SCPHRP
Scottish Collaboration for Public Health Research & Policy

SUMMER 2014 ISSUE

Growing up in Scotland
Pg 7

THE STAND AWARDS
Pg 10

The Well!Bingo project
Pg 18

CONTENTS

SCPHRP working groups update 4

New website for SCPHRP 6

Growing up in Scotland 7

Susan Lowes, Policy & Engagement Officer at Voluntary Health Scotland 8

2nd Annual Young Stand (Scots tackling alcohol and drugs) awards event 10

Take 5 minutes: to update your knowledge on synthesising qualitative studies 14

Reducing health inequalities in the early years -- what should Scotland do next? 16

The Well!Bingo project 18

MPH students 20

SCPHRP's away day at New Lanark 23

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EDITORIAL

Hope you have all managed to make the most of this fabulous summer – here at the SCHPRP offices we have managed to eat our lunch outside several times. Makes a change for only enjoying summer because the rain is warmer…

It is 12 months since we got funding for a further 5 years, and this edition of the magazine highlights some notable events and activities this year including:

- a new research fellow for the later life group (Dr Daryll Archibald)
- Andrew Williams graduating with a PhD, causing him to grow in stature to the size of a lighthouse
- Stand Awards (page 10) for which we had a record number of applicants, and some excellent finalists
- supervision of dissertation projects for six University of Edinburgh Masters of Public Health students (page 20) – all of them are working on projects relevant to the working groups
- SCPHP's new website which is much more interactive and will allow Working Group members to have their own 'hub' for discussions and information sharing (page 6).

Also in this issue you can find out more about Susan Lowes, from Voluntary Health Scotland who tells us more about the organisation and her role (page 8); Well!Bingo, an exciting new research project run by colleagues in University of Stirling (page 18); and a new report from Growing Up in Scotland (page 7).

And finally, you can find out more on synthesising qualitative studies and reducing health inequalities in the early years.

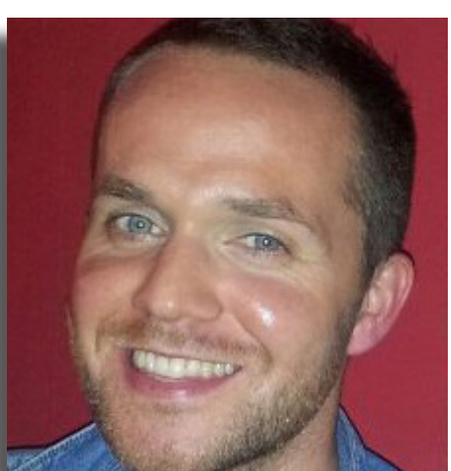
We hope you find this magazine as "gallus and glittering" as the Commonwealth games

You can contact SCPHRP Deputy Director Ruth Jepson by emailing ruth.jepson@ed.ac.uk or via twitter:@ scphrp

SCPHRP magazine is published three times a year. If you would like to submit an article, or be added to our distribution list, please contact Sam Bain at samantha.bain@ed.ac.uk.

NEWS

SCPHRP's latest addition to the team is Daryll Archibald. Daryll holds a BA (Hons) in Psychology & Sociology, an MRes in Social Research, and a PhD in Health Geography. He joined SCHRP in July 2014 as a Post-Doctoral Research Fellow to work primarily with the Later Life Working Group. Prior to this Daryll worked as a Research Fellow at the School of Medicine & Dentistry at the University of Aberdeen on projects funded by the National Institute for Health Research and the European Commission's 7th Framework programme.



CONGRATUALATIONS to SCPHRP's Andrew Williams who recently graduated from Peninsula College of Medicine and Dentistry with a PhD 'Determination of school-based contextual factors and their associations with the prevalence of overweight and obesity.' Here he is standing proud next to Smeaton's Tower lighthouse.

SCPHRP Event: 03 Sept 2014

Creating Better Health & Wellbeing: Community organisations and researchers learning together.

This one-day networking and learning event organised by members of the Adult Life/Working Age Working Group at the Scottish Collaboration for Public Health Research & Policy (SCPHRP) aims to help bring academic researchers and community projects together to discuss methods and experiences of improving health and wellbeing and reducing health inequalities in Scotland.

MORE INFORMATION ON PAGE 5 IN THE WORKING LIFE/ADULT WORKING GROUP UPDATE

Working Group update

The Early Years working group focuses on reducing health inequalities through early childhood public health interventions. During our working group meeting in late 2013, the group formed three sub-groups, covering three topic areas. In January 2014, the sub-groups met to further deliberate on specific research topics to take forward. Below are brief updates of the activities of the sub-groups.

"Partnership for health and wellbeing" sub-group. There is a currently ongoing discussion with the key individuals at the Directorate for Chief Nursing Officer regarding the possibility of evaluating some aspects of recent changes to the health visiting programme. The next meeting for this group is in September 2014.

"Effective universal support services" sub-group. This group organised a symposium in May 2014 on the topic "Exploring continuity of care in maternity and post-natal services". The next meeting of the group in September 2014 will focus on how to translate some of the issues raised at the event into potential research enquiry.

"Changing environment, context and structures" sub-group. This group wanted to engage and possibly conduct a research study around community food programmes. Some members of the group attended the "maternal and infant nutrition framework: supporting a Healthy Start" event in Stirling. The event provided a good opportunity for networking and several representatives of different community food programmes have expressed interest of working with us. The group will meet again in September 2014 to deliberate on how best to move our initial ideas forward with some of these collaborators.

If you would like more information about the Early Years Working Group and the sub-groups, and/or would like to join any of the sub-groups, please email Larry (larry.doi@ed.ac.uk).

The Adolescence and Young Adulthood working group focuses on public health issues affecting teenagers and young adults, aged 13-25 years. The Working Group currently comprises three sub-groups.

'School, Education and Health' – exploring links between school, education and health, with a view to developing an intervention. The group are currently working on a scoping review to identify predictors of school non-attendance and effective interventions. The group will meet again in October 2014 to discuss findings.

'Social connectedness' – focusing on connectedness within families, peer groups and the wider community and the role it plays in adolescent health. In collaboration with the MRC Social and Public Health Sciences Unit and Midlothian Council, the group is currently conducting a realist evaluation of ESCAPE, an intervention aimed at improving relationships between young people and their families. The group will next meet in October 2014.

'Protecting young people in transition' – examining the impact of transition on young people's health, with a view to developing interventions. The group will hold a symposium on the 22nd October 2014, 10am-3pm, to explore the impact of transitions on health outcomes in adolescence and later life, and provide examples of current interventions being implemented across Scotland.

If you would like more information about the Adolescence and Young Adulthood Working Group, and/or would like to join any of the subgroups, please email John (john.mcateer@ed.ac.uk).

The Working Age/Adult Life Working Group

focuses on the health of the adult population, spanning the ages of (approximately) 18 to 65 years. The Working Group has subdivided into three sub-groups, each with a different substantive focus. These three sub-groups are:

'The Economy & Health' – currently the group is exploring the opportunities for external funding to help with a mixed-methods project, including a substantial knowledge exchange component, investigating people's experiences of UK welfare reforms on their health. Second, the group is discussing plans for a policy paper on recommendations for linking health data with economic and welfare data given the various potential outcomes of the Independence Referendum in September 2014.

Currently, the ***'Ageing Well'*** and ***'Social Change'*** sub-groups have joined forces to help deliver a networking and discussion event on 3rd September 2014 entitled 'Creating Better Health and Wellbeing: Community organisations and researchers learning together'. The aim of the day is to bring community-based project workers and researchers together to learn about current community-based initiatives that aim to improve health and wellbeing and reduce health

inequalities. We hope to identify common themes across projects that can help inform future research/interventions within the sub-groups and help generate new collaborative and multidisciplinary networks to lead on such work. Registration for this free event will open in July and we will advertise the event primarily through the SCPHRP email list and social media.

If you would like more information about the Adult Life/ Working Age Working Group and the sub-groups, and/or would like to join any of the groups, please email Tony (tony.robertson@ed.ac.uk).

Later Life Working Group

Dr Daryll Archibald joined SCPHRP as the main researcher for the Later Life Working Group in July. Daryll's background is in health geography and sociology and he is interested in devising, implementing, and evaluating novel interventions, policies and programmes to equitably address the looming burden of elder-care, and reduce health inequalities in later life. Daryll will meet with the Later Life Working Group to discuss potential projects once he has settled into his new post.

If you would like more information about the Later Life Working Group and/ or would like to join any of the groups, please email Daryl (Daryll.Archibald@ed.ac.uk).

SCPHRP's new website

In early July SCPHRP launched it's new website. While aspects of the site are still 'under construction' the main features are all available. The SCPHRP site features up-to-date information on all our events, publications, projects and staff. In addition to these features, a new 'Working Groups' section has been created. Here the public can read about the work of the four SCPHRP Working Groups, and their related subgroups.

Most excitingly, members of the Working Groups will soon have their very own 'Members Only Hub' where they can contribute to group discussions and share information in the forums. Social media is a big part of what we do at SCPHRP, and as such our various social media platforms are also featured on the site. For example, you can now watch videos from SCPHRP's own YouTube channel directly on the site.

We aim to create an environment that reflects our commitment to encouraging and facilitating collaborations between all sectors of the public health community, so any feedback or ideas on how we can best achieve this is very much welcome.

Youtube link - https://www.youtube.com/SCPHRP1
Website link - http://www.scphrp.ac.uk/

Enjoy the new SCPHRP website!

Growing up in Scotland

A new report from the Growing Up in Scotland explores 'Family and school influences on children's social and emotional well-being'.

The project used data collected from over 3,000 mothers and children, interviewed in 2012/13 when the children were 7 years old. Mothers were asked their child's behavioural or emotional difficulties (mental health problems). Children were asked about their life satisfaction (subjective well-being). The factors associated with both child mental health problems and low subjective well-being were: greater mother-child conflict and lower parental knowledge of the child's activities or relationships when not at school; the child experiencing difficulties adjusting to the learning and social environment at primary school; and the child having poorer quality friendships with other children.

Family stressors such as poor maternal health, family mental health/ substance use problems and low maternal warmth were associated with child mental health problems but not child subjective well-being. Experiencing a recent death, illness or accident in the family, and less positive parenting were associated with children's subjective well-being, irrespective of behavioural and emotional difficulties.

The full report, by Alison Parkes, Helen Sweeting and Daniel Wight is available from www.growingupinscotland.org.uk

A further report - 'The characteristics of pre-school provision and their association with child outcomes' is also available.

Growing Up in Scotland

Susan Lowes

Susan Lowes is the Policy & Engagement Officer at Voluntary Health Scotland which focus's on building and promoting the third sector's influence and maximising the impact of the sector on people's health and wellbeing throughout Scotland. John McAteer caught up with Susan to find out more...

What is Voluntary Health Scotland?

Voluntary Health Scotland is the national intermediary for a network of voluntary health organisations and workers who work with health, health promotion and tackling health inequalities.

Our members range from large national health charities to small, local service providers, and members' interests span service planning and provision, prevention, early intervention, self-management, advocacy, and support for service users and carers.

We work to strengthen the voice, profile and impact of the Voluntary Health Sector, support our Members to build their knowledge and understanding about emerging health agendas, to influence the development of national policy and to forge new working relationships and to provide a gateway between our Members, national policy makers and the statutory health sector.

How did you get involved with Voluntary Health Scotland?

I have a background working both in the voluntary sector and the NHS and have recently undertaken postgraduate study in public health. My policy ambition is to reduce, prevent and undo health inequalities and create a Scotland where we all have longer healthier lives, with equal access to care and support when we need it.

With limited progress and significant challenges around inequalities in Scotland, the role of the third sector in delivering and sustaining real change must be better understood and harnessed. I fundamentally believe that real change cannot be achieved by working in isolation; Inequalities can only be reduced through an integrated strategy and joint action across sectors. As part of this, we need both political and public sector commitment, and cross-sectoral work to address inequalities and ensure the delivery of linked services to support those in greatest need.

Voluntary Health Scotland's mission is to strengthen and support the Voluntary Health Sector as an integral part of this network and help the sector to be a valued and effective partner in creating a healthier Scotland and reducing these inequalities.

As such, I believe Voluntary Health Scotland is ideally situated and has enormous potential to promote and champion cross-sectoral and cross-area working to make this a reality. This makes it an organisation that I needed to work for.

What does your role involve?

I lead on policy and engagement in Voluntary Health Scotland. I have a wide range of responsibilities including policy analysis and research around health and social care issues in Scotland, facilitating

member consultation and events and producing consultation responses, and developing and promoting engagement work between Voluntary Health Organisations, the Scottish Government, NHSScotland and Local Authorities.

My main focus is on inequalities and I am currently leading on two strands of work to evidence the impact of the work of the Voluntary Health Sector. There is a lot of exceptional work being undertaken every day in the voluntary sector to tackle health inequalities and organisations are making a real difference to people's lives. I am working to promote this and build an evidence base to show the world just how valuable the sector is.

Throughout 2014, I am holding 4 events to examine health inequalities across the life course, focusing on children and the early years, youth transitions, vulnerable adults and older people. In conjunction I am also coordinating a piece of research to identify the voluntary health sector's contribution to addressing health inequalities and develop recommendations that will facilitate a stronger input from the sector in the future. These strands will come together in a report and parliamentary reception in early 2015. For more information on this work visit our website at www.vhscotland.org.uk

The third sector plays a key role in efforts to reduce health inequalities across Scotland. What do you think is the best way of achieving this?

In a nutshell, I believe the best way to reduce health inequalities across Scotland is collaboration, collaboration, collaboration.

The third sector is a major provider of both adult and children's services and works with some of Scotland's most vulnerable people, families and communities. Many voluntary organisations already work with local authorities and, to an increasing extent, health boards, to jointly identify need, plan and provide services. In doing so, our sector is central to the delivery of services and interventions that prevent and reduce health inequalities.

But delivering services is not enough. Real work needs to empower and work with communities themselves to build community and social cohesion. Some deprived communities are more resilient to health inequalities than others - with a key difference being higher levels of community cohesion, social and voluntary action. The pillars highlighted through the Christie Commission need far more traction – we need to be focusing on people, partnerships and prevention and this work needs to be shared across public, voluntary and private sectors, with communities at the heart. Working hand-in-hand with our local communities needs to continue and be scaled up if it is to make a real difference.

Work to tackle health inequalities cannot be done in isolation, instead it requires a whole systems approach with all stakeholders having equal influence, recognition and respect.

What is the most rewarding part of your job?

Many years ago, my academic career began with addressing inequalities. My degrees in social anthropology and international development really opened my eyes to differences in people's situations. Be it international or national, we're all faced with similar issues. We all want long, healthy, happy, quality lives for ourselves and our loved ones. Why should someone not be able to have that because of where they were born or circumstances beyond their control?

So how can I make a difference? I believe that influencing policy is key to achieving real sustainable change to improve people's lives.

Trying to get everyone to see things from a common perspective is a difficult task, but when you manage to influence a policy or piece of legislation, it really feels like you have made a difference. That is the most rewarding part of my job – even small changes enacted into legislation as a result of my work are major successes.

However, often policy is so far removed from daily life that there is a very real difference between what happens in rhetoric and what happens in reality. This is where further work is needed to make sure successes are translated into real change for people on the ground. The main point of influencing policy though is that it provides a starting point - the opportunity to start to make a positive difference to people's lives.

What do you do when you're not working?

I enjoy seeing the world in different ways. I'm a big fan of the 'microadventure' – basically this means stretching yourself and doing things that you do not normally do, pushing yourself and doing things to the best of your ability. I run marathons, I volunteer at sporting events (including the 2014 Commonwealth Games), I write novels, I meet my heroes, and I am a part-time theatre critic. I also like to go to random places simply because I am able to do so – one day I may not be able to, so today I will. But saying that, I also love coming home to Wesley, my demanding and affectionate cat.

STAND

We held our second annual Young STAND (Scots Tackling Alcohol and Drugs) Awards Event at the Royal Lyceum Theatre in June 2014.

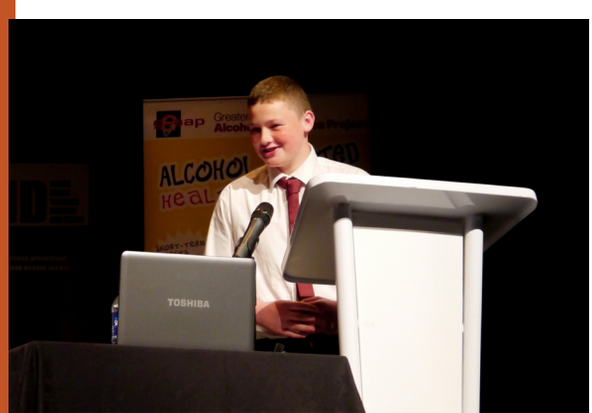
STAND is a Mentor/SCPHRP led award scheme for community and school based alcohol and substance misuse prevention projects with young people across Scotland. STAND aims to provide a forum for sharing practices, to promote a culture of research and evaluation, and to develop a collaborative network across such projects.

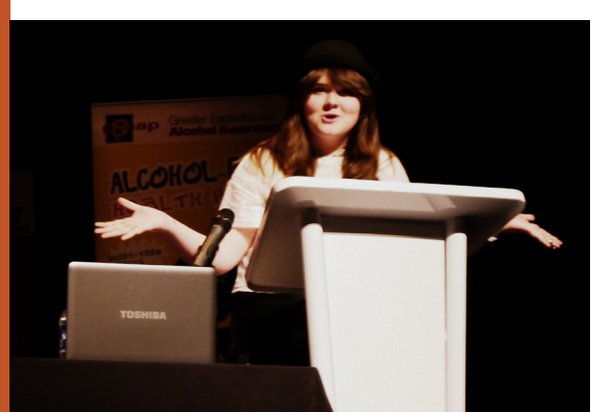
Young people from the eight project Finalists (4 community and 4 school based projects) presented their work in front of an audience and panel of judges, made up of representatives from SCPHRP, Health Scotland, Young Scot, and Edinburgh City Council.

Finalists were judged by the panel on two criteria:

1. young people's involvement in development and delivery of the projects and
2. involvement with evaluation, assessed as either being currently engaged in evaluation or planning to evaluate.

We were delighted to welcome back representatives from last year's winning projects to host the event, Cameron and Shelby from DRC Generations, and Emma and Louise from the Big ShoutER.





Finalists

Schools

Aberdeen City Council – Grade A
(Get Real About Drugs Education Aberdeen)
Tayside Council on Alcohol – Catalyst Peer Education Project
Transition Extreme Sports – Not for Human Consumption
Tullocan – Heads Up Project

Communities

Aberlour Mentoring Services Moray
Diabetes Scotland – JUST DUK 1T
Greater Easterhouse Alcohol Awareness Project
Youth Services Argyll and Bute – Islay and Jura Youth Connection

Cameron and Selby from the DRC Generations with Get Real About Drugs Education Aberdeen

Finalists presentations were delivered through a mixture of powerpoint slides, and other methods such as film. Joining us on the day were two invited speakers: Tam Baillie, Scotland's Commissioner for Children and Young People, and Roseanna Cunningham MSP, Minister for Community Safety and Legal Affairs. After much deliberation, two winners were selected: Aberdeen City Council- Grade A for the schools category, and Islay and Jura Youth Connection for Communities. The winners each receive evaluation consultancy.

Islay and Jura Youth Connection

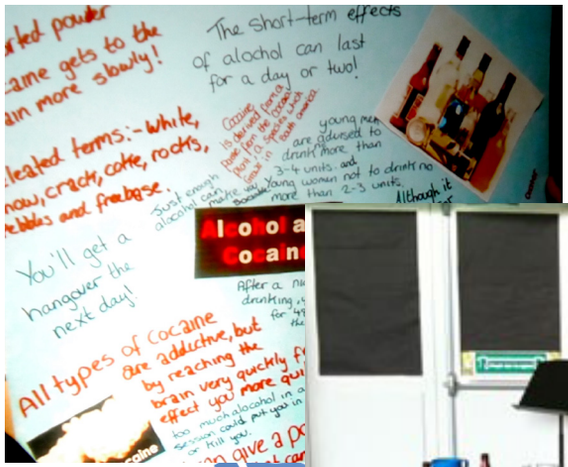
Schools Winner: Grade A (Get Real About Drugs Education Aberdeen)

This peer education group was set up by young people to provide young people with accurate information about drugs. They developed a website along with a drugs education programme which was then delivered in schools and youth groups. They launched a mobile app in 2013 to engage with young people on the move. The app features news, local facilities for drugs support and toolkits geared towards prevention and harm reduction.

For more information please visit **www.grade-a-aberdeen.org**

Communities Winner: Islay and Jura Youth Connection

This peer education project was developed with young people, and is delivered by young people within schools and the local community. The young people have developed a training programme called SMASHED, have designed and filmed a video for workshop sessions, developed other workshops called Sex, Drugs and Sausage Rolls as well as organising alcohol free youth dances. They have been invited on numerous occasions to deliver sessions to local primary school children.



We would like to thank everyone who contributed towards making STAND a huge success, including our panellists, Emma Hogg, Garth Reid (NHS Health Scotland); Alison Hardie (Young Scot); Lucy Vaughn (Edinburgh City Council), our fantastic hosts Cameron and Shelby from DRC Generations and Emma and Louise from the Big Shouter. We would also like to thank Ruth Butterworth, Euan McLaren, Tommy Brophy and all the staff at the Lyceum. Finally, we would like to thank all the Finalists for making the trek to Edinburgh. They did a fantastic job!

Take 5 minutes: to update your knowledge on synthesising qualitative studies

Background

There is growing consensus that the needs, preferences and experiences of patients and the public should be taken into account in developing and evaluating new interventions. One way of ensuring that the views and experiences of the public can be incorporated into research, policy and practice is through identifying and bringing together (synthesising) the relevant research evidence from

individual qualitative studies. While the results from one qualitative study may be difficult to generalise, a syntheses of all the relevant qualitative studies can identify a range of common themes as well as any divergent views. Unlike methods for the synthesis of intervention studies (e.g. Cochrane reviews) there is no single method to the identification and synthesis of health (-related) qualitative research. Four methods (meta-ethnography, meta-study, meta-summary, and thematic synthesis) have been most widely used and are described briefly here.

Meta-ethnography is currently the most commonly used method. Meta-ethnography involves seven steps which, by bringing together findings from individual interpretive accounts, produces a new interpretation of the data. It involves both induction and interpretation, and thus follows a similar approach to the methods of qualitative data analysis used in the studies being synthesised.

Thematic synthesis is often (but not exclusively) used for analysing qualitative data alongside quantitative data synthesis. Initially developed by researchers from the EPPI-Centre (http://eppi.ioe.ac.uk/cms/), it addresses questions around "what works," primarily in relation to health promotion interventions. This method develops analytical themes through descriptive synthesis and finding of explanations relevant to a particular review question.

Meta-study involves critical interpretation of existing qualitative research. Before synthesis can take place and a new interpretation obtained, three analytical phases are completed—"meta-theory, meta-method, and meta-data analysis". These phases, equating to the *analysis of theory*, *analysis of methods*, and the *analysis of findings*, can be conducted concurrently to "provide a unique angle of vision from which to deconstruct and interpret" a body of qualitative literature. Once these analytical processes have been completed, meta-synthesis "brings back together ideas that have been taken apart," creating a new interpretation of the phenomenon under investigation.

Meta-summary uses "quantitatively oriented aggregation of qualitative findings that are themselves topical or thematic summaries or surveys of data". Such summaries can be conducted on their own, or in association with more traditional qualitative synthesis, and can include qualitative and quantitative descriptive findings.

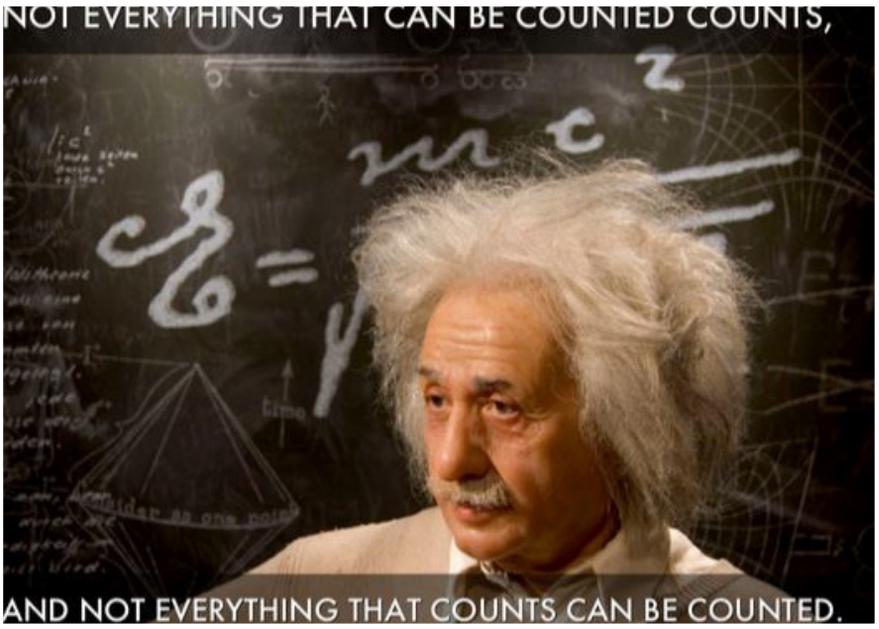
Further reading:

Ring N, Ritchie K, Mandava L, Jepson R. A guide to synthesising qualitative research for researchers undertaking health technology assessments and systematic reviews. 2010. Available from: http://www.nhshealthquality.org/nhsqis/8837.html

Ring N, Jepson R, Ritchie K: Methods of synthesising qualitative research for health technology assessment. Int J Technol Assess Health Care 2011, 27:384-390.

http://journals.cambridge.org/action/login;jsessionid=85D29FD524E2AF96C15A73F4884DA5FF.journals

Notes: Ruth Jepson recently ran a two day event on synthesising qualitative research for the Scottish Graduate School of Social Science http://www.socsciscotland.ac.uk/events/advanced_training



Example

The views of young people in the UK about obesity, body size, shape and weight: a systematic review

Rees R, Caird J, Dickson K, Vigurs C, Thomas J (2013) The views of young people in the UK about obesity, body size, shape and weight: a systematic review. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. ISBN: 978-1-907345-52-4

This systematic review aimed to examine recent UK research findings where young people aged from 12-18 provided views about their own body sizes or about the body sizes of others.

A total of 30 studies were included. Three main themes were identified:

General perceptions about different body sizes and society's responses to them (It's on your conscience all the time);

Overweight young people's beliefs about influences on size and experiences related to their size (If I had the choice, I wouldn't be this size); and

Overweight young people's experiences of trying to lose and maintain weight and their suggestions for action (Make sure, even when it's hard, you've got people there).

Young people discussed larger body sizes in overwhelmingly ***social*** terms. An overweight body size was to be avoided for social, rather than health reasons. Young women and men identified ideals consistently for their own bodies that were very different for the two sexes.

Implications for intervention/service development and delivery: the findings suggest that there is a need for those who develop weight reduction initiatives to recognise the physical, psychological and social constraints faced by young participants; and to consider how they can reduce stigma

Implications for policy: to consider the full range of factors that contribute to obesity, especially those that are social or environmental in nature, and provide opportunities for young people to engage in positive healthy behaviours, and to involve diverse groups of children in the development and evaluation of initiatives.

SCPHRP Submission to Inquiry on Health Inequalities in the Early Years by the Scottish Parliamentary Committee on Health and Sport.

*O*n May 13th, SCPHRP Director John Frank was one of over a dozen invited representatives of research and Voluntary Sector organisations, who spoke at Holyrood to this cross-party Committee Inquiry. The SCPHRP submission is reprinted below. Prof Frank is pleased to report that one important positive development has occurred in the interim, since May: leads of the Scottish Government's Early Years Collaborative have recently met with SCPHRP to hear about the results of our East Lothian pilot study of the Early Development Instrument (EDI*). SCPHRP is hopeful that the EDI, now adapted to and validated in Scotland, may soon be made available to those Local Authorities interested in using it to monitor local progress on improving child development milestones at school entry.

REDUCING HEALTH INEQUALITIES IN THE EARLY YEARS -- WHAT SHOULD SCOTLAND DO NEXT?

Background: Early Years policies and programmes in Scotland have recently emphasized improving the levels of, and reducing inequalities in, child development before school entry. This is entirely in keeping with current scientific evidence internationally (Hertzman et al. 2009; 2010) which shows that high-quality, universal, early childhood education and care (ECEC) is the most cost-effective investment for improving lifelong health and economic productivity. This is especially the case for children from socio-economically deprived backgrounds, in that ECEC can substantially "level the playing field of life."

Indeed, some experts (Nores & Barnett 2010; Temple & Reynolds 2007) have convincingly argued that universal ECEC is *an essential investment* if any society is to successfully reduce lifelong health and functional inequalities by social class – of which Scotland has some of the steepest in Western Europe (Popham & Boyle 2010). The key reason this is so is that the first few years of life are the time when the human brain is most malleable, as its sophisticated circuitry is recurrently sculpted by daily experience. Thus stimulating, loving and healthy environments in infancy and toddler-hood lead to much more brain capacity than deprived, neglected and unhealthy environments (both social and physical). Accordingly, the Scottish Early Years Collaborative explicitly sets out as one of its core "stretch goals" the achievement of optimal developmental attainment in all Scottish children by school entry.

Unfortunately, it does not provide specific guidance to Local Authorities (LAs) or preschool education professionals on how to achieve that goal. In particular, the Collaborative's documentation is silent on precisely *how* Scotland could go about *measuring* early child development, especially at school entry, when the cumulative effects of local neighbourhood and family/home "learning environments" can be most easily assessed (Frank & Haw 2011; 2013). Such measurement would ideally allow each neighbourhood to assess how well a given cohort of school-enterers has developed in

their first half-decade of life.Based on this evidence, improvements to local pre-school programming and facilities can then be put in place, and the effects seen in the improved developmental scores of future waves of children entering school. However, at this time there is no standardized Scottish measurement tool.

Project Summary: In response to the challenge of how to accurately and efficiently measure child development over the first half-decade of life, the Scottish Collaboration for Public Health Research and Policy, funded by the MRC and CSO, have been working with developmental psychologists from University of Strathclyde in Glasgow. The group recently designed and conducted a pilot of a Scottish version of an internationally validated P1- teacher questionnaire for systematically assessing the developmental status of all school-enterers, when their P1 teacher has got to know them, after a few months in class. The results of that 2011-12 pilot study* in East Lothian show that this questionnaire – the Scottish Early Development Instrument (SEDI) – was easy for East Lothian P1 teachers to use, requiring only minimal language adaptation from the original Canadian version. More importantly, it was capable of readily distinguishing major differences (a 2.4-fold variation) in the proportion of children with SEDI scores low enough to be considered "developmentally vulnerable," across East Lothian quintiles of deprivation. Similar differences in SEDI scores were observed across the six primary school clusters in East Lothian, which have widely varying levels of deprivation (measured here by the Scottish Index of Multiple Deprivation.)

Both this "social gradient" in SEDI scores, as well as the overall average score for East Lothian students (27% "vulnerable") were very similar to the gradient and average scores found in both Australia and Canada, where the EDI has been used extensively for many years (Lloyd et al. 2009). Furthermore, the overall cost of data collection was only about £20 per student assessed, comprised almost entirely of the cost of buy-out time, to allow the teachers to complete the SEDI forms for their classes. This comes to about 7p per capita of total LA population, if the SEDI is used every three years, as in other countries. East Lothian parents/ teachers/LA officials have been delighted to receive the project's detailed SEDI reports on each of their school clusters, for use in planning local improvements in pre-school programming. [This routine practice with EDI results internationally is entirely ethical because all individual students' scores are anonymized – thus also achieving a 98% acceptance rate for the SEDI among parents of P1 students in East Lothian.]

Current Status: Despite the very promising performance, acceptability and cost of the SEDI in East Lothian, SCPHRP and its collaborators have until recently found little interest, among key Scottish stakeholders in the Early Years Collaborative (EYC), in further roll-out of the SEDI across Scotland. However, a number of LAs are interested in pursuing this approach, which actually measures what the EYC explicitly calls for: optimization of the global developmental status of P1 children. The reluctance on the part of some to further test the SEDI's practicability in Scotland appears to be related to the currently delicate relationship between the SG and LAs. The current devolution of decision-making to Scottish LAs in many sectors, as well as recent major budget cuts, appear to make it awkward for the SG to actively promote specific actions (including the use of specific measurement tools, such as the SEDI) by LAs across Scotland.

The SCPHRP and its collaborators would suggest to the Parliamentary Health and Sport Committee that this unfortunate impasse may lead to unnecessary delay in achieving the laudable goals of the EYC, and certainly impair the evaluation of whether or not these goals are being met, according to a standardized, validated yardstick, across Scotland.

The Bottom Line: SCPHRP and its collaborators therefore call on the Committee to specifically recommend that further work be done in Scotland, jointly by willing LAs and the SG, to evaluate the suitability of rolling out the SEDI across Scotland. We stand ready and willing to provide, at no cost, scientific advice on how best to do that.

** EDI is a P1 teacher questionnaire to assess the child development status of all children enrolled, neighbourhood by neighbourhood -- widely used in Australia, Canada and other countries to monitor and improve child development in the pre-school years.*

Publication: Lisa Marks Woolfson[1], Rosemary Geddes[2], Stephanie McNicol[1], Josephine Booth[1], John Frank[2] . A cross-sectional pilot study of the Scottish Early Development Instrument: A tool for addressing inequality. BMC Public Health 2013, 13:1187. DOI: 10.1186/1471-2458-13-1187. [1]School of Psychological Sciences and Health, University of Strathclyde, 40 George St., Glasgow, G1 1QE, UK; [2]Scottish Collaboration for Public Health Research and Policy, University of Edinburgh, 20 West Richmond Street, Edinburgh, EH8 9DX, U.K

The Well!Bingo project

Community-based health improvement for disadvantaged women: could a physical activity/healthy eating intervention be delivered in Bingo clubs in Scotland?

After 15 months working with a Bingo club in Stirling and playing lots of Bingo along the way, we think that the answer to the above question is 'Yes'!

The Well!Bingo project, led by the University of Stirling, commenced in March 2013 and was funded by the Chief Scientist Office. It was Ruth Jepson, of SCPHRP, who first raised the question as to whether a Bingo club might prove to be a new and innovative setting for the delivery of public health interventions. However, we were very aware that uptake and engagement with health interventions, and consequently their effectiveness, can be compromised because insufficient attention is paid to the culture, values and concerns of the intended recipients. It was therefore very important that careful investment was put into intervention design, with substantial input from Bingo players and staff themselves: we used elements of a community-based participatory approach to achieve this.

Gemma Ryde, from Stirling, has worked full-time on the Well!Bingo project for 15 months. We invited two Bingo players and a member of staff onto the research team. Gemma carried out six focus groups at the club among 27 Bingo club members and administered a needs assessment questionnaire to a further 162. This information was augmented by data from accelerometers worn by 29 Bingo players over one week. A literature review was conducted to identify components of effective interventions in other settings. However, the most rewarding aspect of the project was a day-long participative workshop that was held in a Stirling hotel with over 20 Bingo players, where the design of the intervention was discussed.

A specific Well!Bingo physical activity intervention has now been finalised for women aged 55 years and older. The intervention uses enjoyment and social opportunities as a way of encouraging increased physical activity, and moves away from the belief that promoting physical activity as inherently good for people will encourage them to be more active. The intervention consists of five core components, which can be adapted to suit the requirements of individual clubs. These include structured exercise sessions, intervention messages, a social component, Bingo-related attendance strategies and specific training of instructors. This development work has also generated a wider set of key principles to be applied to the design of other interventions as part of the Well!Bingo project.

cont..

The participatory workshop

The Well!Bingo project has shown that it is possible and enjoyable (!) to engage with women in a Bingo club setting for; i. discussions around health, and ii. to develop a health intervention. Given that the intervention has been designed with considerable input from Bingo club members and staff, we envisage that this should result in high recruitment and retention rates. We are now ready to test the feasibility of delivering the intervention in the Stirling club.

"So, eyes down and watch this space!"

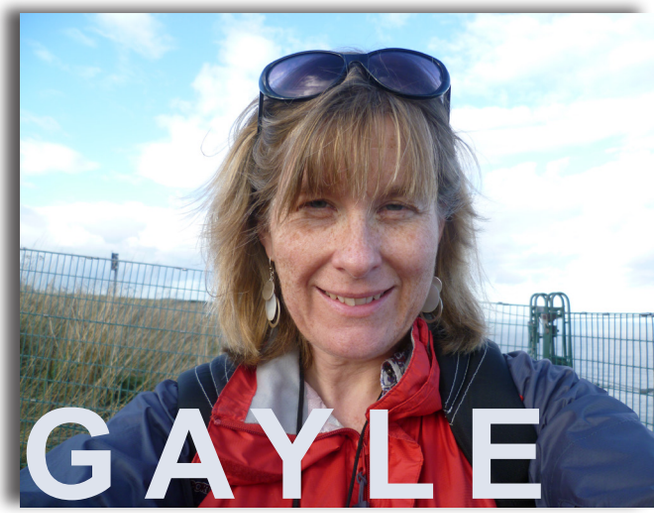
The Wellbingo team are Josie Evans (Principal Investigator), Gemma Ryde, Ashley Shepherd, Brian Williams, Aileen Ireland (all University of Stirling), Ruth Jepson (SCPHRP), Cindy Gray (University of Glasgow), Dionne Mackison (NHS Health Scotland), Marion McMurdo (University of Dundee).

WELL! BINGO 03 20 13

CHIEF SCIENTIST OFFICE

MPH STUDENTS

Six MPH students from the University of Edinburgh will be doing their dissertations projects at SCPHRP.



GAYLE BEVERIDGE

'Disease/death risk prediction using the allostatic load construct'. The consistent association of low socioeconomic position (SEP) with a wide range of poor health conditions suggests common biological mechanisms through which SEP is linked to health, however these mechanisms are poorly understood. Allostatic Load (AL) is a measure of the cumulative biological burden on the body caused by the stresses and strains of everyday life. Using data from the 2003 Scottish Health Survey (SHeS) with some additional variables from linked Scottish Morbidity Records (SMR) data, AL scores will be constructed and their association with all-cause and disease specific mortality , as well as with major chronic diseases and certain cancers assessed.

It is hypothesised that AL mediates the association between SEP and health, with lower SEP being associated with a higher risk of morbidity/mortality , although the association may vary according to the specific disease measure being looked at, thus providing evidence to support the hypothesis that AL is a predictor of morbidity/mortality, as well as a tool to better understand the mechanisms linking our social and economic circumstances and health.

BRANDON DELISE

Sedentary behaviours, usually in the contexts of traveling to and from places, television viewing, using a computer, and workplace sitting have emerged as a new focus for health research. Although individuals can be both sedentary and physically inactive, there is also the potential for high levels of sedentary time and being physically active to co-exist. Recent evidence has shown that sedentary time is an independent risk factor for several adverse health outcomes including type II diabetes, metabolic syndrome, and obesity regardless of physical activity level. This suggests that sedentary time is in fact a unique behaviour category and simply not the lack of physical activity.

The Scottish Health Survey (SHeS) provides data at both the regional and national level about the health of adults (aged 16 and above) and children (aged 0-15) living in private households in Scotland. The 2012 cross-sectional SHeS includes 4,815 adults and 1,787 children and focuses primarily on cardiovascular disease (CVD) and related risk factors. This analysis will use anonymised data from the 2012 SHeS to look at the factors that are associated with being highly sedentary while also being highly active.

Sarah

My name is **SARAH THOMAS,** and I'll be working on a qualitative study with DRC Generations in Glasgow (where I'm from originally). I'll be looking at the impact participating in peer mentoring has on young people's lives, and will be interviewing some current and former peer mentors regarding their experiences of taking part in the project.

I've also been spending the summer volunteering in the Uniform and Accreditation Centre for the Commonwealth Games, at Glasgow's Kelvinhall. It's been a great opportunity to meet the huge variety of people taking part in the Games, and it's encouraging to see so many people supporting the Games Legacy in Glasgow.

STEPHEN

My name is **STEPHEN MALDEN** and I am currently completing my Masters in Public Health at the University of Edinburgh. Having gained my undergraduate degree in Exercise Science at Napier University, I have developed an interest in health and wellbeing, in particular the positive effects of regular physical activity on health. I am currently completing my dissertation under the supervision of Dr Ruth Jepson, which involves the evaluation of an outdoor gym on behalf of the Edinburgh & Lothian's Greenspace trust, situated in a deprived area of Edinburgh.

The project aims to determine whether the gym is used by its target demographic (members of deprived neighbourhoods), and to gain insight into how the facility is perceived and valued by the surrounding community. The project involves a mixed-methods approach, with a quantitative survey being conducted on-site with gym users over a two-week period, in addition to qualitative interviews being conducted with both stakeholders and members of the local community. It is hoped that the findings of the project can demonstrate whether the installation

of the gym is addressing the original aims set by the project developers, in addition to offering further insight into how such facilities are perceived by both users and non-users to inform future interventions.

ELLIE

ELLIE WATTS Individuals with lower socioeconomic positions (SEP) experience lower levels of health and increased incidence of a plethora morbidities and overall mortality. It is proposed that this is incurred via shared biological pathways involved with the stress response. Those of a lower SEP experience higher levels of stress over a prolonged period of time, leading to the dysregulation of a range of physiological processes. This process of cumulative dysregulation is quantified by the allostatic load.

A growing contingent of papers have examined this association between SEP and allostatic load. However, more detailed modelling is needed to clarify the influence of life course variables.

My work uses the Scottish Health Survey (SHeS) data to analyse the effects of the age, sex and place on a cross section of the Scottish population. This could potentially provide information for more effective targeted interventions to reduce the allostatic load, ultimately providing greater health equity.

SAMMY

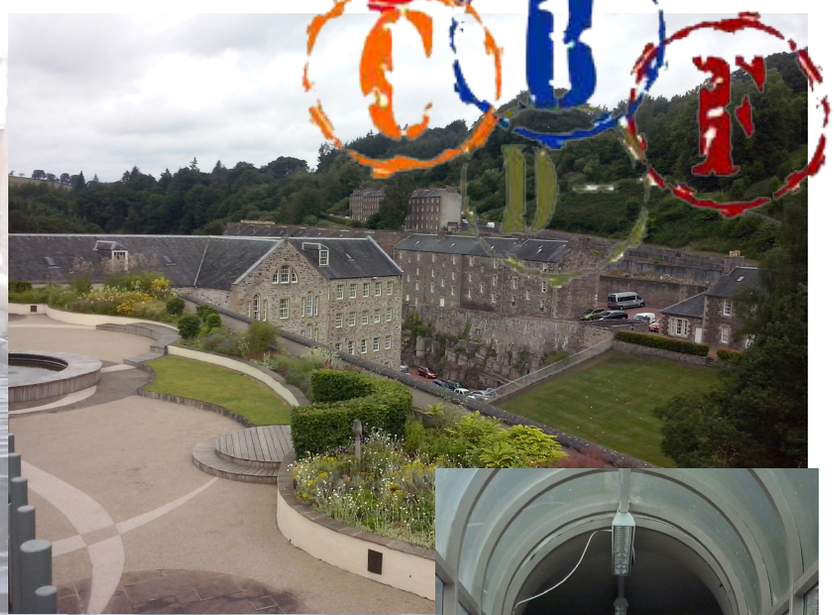
My name is **SAMANTHA HARDIE,** (or Sammy as everyone calls me) I am 22 years old and in the final stage of my Masters degree in Public Health from the University of Edinburgh. Prior to this, I completed a BSc (Honours) in Medical Sciences also at Edinburgh. I live in Livingston, West Lothian with my parents and younger brother and I currently work part-time as Sales Assistant in Next Retail. After completing my Masters, I will begin employment with the Thistle Foundation, a Scottish charity supporting people with disabilities and health conditions, where I will be working as a Personal Assistant supporting a young woman with Autism in her everyday life, to encourage independence and assist her to lead a full, active and socially connected life, and reach her personal outcomes.

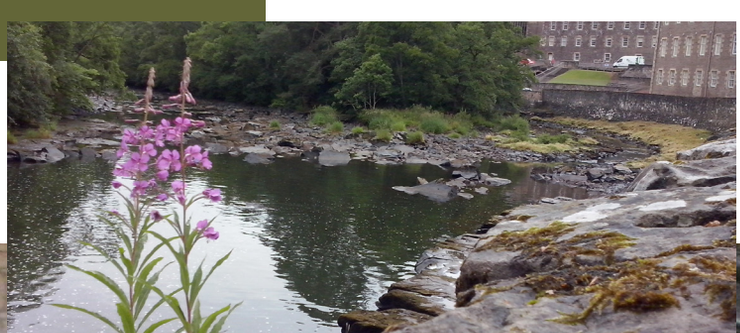
During the summer of 2015, I am hoping to return to Moldova, where I have previously volunteered and conducted research into disabilities and stigmatisation, or possibly do Camp America and work in a special needs camp. In the future, I hope to complete a PhD centred on my main interests of child health, inequalities or disabilities. In my spare time I enjoy spending time with my family and friends, travelling, cooking and (slowly) learning Romanian!

SCPHRP's AWAY DAY at NEW LANARK

MEASURING SUCCESS

SCPHRP recently took time away from the busy office to spend a day at the New Lanark Hertigate Site. It was chance for the team to look back at the goals they had set last year and to see what had been achieved. During the day they were able to celebrate their successes, talk about the challenges that they had faced and to set new goals for the next SCPHRP year.





Thanks to SCPHRP's Michelle Estrade for her fab photos.

SCPHRP
Scottish Collaboration for Public Health Research & Policy

SUMMER 2014 ISSUE

Summer Sun

GREAT is the sun, and wide he goes
Through empty heaven without repose;
And in the blue and glowing days
More thick than rain he showers his rays.

Though closer still the blinds we pull
To keep the shady parlour cool,
Yet he will find a chink or two
To slip his golden fingers through.

The dusty attic, spider-clad,
He, through the keyhole, maketh glad;
And through the broken edge of tiles
Into the laddered hay-loft smiles.

Meantime his golden face around
He bares to all the garden ground,
And sheds a warm and glittering look
Among the ivy's inmost nook

Above the hills, along the blue,
Round the bright air with footing true,
To please the child, to paint the rose,
The gardener of the World, he goes.

from A Child's Garden of Verses by
Robert Louis Stevenson (1885)