SCOTTISH COLLABORATION FOR PUBLIC HEALTH RESEARCH AND POLICY

5

2013 - 2018

SCPHRP's mission is to Strengthen the evidence base for public health by developing and testing complex interventions for health improvement and facilitate the rapid uptake of research evidence in the development of policy and practice. SCPHRP's vision is to develop Scotland as a leader in public-health intervention research for equitable health improvement through catalysing strong researcher/research-user collaborations that ensure timely, robust, policy relevant research that is created with, and used by key decision-makers. SCPHRP is delighted to have been fully re-funded, by the Medical Research Council of the UK, and the Chief Scientist Office of Scotland, for our second five years of operations, 2013-2018.

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SCPHRP
Scottish Collaboration for Public Health Research & Policy

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Comments from John Frank Director

As described in our last Newsletter, SCPHRP is delighted to have been fully re-funded, by the Medical Research Council of the UK, and the Chief Scientist Office of Scotland, for our second five years of operations, 2013-18.

To renew our staff complement, we advertised for three new Post-Doctoral Fellow positions, two funded from our core MRC/CSO grant, and one funded from the multi-million pound E-Health Informatics Research Centre - Scotland (e-HIRC-S) grant, led by Prof Andrew Morris of Dundee University (who is also the Chief Scientist).

The three new SCPHRP Fellows who were selected are all talented researchers with extensive social science and/or epidemiological training:

Morag Treanor who recently completed her PhD at the University of Edinburgh, will work with the SCPHRP Later Life Working Group;

Tony Robertson who recently completed a post-doc at the MRC Social and Public Health Sciences Unit in Glasgow, will work with the SCPHRP Working/Mid-Adult Working Group;

Andrew Williams just completing his PhD at the University of Exeter, will be the e-HIRC-S Fellow working with the Natural Experimental Approaches team from across Scotland.

All our four SCPHRP Fellows – Morag, Tony, Larry Doi (Early Life Working Group), and John McAteer (Adolescence and Early Adulthood Working Group), will be occupied this autumn in developing their initial plans for projects for informing Working Group deliberations over the next few years. As in the past, our four Working Groups across the life-course will be charged with identifying public health intervention priorities, for the development of novel programmes and policies.

To refresh our four Working Groups, we will be hosting two joint meetings in October and November. A full update on how those meetings went will be posted in our next SCPHRP magazine. If you would like to know more information about our Working Groups please go to our website at ***www.scphrp.ac.uk***

We look forward with eager anticipation to the coming years, as we launch new activities here at our offices just east of the George Square campus of the University of Edinburgh.

If you are in the neighbourhood, do drop in and say hello!

John Frank (Director)

SCPHRP's Team

RUTH is the Senior Scientific Advisor and up until recently was seconded for 3 days a week from the University of Stirling where she was Co-Director of Centre for Public and Population Health and Lead for Physical Activity, Diet & Health Programme, in the School of Nursing, Midwifery and Health. It is great news that Ruth has now joined SCPHRP full-time. Ruth's research expertise is in evidence synthesising, as well as programme evaluation using both quantitative and qualitative methods. Her current research interests include promoting physical activity - particularly in the outdoor environment and related public health interventions.

Ruth is now at an age where she is proud to admit she loves and keeps three cats, knits in public places (including the office) and prefers horticulture to *haute couture.*

JOHN trained in Medicine and Community Medicine at the University of Toronto, in Family Medicine at McMaster University, and in Epidemiology at the London School of Hygiene and Tropical Medicine.

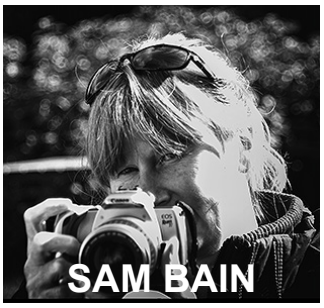
He has been Professor (now Professor Emeritus) at the University of Toronto, in the Department of Public Health Sciences and was the founding Director of Research at the Institute for Work & Health in Toronto. In 2000, John was appointed inaugural Scientific Director of the Canadian Institutes of Health Research and in 2008, he became Director of SCPHRP.

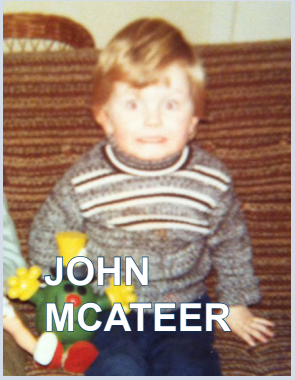
In John's spare time, he's a bit of an adventurer - from spending time in Thailand trying out exotic foods to white-water canoeing on the Nahanni river in Canada's Northwest Territories.

And of course, when he's not working hard or travelling the world, he spends time perfecting his passion....KARAOKE!

RENEE, prior to joining the Collaboration, worked for the Ministry of Economic Development in New Zealand, where she held the positions of Policy Analyst and Management Team Assistant. At SCPHRP she is responsible for the organisation of the office and for the design and maintenance of the website. Renee enjoys travelling and following old rockers like Tom Petty and the Red Hot Chilli Peppers.

SAM is responsible for the design of all SCPHRP's publicity material, including the magazine. Sam joined the Collaboration from Dundee Art College where she coordinated exhibitions & events and managed the Centre for Artists' Books. Sam is also a practising artist who has exhibited in major exhibitions throughout Scotland. She says her idol is Debbie Harry but she secretly listens to Dolly Parton.





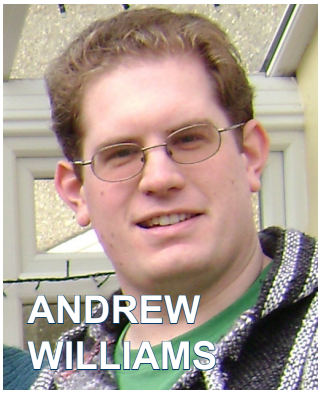
John joined SCPHRP in February 2012 as the Research Fellow for the Adolescence working group. He is a chartered psychologist, with a background in health and social psychology and has worked in a number of research and teaching roles, focusing upon a wide-range of topics, such as healthy eating, physical activity, hand-hygiene and chronic illness. John has issues with balloons, but does not consider himself to be globophobic. John used to live on the site of the now demolished Lime Grove BBC studios, home to classics such as Top of the Pops; this may explain his enjoyment of karaoke…

MICHELLE is SCPHRP's guest scholar in residence. Funded by the Scottish School of Public Health Research, she is carrying out qualitative interviews with fast food vendors near secondary schools in lower-income areas in Scotland. Topics being explored include attitudes towards healthier menus and barriers to change. Michelle is originally from the US, where she studied public health nutrition and trained as a dietitian. Among her proudest achievements since arriving in the UK, she cites acceptance as a member of SCPHRP's exclusive knitting and felting club.

LARRY has a bachelor's degree in Biology from the University of Cape Coast, Ghana and a master's degree in Public Health Research from the University of Edinburgh. He was awarded a PhD in Public Health Evaluation from Stirling University in November 2012. He joined SCPHRP in October 2012 where he is the research fellow for the Early Years Working Group. He is married to Anita and they have two kids, Jason and Zoe. Larry has not visited Ghana, his native country, in the past quinquennium as he explains that he needed to focus on his PhD study. Albeit, he earnestly looks forward to embarking on the long-awaited family visit this Christmas.

TONY, a biologist in a previous life, is now considered a Social Epidemiologist after working at MRC/CSO Social and Public Health Sciences Unit on biological pathways that may help explain observed social inequalities in health over the lifecourse. "When not working I am slightly obsessed with TV miniseries, listening to hip hop music that probably only three other people like, buying (or staring lovingly at) new sneakers and getting tattooed. And my favourite cat is Stimpson "Stimpy" J. Cat (from Ren & Stimpy)".

MORAG recently completed a PhD exploring the impacts of assets and vulnerabilities of families living in socioeconomic disadvantage generally, and income inequality specifically, on children's early cognitive, social, emotional and behavioural outcomes using data from 5 waves of the Growing up in Scotland (GUS) longitudinal birth cohort study. She has extensive project management and data collection experience for large-scale, school-based surveys. While working for a major children's charity she helped implement systems for measuring children's pre- and post-intervention outcomes to aid evaluation and comparability.



ANDREW will be evaluating the impacts of policy on health using natural experimental approaches and secondary data. "I join the collaboration from the University of Exeter Medical School where I have been researching the impact of the primary school environment upon children's weight status using data from the English National Child Measurement Programme for my PhD. I am an enthusiastic statistician and Quaker and when not working I watch Doctor Who and make occasional appearances for charity as a Dalek".

Full biographies of the team can be found at www.scphrp.ac.uk

MRC centenary celebrations: rationale for the healthy eating wheel

To mark the centenary year of the Medical Research Council (MRC), SCPHRP's co-funder, Larry Doi together with the help of work experience student, Holly Miller, organised a road show for 7-12 year olds at Dunbar Primary School in East Lothian. The theme was 'Healthy Eating and Childhood Obesity'. The 'Spin the Wheel' concept was used in order to get the children thinking about aspects of their lives which contribute to or hinder healthy eating practices.

Being at excess weight in childhood (childhood obesity) is associated with health, social and economic consequences.

In the last few decades, the prevalence of childhood obesity has been increasing and it is now a problem to both developed and developing countries. Earlier research to understand childhood obesity has tended to focus on individual behaviours, although this is important, recent research has indicated that the environment people live in also has a role to play.

This ecological approach to understanding childhood obesity seems promising in terms of providing the basis for development of effective interventions that are most likely to help tackle the problem.

An update of the day by Holly Miller

I explained what the project was about and explained how the wheel worked. The children were all enthusiastic about the event and it was clear all the children from the different year groups had a good knowledge of the different types of fruit, with many children mentioning an exotic fruit as their favourite.

The younger years knew that people ate fruit because it was healthy but they didn't understand exactly why or how it was healthy. The children in P7 had a better grasp of why fruit was healthy as they believed it made you feel good, gave you more energy and was an important part of a balanced diet. I was quite surprised when all the children said they brought fruit to school every day as a snack or part of their lunch. At my primary I was very much in the minority when I brought fruit in, and although some others did bring it, fewer ate it. The children at Dunbar Primary School, were very enthusiastic about eating fruit and it appeared every child brought some type of fruit to school with many saying they brought more than one piece. It was great to hear that the children enjoyed eating fruit and liking the taste, whereas for me when I was younger, it felt more of a chore to eat rather than something I actually enjoyed to eat.

It is clear to me that children now have a better understanding of the importance of healthy eating, in particular eating fruit as part of a balanced diet, which is a step in the right direction to combating child obesity.

Thankyou

We would like to say a huge thank you to Dunbar Primary School for taking part in this project. Thanks also to Mr Mackenzie who ran around all morning collecting children for us, he must have endless amounts of energy!! And a special thanks to all the pupils who took part for their enthusiasm and humour.

MRC CENTENARY

During 2013, the MRC will be celebrating a hundred years of life-changing discoveries and taking time to reflect on their many achievements in medical research, acknowledging those who have supported them along the way and looking forward to what medical research will deliver in the future.

MRC-funded research continues to have a huge impact on both health in the UK and worldwide as well as our economy and society. Throughout 2013 the MRC will be running a series of exciting activities and events to showcase their research successes and collaborations.

SCPHRP contributed to an outdoor exhibition called the 'Images of Public Health' that has been installed alongside the River Clyde between the Glasgow Science Centre and BBC Scotland buildings. The panels share information about public health research being carried out in Scotland. They will be there for two years, or as long as they withstand the weather.

To find out more about the MRC Centenary event go to centenary microsite www.centenary.mrc.ac.uk

SCPHRP seed-funding

In 2011, a second wave of competitively awarded Demonstration / Pilot grants were peer reviewed and approved for funding, with work beginning in November 2011. *Each principal investigator has provided us with a summary of their projects.*

To read the full reports go to www.scphrp.ac.uk/funded research

1. Antenatal parenting support for women vulnerable in pregnancy: an exploratory randomised controlled trial of Mellow Bumps.

Researchers: Prof. P. Wilson, Dr. C. Puckering, Dr. L. Thompson, Ms. A. Clarke, Dr. A. MacBeth, Ms S. McAlees, Dr. M.Henderson, Dr Jane White.

Social adversity and poor maternal mental health during pregnancy have long-term adverse effects on children's health, social, educational and economic outcomes. Depression, anxiety and stress in pregnancy may have direct physiological effects on the fetus as well as impairing development of maternal sensitivity to the child.

Recent Scottish policies such as the 'Early Years Framework' and the 'Refreshed Framework for Maternity Care in Scotland' have highlighted the need for improved antenatal support and more effective engagement with 'high risk' mothers-to-be. These policies shift the focus from crisis intervention to prevention and early intervention with an emphasis on services tailored to individual need.

This was an exploratory study with a three-arm parallel randomised controlled trial. The aim was to compare the impact of participation in a Mellow Bumps or a Chill-out in Pregnancy intervention with care-as-usual on the mental health of pregnant women with substantial additional health and social care needs. Consecutive pregnant women meeting high risk criteria in two study locations were invited to participate. Consented participants (n=35) were randomly allocated in clusters of six, to either a Mellow Bumps group, an active comparison group (Chill-out in Pregnancy) or care as usual. Mellow Bumps is a six-week group based antenatal parenting programme which aims to decrease maternal antenatal stress levels, increase expectant mothers' understanding of neonates' capacity for social interaction and emphasise the importance of early interaction in enhancing brain development and attachment.

Chill-out in Pregnancy was a six-week group based stress reduction programme which included all the mother-centred components of Mellow Bumps but with no focus on the baby.

Results suggest that taking part in either a Mellow Bumps group or Chill-out in Pregnancy may contribute to modest improvements in mental health and wellbeing when measured eight to twelve weeks post-birth compared to care-as-usual. This project demonstrated that undertaking a randomised controlled trial of a social intervention with this, traditionally, 'hard-to reach' population is feasible. THRIVE, a funded definitive trial, is now underway.

NHS Ayrshire & Arran NHS Greater Glasgow and Clyde Chill Out in Pregnancy

Further details from: Professor Phil Wilson
Centre for Rural Health, University of Aberdeen
p.wilson@abdn.ac.uk

2. Infant feeding in Scotland: exploring the influence of hospital on infant feeding choices (within Glasgow) and the potential health and economic benefits of breastfeeding on child health.

Researchers: Ms O Ajetunmobi, Mr B Whyte, Dr J Chalmers, Ms A MacDonald, Dr D Stockton, Mrs L Wolfson

Breast milk, the best nutritional start for the newborn, builds a good foundation for the early years with both short and long term benefits for child health and development. In Scotland, about half of the infants born annually are exclusively breastfed at birth and a quarter continue breastfeeding by the 6 to 8 week review. These rates, which have remained stable for a decade, are below the WHO recommendations of exclusive breastfeeding for 6 months. There is need for in-depth analyses of infant feeding in Scotland to support the government's commitment to give 'all children the best possible start in life'.

The objective of the Glasgow Centre for Population Health Breastfeeding project (Phase 2), part funded by the SCPHRP, was to investigate infant feeding patterns and its impact on child health outcomes using a linkage or routinely collated data for the 1997 – 2009 birth cohort. It also aimed to understand the 'hospital effect' observed in the likelihood to initiate and continue breastfeeding in Greater Glasgow and Clyde.

The project, which comprised the linkage of 731,595 birth records to maternal, infant and child health surveillance records created in Phase 1, was extended to include hospital admission (and primary care records for a sub set of 15,061 infants) in Phase 2. Descriptive and multivariate analyses were undertaken to quantify the relative risk of hospital admission and GP consultations; assess the likelihood of overweight and obesity in early childhood and estimate the direct costs of hospital care and primary care consultations for ill health by the mode of infant feeding reported at the 6 to 8 week review. Multilevel models, that take account of 'neighbourhood effects' were used to explore trends in the Greater Glasgow and Clyde cohort.

The results showed a relatively greater risk of hospitalisation (and GP consultations) amongst formula and mixed 'formula and breast' fed infants and consequently greater direct health care costs, for a range of common childhood illnesses - after adjustment for parental, maternal, infant and health service factors. Furthermore, a greater chance of overweight and obesity was observed amongst formula fed compared to exclusively breastfed infants in early childhood. In the Greater Glasgow and Clyde cohort, the maternity units had an independent influence on the likelihood to breastfeed.

The study confirmed the benefits of exclusive breastfeeding in a large representative study of Scottish infants using linked administrative datasets. It also provided information on cultural, parental, maternity, infant health and health service factors that influence child health outcomes in Scotland. Linked datasets provide a cost effective method for conducting child health research that could be used to inform policy, support training and monitor the impact of interventions in the early years.

Glasgow Centre for Population Health

For further information/details of the study, please contact Bruce Whyte, GCPH Programme Manager (Bruce.Whyte@glasgow.gsx.gov.uk)

3. Combining Health, Social Services and Functional data for older people in Tayside: a multisource, interdisciplinary record linkage project.

Researchers: Dr Miles Witham, Dr Helen Frost, Dr Mark McGilchrist, Professor Peter Donnan, Professor Marion McMurdo

Closer working between health and social care organisations is a key policy objective in Scotland and throughout the UK, particularly in the care of older people.

In order to make this objective a reality, we need cross-fertilisation of data between health and social care – this is critical not only in sharing information and planning services in a joined-up way, but is also critical in providing research answers that are relevant to all parties.

For instance:

- Can the use of certain medications reduce functional decline and the need for social care?
- Do different patterns of social care delivery have an impact on health, disease and healthcare utilisation?
- And can a combination of health and social care data better predict future need for care homes and social care for older people?

We therefore aimed to combine Health, Social Services and functional outcomes datasets in the NHS Tayside area, and to test whether the combined data could be useful in answering some of these questions. Healthcare data held by the Health Informatics Centre, Dundee, was combined with data on just under 30,000 older people with records held by Dundee Social Services over the last 20 years. Data on rehabilitation outcomes from Dundee Medicine for the Elderly services (4300 patients) was also added.

All the data was matched using a unique identifier, and is now held securely in a Safe Haven hosted by HIC. Data cannot be removed from the Safe Haven, and personal identifiers have been removed to anonymise the data. Researchers with appropriate permission can analyse the data within the Safe Haven.

We have carried out a series of initial analyses to test the usefulness of the data. Initial results are exciting – the data is proving useful to test the effect of medications on rehabilitation outcomes, to combine health and social care data to better predict future care home needs, and we are also using the data to help refine and validate the Indicator of Relative Need (IoRN) tool as it is embedded into social services.

We now seek to collaborate with a range of other groups to refine the dataset and utilise it to answer important research, service design and policy questions at the interface of health and social care.

Further details from:
Dr Miles Witham, Ageing and Health, University of Dundee Ninewells Hospital & Medical School, Dundee DD1 9SY

4. EatSmart - Feasibility trial of a Price Incentive Intervention to promote the uptake of healthy eating options in workplace canteens in Scotland.

Researchers: Annie S. Anderson[1], John Mooney[2] Dionne Mackision[1]
[1]Centre for Public Health Nutrition Research, Ninewells Medical School, university of Dundee, [2]SCPHRP

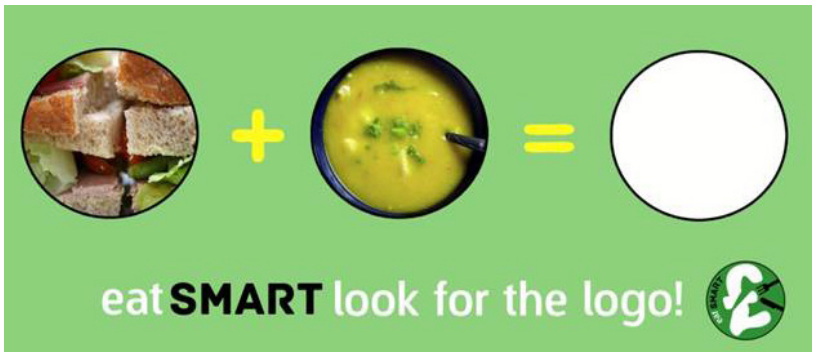
Current levels of obesity in Scotland require concerted action from a range of stakeholders including the catering sector. It is recognised that worksite restaurants can play a pivotal role in influencing dietary intake with the potential to impact on obesity prevention, yet few trials of catering interventions have taken place in the UK.

The Scottish "Healthy Living Award" scheme, lays the foundation for increasing access to healthier food options and provides a platform to add financial incentives and marketing approaches to facilitate dietary change. Our aim was to assess the feasibility of implementing and evaluating a 10-week price incentive intervention to promote healthy eating options in workplace restaurants in order to inform the design and implementation of a future RCT. Workplaces participating in Healthy Living schemes were approached to take part in the study. Thirty-seven workplace canteens and 18 contract caterers (with contracts in numerous catering establishments) were invited to participate. Three worksites initiated and two completed the intervention study.

Pre-intervention qualitative findings indicated that price, product quality and quick service were fundamental aspects of food choice. Of the various price incentives discussed, consumers and caterers agreed a preference for a "meal deal" of soup and sandwich/ salad with a nutrient composition consistent with the FSA traffic lights guidance at a 10-20% original price reduction and an on-site marketing programme (EatSMART). Site observations of the ten week intervention reported that items were available at the agreed price and marketing approaches were in position.

Till data indicated that the uptake of promoted items varied by week and by site but at all points there was greater uptake of intervention soup than the price incentivised intervention meal deal suggesting that consumers may have been more influenced by the choice of new menu items than the meal deal option. Response rates for both pre- and post-questionnaires were low which limited the evaluation of intervention impact. In focus group discussions, consumers reported perceived value for money of the targeted foods and improved quality. However, they also expressed concern over limited choice, small portion sizes and marketing approaches (including widespread use of the colour green in promotions). Caterers indicated that considerable support was required to implement the intervention including recipe analysis and accessing ingredients (e.g. low salt stock cubes) not available from existing contracts. Researchers recorded a total of 151 emails, 58 telephone calls and 53 catering site visits over the study period.

Both sites reported an intention to continue with the intervention after the project ended although caterers also reported the importance of meeting customer preference through maintaining current selections of less healthy items (e.g. pies, confectionery).This feasibility study has demonstrated that a price incentive intervention can be delivered in worksite canteens. Future work needs to take account of the considerable challenges in recruiting worksites, in supporting catering staff and identifying suitable evaluation tools.



Further details from:
Professor Annie S. Anderson (a.s.anderson@dundee.ac.uk)

5. Reducing sickness absence in Scotland: applying the lessons from a pilot NHS intervention.

Researchers: Ewan Macdonald, Judith Brown, Evangelia Demou, Daniel Mackay, Joyce Craig, Consol Serra Pujadas, Mark Kennedy, Keith Murray

There are currently 140 million working days lost per year in the UK due to sickness absence which equates to 2.2% of all working time or 4.9 days for each worker each year.
Much sickness absence ends in a swift return to work however a significant number of absences last longer than they need to and each year over 300,000 people fall out of work onto health-related state benefits.

NICE guidance on long-term sickness and incapacity considers early intervention as an important factor in the delivery of intervention. Dame Carol Black and David Frosts' sickness absence review (2011) and the Government response in early 2013 have proposed a health and work assessment and advisory service, to be introduced in late 2014, which will provide an independent occupational health (OH) assessment and intervention in workers who have had sickness absence for 4 weeks.

In May 2008 NHS Lanarkshire (NHSL) implemented a unique sickness absence management service called 'Early Access to Support to You' (EASY) service.
The EASY service supplements existing absence policies and enables communication between the absentee and their line manager from Day 1 of absence and referral to OH at day 10.

The aim of the study was to determine if the EASY service was effective in reducing sickness absence in NHSL. Secondly to consider how the EASY service could be developed into a larger early sickness absence intervention which could be used by employers in Scotland within the Healthy Working Lives suite of services.

We analysed three sources of data and showed that the EASY service was effective in reducing sickness absence in NHSL and has enabled NHSL to move from the worst performing Scottish mainland Health Board to the best in terms of sickness absence management. In particular;

- The EASY service is effective in reducing sickness absence, in terms of hours lost, in NHSL
- The richness of the EASY database gives detailed information on absentees by cause, duration, job family, secondary compliance
- Sickness absence incidence shows year on year downward trend
- Those absentees phoned on the first day of absence were more likely to return to work than those phoned on subsequent days
- There is a high level of satisfaction with the EASY service in NHSL staff

The study highlights the importance of early intervention for sickness absence management and showed that the EASY service was also cost effective: the value of the hours saved comfortably exceeded the cost of the intervention.

Contact
Dr Judith Brown, Healthy Working Lives Group, Academic, Centre for Population and Health Sciences, College of Medical, Veterinary and Life Sciences, University of Glasgow, 1 Lilybank Gardens, Glasgow G12 8RZ
Judith.Brown@glasgow.ac.uk

6. Extension Analysis, and Ramped-Up Trial Sample-Size Preparation, for the Nairn ACP Pilot's Effects on Institutionalization Outcomes.

Researchers: Josie Evans, Iain Atherton, Peter Donnan, Paul Leak, Adrian Baker, Lorraine Marshall, David Kelly, Christopher Hall

In 2007 a GP practice in Nairn in the north of Scotland initiated an anticipatory care scheme. This scheme involved the use of an algorithm that identified patients likely to be at high risk of hospital admission. Those patients with the highest scores, along with those in nursing homes, were reviewed and, where appropriate, interventions put in place to reduce hospitalisations.

Evidence has since demonstrated a lower risk of hospital admission in comparison to a comparable practice post anticipatory care intervention (Baker et al., 2012). The intention of the project reported here was to ascertain if a lower risk of entering long-term nursing care could also be discerned amongst those resident in the community at the initiation of the scheme. Other supplementary questions were also examined including the association between the algorithm and mortality.

The study aimed to link together and utilise data collected in primary and secondary care. Data from both the Nairn practice and another comparable practice were extracted by Albasoft, a company that specialises in electronic health data, and NHS Highland ehealth. The resulting data was forwarded to the Health Informatics Centre at the University of Dundee (HIC) who linked the data together and attempted to ascertain which patients had entered nursing homes and when. However, doing so proved very time-consuming and thus not scalable to enable analysis of everyone in the two practices.

Photo of Josie Evans and Iain Atherton from School of Nursing, Midwifery and Health, University of Stirling

We are continuing to work with the Nairn practice to evaluate alternative methods of identifying nursing home admissions. Survival analysis was carried out and demonstrated a strong association between algorithm scores mortality.

The study has highlighted the challenges researchers face in utilising data collected initially for other purposes, both in terms of knowledge of specifically what is available and where it is held (this despite a considerable amount of facilitation from ehealth and practice staff).

Our central recommendations to date are the need for very clear written agreements with regards to data to be provided and trial data extractions run as a part of any piloting process.

References
Baker, A., Leak, P., Ritchie, L.D., Lee, A.J. and Fielding, S. (2012) Anticipatory care planning and integration: a primary care pilot study aimed at reducing unplanned hospitalisation, British Journal of General Practice, 62, 595: 113-120.

UNIVERSITY OF STIRLING
SCHOOL OF NURSING, MIDWIFERY AND HEALTH

7. Enabling health and wellbeing among older people: capitalising on resources in deprived areas through general practice.

Researchers: S Wyke, C Dow, C O'Donnell, G Watt, A Hendry, A Bowes, K Rummery, M Anderson, M Whorisky, C Hoy

In 2013 a project, led by Professor Sally Wyke aimed to develop a system through which general practices in deprived areas could identify older people in need and help them access resources and/or participate in activities known to help prevent or delay disablement and enhance wellbeing.

The system, called BRIDGE (Building Relationships In Deprived General practice Environments) was designed with participation from staff in general practises, community organisations and older people involvement.

The study emphasised the hurdles faced in trying to improve linkages between practises and community assets. The main issues were time and the relatively low availability, accessibility and suitability of community resources in deprived areas. However, with more time, practises felt it would be possible to develop these links. Over the course of the project it was recognised that the vertical approach to designing and road-testing was evolving into a horizontal system requiring the active experience of practices, older people and community organisations in context.

BRIDGE shows considerable promise if links are allowed to develop organically through relationships built across organisations in a horizontal rather than 'top-down' way. The lessons from this project will enable policy makers, practitioners and community groups to consider the key facets of an implementable and sustainable system, easily accessed by older people.

Contact: Sally Wyke,
Institute of Health & Wellbeing,
University of Glasgow. Sally.Wyke@glasgow.ac.uk

8. Impact of health interventions on educational outcomes: an exemplar study of the management of breech infants.

Researchers: Jill Pell, Rachael Wood, Albert King, Danny Mackay, Lucy Reynolds, Carole Morris, Athea Springbett

The aim of this study, was to conduct the first Scotland-wide linkage of childhood health and education data, and demonstrate its utility. This was done by studying the impact of guidelines changing the mode of delivery of breech infants on their educational outcomes.

The project involved linking four databases: the ScotXed pupil census (2006 – 2011); the SQA qualifications; the ScotXed school leavers destination; and the SMR02 obstetric care, as well as using birth certificates and the CHI database. Breech vaginal deliveries were compared with breech elective caesarean sections and cephalic (head first) vaginal deliveries.

The conclusions reached demonstrated the feasibility and usefulness of cross-sectorial record linkage. It showed that it was technically feasible to link administrative data from the health and education sectors and achieve levels of completeness and accuracy sufficient for research purposes without having children's names available.

Future research should build on the experiences gained during this project and link health sector data to a wide range of health-relevant data held outside the health sector, as both the causes and outcomes of health extend beyond the health sector to areas like education, housing, criminal justice, social services and employment.

Further details from:
Professor Jill Pell, Henry Mechan Professor of Public Health,Institute of Health and Wellbeing,
University of Glasgow

9. Adolescent behaviours and tobacco and alcohol environments in Scotland.

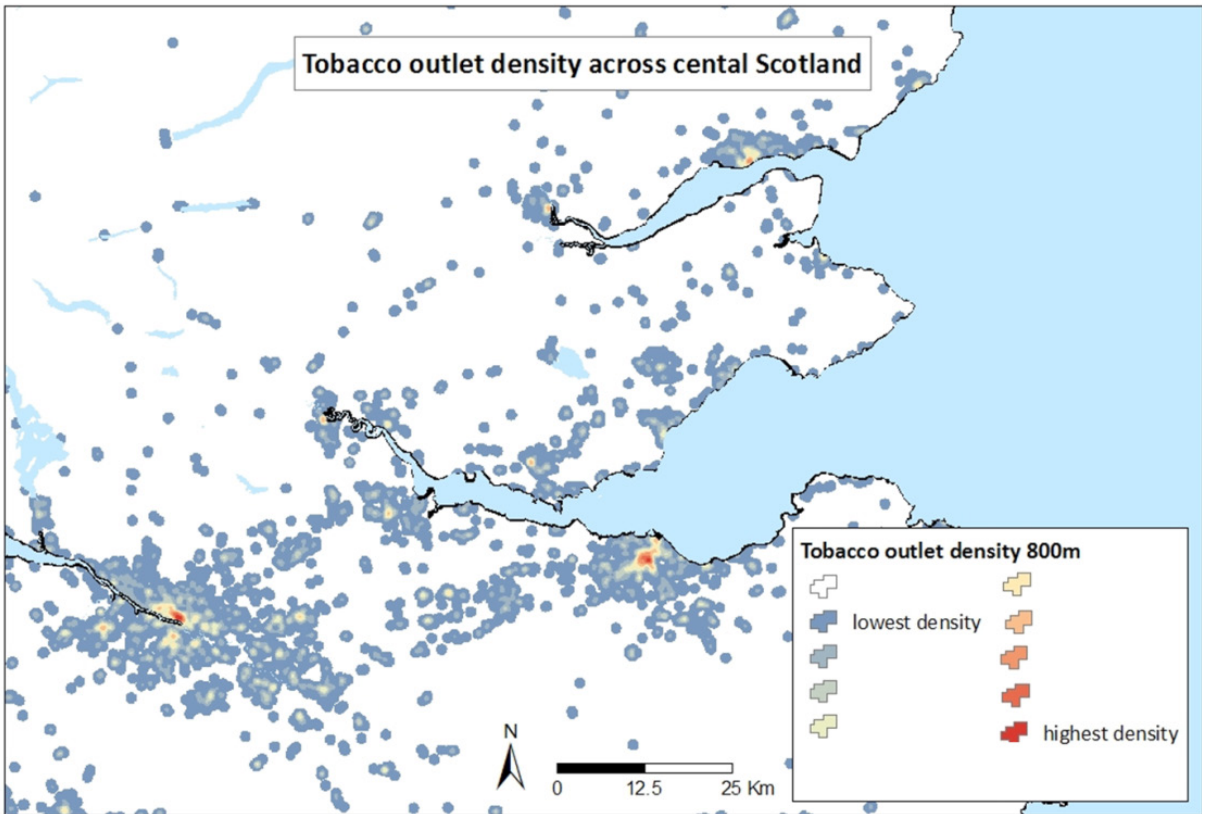
Niamh K Shortt[1], Catheine Tisch[1], Jamie Pearce[1], Richard Mitchell[2] and Elizabeth Richardson[1]*

Tobacco and alcohol use pose significant global public health challenges and are major determinants of preventable morbidity and mortality. Preventing tobacco and alcohol misuse in adolescence before habits are formed is an important policy goal.

The aim of this exploratory research was to examine the density of tobacco and alcohol retail outlets in Scotland and their association with the prevalence of drinking and smoking behaviours in school aged children. Our goal is to gain a greater understanding of the distribution of these outlets and in turn to understand whether a concentration of outlets around either the adolescent's school, or home, creates an environment that promotes such behaviours.

Analysing a survey of over 20,000 adolescents we found that those adolescents living in areas with the highest concentration of tobacco outlets had a significantly higher odds of having ever tried smoking or being an established smoker, after controlling for a range of individual, family and area level characteristics. We also found that the relationship was in the opposite direction for adolescents attending schools in areas with the highest concentration of outlets, these adolescents had significantly reduced odds of having ever tried smoking. We see little or no relationship between alcohol outlet density and adolescent drinking behaviours.

These results are important. The increased odds of smoking in adolescents with more outlets close to their homes is crucial and suggests that interventions to reduce risky health-related behaviours amongst adolescents should consider the regulation of outlet density. Contrary to evidence elsewhere (largely from North America), our findings do not support a policy response of only restricting the number of outlets within the immediate vicinity of a school and emphasise the importance of the overall environment, particularly in residential areas.



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trellis

SUPPORTING HEALTH THROUGH HORTICULTURE

Trellis is the Scottish Therapeutic Gardening Network. We're the organisation to come to for knowledge about therapeutic gardening. That is the art of using gardening to help people take care of their physical, emotional and social wellbeing. We support a network of over 200 therapeutic gardening projects in Scotland so they can share skills, good practice and get connected.Trellis runs networking events, training workshops, and information and fieldwork services (we can visit you) to give help and advice.

We keep in touch with our network of over 700 subscribers through our weekly Trellis eBulletin. We support research and development in therapeutic gardening as well as curating the database of therapeutic gardening projects in Scotland, and we make sure that the voice of our network is heard by policy makers.

Jenny is the information officer at Trellis and Ruth caught up with her to find out more about the network.

When was Trellis started and why?
It was started in 2005 from a need amongst therapeutic gardening projects for a support network and recognition of therapeutic gardening. Projects are often underfunded, understaffed, isolated and the benefits of therapeutic gardening are not widely recognised or appreciated.

How many projects are there in Scotland?
There are many therapeutic gardening projects in Scotland, over 200 have become part of the Trellis network. We'd love more to come forward and join us!

What sort of projects are you involved with?
A very wide variety, from:

- specialist gardening projects e.g. those supporting people with learning disabilities, overcoming addiction, recovering mental health;
- gardens in hospital grounds such as at Dundee, Stirling and Falkirk;
- gardening projects in secure settings;
- nursing/AHP/community capacity-building led gardening activities in the community;
- gardening projects in residential care homes, housing associations;
- gardening projects in therapeutic communities;
- self-help community groups gardening in many settings – allotments, parks, forests, at home.

Recently we have been asked to promote the benefits of gardening as a meaningful activity at public events by DSDC (Dementia Services Development Centre) University of Stirling and the MS Society.

We have also been funded to take 'gardening taster sessions' to groups for 'carers' and 'hospital wards' for those with dementia.

"I love creating and decorating spaces with them, indoors and out."

Know your plant Get friendly and say 'hello' on a Monday morning

What are you favourite aspects of gardening and why?

For me it has to be container growing, either outdoors in my garden or indoors with houseplants. They are easy to look after and give you lots of rewards in taste, flavour, scent and colour and you can move them to wherever need a bit of colour or structure.

I love creating and decorating spaces with them, indoors and out. I can't bear all the digging and weeding in a garden plot, so I leave that to my husband! Top of my list are herbs as they are so easy to grow in pots. I've got mint, chives, thyme, parsley, sage, bay and rosemary at my back door and dotted throughout the garden.

Also a miniature cherry, roses, lavender and lilies in pots too, for colour (blue agapanthus and in-your-face-orange Pixie). Then I have some lovely topiary in pots, clipped box balls and pyramid shapes. They give a green structure on my patio and look fantastic iced with frost on a nippy Scottish winters' morning. Indoors, I have a 7' weeping fig tree in my kitchen…shall I go on?!

What advice could you give us at SCPHRP to keep our plants healthy in the office?

Grow plants that suit your local conditions: offices are usually warm (20c +), dry atmospheres, with varying light levels.

- All plants should come labelled with their preferences. If not, you can always look them up online. The Royal Horticultural Society has consistently sound advice
- Know your plant. Get friendly and say 'hello' on a Monday morning.
- Ask yourself does it look as though it's thriving?
- Stick a finger into the soil in the pot – how does it feel? Dry, damp, soaking wet?
- Aim for damp lower portion of pot, with dry top soil.
- Don't let your plant stand in water.
- NB more house plants die of over watering, so don't worry about letting the surface of your plant soil dry out a little, you can always add water if the plant looks stressed.

Photograph: A demonstration of gardening skills from The Hidden Gardens, Glasgow: The gardening group in action at Trellis/ RCHS stall Gardening Scotland 2013. Find out about the work of the Hidden Gardens at http://thehiddengardens.org.uk/

For more information please visit Trellis at www.trellisscotland.org.uk

Is standardised formatting enough?

Take5 minutes...

to update your knowledge on Food labelling *Michelle takes a critical look at its role in public health.*

"Food labeling is an important component of public health policy that has the potential to enhance consumer awareness of food choice and promote healthy eating.

Can more be done to maximize that potential?"

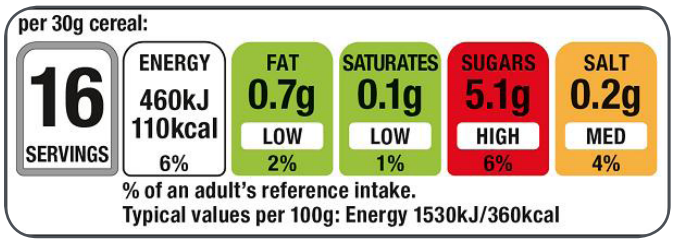
In June 2013, the UK launched new guidelines for its front-of-pack (FOP) nutrition labelling scheme. The guidance provides a standardised format by which a colour-coded (red/amber/green) display for energy, fat, saturated fat, sugars, salt, along with their percentage reference intakes, should be presented.

While FOP labelling remains voluntary, it is becoming more popular and is encouraged by the Food Standards Agency for products in packages large enough to accommodate such a label. According to the FSA technical guidance on this topic, the purpose of front of pack labelling is to "provide consumers with at-a-glance nutrition information, so that they can make informed food choices and can balance their diets and control their energy intake".

Whether front of pack labelling is able to achieve this goal remains an ambiguous question in scientific literature. A recently published systematic review on FOP labeling found very mixed results as to whether or not FOP labels helped consumers identify the healthier of two products.

It also found little evidence that the labels have an impact on consumers' eating behaviours (Hersey et al, 2013).

"Mixed messages are among the reasons why nutrition labels have little measureable effect on consumer behaviour".



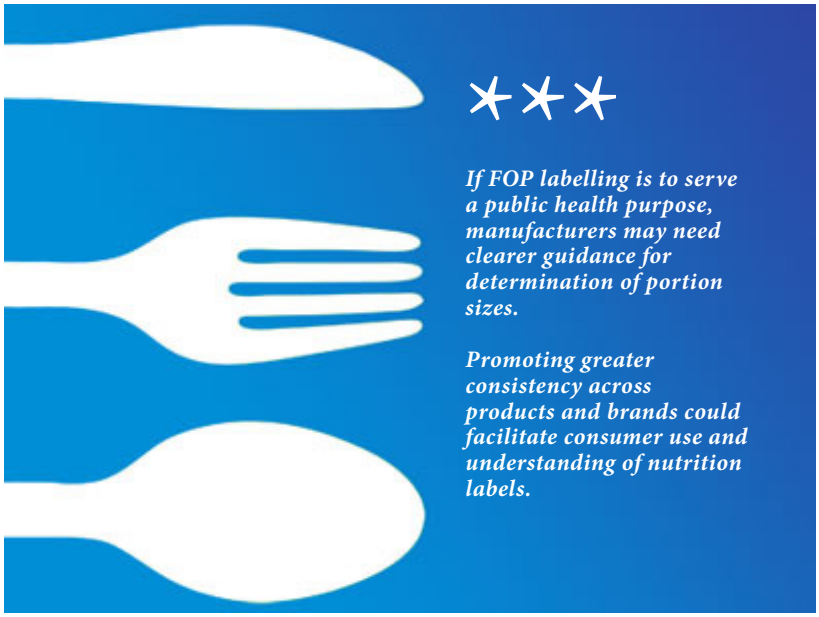
The comparison revealed dramatic differences in portion sizes

A qualitative study in Ireland recently identified a perceived lack of clarity in serving size guidance as one of the key barriers to healthy portion size control (Spence et al, 2013).

Indeed, food portion sizes recommended by health care professionals, governmental and non-governmental organizations lack consistency.

In 2012, Lewis and co-authors reviewed and compared portion size recommendations published by various organizations in the UK, such as the Confederation of Food & Drink Industries of the EU, the British Heart Foundation, the British Dietetic Association, and Diabetes UK, as well as portion sizes listed on the packaging of a large supermarket chain's own-brand products.

The comparison revealed dramatic differences in portion sizes recommended by the different schemes across a wide range of foods, including breakfast cereals, rice, pasta, potatoes, meat, fish, and pulses. For example, the portion size for butter and fat spreads suggested by Diabetes UK was twice as large (10g) as that recommended by most other schemes (5g). Current legislation mandates that nutrient values per 100g/mL be provided, but listing information per portion or serving is at the discretion of the manufacturer, who also has the power to determine the serving size.



Take-home message

Lewis, H., Ahern, A., & Jebb, S. (2012). How much should I eat? A comparison of suggested portion sizes in the UK. Public Health Nutrition: 15(11): 2110-2117. McCann, M., Wallace, J., Robson, P., Rennie, K., McCaffrey, T., Welch, R., & Livingstone, B. (2013). Influence of nutrition labelling on food portion size consumption. Appetite 65, 153-158.Hersey, J., Wohlgenant, K., Arsenault, J., Kosa, K., & Muth, M. (2013). Effects of front-of-package and shelf nutrition labeling systems on consumers. Nutrition Reviews 71(1): 1-14.FSA Scotland. Healthier choices made easier with new food labelling. June 2013. Available at http://www.food.gov.uk/scotland/news-updates/news/2013/June/scotlabel.

Evaluation of public health interventions

A brief introduction by Larry Doi

Evaluation can be defined as attributing value to an intervention by systematically gathering reliable and valid information about it, and by making comparisons, for the purposes of making more informed decisions.

One aspect of the definition worth highlighting is 'making comparison'. Comparison is the main way by which evaluation judges the value of an intervention. Different types of evaluation designs have different means of going about this. Some compare one intervention with another or a control group, while others compare the state of individuals or organisations before and after the intervention.

Evaluation can also compare objectives of the intervention to actual achievements. The attribute of comparison for the sake of assessing the value of the intervention, distinguishes evaluation from other types
of research.

Evaluation can broadly be grouped into three categories: process, impact, and outcome. Depending on the activities to be evaluated and the effects that need to be measured one or more of these categories may be used.

Process evaluation is carried out to examine an intervention as it is being implemented. It measures to what extent activities of the programme have been implemented as planned, by measuring for example, reach and quality of the activities. Through this assessment, process evaluation enhances our understanding of how an intervention operates and how it produces what it does. The insight generated by process evaluation is important, especially when you want to transfer a successful intervention from one setting to another.

An impact evaluation is concerned with examining the immediate short-term effects of the intervention. It judges how well the objectives of the intervention were achieved. Outcome evaluation measures long-term effects, considering the intervention as a whole and judging whether it has achieved its goals.

For example, let's consider a public health evaluation designed to examine a smoking cessation programme in a certain community. Process evaluation might involve assessing the number of smokers who received smoking advice as compared to the population of smokers. Impact evaluation might focus on the number of smokers who have successfully stopped smoking over a period of time. Whereas outcome evaluation might concern assessing whether smoking related deaths have reduced over an extended number of years.

Overall, evaluation findings serve different purposes, but they often inform decisions about whether to continue or abolish public health interventions either wholly or partly, or whether it is practical to extend into other settings.

For more information please contact Larry at larry.doi@ed.ac.uk

STAND YOUNG SCOTS TACKLING ALCOHOL AND DRUGS

A brief update...

In February this year, SCPHRP and Mentor Scotland launched the Young STAND award scheme, a joint initiative which 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. SCPHRP's Spring magazine covered the launch and SCPHRP's John McAteer and Heather McVeigh from Mentor Scotland have been catching up with the winners.

Photo of Cameron Ironside with Sean Bonner visiting local MSP Bill Kidd at Scottish Parliament

" This was a joy to watch and to take part in"

DRC Generations

arranged for Heather and John to visit a primary school in the Scotstoun area of Glasgow with two of their peer educators to watch them delivering one of their alcohol misuse prevention sessions. This was a joy to watch and to take part in. Both Heather and John were spun around whilst wearing "beer goggles" (blurred vision glasses) before attempting to throw skittles into a bucket. They will be visiting the project leads, Isabel and Michelle again in the next month or two to assist them with developing an evaluation plan.

In other news, the young people at DRC held a hugely successful showcase event in May, which included a delicious looking STAND cake, and Cameron from DRC Generations, has been selected as one of the three finalists in the STV Unsung Heroes for the Young Community Champion, with winners selected in November. SCPHRP wishes Cameron the best of luck.

Also, *congratulations* to Michelle who recently gave birth to a baby boy!

Heather and John have begun developing an evaluation plan with **the Big ShoutER** project leads, Hazel-Ann and Alison. This will involve analysis of existing data collected by the project in relation to previous intervention work.

The Big ShoutER were awarded the Crofton Award 2012 by ASH Scotland and are planning to deliver a tobacco use prevention project for children with special educational needs in Glasgow.

If effective, they aim to expand this to cover alcohol and substance misuse prevention. John and Heather will be helping to set up an evaluation of this project.

The Big ShoutER have been busy attending national conferences and organising a hugely successful celebration event, attended by The Chief Medical Officer for Scotland, Harry Burns.

Read more about the STAND award launch at www.scphrp.ac.uk

Holly Miller *came to SCPHRP in June this year to gain some work experience.*

SCPHRP would like to say a huge thank you to Holly for all her help on the 'Healthy Eating Wheel' project and for all her enthusiasm and commitment she showed whilst with us.

My name is Holly, I'm 16 years old and studying at George Heriots School. I am interested in pursuing a career in a health related field and felt work experience at SCPHRP would be beneficial as it combines many aspects of health. Also, the people who work here all have different degrees relating to health, e.g. psychology, medicine and biological sciences. This gives me the chance to experience the different applications of health as a career. I volunteer at two organisations, The Yard and The Open Door, which have both aided my desire to work in this field. The Yard is a day centre for children with a range of disabilities that also offers youth clubs for teenagers with disabilities. The Open Door is a day centre for the elderly living within my community who suffer from varying degrees of dementia. In my spare time I like to play sport and I play for both my school football and basketball team. In the future, I hope to do a gap year after I have finished sixth year, and go to university, most likely to study psychology.

Child Obesity by Holly Miller

I have always had an interest in health, and in particular healthy eating. The rise of child obesity has been evident to me throughout my life and it is clear the problem is getting worse.

I feel this is partly due to the accessibility of 'junk food' to children. It is now simple for a child to buy fizzy drinks, chocolate and burgers, whereas in the past it was difficult, partly due to the fact there was less types of junk food available.

I am tempted with junk food on a daily basis. At snack time in my school refectory there are chocolates, crisps and cakes, and then when I go out for lunch the temptation increases with shops like the fast food takeaways, pizza shops, fish & chip shops and more. The temptation for me is mainly outside of my house. My parents are both healthy eaters who have pushed their healthy eating values on to me from an early age with the food that we have in our fridge.

When I was younger in the school playground, all my friends around me would have crisps and chocolate for snack whereas I would have a cereal bar packed with nuts and fruit. The food I eat at home balances out any unhealthy food I may eat out at lunch or out with my friends at the weekend. However for many children junk food is a dominant part of their life at home which is what leads to child obesity. If children are not brought up in a home where fruit and vegetables are encouraged, it is unlikely they are going to eat them outside of their house. Junk food tastes good and is cheap so why would children buy the healthier options which are more expensive and don't always taste quite as good?

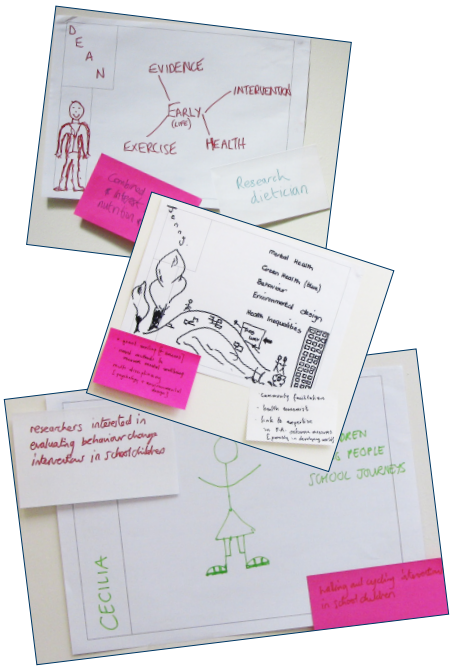
Programmes within school will help shape children's perspective of healthy eating and give them a desire to eat more healthily, but this needs to be achieved out of school as well. The main way the children will eat healthier is if it is pushed on them from home.

This means educating adults more about the importance of healthy eating for their children, and the detrimental effects junk food will have on their, and their children's, future.

Physical Activity Research Activity Generator in May 2013 in Dunblane

In May, SCPHRP organised a two day residential interactive workshop at Dunblane Hydro which aimed to stimulate new research ideas around sustaining physical activity. Participants from a mix of backgrounds (research, policy, practice) were encouraged to use lateral thinking and creativity to develop radical research approaches to the topic area.

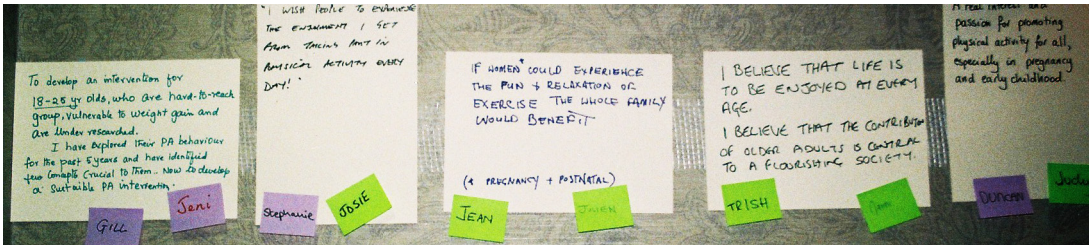
The event was expertly facilitated by Matthew Haggis and Dee Hennessy from the Creative Exchange Group (www.creativeexchange.co.uk).



The event was hugely successful, with numerous networks and collaborations being established, and six research ideas being generated. Of these six, two are already being taken forward to the next stage.

1. PROPOSAL FOR A EPSRC FUNDED TECHNOLOGY FOR PHYSICAL ACTIVITY NETWORK (TPAN), led by Judy Robertson from Heriot Watt University. The purpose of this network is to bring together experts from computer science, sports science, psychology and behavioural medicine to share current knowledge and develop new research directions to address this pressing societal problem.

2. SCHOOLS WALKING PROPOSAL, led by Josie Evans Senior Lecturer in Public Health from Stirling University. Researchers from the University of Stirling, in partnership with Sustrans and City of Edinburgh Council are developing a proposal to work with young teenagers in the early years of secondary school in order to explore their views and ideas relating specifically to incentives to encourage active travel to school.



Why I Went Into Public Health *(a personal note)*

by John Frank, SCPHRP Director

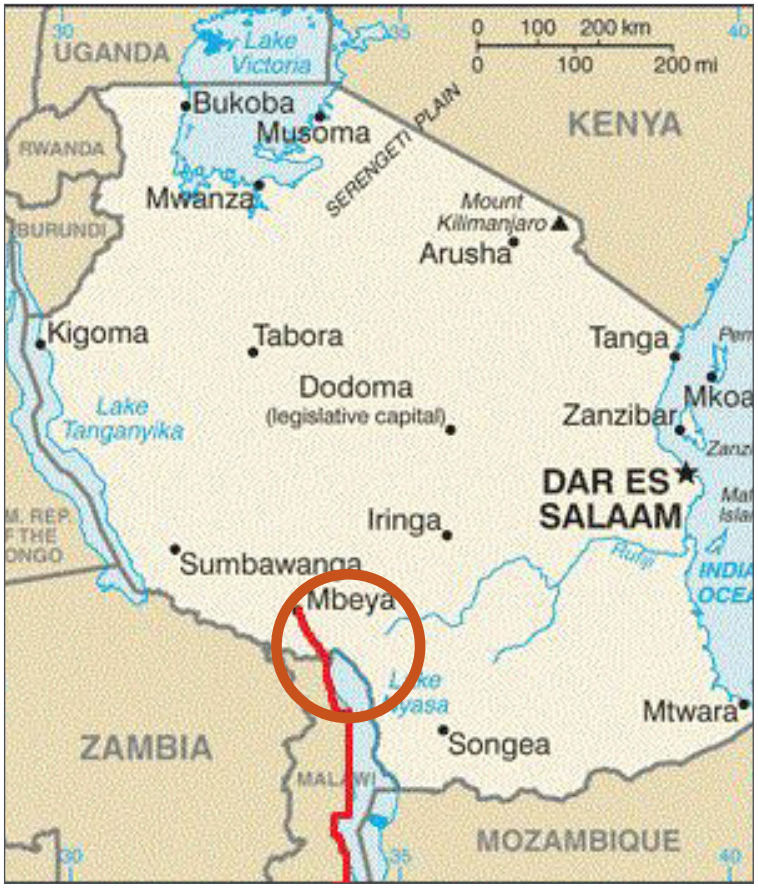
After decades as a university professor, people often ask me why I chose the field of public health for my professional and research specialty. Here is the story, in brief...

In 1976, my wife Eden Anderson and I, freshly minted as a social policy analyst and family physician (respectively), decided to serve in Tanzania, as volunteers with the Canadian University Service Overseas (CUSO) (much like the UK's Voluntary Services Overseas -- VSO).

We wanted to work in a progressive developing country, and CUSO's terms and conditions suited us: we would both teach, to transfer our skills locally, and be paid at local peer wages.

After an initial month of immersion training in Swahili, we became residents of Mbeya, in the southwest highlands – a 24-hour train ride from Dar es Salaam.

There Eden taught African Literature in English to secondary school students, while I learned to practice hospital medicine in the low-resource environment of the regional government hospital, and taught Medical Assistants in the newly established local college.



Note:

Medical Assistants are high-school graduates trained to diagnose and treat just the commonest illnesses and injuries, in a three-year intensive course; on graduation, they typically serve in publicly-funded Health Centres and hospital outpatient departments, often seeing as many as 200 patients every day, with only a basic formulary of drugs at their disposal, and hardly any lab tests.

I fell in love (intellectually speaking) with epidemiology

During our two-and-a-half years in Tanzania, I gradually realized that my professional efforts in Tanzania – while immensely rewarding and stimulating – were focused at the wrong level of health services.

My job there was about diagnosis and treatment of patients already sick, typically with completely preventable conditions: hookworm anaemia, schistosomiasis, malaria and tick-borne relapsing fever, water- and food-borne causes of diarrhoeal disease, immunizable but often fatal conditions such as measles and tetanus, many forms of malnutrition no longer seen in the developed world, and catastrophic complications of pregnancy and birth that could have been managed, had those women been seen earlier.

These patients, if they survived, returned home to their impoverished communities, where the underlying economic, environmental and cultural causes of their illnesses soon caused them to become ill again, from the same diseases – a virtual revolving door.

I concluded that I needed graduate training in public health, to learn how to prevent such illnesses in the first place. In 1980-81 I therefore enrolled in a Masters programme at the London School of Hygiene and Tropical Medicine.

There was no looking back; I fell in love (intellectually speaking) with epidemiology, the quantitative core-science of public health and prevention, and eventually became a professor.

The subsequent three decades, residence in three countries and brief periods of work in a half-dozen others, have taught me a great deal about why people become ill, and about preventive interventions.

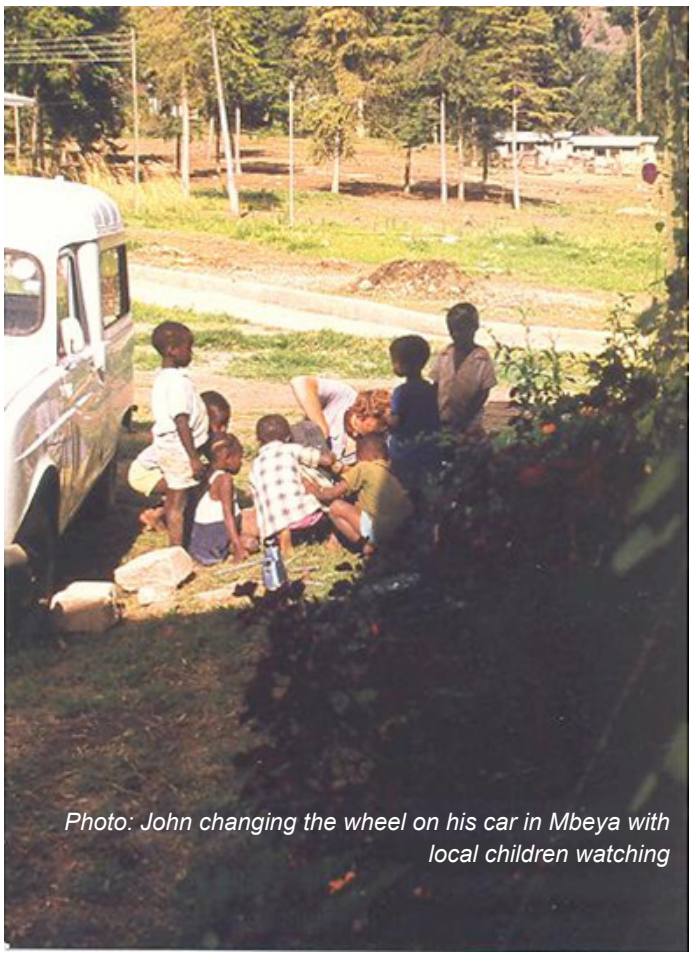


Photo: John changing the wheel on his car in Mbeya with local children watching

Scotland, my home since 2008, has taught me two things about socio-economic disparities in health, which are steep here by international standards. First, they require a very long-term public health strategy for their reduction – perhaps over decades. Secondly, persuading any government or society to invest in effective public health programmes and policies, with typically long-term payoffs, is never simple.

For these insights, I am grateful. I hope to make good use of them, as SCPHRP works to make Scotland a healthier place, for all its citizens, and we now enter our second five years of operations.

SCPHRP
Scottish Collaboration for Public Health Research & Policy

UK Public Health Research Centres of Excellence Conference, Cardiff

SCPHRP's John Mac, Larry, Michelle, Renee and Ruth attended the UK Public Health Research Centres of Excellence Conference in July.

The conference was hosted by DECIPHer (http://www.decipher.uk.net/) at the Millenium Stadium in Cardiff. The conference theme was 'Public health across the lifecourse'. Huge thanks to DECIPHer for a hugely stimulating couple of days.

SCPHRP arrived in style via minivan after a road trip from Edinburgh. The group stopped off at the picturesque Hay-on-Wye and Llanthony Priory (pictured above) on the way back home.

Public Health Information Network for Scotland seminar, Glasgow

The Team attended the Public Health Information Network for Scotland seminar in September. Speakers included Kat Smith from the University of Edinburgh; Sonya Scott, Gerry McCartney and Mark Robinson from NHS Health Scotland and Tomi Ajetunmobi from Information Services Division (ISD) Scotland (Tomi reported on the SCPHRP seed funded research looking at breastfeeding and potential health and economic benefits). In addition, Jamie Pearce from Edinburgh University, gave a presentation entitled 'Have geographical inequalities in health across Europe increased during the period 1991 to 2008?' and David Walsh (Glasgow Centre for Population Health) provided a general update on health & well-being related information projects in Scotland.

All talks were excellent, and there was much lively debate afterwards. Also, thank you for the lovely scones during coffee break!

The power of Twitter

A year or so ago we gained a new follower on our @SCPHRP Twitter account, Monika Dutt. Monika is the Medical Officer of Health for the Cape Breton District Health Authority, Nova Scotia, Canada.

Through Twitter we found out that we had similar interests, and like many public health doctors in Canada she is very well versed with the work of our 'Highly Esteemed Director', John Frank!

Photo of Monica, Ruth and Kale at SCPHRP's office.

Monika was visiting the UK from Cape Breton in early September with her son Kale. We were delighted when we found out that she was planning to come to Scotland and we would finally get to meet.

One Monday morning she arrived at our offices with her little boy Kale who - strangely - seemed more impressed with our 3 large, purple exercise balls that we have in our office.

Monika and Ruth used their time together walking up to the top of Arthur's Seat, to talk about their work and to share interests (yes we are now moving from walking meetings to hiking-up-hill meetings).

Twitter is often viewed as frivolous and time consuming, but we see it as an essential part of our knowledge exchange strategy and a relatively easy way of establishing ourselves globally as a credible, policy relevant, public health organisation.

If you want to find out more about Monika, follow her on Twitter (@Monika_Dutt) and her blog http://capebretonmedicalofficerofhealth.wordpress.com/

In the (non) words of Frankie Goes to Hollywood:

The power of tweeting
A force from above...
Make tweeting your goal

You can
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