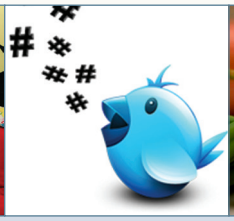
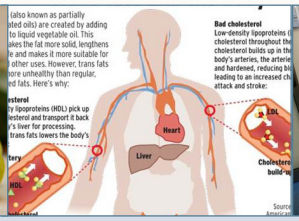
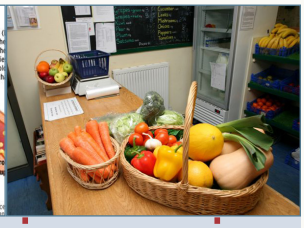
SCPHRP SCOTTISH COLLABORATION FOR PUBLIC HEALTH RESEARCH AND POLICY

SPRING ISSUE 2013

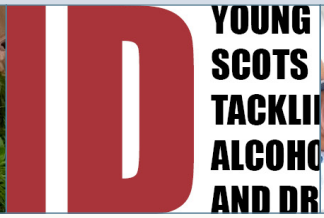
The Collaboration aims to strengthen the evidence base for improving health. Working with researchers and the people using the research to shape policy, the Collaboration seeks to identify opportunities to develop public health interventions that could lead to new policy and programmes to address major health problems.

Identify key areas of opportunity for developing novel public health interventions that equitably address major health problems in Scotland, and move those forward.

Foster collaboration between the Scottish Government, researchers and the public health community to develop a national programme of intervention development, large-scale implementation and robust evaluation.

Build capacity within the public health community for collaborative research of the highest quality, with maximum impact on Scottish policies, programmes and practice



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WWW.SCPHRP.AC.UK

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Comment from John Frank, Director

We are delighted to announce that our funders, MRC and CSO, have recently decided to fund SCPHRP for 2013-18. The six-month application and review process to win this renewal bid was quite robust, culminating with our being interviewed in London in late January, by a panel of eight international experts – who were also reviewing the five CRC Centres of Excellence in Public Health Research across the United Kingdom, a network with a similar mission to that of SCPHRP, but a more diverse set of funders.

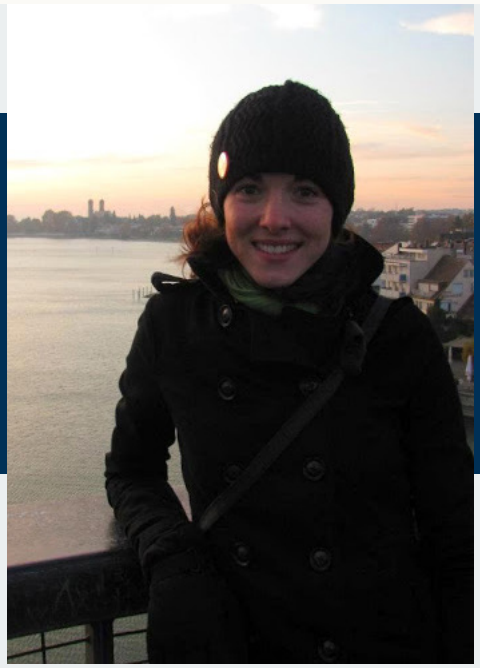
The next step for us, once the formal award letter arrives from the funders, is to advertise nationally for the two new post-doctoral Fellowships funded by the renewal bid, to complement the two continuing Fellows we have hired by competitive search in the last year (Dr John McAteer, our Adolescence and Young Adulthood Fellow, and Dr Larry Doi both of whom were featured in recent issues of this magazine). The two new Fellows will replace departing Fellows hired in 2009 (Dr Helen Frost, who is currently consulting for NHS Health Scotland on initiatives to maintain health and reduce disablement in the elderly; and John Mooney, who has just won a position as Alcohol Policy Research Fellow at the University of Sheffield, in the School of Health and Related Research). Starting later this year, Larry will be the Early Year Working Group Fellow, replacing Dr Rosemary Geddes (who is currently teaching in the Global Health Academy at the University of Edinburgh) and will initially undertake some research on childhood obesity utilising data from the "Growing Up in Scotland" (GUS) cohorts, to inform the Working Group as it develops novel interventions for the obesity pandemic in children.

In the autumn, once our two new post-doctoral Fellows have settled in, we will hold meetings of each of our four Working Groups, refreshed by the addition of the many new stakeholders we have made contact with in the last year. Following the SCPHRP model of jointly "owned" research planning, execution, and utilisation, we will support Working Group members to develop novel public health interventions tailored to Scottish society, and test them in pilots, and then in fully rolled out studies.

STAND YOUNG SCOTS TACKLING ALCOHOL AND DRUGS

Read about the STAND AWARDS on PAGES 4 & 5

Michelle Estradé



Michelle is a new face in the SCHPRP office. She recently began work as a research assistant in the University of Aberdeen's Institute of Applied Health Sciences, with the Public Health Nutrition Group. Michelle lives in Edinburgh and splits her time between Aberdeen and SCPHRP's Edinburgh office, opening the door for valuable collaboration opportunities.

Funded by the Scottish School of Public Health, Michelle is currently designing a study of fast food vendors near secondary schools in low-income areas of Aberdeen, Edinburgh, and Glasgow. Qualitative interviews will be used to explore food vendor attitudes towards healthier menus, as well as barriers to change. This project will contribute to the understanding of how public health institutions can assist food vendors in making positive changes so that new intervention strategies can be developed.

Michelle grew up in the US state of Michigan and studied dietetics and nutritional sciences at Michigan State University. She then completed training to become a registered dietitian and received a master's degree in public health nutrition from Case Western Reserve University. Her most memorable experience there was working on a NASA-funded project about the effects of weightlessness on bone density. "The only way to simulate weightlessness on Earth is to make someone lay horizontally for weeks on end," Michelle explains, "The most extraordinary part was watching the subjects being hung horizontally from the ceiling by an intricate pulley system while they ran on vertical treadmills attached to the wall."

Michelle's real passion for public health and nutrition research, however, began while working on a project to examine mealtime behavior, interaction, and diet quality among low-income mothers and their young children. "It was a moment that opened my eyes to the vast inequalities that exist in our society and made me want to continue in this area," says Michelle, "Public health research may often struggle to influence societal structure and behavioral changes to the extent we'd like, but every drop in the bucket is important; it all counts."

Michelle recently moved to Scotland from Germany, where she had lived since 2010. During their time in Europe, Michelle and her husband, who grew up in South America, judiciously saved up annual leave days for visits to their respective home continents. This gave way to a new hobby: exploring as much of Europe as possible during weekends.

"Those whirlwind excursions were a lot of fun," says Michelle, though their travel habits have changed since moving to Edinburgh. "I think Scotland will keep us quite busy as tourists for a while now".

To get in touch with Michelle you can email her at michelle.estrade@ed.ac.uk

STAND YOUNG SCOTS TACKLING ALCOHOL AND DRUGS

"Such a brilliant day, with great examples of fantastic work across Scotland"

The Young STAND Awards 2013

Promoting young people's involvement and evaluation in alcohol and substance misuse prevention across Scotland

The first Young STAND (Scots Tackling Alcohol and Drugs) Awards event took place on February 19th in Edinburgh at the John McIntyre Conference Centre. STAND was set up by Mentor (Heather McVeigh) and SCPHRP (Ruth Jepson, John McAteer) 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.

Six projects (three community and three school based projects) were shortlisted by a selection panel consisting of representatives from Young Scot (Alison Hardie), NHS Health Scotland (Emma Hogg, Garth Reid), Mentor (Heather McVeigh) and SCPHRP (Ruth Jepson, John McAteer). Projects were shortlisted on the basis of two criteria: use of evaluation; and young people's involvement in project design and delivery.

Communities finalists:
Aberlour Youth Point Glasgow,
The Big ShoutER,
Aberlour Mentoring Services Moray

Schools finalists:
Autumn Falls, DRC Generations,
St Roch's Alcohol Peer Education

The event, chaired by John Frank, was opened with keynote speaker Bruce Ritson from Scottish Health Action on Alcohol Problems (SHAAP). Following an introduction to the awards scheme by Heather McVeigh and John McAteer, we saw the excellent presentations by young people from the finalist projects.

"These young people are inspirational and I can't wait until the next round of awards to see more projects being promoted and rewarded for their hard work."

Heather McVeigh, Mentor Scotland Manager

STAND YOUNG SCOTS TACKLING ALCOHOL AND DRUGS

"We hope that by helping projects evaluate their work, we can really help them show how they have made a difference to the lives of young people."

Two winners were selected by the selection panel, with the help of young people's representative Kandice Wood, and Bruce Ritson from SHAAP. The winners were the Big ShoutER in the communities category, and DRC Generations in the schools category. Winners will receive consultancy from Mentor and SCPHRP to develop projects further. All STAND applicants will be able to access evaluation support via online resources to be made available in Summer 2013.

The Big ShoutER

project is a youth involvement, community research andpeer education project. The key aim of the project is to actively involve young people in decisions affecting them to enable them to become effective contributors, successful learners, confident individuals, and responsible citizens, all of which contribute to and impact upon a young person's physical, mental and emotional health and wellbeing.

The DRC Generations

programme is focused on young people who attend Knightswood, St Thomas Aquinas and Notre Dame High School, and nine local associated primary schools. The project is realistic about the fact that young people experiment, and therefore provides training, advice and support to minimise the associated risks. The programme works in partnership with young people, parents/ careers, community groups, Police, Council Departments and representatives from the business community to tackle alcohol and drug misuse and related issues.

We would like to thank everyone who contributed to the success of STAND 2013 including the excellent projects who presented on the day through talks and exhibitions. We are looking forward to developing STAND further throughout 2013 with the launch of a community website providing evaluation support to all the projects who applied to be part of the scheme

The STAND Award team

Mr Chris Dickson

is the Health and Fitness Development Manager at XCITE West Lothian Leisure. Chris is also a key member of a SCPHRP led research project that is using a randomised controlled trial design to investigate indoor versus outdoor Exercise Referral Scheme.

Larry Doi caught up with Chris to find out more about him and his work.

Why did you become a health and fitness development manager?

I had progressed through the Company from Lifeguard/Gym Instructor to Centre Manager fairly rapidly – previous career as an Accountant helped. As an organisation we were very aware that we were very good at Fitness but that the link to Health was not great. As I had a very keen interest in Health & Fitness mixed with an Operational Background, it seemed the natural thing to do.

How is your Exercise Referral Scheme (ERS) organised and funded?

The ERS is known as 1st STEP's (Structured Targeted Exercise Programmes). This was started as a Primary Care Referral but has now been extended to all Healthcare Professionals through West Lothian CHCP. We receive funding through the Long Term Conditions strategy and work with Patients within our Facilities, community venues and within In-patient settings.

What is it about the ERS indoor versus outdoor research project that appeals to you?

There is a lack of recognised evidence to support any kind of ERS at present although all the evidence we collect shows success. Being involved in a Randomised Control Trial will not only show the difference between the Indoor & Outdoor options, but should also give some strong evidence to support the findings we are already showing. With it being conducted in partnership with the Scottish Collaboration for Public Health Research and Policy, means it will be accepted as credible.

What other innovative health projects do you currently run at the XCITE West Lothian Leisure?

The 1st STEP's programme is viewed as highly innovative because we do not view it as Exercise Referral – we consider it to be Physical Activity Referral. As part of this we will direct Patients to the best activity for them. Access to facilities is unrestricted in terms of time & activity so swimming to badminton as well as Yoga to Gym. In addition, Xcite Health & Wellbeing deliver 12 hours a week of Exercise therapy to inpatients in the Acute Mental Health Ward at St John's Hospital, they deliver 10 hours per week Pulmonary Rehab in two Primary Care Centres and they deliver other maintenance classes in community venues including a local Army Cadet Force Centre.

What do you do yourself that helps to keep you fit?

My main passion is Cycling and I currently teach 7 Group Cycle or RPM classes per week and attend Body Pump & CXWORX classes. During the better weather I cycle on the roads and I am an champion of active travel.

Some of us are not very fit in SCPHRP, so what advice could you give us?

Everybody can get fitter. It is not a case of only training as hard as Sir Chris Hoy! A little often is the best way to start and do what ever it is that interests you!
I am always telling people that it is not about getting fit today – it is about doing something again tomorrow! *I use quite a lot of motivational expressions to people – my favourites are..*

"Fitness is not a destination – it's a way life!" and " Sweat is merely fat crying!"

ERS project update

by Larry Doi

This collaborative Exercise Referral Scheme (ERS) project with Xcite Bathgate Leisure Centre, The Conservation Volunteers Scotland, University of Stirling and Community Greenspace team of West Lothian Council is really moving now.

Physical activity has benefits for physical and mental health, including reducing individuals risk from chronic diseases. ERS promotes physical activity in individuals who are at risk of ill health. The schemes involve referral of 'at risk' patients by health care providers to tailored programmes of physical activity. The primary aim of ERS is to provide a positive introduction to being physically active which may then facilitate long-term behaviour change. In this realist randomized controlled trial, we aim to randomize participants into either indoor or outdoor programs and follow them up over a period of time to measure outcomes including sustained physical activity, anxiety and depression, and social support. Currently, we have finalised the randomisation process and the participants' information packs are ready to be given out to all patients who are referred to Xcite Bathgate Leisure Centre. We envisage that the packs will start going out by mid-April in order for indoor and outdoor interventions to begin in early May. In the next few days we will be speaking about the study to GPs in Bathgate to get them actively involved with referral of patients to the ERS. So it's very exciting time for all the team members involved in this project.

Contact Larry Doi for more information
larry.doi@ed.ac.uk

For more information about XCITE please go to www.westlothianleisure.com

"It takes a village to raise a bairn"

Steven Wray, East Lothian Council health improvement development officer and lead for East Lothian's Equally Well test site, gives an update on how they are using the data from the Early Development Instrument to inform service planning

Background

In January 2012 all of East Lothian's primary 1 population were assessed using the early development instrument (EDI). This was conducted as a Scottish pilot of an internationally standardised measure of children's readiness to learn, carried out in partnership with the SCPHRP. The level of data that was obtained from this cross-sectional survey is unique in Scotland. The raw data was analysed and first reported in East Lothian in May of 2012 to a meeting of the Chief Executives management team and then shortly afterwards to a head teacher meeting in late May 2012.

It was agreed that the EDI data should be presented to staff and parent groups as part of a mediated process rather than immediate dissemination of the results for the school clusters. Between June and January over

EDI
EARLY DEVELOPMENT INSTRUMENT
a population-based measure for communities

30 presentations to key staff groups, service and community planning groups, and to Support from the Start area groups have been conducted. These presentations had the aim of

a) familiarising people with the EDI terminology and the 'readiness to learn' concept,

b) beginning to generate discussion about how the data could be used to support services and communities to improve children's early development / readiness to learn.

Coordination & Dissemination

An implementation group which was initially formed to ensure the success of the data collection process continued to steer the data dissemination process. The dissemination process to staff and key planning groups is now almost complete with most areas having had the opportunity to see and discuss the data. In addition, Support from the Start area groups are currently working on a series of public engagement events. These events will be an initial step in familiarising parents and wider community members with the school readiness concept and the five domains of child development as measured by EDI. Logos for each domain and other supporting material are being developed to help familiarise parents with the concepts and what supports children's early development.

Next Steps

The next key step for the implementation of EDI in East Lothian is to use the data to support service planning and development in a way that can be expected to have an impact on children's early development and readiness to learn. This process needs to be thought of in terms of local planning at the level of school cluster and below and East Lothian wide level. The Implementation group is recommending that East Lothian Community planning partners:-

1. Support a pilot in each cluster area that bring service providers together to work on one or more aspect of children's readiness to learn highlighted in the EDI data. This may be a cluster wide initiative or focused on a single school community.
For example Dunbar Primary has already identified the language and cognitive skills domain as an area for improvement. Musselburgh Burgh Primary is keen to develop a partnership to explore with local agencies and parents how the EDI results for that community can be improved. A community event is being organised for that cluster to: raise awareness about school readiness; undertake a process of asset mapping; and brainstorm ideas for strengthening existing services and activities or creating new ones.

2. Support the establishment of short life expert working group(s), with parent representation, for different developmental domains in order to carry out an asset mapping exercise which identifies how readiness to learn is being supported currently in the domains. In the first instance a group will be formed to explore the social competency and emotional maturity domains since these are where needs are greatest.

3. Support 'learning events' aimed at parents and community members as well as the professional community to raise awareness and explore ways of supporting school readiness with reference to the particular difficulties faced by boys, children starting P1 at a younger age and those from low SES groups which are key risk factors for 'developmental vulnerability'.

4. Ensure that early steps are taken to plan for re-test of EDI in January 2015.

See Steven Wray's posts at http://edubuzz.org/equallywell/

Evaluation of 'Eat Well – Keep Active' course run by CHANGES

by Dr Ruth Jepson

CHANGES is a charity based in Musselburgh established in 1996. It aims to "promote positive wellbeing and provide opportunities for people in East Lothian to find ways towards healthier and less stressful living" One of the activities that CHANGES provides is a six week course called 'Eat Well – Keep Active.' The aim of the course is to improve both mental and physical wellbeing of those who participate. The course consists of 5 weekly two hour sessions and a 6th session after a 5 week break. In the sessions participants are taught about the basics of healthy eating, food and mood, and also participate in gentle exercises. There are cookery demonstrations and tasting sessions .

The course was started in 2010 and was developed by Heather Cameron from CHANGES and Diann Govenlock from East Lothian Council. It underwent some modification after the first course, but essentially has remained the same more recently.

For more information about CHANGES please go to http://www.changeschp.org.uk/.

EVALUATION

SCPHRP is about to commence a small evaluation of 'Eat Well – Keep Active' funded by Community Food and Health (Scotland)

The aim of this evaluation is to see whether the course has achieved its outcomes in the short and long term.

The objectives are to:

- *determine which outcomes the course appears to have an effect on, and whether short term effects are sustained in the longer term;*
- *explore and gain an understanding of the mechanisms of change as a result of the course. For example, if people are buying healthier food, was it as a direct result of the course? because they found out that it was cheaper? or for reasons unrelated to the course?;*
- *explore the parts of the course that people enjoyed and found useful, and the parts that they found unhelpful;*
- *explore any unintended consequences (positive and negative) of taking part in the course.*

The research will be undertaken by Roma Robertson who has previously worked with CHANGES on the benefits of wellbeing walks.

(see SCPHRP Bulletin, Spring 2012 on www.scphrp.ac.uk).

For more information about Community Food and Health, please go to http://www.communityfoodandhealth.org.uk/about-us/.

East Lothian Council

community food and health (scotland)

Take 5 Minutes

Workplace interventions for dietary improvement: John Mooney presents an overview of current evidence and future prospects

The wokplace enjoys a number of features which can make them ideally suited for natural experiments and small-scale environmental modifications aimed at improving dietary habits:

- The workplace environment is often subject to a degree of control in terms of physical layout and surroundings
- Workplace on-site catering facilities (if available) offer an opportunity to provide employees with healthy nutritious meals.

Since the need for society-wide approaches has now been clearly acknowledged in the wake of the UK Foresight Report and the Scottish Government's follow up 'Route-Map' document, workplaces offer the ideal testing ground in which to pilot multi-component initiatives which in the fullness of time might be scaled up across larger sites.

Three reviews of workplace interventions aimed principally at dietary improvement have been published in recent years, the latest of which has an exclusively European focus. All three review pick up on the generally poor methodological quality of many work-place based studies with control groups or reliable baseline data commonly lacking and participation rates which are highly variable and often low.

On the basis of current evidence workplace dietary interventions of price incentives and multi-component strategies (which include environmental and knowledge components) are associated with a moderate to high level of promise. Purely behavioural-based information approaches have only low promise and limited prospects for public health gain.

Historical reviews also report the same drawbacks with Harden and colleagues commenting on the wide disparity between that which is acknowledged as 'good practice' and the realities of many trial interventions.

In spite of their methodological problems, the balance of evidence is still very much in favour of the effectiveness of workplace based approaches.

Perhaps the most appealing aspect of the work environment as regards obesity prevention, is that workplaces themselves can be viewed as 'microcosms of society' in their own right. As such they present the ideal opportunity for undertaking complex 'multi-component' interventions, covering modifications to physical surroundings, economic incentives and the socio-cultural environment.

The recognition of workplace-based programmes as complex interventions also has substantial implications for designing any accompanying evaluation. Recently updated MRC guidance suggests that this may involve the need for quasi-experimental designs, or a series of small-scale pilot studies to better characterise the more context dependent aspects of a particular programme, before a large-scale study can be considered. Because novel approaches to real-world interventions are also in their infancy, workplace programmes offer a testing ground for new implementation and evaluation methodologies.

There remains a pressing need for better designed and evaluated interventions, which are simultaneously based on robust objective outcome measures (e.g. body-weight or biological risk factors) and take account of the complex nature of the work environment.

For a complete list of references please see website: www.scphrp.ac.uk

See the 5 point guide to the development, implementation and evaluation of workplace based interventions.

A five-point plan for research to improve worksite interventions

1. Better adherence to the principles of good experimental design, which ideally would include randomly assigned control sites, but at the very least should have robust baseline information.
2. Involvement of employees, management and catering staff (if applicable) from the design stage onwards, to ensure ownership and participation
3. Objective measures of environmental and behavioural (e.g. dietary) change.
4. Sufficiently long periods of follow-up to determine longer term benefits such as health & well-being indicators, absenteeism and productivity as well as seasonal variability in effectiveness.
5. The inclusion and testing of moderate to high intensity interventions, which would ideally be multi-component in design and certainly not solely restricted to information only measures.

Web-Resources:
Scottish Centre for Healthy Working Lives: Based within NHS Health Scotland and offering free practical information and advice to any workplace to help improve health and safety and wellbeing at work. http://www.healthyworkinglives.com/

SSPHR Workplace Interventions Workshop

Edinburgh Zoo, Edinburgh. 28th February 2013

John Mooney (SCPHRP), Smita Dick (SSPHR)

The importance of the workplace environment in obesity prevention was the focus of the SSPHR Workplace Interventions Workshop, organised by the Scottish School of Public Health Research (SSPHR). Taking place at the Edinburgh Zoo, and attended by representatives from policy, research, and practise, the programme covered both nutritional and physical activity aspects of obesity prevention in relation to the work environment.

Three speakers were part of the Workshop programme: Dr Hidde van der Ploeg, from VU University in Amsterdam; John Mooney, from SCPHRP; and Dr Alex Johnstone, from the Rowett Insitute.

Dr van der Ploeg opened with a warning on the health risks of sedentary behaviour, and suggested that minor modifications to work patterns and equipment, such as standing work-stations, could potentially help minimise risks. Dr van der Ploeg also discussed the development of several questionaires designed to measure 'sitting' and physical activity behavour' in and out of work, created by the University of Sydney.

John Mooney then presented on the findings of feasibility studies to incentivise healthier choices in workplace restaurants. He reported that one study, based at two call centres garnered mixed revies from consumers who reported statifaction regaring a perceived value for money and improved food quality, but less satisfaction regarding the level of choice and marketing of healthier options.

Lastly, Dr Alex Johnstone presented the preliminary results from NeuroFAST, a major EU funded multi-centre study looking at the influence of stress and work patterns on feeding behaviour. As well as food diaries and questions on hunger, motivation to eat and stress levels, the NeuroFAST project also collates participants' body composition measures and monitors physical activity levels.

The eventual dataset from all thirteen participating universities across Europe should therefore be a comprehensive resource for research on every aspect of eating behaviour, physical activity levels and working life.

The Workshop concluded with a discussion of the various factors involved in workplace interventions. Among the suggestions for important aspects to consider were:

- Genuine 'buy-in' / commitment from employers and preferences of employees as well as identifying at the outset potential barriers to participation.
- Wider health benefits beyond obesity prevention including mental health and general well-being, as well as workplace benefits, such as reductions in sickness absence and improved productivity
- Maintenance of novelty / fun aspects to increase likelihood of continued engagement.

After the seminar the organisers had a special treat: A visit to Edinburgh Zoo's star attractions, the giant Pandas Tian Tian and Yang Guang. (Even though their diet is strictly vegetarian and heavily reliant on bamboo shoots, the physical activity message does not seem to have got through!)

For a complete list of references please see website: www.scphrp.ac.uk

For more information about SSPHR please visit http://ssphr.ac.uk/

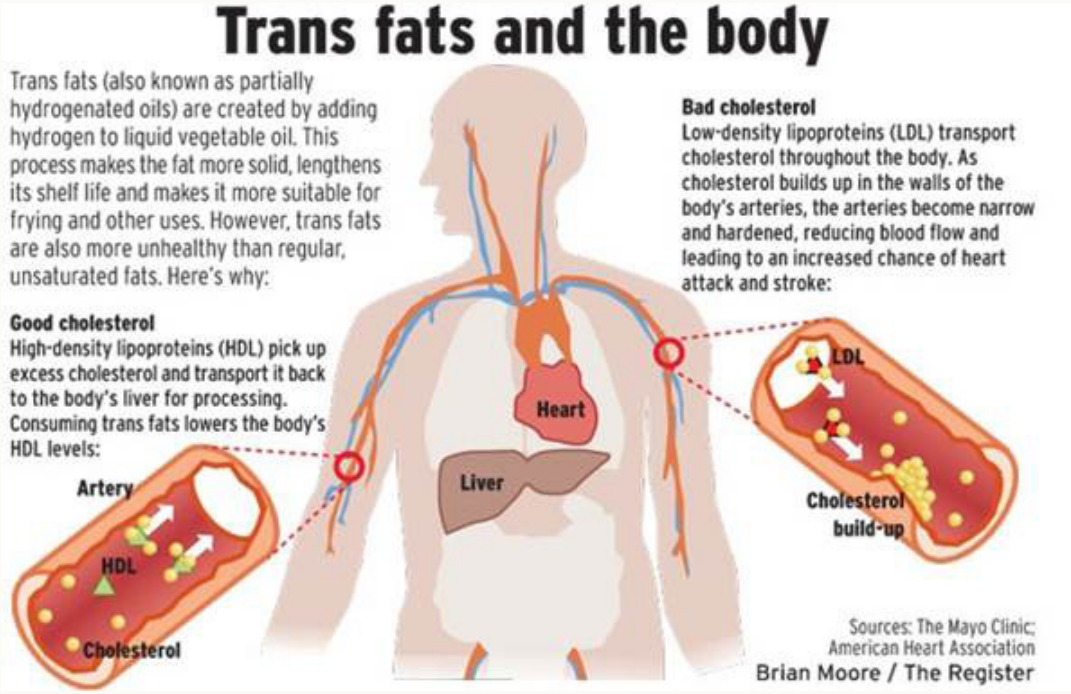
Backing a ban on Trans-fats – Could Scotland go the way of the Big Apple?

John Mooney discusses the prospect of a New York style ban on Trans-fats

Trans-fatty acids (TFAs) were first produced industrially in the early part of the last century as a means of increasing the supply of edible oils and fats which were a stable and palatable alternative to saturated animal fats. The chemical properties of industrial trans-fats (iTFAs), also mean that they can confer a higher 'oxidative stability' to cooking oils (which are required in large quantities by the commercial catering sector), allowing for them to be replaced less frequently. Extensive investigations and population-level studies have now convincingly demonstrated however that these food additives are a very undesirable ingredient in the diet and are likely to have made a substantial contribution in recent decades to the cardiovascular disease pandemic (see diagram). As a result, industrial TFAs (iTFA's) have been banned in Denmark, Switzerland, Iceland, Sweden, Austria, New York City, Seattle, and the state of California.

Although most major retailers and manufacturers in the UK have now largely eliminated trans-fats from their product ranges, the same cannot be said for commercial catering outlets and restaurants (in particular fast food outlets), where the situation is likely to remain highly variable. A study in 2006 found trans-fat levels at around 5g per serving in large portions of fries at the two separate UK outlets sampled of a major fast food chain (an amount of daily intake that equates to a 25% increase in the risk of ischaemic heart disease). A further complication is that a number of widely used polyunsaturated vegetable oils, such as Canola / rapeseed oil, may also have a raised trans-fat content to begin with as a result of processing from the raw seed oil.

Trans-fats – What are they?
Industrial trans-fatty acids (iTFAs) such as Elaidic acid (Figure 1), are chemically created when vegetable oils are partially hydrogenated to convert large numbers (typically 30-60%) of cis double bonds into trans double bonds resulting in relatively inexpensive semi-solid fats (at room temperature). Unfortunately their enhanced chemical stability also has serious consequences on the metabolism and trans-fats have been noted in epidemiological studies to represent a significant risk factor for cardiovascular disease. In one large US-based review, a 1% increase in energy intake from TFAs increases CHD deaths by 12%.



Recommendations around intake and implications for Scotland

The World Health Organisation's stipulation that trans-fats should not exceed 1% of the maximum dietary energy intake is more stringent that the current UK advice of a 2% limit. While average daily intakes are believed to be well within this threshold, the prospect of distinct and vulnerable population sub-groups (who are already at higher risk of premature mortality from cardiovascular diseases), cannot readily be discounted. Simon Capewell, Professor of Clinical Epidemiology at the University of Liverpool, who was on the NICE body that recommended a ban in 2010, recently outlined his concerns with the use of average intakes: "There are pockets of ethnic minorities, young people and those in deprived areas", he says, "who will be consistently eating food with higher levels of trans-fats. Their intake, when lumped in with the whole country, may produce an average that is apparently low, but that doesn't mean it's representative of what's happening on the ground". Since poor dietary practices are known to be particularly problematic in Scotland, there is every impetus to try and improve the situation, particularly for the most vulnerable sub-groups in the population. While a private members bill in the Scottish parliament proposing an outright ban similar to Denmark was unable to garner enough support, a more targeted approach aimed at the settings where exposure is likely to remain high (or at the least unregulated), could potentially benefit those population groups who are likely to remain the most at risk.

Backing a ban on Trans-fats – Could Scotland go the way of the Big Apple?

Cont..

In relation to commercial catering establishments (including for example fast-food outlets), one of the recommendations of the NICE report in 2010 was to consider the introduction of licensing controls. Since Environmental Health Officers (EHOs) represent the professional group who are most likely to be involved in any such monitoring and regulation, a key component of planning any such policy is to canvas the opinion of senior environmental health personnel in Scotland. As a first step and in collaboration with colleagues from the Universities of Edinburgh and Glasgow, a questionnaire on the awareness and practicalities around a trans-fat restriction has now been circulated to all 38 principal food safety EHO's in Scotland. The questionnaire asks about the feasibility of a restriction and, if warranted, the most practicable means of its implementation.

Given that one of the acknowledged risks of reformulation by industry to remove trans-fat is an increase in oils containing saturated fat (Palm oil being a particular example around which there are also sustainability concerns), there would be a need for reliable information on the properties of alternative oils, which local EHOs may need to be trained and resourced to provide. Switching to zero/minimal trans-fat cooking oils might also have considerable commercial implications for small-scale independent catering outlets, (see box) which probably makes it unrealistic to pursue a voluntary framework and explains the lack of success of voluntary measures in New York.

The Food Standards Agency are also currently in the process of surveying the trans-fat content of fast-foods purchased from takeaways in deprived areas of Glasgow. Up to two hundred samples will be analysed for TFAs, saturated fatty acids and total fat by the Glasgow Public Analysts Laboratories (UKAS accredited for fatty acid analysis). The data will be sent to FSAS via the UK food surveillance system (FSS), and they will be collated and reported on by FSAS. The sample numbers will provide an overview of levels of TFAs in fats/oils and products from takeaways in Glasgow.

Trans-Fats: The Quest for Viable Alternatives

Trans-fats are highly stable, have an extended "fry life," and enhance the shelf life of processed goods. In contrast, zero trans-fat alternative cooking oils, i.e. those containing monounsaturated and polyunsaturated fats, are less stable and more susceptible to chemical degradation and spoiling. The solutions – to either invest in sophisticated equipment which minimises spoiling or use higher value oils) such as high Oleic vegetable oils will both have cost implications.

In Summary:

- As a result of dietary exposure, it remains possible that some sections of the Scottish population may have an intake of Trans- fatty acids (a known risk factor for cardiovascular mortality), that is above recommended limits.
- Given the likely commercial implications particularly for the independent catering sector, of eliminating trans-fats it is important to establish the real extent of the problem, through sampling and testing protocols, alongside information and training on alternatives.
- Just as was the case for New York, public health inspection and enforcement of statutory restrictions by local environmental health teams, would represent an important part of any programme to eliminate exposure.

For a complete list of references please see website: www.scphrp.ac.uk

SANDPIT

Interventions For Increasing Physical Activity And Reducing Sedentary Behaviour: Enabling Sustained Change

In May SCPHRP will be hosting a mini-sandpit over 2 days, where around 25 participants will work together to create new research ideas around sustaining behaviour change, promoting physical activity (PA) and reducing sedentary behaviour. It is anticipated that the multidisciplinary mix of participants and creative approaches of a mini-sandpit will facilitate the development of innovative research ideas where more traditional approaches have so far failed to produce consistent, effective and sustainable outcomes.

During the SANDPIT there will be phases where research ideas are generated, refined and selected to go forward for further development with a view to seeking research funding. To ensure openness and creativity participants are encouraged to set aside any preconceived ideas they have about possible research questions in advance of the Sandpit. A number of speakers will be invited to share their experiences of creative thinking, grant writing/funding and public health approaches to sustaining and maintaining physical activity and reduced sedentary behaviour. There will be intensive discussions focused around the issues of sustaining behaviour change, physical activity and sedentary behaviour where a common language will be agreed and the scope of the issues defined. Interactions across disciplines will encourage a shared understanding of the problems and will bring together a range of experiences and expertise. From time to time breakout groups will form to focus on a particular idea.

Read all about the SANDPIT and how it went in our next SCPHRP magazine.

MRC Scottish Collaboration for Public Health Research and Policy

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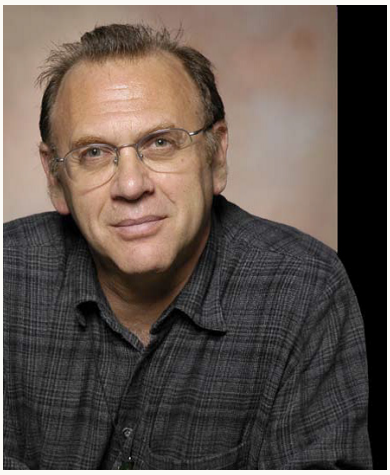
School of Nursing, Midwifery and Health

SCPHRP Update



Population-health as well as child-development experts around the world, including SCPHRP staff, were stunned by the sudden death in early February of Prof. Clyde Hertzman of UBC. He was only 59 years old. A full tribute to Clyde in Canada's national newspaper can be found at:
http://www.theglobeandmail.com/news/british-columbia/clyde-hertzman-59-showed-how-environment-trumps-genetics-in-a-childs-development/article9016265/

Clyde was a very popular SCPHRP guest lecturer when he came to Scotland a few years ago, charming nearly 100 audience members with his outstanding presentation on how child development underpins lifelong social-class differences in health and function, and how it can be measured in ways that help to improve it, using the Early Development Instrument which he pioneered the use of throughout Canada. He also met with our Early Years Working Group on that occasion; and since then he has frequently provided expert advice to our East Lothian Pilot of the Early Development Instrument in nearly 1200 P1 students (the Technical Report on that project is now available on our website: www.scphrp.ac.uk)

On March 17th a memorial service was held at the Chan Centre for the Performing Arts at the University of British Columbia, to celebrate Clyde's incredible life and many achievements. Hundreds of friends, colleagues and relatives attended and several provided tributes to his life and work, including SCPHRP Director John Frank, a close colleague of Clyde's for over 30 years.

The Milbank Quarterly

SCPHRP Newsletter readers may well be aware that SCPHRP's Director and former Senior Scientific Advisor published a major monograph about best practices for monitoring health inequalities by socio-economic status, using the annual Scottish Government reports on these inequalities as an exemplary case-study. Their article essentially makes the point that the annual Scottish reports are a superb in their use of cutting-edge analytic methodology, but suffer from inherent weaknesses in the routinely collected health outcomes available in most countries at the population level [Frank J, Haw S. The Milbank Quarterly 2011;89(4):658-93.] Since that publication, there has been a lively ongoing dialogue between the authors and the members of the expert advisory committee to the SG annual reports. That dialogue, and two independent commentaries on it by US and Canadian experts, have just been published in the same, widely read international journal of health policy and population health [Frank J, Haw S. Persistent social inequalities in health: insensitive outcomes, inadequate policies, or both?

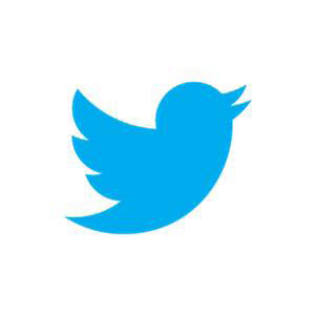
The Milbank Quarterly 2013;91(1):193-201.] Comments on this debate are welcome. Please address them to Sam Bain SCPHRP Magazine: samantha.bain@ed.ac.uk"

SCPHRP is pleased to announce that its Director, John Frank, was elected a Fellow in the Royal Society of Edinburgh in March, in acknowledgement of his scientific and societal contributions to public health internationally.

Intervention' - the basics you need to know about one of the most commonly used terms in public health

By Larry Doi

An intervention is defined as a (set of) planned actions that are designed to bring about desired changes (outcomes) in a defined population in order to address a social or health problem. An intervention is therefore a planned action that is intended to result in positive change in a population. Interventions may be policy measures (e.g. regulatory controls, legislation, strategies) or multi-component programmes/services or some aspect of professional practice. Depending on the nature of an intervention (e.g. how it looks like and how it works), it may be classified as simple, complicated and complex. However, most public health interventions are complex. Public health interventions are actions designed to address or prevent public health problems and thus intended to improve or protect health or prevent ill health in communities or populations. They are distinguished from clinical interventions, which are intended to treat established illness in individuals. Public health interventions target individuals or populations. They can target health professionals (e.g. to change hand hygiene practices of primary care practitioners) non-health practitioners (e.g. licensed trade to prevent sale of alcohol to underage), specific population groups at risk (e.g. pregnant drinkers, overweight school-age children) or whole communities (e.g. initiatives that target deprived areas. In order to examine whether public health interventions have achieved their intended impacts or not, it is often necessary to evaluate them.



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