young people to develop projects that are meeting their needs. The time spent with these young people is fantastic and watching them learn new skills and have opportunities to meet new friends and try activities that they would never have access to is brilliant. My desk is currently surrounded by pictures and cards that have been made for me to say thanks and when you are having a bad day they certainly put a smile on my face.

## **What projects are Mentor currently involved in at the moment?**

Mentor are currently running two big projects. One is Breaking out which is using the model of peer support

to improve the quality of substance misuse education and enhance and improve practical and personal developmental skills to empower young people within HMP Polmont YOI. We have recruited 20 young men within the establishment who are on a 12 week training course which will enable them to learn more about peer education, alcohol and equip them to develop a alcohol education programme which they in turn will deliver to other prisoners. Following this the young men can then choose to be part of a development group which will look at volunteering with agencies and developing strategies to help support other young offenders. All this work is accredited through the Dynamic Youth Awards and the Youth Achievement Awards

Our second project is our Families Together Kinship Care project which leads on from our last 4 years of research and support with kinship carers. This is a 3 year project which is based in East Lothian, Midlothian and Edinburgh which aims to work with the local authorities to help provide dedicated support to kinship care families to help build resilience and improve family relationships. We support carers through support, training, advocacy and we also take the children out on activities, building up peer support for them and also provide them support and training.

## **How does STAND fit into the work of Mentor?**

Everyday we are constantly bombarded with statistics of the costs, deaths, and the impact of how alcohol and drugs affect society. In response money is being spent on things such as decriminalisation, minimum unit pricing however until we invest in proven programmes to protect our children from the consequences of substance misuse, we will be forever seeking more treatments, more laws and more excuses. Subsequently one of Mentor's key strategic aims is to promote, share and campaign for evidence based models of good practice. Within that we wish for:



- Every young person in Scotland has increased access to evidenced based substance education
- Increase knowledge and understanding of prevention by key stakeholders
- Provide a comprehensive database on prevention programmes across Scotland
- Increased awareness and use of prevention programmes within youth organisations

The Young STAND Awards then leads on from our CHAMP awards that enables Mentor to provide an opportunity for projects to share learning and good practice and be awarded for their hard work. The voluntary sector in particular are not very good at sharing practice often due to financial restraints and so Mentor feels that this is an opportunity for organisations to share their work and also be rewarded for it. We are absolutely delighted that we are able to partnership work with SCPHRP in taking this forward.

## **And finally..What are your plans for Christmas?**

To tell you the truth I am not sure yet – my husband and I have not made up our minds but we will probably pack up our belongings and our dog and take the ferry over to Ireland to spend the time with my family which is always mayhem with lots of kids running around with a very crazy dog in the mix. Then it will be back over to Edinburgh for Hogmanay for a house party.



# YOUNG PEOPLE, HEALTH and the ARTS:

## *A novel approach*

Following on from the article in the last issue regarding Lisa Nicoll and the film *Wasteland*, Lisa is now working in partnership with SCPHRP, the Lyceum Theatre and Armadale Youth Space to create a new film with teenagers on the area of mental health and well being. This film will be filmed and recorded in January 2013 on locations in West Lothian.



The research process will take place over eight weeks with teenagers from Armadale Youth Space. The group who are working on the film project are ten young people aged between 16 and 18 who have left school but who are not in any kind of employment or further education. These young people attend a day session at Armadale Youth Space where they learn life skills such as cooking, develop social skills and explore various health issues that are relevant to them.

After the initial workshops researching and developing the film, the film will be pulled together and written by Lisa. Lisa will write specific parts for the young people taking into account their skills, confidence, literacy level and self esteem so that they feel comfortable with what they have to film but are still challenged.

Throughout this whole process SCPHRP aim to research the methodology and outcomes in a paper titled:

**‘Scottish youths’ experiences participating in a film making drama intervention on the topic of mental health: an interview study’.**

Both the documentary and the film will be shown to support The Royal Lyceum Theatre’s Production in Edinburgh of the play *Taking Over the Asylum* in March 2013. The play directed by artistic director of The Lyceum Mark Thompson and written by Donna Franceschild based on an adaptation of her own classic 90s BBC TV series of the same name set in Glasgow. The play follows Ready Eddie McKenna, soul survivor and double glazing salesman, who arrives to reinvigorate St Jude’s defunct hospital radio station. The whisky-drinking wannabe DJ meets his match among patients who include the 19-year-old bipolar Campbell; the schizophrenic, electronic genius Fergus; the obsessive compulsive Rosalie and the elusive, self-harming Francine. Fighting against mental illness and perceptions of those with mental health problems, Eddie and the patients of St Jude’s strive for their dreams in a struggle to be accepted and celebrated for who they are and what they might be. The play explores areas of mental health and well being and the film will be shown on selected nights alongside the play to support the production. As of yet the film the young people will be performing in does not yet have a name or a story line as this is all still in development. The young people will certainly have to learn to work to deadlines and move quickly to finish tasks!

The young people will be interviewed before, during and after the process and also monitored during the filming process. In addition to the film, a short documentary will be made by Alan Jones to record the whole process and the young people’s developments.



*If you are interested in attending the event, please contact Sam Bain at [samantha.bain@ed.ac.uk](mailto:samantha.bain@ed.ac.uk)*



# YOUNG PEOPLE, HEALTH and the ARTS:

## *A novel approach*

There is the hope that this film will have as much success as Lisa's last film *Wasteland* which was funded by Lanarkshire Alcohol & Drug Partnership and was created and starred young teenagers from the Coatbridge locality.

After the launch in June 2012 the feedback has been exceptional with regards to the acting, creation and execution of the film, with many audience members commenting that it should be shown at a national level on STV. Lisa is showing the film to industry professionals to promote the young people and the film with the hope that there will be future opportunities for the film and the cast and crew. In addition to this North Lanarkshire ADP and Coathill Health Improvement Team are developing a teaching pack to go alongside *Wasteland* which will be implemented into schools in North Lanarkshire in early 2013 with the hope to roll it out at a national level later in the year.

*Wasteland* is available to watch on line at [www.lisanicoll.co.uk](http://www.lisanicoll.co.uk) A Facebook page is also being created so that young people can have easy access to watch the film.

## LISA NICOLL

**T**rained at The Royal Scottish Academy of Music and Drama and East 15 Acting School Lisa has had success as both an actor and writer over the last five years working with the BBC, STV and more recently independently as a writer, director & producer creating short films based on research with teenagers in communities in Scotland with focus on Health & Wellbeing.

These films are written based on the research carried out and turned into short television/film dramas. The teenagers who provide the research also act in the films alongside professional actors.

Completed films produced include *Truth or Dare* & *High Tide*, funded by Community Action Blackburn, *Caked* funded by Health Improvement Team Motherwell, Wishaw & Bellshill, *Shattered Walls* funded by West Lothian Council, *Wasteland* funded by North Lanarkshire Alcohol & Drug Partnership. Films in post - production include *Boxed* funded by West Lothian Council and *Hung Up* funded by Sure Start. Lisa also has commissions for 2012/2013 with Children 1st, North Lanarkshire Council CLD and Armadale Academy.

John Wilson MSP passed a motion in the Scottish Parliament in June 2012 highly commending Lisa's films and their effectiveness as both diversionary projects and promoting health and well-being which has helped give Lisa's work recognition at a national level.



**L**ike her other films the new project with SCPHRP will be based on intensive research and workshops with teenagers to create the basis of the story, characters, locations and possible plot lines which Lisa will then pull together to write the twenty minute film drama which the teenagers will also perform in alongside professional actors. During the process Lisa will create a story creation/development room for the young people to work in where they are able to tell stories and create characters to enable them to talk about mental health in a more creative way without them feeling like they are talking about themselves, their lives and exposing themselves. This process allows them to look at mental health issues, how different life choices can affect an individual and the consequences that can result from decisions & paths that are taken.

Another new film – *The Protector* – created and starring young people from CHILDREN 1ST's Chill Out Zone, Bathgate has just completed filming and will be premiered at The Bathgate Regal Theatre on 18th January 2013 at 7:30pm. This project is supported & funded by Children 1st, Awards for All, West Lothian Council & NHS Lothian.

# Price incentives for healthier vending!

John Mooney spoke to Tracey Graham, managing director and founder of the Glasgow based firm Abercromby Vending Ltd



**T**racey Graham would be the first to admit that vending machine food doesn't exactly enjoy a great press – and is even more rarely associated in the public mind with healthy eating:

## Reheated pasties in remote motorway service stations in the wee small hours

are more in keeping with the standard image that most would recognise. Thanks to the Tracey's small family run firm however – which originated from a 'eureka' moment of how best to combine her brother Thomas's training and experience as a vending machine service engineer with her own passion for wholesome nutritious food that she feels very strongly should be within the reach of everyone's pocket, that may soon all be about to change.

As the only vending based company in Scotland to receive a '**Healthy Living Award**' in recognition of their demonstrated commitment to providing healthy nutritious options within the worksites on which they are based, Abercromby Catering now offers a service to over 30 workplaces in central Scotland. Their client base now includes factory sites, leisure centres and public sector office buildings and they are currently in the process of extending to larger premises. Finding this level of innovation in a vending company was not altogether that surprising for John Mooney, the SCPHRP fellow whose brief has been to find the best evidenced interventions from around the world which could contribute to obesity intervention in adults. Partly as a result of the relatively 'contained' environments in which they are generally found – where there are often few alternative options for purchasing meals and snacks – workplace vending machines are one means

by which relatively well controlled 'natural experiments' can be conducted. Studies like French and colleague's intervention in US bus garages [1], have clearly demonstrated the capacity of modest price incentives to influence purchasing behaviour in an occupational group (namely transport workers), who are known to be at an elevated risk of obesity and weight gain. The discovery that there was already a company with an established recent history of striving to provide healthier vending options in diverse work environments, made Abercromby Vending an obvious partner to investigate the transferability of this type of intervention to Scottish workplace settings.

## "know your target group"

**abercromby**  
THE FRESH FOOD APPROACH TO VENDING

**A**lthough the experimental design has yet to be finalised, four worksites have now been identified which would be suitable to run a time-limited trial to test the effectiveness of price discounts as a means of incentivising choices from the company's healthier product ranges (verified by nutrient-profiling & labelling software). Any differences in the uptake or effectiveness between the four separate sites (e.g. between

different occupational groups), would obviously be of significant interest and worthy of further exploration. Attitudes of the respective employees are also likely to play a significant role. As Tracey commented from her own experience, in a number of the sites serviced by Abercromby, the very notion that a particular product was intended as a "healthier option" would be enough to put some staff off! Some site-specific tailoring of the

intervention therefore looks likely to be a critical component of any progress. The first part of attempting to modify behaviour in a favourable direction (as any self-respecting psychologist will tell you), is to 'know your target group'. By this yardstick, the emphasis on close working with participant sites which this catering company continues to build upon certainly bodes well for finding the most effective means of incentivising healthier vending!

1.French SA, Hannan PJ, Harnack LJ, Mitchell NR, Toomey TL, Gerlach A: Pricing and Availability Intervention in Vending Machines at Four Bus Garages. *Journal of Occupational and Environmental Medicine* 2010, 52(1S):S29-S33 10.1097/JOM.1090b1013e3181c1095c1476.

# A feasibility study of Exercise Referral Scheme: indoor versus outdoor activities

Larry Doi<sup>a</sup>, Ruth Jepson<sup>a,b</sup>, Chris Dickson<sup>c</sup>, David Graham<sup>d</sup>, Judith Keighley<sup>e</sup>, Becky Plunkett<sup>f</sup>, Jen Johnston<sup>f</sup>, Josie Evans<sup>b</sup>, Helen Frost<sup>a</sup>

## Background

Exercise Referral Schemes aim to treat or prevent ill health in individuals who have or are at risk of ill health by encouraging participation in physical activity for the improvement of health and well-being. Individuals could be referred to the schemes by their primary or secondary care provider.

## Aim

The aim of the proposed pilot study is to test the feasibility and acceptability of randomising patients to ERS in either indoor or outdoor activities.

## Setting

The setting is Bathgate in West Lothian. This project is being conducted in collaboration with Xcite Leisure Centre, The Conservation Volunteers and the Community Greenspace team of west Lothian Council.

## Methods

Design: Pilot randomised controlled trial (Phase I), and will also include a process evaluation (Phase II).

## Phase I (pilot RCT)

A **CONSORT** flow diagram for the study. Briefly,

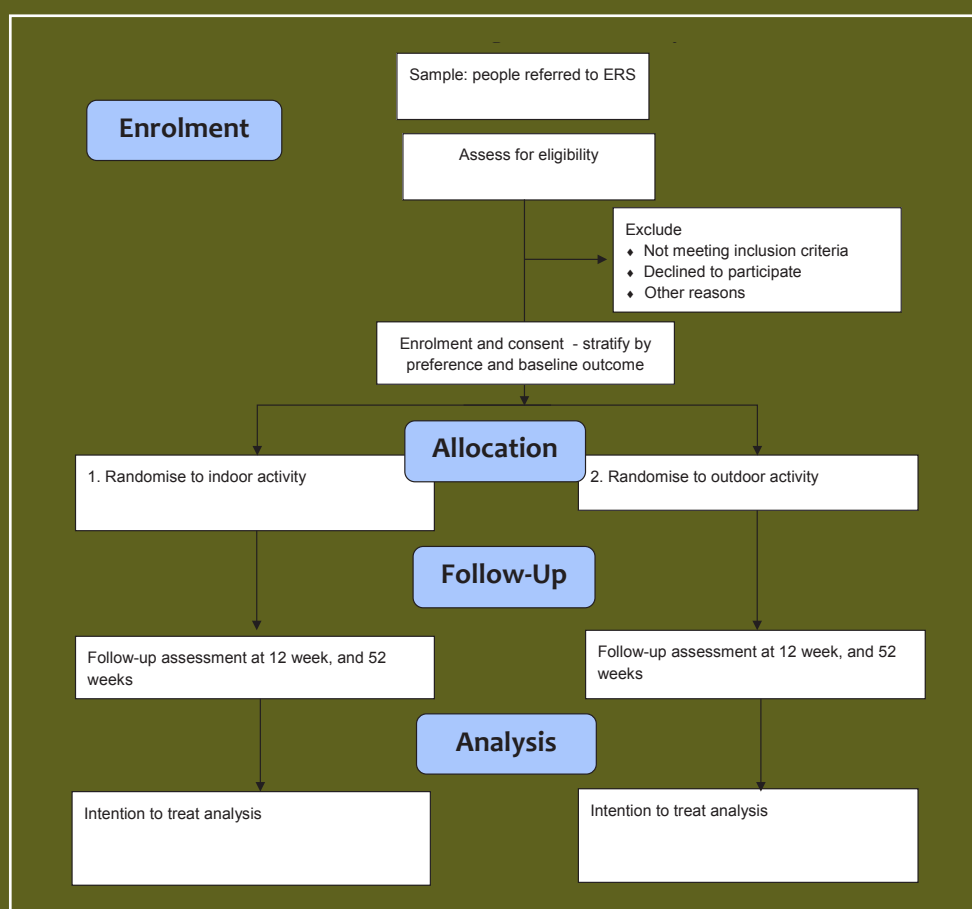
- Indoor ERS (intervention)  
This will be the service that is currently being delivered through the ERS.
- Outdoor ERS (control)  
Intervention to be developed using green gym model but will roughly equate with duration and exercise intensity to the indoor intervention.

## Phase II (Process evaluation)

This will utilise qualitative methods and will:

- test the feasibility and acceptability of the intervention including barriers and facilitators
- explore underlying mechanisms of action (why and how and for whom outdoor and indoor activities have an effect on health and other outcomes)
- determine whether there are particular aspects of the interventions that confer specific health effects for participants.

### CONSORT Flow Diagram for ERS study



For further information about this project, contact Larry Doi, email: [larry.doi@ed.ac.uk](mailto:larry.doi@ed.ac.uk)

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# TAKE 5 minutes

to update your knowledge on screening and alcohol brief interventions as treatment for alcohol problems - *Larry Doi provides an overview of research, policy and practice*



***“they are often delivered using motivational interviewing technique”.***

## Background

Alcohol Brief interventions (ABIs) [often referred to as brief interventions] are time-limited interventions, usually lasting for about 10-15 minutes that focus on assessment, personalised feedback about drinking behaviour, goal setting, behaviour modification strategy and minimal follow-up reinforcement visits or on-going support. ABIs an approach to tackling alcohol problems and are delivered in settings where people have attended for reasons other than alcohol problems but have been identified to have mild to moderate alcohol problems often described as hazardous or harmful. Because of their opportunistic nature, they are often delivered using motivational interviewing techniques. The rationale is that the individual may not have recognised that his/her drinking may be potentially harmful so they need to be motivated to cut down their alcohol intake to within safer drinking guidelines.

## Research on effectiveness

The delivery of ABIs is preceded by the use of appropriate alcohol screening tools to detect risky drinking behaviour. Screening tools are setting-specific and are usually valid when used in the population intended for. There are many validated alcohol screening tools available. For example, the FAST and AUDIT are widely used in primary care and A&E settings to detect alcohol misuse whilst TWEAK and T-ACE are commonly used among antenatal care populations to identify risky drinking in pregnancy. Alcohol brief interventions have been shown to be effective in reducing alcohol consumption in several healthcare settings. They have a long history in primary care and several systematic reviews have showed consistently that they are effective in reducing risky alcohol consumption in this setting. There are also some

evidence that ABIs are effective in general hospital and antenatal care settings. Among A&E populations, current evidence of effectiveness of ABIs is inconclusive in terms of reducing drinking outcomes although they have been found rather effective in reducing subsequent alcohol related injuries.

## Relevant policy and guidelines

Alcohol screening and ABIs have gained significant recognition at the health policy level in recent years because of their relatively inexpensive but effective manner of reducing hazardous and harmful drinking in several population groups. In 2003, the Scottish Intercollegiate Guidelines Network (SIGN 74) recommended that they should be delivered to harmful and hazardous drinkers in primary care settings and possibly, in A&E departments and antenatal

care settings. However, in practice this was rarely the case. But with the Scottish Government's commitment of reducing alcohol consumption and related harm in Scotland, as outlined in the strategy documents, changing Scotland's relationship with alcohol: a framework for action, ABIs assumed the status of HEAT (Health Improvement, Efficiency, Access and Treatment) target in 2008. In the target, the NHS Health Boards in Scotland were required to deliver a cumulative total of 149,449 ABIs between April 2008 and March 2011 in three priority healthcare settings of primary care, A&E and antenatal. The target was originally designed for a period of three years and was intended to lay the foundation for long-term embedding of screening and ABIs into routine practice. This was later extended for a year to an additional delivery of 61,081 ABIs. As all targets have been achieved, ABI delivery is now a HEAT standard.

The ABI HEAT standard for 2012-13 states that:

*NHS Boards and their Alcohol and Drug Partnership partners will sustain and embed alcohol brief interventions in the three priority settings (primary care, A&E, antenatal), in accordance with the SIGN74 Guideline. In addition, they will continue to develop delivery of alcohol brief interventions in wider settings.*

# Evaluating Alcohol Brief Interventions (ABIs) in youth and social work settings

*Ruth Jepson and John McAteer from SCPHRP*

*Garth Reid, Andrew McAuley and Catriona Loots from NHS Health Scotland*

*Sarah Currie from Scottish Government*

*Most of the evidence collected in relation to the effectiveness of ABIs has been gathered in health service settings. There is a lack of evidence for the effectiveness of ABIs delivered in wider settings (i.e. settings that are outside the health service). In Spring 2012, NHS Health Scotland and SCPHRP set up a national programme of work to support evaluations in youth and social work settings specifically.*

## WORKSHOP

An evaluation workshop was held May 28th-29th in Dunblane for those involved in planning, managing and/or delivering ABIs in wider settings. The workshop primarily consisted of group work and networking, led by facilitators and completion of an evaluation workbook. Data collection was identified as a possible barrier to evaluation. The group developed a core minimum dataset in response to this barrier, consisting of age, sex, postcode and primary outcome (i.e. alcohol consumption). Feedback from the two day event was very positive, and we'd like to thank the participants for contributing to its success.

## DATABASE

Following from the workshop, a database was developed to provide an easy method for recording the minimum dataset. The database has functionality to perform basic analyses and to produce graphs and charts for easier interpretation of data. The database has since been distributed to participants on request and will soon be made available on the SCPHRP website [www.scpgrp.ac.uk](http://www.scpgrp.ac.uk).

## ON-GOING ONE ON ONE SUPPORT

Workshop attendees received and some are still receiving face to face, email and telephone mentoring and support. This has been tailored to specific needs, based upon workbook feedback, and focuses primarily upon evaluation design and measurement.

## RESEARCH

NHS Health Scotland has commissioned a piece of research to examine the feasibility and acceptability of conducting ABIs delivered to young people and in social work settings. This research will look at projects identified through the Dunblane workshop and will describe the set-up of projects in detail (e.g. how staff were identified and recruited to deliver, etc), delivery of ABIs (e.g. when, where, and by whom, etc), feasibility (e.g. whether staff are perceived as credible to the target group), and acceptability (e.g. whether individuals who receive an ABI are comfortable talking with staff, etc). It is expected that the findings will be available by end of 2013.



# MINIMUM DATASET





## Rosemary Geddes, former SCPHRP Early Years Fellow presented at the International Society for Social Pediatrics conference September 2012, in St. Andrews.



**T**he theme of this exciting meeting, attended by paediatricians, public health doctors, and others from all over Europe, Russia, Canada, and

Australasia, was “evidence into practice and evidence into policy”. Apart from the wonderful east coast of Fife setting, there were numerous highlights. The first was the contribution of two young people from the organization, Inspector 8, which inspects hospitals in Scotland and offers a child and young person’s perspective. This has created more child-centred services. They participated in a panel with Scotland’s Chief Medical Officer, in which they gave their views on alcohol, drugs, and smoking as well

as on the voting age, and they ran a workshop. A second highlight was the talk by Scotland’s Chief Medical Officer, Harry Burns, on his approach to bringing evidence into Scottish government policy. He explained how seeing the evidence of neglect in the form of child brain pathology brought home to him the importance of early years support. This led him to focus his energies on making sure that government policy sufficiently addressed the early years of life.

**A** further highlight was the excellent joint workshop by Sharon Goldfield from Australia, and Candace Currie from St. Andrew’s university, UK. They reported on the development, implementation and impact of two major data collection programmes that have had a substantial impact on the policy environments for children in their own countries as well as internationally. Candace spoke on the Health Behaviour in School-Aged Children: WHO Cross-National Collaborative Study (HBSC)<sup>1</sup>

which collects standardised national survey data on health and social indicators of children and adolescents every four years in its member countries in Europe and North America. Sharon presented on the Australian Early Development Index (AEDI)<sup>2</sup> which has been adapted from the Canadian Early Development Instrument (EDI) and is a population measure of early childhood development based on the scores from a teacher-completed checklist. This last workshop led nicely to the later presentation by Rosemary on the implementation and results of the EDI pilot in Scotland.



**EARLY DEVELOPMENT INSTRUMENT**  
a population-based measure for communities

**I**n addition to national and international conference presentations, further dissemination of the Scotland EDI pilot results is currently taking place. The EDI results are being presented in different sectors and at different levels locally in East Lothian where more detailed interpretation is essential to allow stakeholders to properly understand and act on the information. This task is being undertaken by the EDI implementation group with members from health, education, and social services, from within East Lothian council and the NHS. The EDI pilot results will then be presented to Scottish Government civil servants at Victoria Quay.

***“Apart from the wonderful east coast of Fife setting, there were numerous highlights”***



<sup>1</sup>Health Behaviour in School-Aged Children: WHO Cross-National Collaborative Study (HBSC) (<http://www.hbsc.org/>)

<sup>2</sup>Australian Early Development Index (AEDI) ([http://www2.rch.org.au/aedi/index.cfm?doc\\_id=13051](http://www2.rch.org.au/aedi/index.cfm?doc_id=13051))



## Dr Helen Frost, from the Later Life Working Group, gives an update on recent projects

### Interpreting health, social and functional outcome data to improve community health activities for older people.



**M**iles Witham and colleagues from Ageing and Health, University of Dundee and SCPHRP have been working on a challenging data linkage project. The team have successfully combined healthcare data (held on 400,000 Tayside residents by the Health Informatics Centre, University of Dundee) and data on 5500 older people admitted to the Dundee Medicine for the Elderly inpatient rehabilitation service between 1999 and 2011. The team are currently undertaking further linkage with social services (30,000 over 65's having contact with Dundee Social Services over the last 20 years). This anonymised dataset is held in a Safe Haven system, which ensures data security, confidentiality, and allows analysis, by researchers, without requiring raw data to leave the Safe Haven. Work is in progress to finalise the data linkage using Multi Institutional Linkage and Anonymisation (a data access and integration procedure developed by Mark McGilchrist

and colleagues<sup>1</sup>), clean and reduce the data and refine the predictive algorithm models. The team will use the database to:

- identify the most important factors that affect the trajectory of functional decline, allowing them to tailor any potential interventions to the needs of older people
- predict future social care need from existing health data
- explore how patterns of social care and community activity affect future health and social care needs.

Following the success of this SCPHRP funded pilot project the team aim to maximise the potential of the combined database and have recently submitted a full application to extend this work, to the Bupa Foundation Medical Research Charity.



<sup>1</sup>McGilchrist M, Sullivan F, Kalra D. Assuring the confidentiality of shared electronic health records. *BMJ* 2007; 335(7632):1223-1224

### Enabling Health and Wellbeing in Later Life. The BRIDGE project

**T**he Building Relationships In Deprived General Practice Environments (BRIDGE) project is in its final stage.

The idea of the project is that general practices can operate as a bridge between older people and resources in local communities. Because they see older people very often, general practices can help make the link between them and the resources that will help them become more physically active and more in touch with people if they want to be. In this project we simply want to design the system – what they need to do – to make this happen.

The project is working participatively with practices in deprived areas where issues of isolation and low physical activity in older people are most prevalent. In the first two stages we worked with general practices and older people to identify the barriers and solutions to general practices working in this way. We also consulted with local and central community providers and experts in the field. A synthesis of the ideas collected at this stage was shared at a co-design event in July. We identified what we think are the five most important ingredients of the system:

- building trusted relationship between the practice and community organisations;
- actively identifying older people who will benefit from the service;
- providing the older person with trusted information;
- where necessary facilitating their introduction to the organisation; and
- establishing mechanisms for follow- up of individuals so that all involved can know how it is working.

Underpinning each of these ingredients was a raft of ideas on

how to make them work. Three practices are currently road testing the system and putting into practice some of these ideas such as, mail shots introducing the service to older people, information endorsed by the practices, a tea party event at the practice attended by older people and community organisations, health walks originating at the practice and practice visits to local community organisations. Follow up of the road test will include analysis of a pro-forma recording reason for entry into the system, recommendations made and success in engaging the older person. Interviews with older people and the practice staff will also be used to explore how acceptable and useful the system has been. The findings are to be shared at a knowledge exchange event in March at which practices will share their experiences of the BRIDGE project with researchers and government, general practice and health agencies.



## How I Survived White-Water Canoeing the Nahanni River: A True Tale from Canada's Sub-Arctic by John Frank (Director)



As you may know, I am Canadian, a breed with some rather peculiar myths about itself. One of these is that white-water canoeing is the ultimate outdoor sport, combining remote wilderness, close team-work, physical fitness and a degree of skill, and – in some situations – “heart in the throat” emotional highs (mostly just before entering rapids!) In August, I was privileged to travel to the far west of Canada’s huge Northwest Territories, to canoe one of my native land’s most beautiful

river canyons, the Nahanni. There, in a seven-day paddle down nearly 200 miles of breath-taking scenery, my middle son and I battled the ancient river’s brawn to emerge – tired but very happy – at the tiny Chipewyan village of Nahanni Butte, together with our eight companion travellers and three guides (all of whom elected to do it on much more comfortable, but much less exciting, giant rafts).

I can recommend this trip to anyone with reasonable canoeing skills, and a yen for adventure in remote settings. The physical beauty of the wildlife and the canyon itself, with its kilometre-high walls, stays with a visitor long after leaving. As is often the case in such experiences, a life-lesson was learned by the two of us, on the last morning of breaking camp, before the Twin Otter flight out. We were so proud of ourselves for taking on all the Class II-III rapids without capsizing, particularly since the water temperature, even in August, is only about 6 degrees. Then, as we climbed into our craft and waited on the river in a calm side-channel, for the rafters to set sail, disaster struck. Instigated by nothing more than a momentary loss of concentration (made worse by the fact that we had had no time for coffee or breakfast that morning, intending to dine on the rafts, en route), I dropped my paddle and reached over a little too far... with the usual result. No damage done to either of us, except for a badly wounded pride – and a resolve to remember that most accidents happen when you least expect them.

### Cranberry Almond Biscotti by Ruth Jepson

They may not help your urinary tract infection, but cranberries do make these great, easy biscotti

#### Ingredients

275g (10 oz) plain flour  
200g (7 oz) caster sugar  
1 teaspoon baking powder

1/2 teaspoon bicarbonate of soda  
2 egg whites  
2 eggs  
1 tablespoon vanilla extract  
50g (2 oz) sliced almonds  
100g (4 oz) dried cranberries

Prep: 20 mins | Cook: 50 mins  
1. Preheat oven to 160 C / Gas mark 3. Line a baking tray with baking parchment.

2. Combine dry ingredients in a medium sized mixing bowl. Whisk together eggs, egg whites and vanilla or almond extract in a separate mixing bowl.

3. Add egg mixture to dry ingredients, mixing just until moist, using

an electric mixer on medium speed. Add dried cranberries and almonds; mix thoroughly.

4. On floured surface, divide batter in half and pat each half into a log approximately 35cm (14 in) long and 4cm (2 in) thick. Place on prepared baking tray and bake 30 minutes or until firm. Cool on a wire rack.

5. Reduce oven temperature to 150 C / Gas mark 2. Cut biscotti into thin slices. Place cut biscottis on a baking tray and bake for an additional 20 minutes.

Let cool and if any left after the first ten minutes, store in a loosely covered container.



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## FEEDBACK

WE ARE VERY KEEN TO RECEIVE FEEDBACK FROM OUR MAGAZINE SO IF YOU HAVE A COMMENT PLEASE LET SAM KNOW AT [samantha.bain@ed.ac.uk](mailto:samantha.bain@ed.ac.uk)

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Here's some jokes which we are not responsible for..

A classic Tommy Cooper gag “I said to the Gym instructor “Can you teach me to do the splits?” He said, “How flexible are you?” I said, “I can’t make Tuesdays”

Who are the best people at the hospital? the ultrasound people

A man walks into a bar with a roll of tarmac under his arm and says: “Pint please, and one for the road.”

My parents used to take me to the pet department and tell me it was a zoo.

BOOm BOOm