

SCPHRP

Scottish Collaboration for
Public Health Research and Policy

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**Evaluating Edinburgh's first outdoor gym in Wester Hailes
pg 13**

**SCPHRP meets Professor Richard Wiseman
pg 10**

From the editor



Michelle is a research consultant at SCPHRP, with a background in nutrition and public health. Recent projects she's undertaken include qualitative work with food vendors in low-income neighbourhoods, exploration of how community food projects affect participants' mental health, and a landscape review of Scottish obesity research.

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We've had a great start to 2015 here at SCPHRP, welcoming three new members to our team and embarking on some exciting new research ventures. From a systematic review of adolescent brain development, to creating a highly unique parenting intervention, to a landscape review of Scottish obesity research, Jan, Jane and Stephen have jumped in with both feet as we work our way toward the lofty annual goals SCPHRP has set for productivity and collaborative relationships. In February, we took several days away from the hustle and bustle of Edinburgh and distractions of the usual office routine to focus on those goals during the annual SCPHRP writing retreat. This year we locked ourselves away in an estate in rural Stirling, where we engaged in plenty of writing, brainstorming, meditation, and of course sharing cuisine and culture among our very international crew (7 countries represented!).

In this issue of the magazine, you'll get to know the newest members of our team, find updates from last year's MPH students, and you'll hear from several SCPHRP Working Group members about the important work they're carrying out around Scotland.

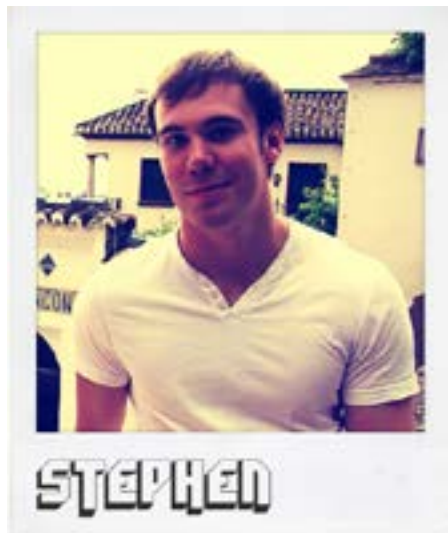
We're also delighted to introduce a new column entitled Statistical Ambassador at Large, presented by our very own Andrew Williams, whose mission it is to get the world excited about statistics. Statistically speaking, we think the odds are quite high you'll learn something new in this edition of the SCPHRP magazine, so please, enjoy!

Michelle Estrade

Contents

3 New SCPHRPers	4
EVENTS..	5
Young STAND Award Scheme 2015: <i>Applications now open</i>	7
MPH update	8
Innovation in the management of male obesity	9
SCPHRP meets Professor Richard Wiseman	10
<i>NEW SERIES by SCPHRP Andrew Williams</i> Statistical Ambassador at Large Instalment 1: Population	11
A challenge to people who talk about health – can you help make the change you want to see? <i>by Professor Annie S Anderson, Dundee University</i>	12
Evaluating Edinburgh’s first outdoor gym in Wester Hailes	13
Does the media influence teenagers’ ideas of appropriate sexual behaviour: investigating ideas around the pathways of media influence	15
Adolescent Health Inequalities A Ticking Time Bomb <i>by Candace Currie, University of St Andrews</i>	17
Continuity of care: a focus on maternity services	19
A Stitch in Time? <i>article from by Patty Lozano-Casal</i> <i>Evaluation Support Scotland</i>	20
Contact SCPHRP	22

3 New SCPHRPERS



Stephen Malden

Among other projects, Stephen is working on a landscape review of Scottish obesity research, which will play a role in the upcoming revisions to Scotland's Obesity Route Map. Stephen holds BSc (hons) in Sport and Exercise Science/Physiology from Edinburgh Napier University and a Master of Public Health (MPH) from the University of Edinburgh. Whilst studying, Stephen worked as a youth worker in various areas of Edinburgh including West Pilton, Lochend and Craiglockhart. His research interests include adolescent health and well-being and research areas relating to physical activity/diseases relating to physical inactivity.

Read Stephen's article 'Evaluating Edinburgh's first outdoor gym in Wester Hailes' on page 13



Jan Pringle

Jan has recently joined us from the University of Dundee, where she continues to liaise with colleagues from the School of Nursing and Midwifery and the Transformative Change Educational and Life Transitions Research Centre. With a background in nursing, Jan completed a Community Health degree at Brunel University before embarking on PhD studies at Dundee University in 2006 (a phenomenological study of the psychosocial transitions experienced by stroke patients and their family members). Recent publications have included three different systematic reviews with colleagues from Dundee, Nottingham and Glasgow Caledonian Universities. In her spare time, Jan enjoys travelling with husband Keith. In May this year they will celebrate their wedding anniversary with a train trip across Eastern America, taking in New York, Washington DC, and New Orleans.



Jane Hartley

Jane is working with Adolescent Working Group Fellow, John McAteer, to develop a novel parenting intervention program for Scottish families with adolescents. Jane's education and research experience is a combination of social anthropology, medical sociology and public health. She completed her PhD in 2011 at the University of Glasgow. Her wider research interests include exploring how people – and especially teenagers – respond to living in a consumer capitalist society and what impact this has on their health. As a qualified yoga teacher, Jane is also interested in developing public health interventions using yoga and meditation to equip people with techniques that may be useful to navigate life in a healthier way. *Read Jane's article 'Does the media influence teenagers' ideas of appropriate sexual behaviour?' on page 15.*



The International Society of Behavioral Nutrition and Physical Activity (ISBNPA) is bringing its annual conference to Edinburgh. SCPHRP's own Ruth Jepson is on the local organizing committee for what promises to be a stimulating 2015 meeting.

PLUS..

- ★ **Open Space on Health Inequalities in Scotland: Emerging Risks and Opportunities for Change**, Edinburgh, 31 March, 2015.
<https://www.eventbrite.co.uk/e/free-event-open-space-on-health-inequalities-in-scotland-emerging-risks-and-opportunities-for-change-registration-15496149400>
- ★ **International Festival of Public Health**, Manchester, 2 July 2015. This conference is organised by the Manchester Urban Collaboration on Health, in association with the Manchester Medical Society Public Health Forum. Abstract submission deadline: 1 May. <http://www.festivalofpublichealth.co.uk/>
- ★ **Training course: Pragmatic Evaluation in Physical Activity & Public Health**, Edinburgh, 31 May - 2 June, 2015 <http://www.dph.ox.ac.uk/bhfhprg/research-themes/physicalactivity/pragmatic-evaluation-course>
- ★ **The Health Surveys User Conference**, University College London, Friday 10 July 2015. A full-day conference in central London and is free to attend. The programme will contain a mixture of papers from data producers and researchers and we would like to invite offers of presentations based on analysis of the UK health surveys. Presenters will have approximately 20 minutes for their talk followed by 10 minutes for questions. Details of the 2014 Health Surveys User Conference are available at <http://ukdataservice.ac.uk/news-and-events.aspx>



Challenging interventions with an obese society – engaging without enraging
Satellite Meeting, Monday 8 June 2015

8th June 2015: Challenging interventions with an obese society- engaging without enraging? Venue: University of St Andrews

Organisers: Professor Annie S. Anderson (University of Dundee) and Dr Jo Cecil (University of St Andrews)

This programme focuses on both physical activity, diet and behaviour change and aims to explore research and practice issues including

- How good are we at recruiting and retaining overweight people in interventions?
- How we practice optimal oral communications with overweight participants - do we know the key concepts of engagement?
- How good are our tools at measuring and assisting weight loss- can we engage with the design community?
- What are the key factors in brief interventions for weight management- how brief is brief?

This satellite offers a range of interactive sessions, work-share structured discussions and a designer lead approach to creative opportunities for increasing awareness and action around physical activity and diet for weight management and maintenance. Short presentations include recent work on new visual tools for assessing unhealthy body weight in children, effective communications and brief interventions.

Speakers include Prof Paul Aveyard, Dr Charlie Foster (University of Oxford), Prof Ashley Adamson, Prof Falko Sienhotta (University of Newcastle), Dr Cindy Grey (University of Glasgow), Prof Gerry Humphries, Dr Jo Cecil (University of St Andrews) and Dr Sonja van Dillen (Wageningen University).

Web link for further details: <http://isbnpasat2015.org/>

★ Poster presentations welcome

Young STAND Award Scheme 2015: Applications now open

Mentor and SCPHRP are excited to announce that applications are now open for the third year of our Young STAND Award scheme.

STAND was founded in 2013 to recognise and reward the efforts of community and school-based alcohol and substance misuse prevention projects with young people across Scotland. We believe that these projects deserve recognition for their hard work and it enables us to share practice about what works in helping to make a real difference in young people's lives across the country. Projects are diverse, including young people developing their own websites, classroom work in schools, sports schemes, drama or mentoring projects in the community. Over the past two years, STAND has provided a forum for such projects to network, share learning, and showcase their work.

This year, the Awards event will take place at the Traverse Theatre in Edinburgh on Monday 8th June. We will be asking finalists to submit a short video on

their project which addresses the theme "Young People are the Key". We would encourage all of our SCPHRP members to attend the event as this is a fabulous opportunity to network with others and hear about the work of projects tackling the problems of alcohol and substance misuse across Scotland.

You can read all about the Young STAND Awards, the application process, and find out about prizes here: <http://www.scphrp.ac.uk/youngstandawards/>. **The closing date for applications is Monday 20th April.**

You can also sign up to the STAND mailing list to receive updates - including being the first to know when audience tickets become available here: <http://www.scphrp.ac.uk/getupdates/>.

STAND
AWARDS 2015

YOUNG SCOTS TACKLING ALCOHOL AND DRUGS

APPLY NOW



 Closing date 20th April 2015. Awards ceremony 8 June 2015 at the Traverse Theatre, Edinburgh



MPH update

Update from some of the University of Edinburgh MPH students who have been doing their dissertations projects at SCPHRP.



Brandon Delise

The aim of my dissertation was to identify the characteristics that were associated with being both highly active and highly sedentary using data from the cross-sectional Scottish Health Survey (SHeS). Being highly active and highly sedentary was associated with age, sex, marital status, highest education, occupation, BMI, alcohol consumption, and self-assessed general health. This information can serve as a foundation for developing culturally specific and cost-effective intervention strategies to reduce sedentarism.

Sarah Thomas

I was offered a full-time job last July, so I'm writing up my dissertation part-time now. I'll get my results back after June's exam board and keep you posted!

Ellie Watts

My dissertation investigated the social gradient in health amongst the Scottish population in relation to physiological markers of stress or "allostatic load". I used data from the Scottish Health Survey to examine how much the relationship between allostatic load and health disparities is modified by contextual factors like age, sex, race and place. After careful analysis and identification of confounders, there was little evidence of a robust interaction observed. This finding therefore argues against the need for policy refinement based on age, sex, race or place; it instead provides evidence in support of broad public health policies which target low SEP populations to increase health equity.

Gayle Beveridge

I'm spending lots of time in the library, due to hand in my dissertation in June!

Innovation in the management of male obesity

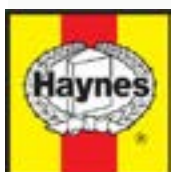
article from SCPHRP's Daryll Archibald

SCPHRP's Later Life Research Fellow Daryll was involved in a recently published piece of research on the management of male obesity, the main lessons from which have been turned into a Haynes Car Maintenance style manual, focusing on how to make weight loss services work for men. The so-called '**man manual**' was designed and produced by the Men's Health Forum, supported by Public Health England. It represents an innovative method for disseminating research findings in a way that is appealing to men (who are often considered hard to reach when it comes to health) and to get key messages across to those who design, deliver or commission weight-loss services in order to make those services more attractive to men. The manual can be found online at: <https://www.menshealthforum.org.uk/how-make-weight-loss-services-work-men-PDF>.

The research that led to the production of the man manual was undertaken by academics at the Universities of Aberdeen, Stirling, and Bournemouth, and assisted by a study advisory group consisting of representatives from the Men's Health Forums covering England and Wales, Scotland and all of Ireland. It was led by Professor Alison Avenell at the Health Services Research Unit, University of Aberdeen and was funded by the National Institute for Health Research's (NIHR) Health Technology Assessment (HTA) programme.

The work involved a major systematic review of all evidence relating to interventions aimed at tackling obesity in men and represents the definitive analysis of this topic.

The published review can be found online at: www.nets.nihr.ac.uk/projects/hta/0912701



**MEN'S
HEALTH
FORUM**

SCPHRP meets Professor Richard Wiseman

In December 2014 two members of SCPHRP set out to interview Professor Richard Wiseman for the 'SCPHRP meets...' series on our YouTube Channel. Richard is a professor in the public understanding of psychology at the University of Hertfordshire. However, his interest in psychology has a magical origin. As Richard explains in the video, as a boy his grandfather showed him a magic trick, and the young Richard was intrigued to understand how it was done. As with all good magicians his grandfather refused to explain the trick, but directed Richard to the library where the answer could be found. Through his reading Richard discovered the secrets behind many magic tricks as well as the role psychology plays in our behaviour and understanding of the world.

Richard has gone on to become an internationally recognised academic and magician. He has authored many books including *Quirkology* and *The Luck Factor*,

and has over one million subscribers to his two YouTube channels; *Quirkology* (<https://www.youtube.com/user/Quirkology>) and *In59seconds* (<https://www.youtube.com/user/In59seconds>).

Although he may not be immediately recognisable, Richard has acted as creative consultant to Derren Brown and Heston Blumenthal. So as the SCPHRP interview team approached the venue we were not sure what might lie ahead. Thankfully, neither of us has noticed any changes in our behaviour. We were able to quiz Richard about what public health practice and research can learn from the field of psychology, and you can view his answers here: <https://www.youtube.com/watch?v=QqryFK8XXGk>.

His final message was that, whether you are dealing with individuals, communities or whole populations, change is possible.



Subscribe to the SCPHRP YouTube channel to keep up with the next exciting instalment of 'SCPHRP meets...'

Statistical Ambassador at Large

Instalment 1: Population



Source: bigTimages/Royal Statistical Society

In November 2014 I was delighted to be one of the twelve UK statisticians chosen to become statistical ambassadors by the Royal Statistical Society. This opportunity will provide training to better liaise and communicate statistics to the media and the public through mentoring from people like Professor David Spiegelhalter and Timandra Harkness.

I applied for this honour for two reasons; firstly I get very excited about statistics and am saddened when they are disregarded or dismissed out of hand. But secondly and more importantly, as I said at the time: *'[i]t seems that barely a day goes by without another news story proclaiming that something we eat, do or live near is going to kill us, or help us live forever, being statistically literate helps us*

decide which news stories require our attention.' (<http://www.statslife.org.uk/features/1959-rss-holds-first-training-day-for-new-statistical-ambassadors>). Consequently, I have been trying to think of useful tools to help everyone assess whether the statistics they see reported in the media merit action.

The first thing I would recommend you ask is, *who do these statistics relate to? What is the age/gender/ethnicity of the people studied, and where were they from? How many people do the statistics relate to?* If only a small number were assessed, I would be more sceptical about the results. If the statistics are about people that are not like me then it is not possible to know if they are applicable to me. Imagine you were walking down Princes Street (Edinburgh's city centre) and you saw

a crowd of people your same age, gender, and ethnicity, rushing to get into a shop on one side of the street. On the other side of the street is someone completely different to you. Are you more likely to want to join the crowd or go over to the person on their own? If the statistics you read in the paper or hear on the TV only relate to a small number of people, or people who are not like you, you probably don't want to worry about them.

If you have any general statistical questions or would like Andrew's advice, feel free to contact him at a.j.williams@ed.ac.uk.

In the next instalment of Statistical Ambassador at Large, Andrew will discuss correlation vs. causation... stay tuned!

A challenge to people who talk about health – can you help make the change you want to see?

by Professor Annie S Anderson

Professor of Public Health Nutrition at Dundee University

Health workers, researchers and practitioners are aware that we all need to move more often, take at **least** 30 minutes of moderate to brisk exercise on five days of the week, stay within the healthy weight range, eat more wholegrain, fruit and vegetables, and limit processed meats and alcohol <http://www.wcrf.org/int/cancer-facts-figures/link-between-lifestyle-cancer-risk> and <http://cancer-code-europe.iarc.fr/index.php/en/>.

Meetings are a regular part of the lives of people who talk about health research, planning, policy and active living. Most of us recognize the problem of too many hours keeping still and listening hard. Sometimes we even complain about a long (>5 minutes) walk to the car park or the distance from the bus stop. Too few meetings provide wholegrains, real portions sizes of veggies, good selections of fruit and too many meetings provide deep fried items, dips and creamy sauces.

The Scottish Cancer Prevention Network (SCPN) think that 2015 is going to be different and that we can sow some seeds of change and help people to promote AND practice healthy behaviours in their working lives. The SCPN has developed a score card <http://www.cancerpreventionscotland.org.uk/what-we-do/healthy-meetings/scorecard/> to help assess meetings that last 4 hours plus lunch. This simple tool focuses on ten highlights that regular meeting attenders agree, represent important examples of good practice for healthy meetings. They do not include every aspect of a healthy diet or active living but provide a brief checklist to help support meeting organisers.

However, whilst having a scorecard is a great way to start a meaningful conversation we want to do more than this and seek active feedback.

In part, the score card is to make us open our eyes to what our meetings are actually like but also to provide

an opportunity to feed back to organisers areas in which they might do better. At SCPN we are particularly keen to share good practice and need examples of how the actions were achieved.

WE are looking for people to support the development of healthy meetings by

- discussing the checklist with meetings' chairmen
- providing feedback (the score card) to the organiser of meetings
- sharing with SCPN your experiences of good practice
- helping us to promote, disseminate and reward examples of good practice

We are especially interested in scores, comments and photos (with permission) of good practice - **please share, please tell, please help us to change our everyday working lives.**

More information is available on our blog <https://scpnblog.wordpress.com/2015/02/19/healthy-meetings-in-ten-lines/> and website <http://www.cancerpreventionscotland.org.uk/what-we-do/healthy-meetings/> including the background, how we

developed the card, what to do with it (including a draft letter for chairpersons), the scorecard and a PDF score card that can be used on line – no printing needed. There is also a short You-Tube video that provides information on how to use the card.

If you would like to become a supporter or Ambassador for this initiative you will be joining Dr Aileen Keel (Acting Chief Medical Officer), Ms Shiona Robison (Cabinet Secretary for Health, Well-Being and Sport), Presidents of Scottish Royal Colleges, Directors of Public Health and other senior NHS and Academic staff, public, private and voluntary sector staff .

If you care about working lives email us at scpn@dundee.ac.uk (subject #healthymeetings)



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EDINBURGH'S FIRST OUTDOOR GYM



Source: STV Edinburgh

EVALUATING EDINBURGH'S FIRST OUTDOOR GYM IN WESTER HAILES

by SCPHRP's Stephen Malden

This summer I was involved in evaluating Edinburgh's first outdoor gym in Wester Hailes, in order to find out who was using it and whether it was valued by the local community. The gym was installed by the Edinburgh & Lothians Greenspace Trust (ELGT) at a cost of approximately £32,000 and consists primarily of fixed resistance training equipment. The gym was viewed as a worthwhile investment by stakeholders for two reasons; firstly, there is an increasing breadth of evidence which shows resistance training to have numerous health benefits, leading NHS guidelines to now recommend that adults partake in muscle-strengthening activity at least twice-weekly. Secondly,

Wester Hailes and the surrounding neighbourhoods are socioeconomically disadvantaged areas as defined by the Scottish Index of Multiple Deprivation (SIMD). Significant health inequalities associated with socioeconomic status (SES) exist in these areas, especially concerning issues such as physical inactivity, obesity and access to adequate exercise facilities. Therefore, the installation of the outdoor gym in Hailes Quarry park was proposed as a way to reduce these health inequalities and increase access to resistance training equipment for the residents of the nearby areas. Now all that was left to do was evaluate and get an idea of whether this was indeed the case!

cont..

What we did

We used a mixed-methods approach to first collect cross-sectional survey data from users of the gym for quantitative analysis, before qualitative interviews were conducted with local residents and community workers. We were particularly interested in collecting gym user's postcodes to determine whether the gym was primarily being used by residents of the target areas surrounding the gym or if users were actually individuals who were travelling to the gym from other parts of town. This was a particularly important issue, as often health interventions are implemented with the intention of reducing health inequalities but inadvertently increase health gaps as the people who access the intervention are those who are already well-served by other services, while those most at need continue to be underserved. We collected postcodes and matched them to the SIMD postcode lookup and interactive map of deprivations. Then, nine qualitative interviews were conducted in and around the Wester Hailes area.

What we found

In total, we observed 59 people using the gym in a three-week time period. 32 of these people completed the survey, with nine declining to take part and the remaining 18 being under the age of 16. The two most common reasons people gave for using the gym were because it was free and was close to their home. After matching gym user's postcodes to SIMD quintiles of deprivation, we learned that 22 (69%) individuals resided in the most deprived quintile. Additionally, after analysing the distances from user's postcodes to the park entrance, the average distance travelled by users was 1.6 kilometres, with 75% of the users travelling less than 1.52 kilometres to use the gym. These findings suggest that the target population is being reached as two-thirds of the sample lived in areas of socioeconomic disadvantage and travelled less than 2 kilometres to use the facility. These findings were supported by the qualitative interviews where interviewees felt that the gym being free to use and close to people's homes was encouraging local residents to use it. However, the qualitative portion of the research identified potential barriers which may still be preventing local people from accessing the gym, one of which was safety – particularly among residents of

black and minority ethnic groups who sometimes feel victimised by racial abuse:

“... they are the most unlikely to be using the outdoor gym because they would be afraid of meeting the bullies or the people racially harass them or abuse them over there; they would not feel protected sufficiently protected to participate.”

(Local community worker, female).

Another barrier identified through qualitative interviews was a lack of guidance and knowledge amongst would-be gym users. Many participants in the project felt that the lack of a fitness instructor to give advice and structure to gym routines would lead to a lack of motivation and eventually cessation of gym usage. Others felt that the presence of a fitness instructor running group session could address fears for safety and encourage more vulnerable residents to use the facility:

“I think that could make a massive, massive difference because you would have people being informed and educated about different aspects of maybe health, not only health but fitness too, could include nutrition as well. I think that could really help people get the most out of it.”

(Local resident, male).

Implications of the research

Although this evaluation was small in terms of numbers recruited, it is nonetheless a step in the right direction and sheds light on what is an extremely under researched area to date (we could only find two [unpublished] evaluations of outdoor gyms similar to this). Whether more robust interventions/evaluations involving outdoor gyms will be implemented by others in the future is unclear. However, the findings of this evaluation suggest that in a socioeconomically disadvantaged area an outdoor gym may be an appropriate way to reduce barriers and engage local residents in muscle-strengthening activity. This point alone is enough to merit further investigation, and it is my hope that more work will be undertaken to determine the effectiveness of outdoor gyms for reducing health inequalities.

Does the media influence teenagers' ideas of appropriate sexual behaviour: investigating ideas around the pathways of media influence

by SCPHRP's Jane Hartley

The influence of the mass media is often held accountable for unhealthy behaviours among teenagers, with sexualisation (possibly leading to risky sexual behaviours) being among the common claims. My doctoral research explored whether or not we can say if such claims are true: is the media influential for teenagers with regard to sexual behaviours? I worked with 13 -16 year old Scottish teenagers and explored whether some of the existing theories were a useful way of understanding the pathway of media influence.

There are two main opposing positions on the influence of the media: 'the media as powerful' versus 'the audience as powerful'. The evidence that *media are powerful*, and that they contribute to teenagers' behaviour, is substantial. Half a century of research shows that the media can have an impact on virtually every public health concern about teenagers. These include early sexual activity, alcohol consumption, illegal drug use, aggressive behaviour, obesity and eating disorders.

The "*media audience as powerful*" concept, on the other hand, pertains directly to research on how audiences receive media messages. The idea is that media images or texts are open to interpretation by individual viewers who bring their own experience and critical faculties to them. The media audience rarely take up the stories offered to them directly. Rather, they engage and interact with media content, drawing on it selectively for particular purposes, accepting, rejecting, resisting and modifying representations to suit their own particular purposes.

However there is also a middle ground whereby we can bridge the gap between these two standpoints, to suggest that actually both the media *and* the media audience can be powerful at the same time. This alternative model is about the *indirect* media effects and is known as "*the influence of presumed influence*": the idea is that individuals may presume that the media have some influence on others in their social group and because of this, they will change their own attitudes or behaviour accordingly to fit in with this group.

An important work in this area is Melissa Milkie's 1999 study which was an attempt at understanding how American girls may be affected by the female images in girls' magazines. The girls in her study generally understood that these media images were unrealistic but clear ethnic differences were observed among their responses. White girls reported feeling negatively affected by them since they believed that their peers, and particularly boys, thought that the images were important and that they evaluated girls on the basis of these images. Their recognition that the images were unrealistic was therefore overridden by the anticipated social comparison of peers. Ethnic minority girls, however, did not identify with white media images, nor did they believe that their significant others in their social group were influenced by them and so they did not feel negatively affected by the images. Essentially, the mainstream female images, although they were mostly criticised as unrealistic, became an oppressive negative referent for white girls who could not escape them easily, but not for black girls, who felt distant from them.

Cont..



© ChrisGorgio

Milkie concludes that individuals believe that others are more strongly affected by media images than they are themselves. They presume that others are influenced by the media, and because they care about what others in their social group think, they will change their thoughts and behaviours according to this presumed influence. So it can be said that the presumed media influence model bridges the gap, to some extent at least, between the powerful media and the powerful audiences' positions.

My research with the Scottish teenagers confirmed this presumed media influence theory: the teenagers reported to be influenced by media images of sexual and romantic relationships, because they felt that the media were influential for important people in their social group, and accordingly they changed their ideas of what was appropriate behaviour with regards to sex and sexual relationships.

As an example, typically the boys reported that they knew which television soaps and 'romcom' films girls they knew watched; the girls talked of boys watching pornography. Teenagers got this information from discussing and watching media with friends and sometimes from overhearing others talking about media. These expectations had significant impacts on what each sex predicted the opposite sex would expect sexually and romantically' (and, it would seem, stereotypical of traditional sex divisions): girls expected that the boys wanted to have sex all the time and possibly that they should have sex like pornstars; boys thought the girls just wanted a long-lasting relationship and to be told that they are loved. So it can be said that the media are influential, but not via the straightforward process that we may have at first imagined.

Further reading:

- Buckingham, D. and Bragg, S. (2004) *Young People, Sex and the Media: the Facts of Life?*. Basingstoke: Palgrave Macmillan.
- Milkie, M.A. (1999) Social comparisons, reflected appraisals, and mass media: the impact of pervasive beauty images on Black and White girls' self-concepts, *Social Psychology Quarterly*, 62, 2, 190–210.
- Hartley, JEK et al. 2014 Presuming the influence of the media: teenagers' constructions of gender identity through sexual/romantic relationships and alcohol consumption <http://onlinelibrary.wiley.com/doi/10.1111/1467-9566.12107/abstract>
- Hartley, JEK 2011 Do media portrayals of drinking and sexual/romantic relationships shape teenagers' constructions of gendered identities? <http://theses.gla.ac.uk/2855/>



image courtesy of St Andrews University

Adolescent Health Inequalities A Ticking Time Bomb

by Candace Currie,
University of St Andrews

Widening health inequalities among young people in Europe and North America are storing up huge problems for the future, according to new research by the University of St Andrews, recently published by The Lancet. The paper claims the impact of childhood and adolescent social inequalities on adult health is being overlooked with potentially devastating consequences.

According to the lead author, Professor Candace Currie,

“Adolescents growing up in high income countries are typically considered to be in good health, which may explain why they are often overlooked in health policy. However, while many experience excellent health, this resource for life is not evenly distributed across the population. Young people from poorer family backgrounds, poorer countries and more economically unequal societies in Europe and North America fare worse than their peers across a wide range of physical and mental health indicators.”

Cont..



The new research evidence proves that inequalities in health among adolescents have widened over the last decade, with prospects for the most vulnerable young people declining.

“This is a critical moment for policy attention to focus on the health of those in the second decade of life suffering health inequity,” continued Prof Currie. *“More than ever, prospects for their wellbeing during adolescence and into adulthood are being greatly challenged by the prevailing economic climate.”*

A crucial data resource, the HBSC study provides critical insights into the health-related behaviours of young people. Since its inception in 1983, the study’s unique methodology has facilitated engagement with 1,000,000 school-aged children across Europe and North America, deepening understanding of the social determinants that are known to affect young people’s health and well-being. Prof Currie concluded,

“This most recent cycle of HBSC research proves that health inequalities in young people have grown apace with increasing socioeconomic disparities between the rich and poor in Western society. For the sake of future health and wellbeing, it is vital that government policy looks beyond average health and disease prevalence. Tackling the unjust inequities that exist now in adolescent health across increasingly disparate socioeconomic conditions will be a positive step towards reducing their impact in adult life.”

To see a copy of the press release from Candace’s latest publication in the Lancet go to <http://www.st-andrews.ac.uk/news/archive/2015/title,254078,en.php>

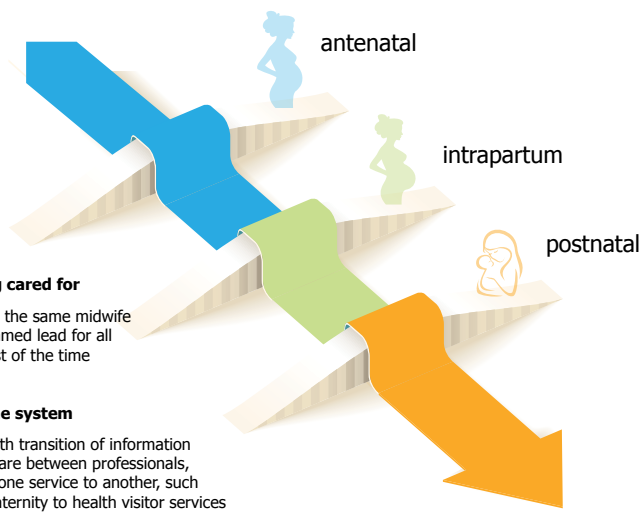


A few of quote graphics from Candace’s project.

Continuity of care: a focus on maternity services

by Larry Doi, SCPHRP's Research Fellow for the Early Life Working Group

Why we need to talk about continuity of care for maternity



Women being cared for

Seeing the same midwife and named lead for all or most of the time

Organising the system

Smooth transition of information and care between professionals, from one service to another, such as maternity to health visitor services

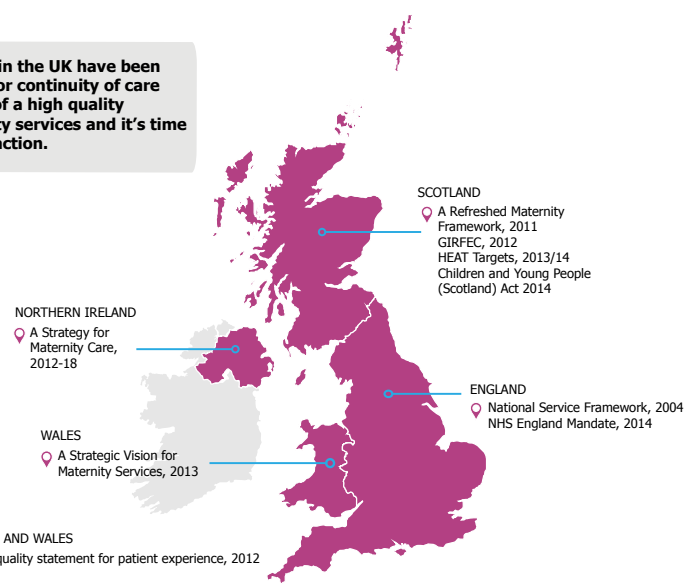
Some of the known benefits of continuity

- Increased access to additional health and social care services
- Reduced intervention rates for labour and birth
- Fewer antenatal and postnatal admissions and use of acute care services

Without continuity of care ...

“I saw so many different midwives... I never had a chance to get to know and trust any of them, and they never had a chance to get to know me” (Netmums Survey, RCM Postnatal Pressure Points)

Policies in the UK have been calling for continuity of care as part of a high quality maternity services and it's time to take action.



Sources of information
RCM Postnatal Pressure Points Campaign, 2014; Presentations from the SCPHRP Session on Continuity of Care, 2014; RCM Report on Continuity of care, 2015; Department of Health, National Service Framework for Children, Young People and Maternity Services: Maternity Standard 11, London, 2004; Scottish Government, A Refreshed Framework for Maternity Care in Scotland, In: Group TMSA, editor, Edinburgh, 2011; Welsh Government, A Strategic Vision for Maternity Services in Wales, 2011; Department of Health SsaPS, A Strategy for Maternity Care in Northern Ireland 2012-18, Belfast, 2012; Department of Health, The Mandate: A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015, 2013.

Fragmentation of care where clients are seen by an array of providers in a wide variety of organisations and places often leads to poor maternal and child care outcomes. For this reason, the Scottish Government's health policy indicates that every pregnant woman in Scotland should have a named midwife whom she meets at the first antenatal appointment and who aims to provide the majority of planned episodes of care from the first visit until discharge to the health visitor. This "continuity of care" leads to improved outcomes through coordination of care and the stability of client-provider relationships over time.

Continuity of care has several benefits. It facilitates effective communication and enhances the care experience of clients, especially those with complex social needs. For example, for pregnant women experiencing domestic abuse who may feel uncomfortable disclosing their situation during initial antenatal assessment, an on-going relationship with a named midwife can facilitate disclosure and referral to specialist support services. Continuity of care also reduces the need for labour and birth interventions and enhances women's satisfaction with maternity care. With increasing recognition of its importance, policies in the UK (see infographic) are making concerted efforts to enhance continuity of care to ensure high quality maternal services.

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

A Stitch in Time?

A programme that explains, measures and proves the contribution of the third sector to Reshaping Care for Older People (RCOP)

by Patty Lozano-Casal
Evaluation Support Scotland



A Stitch in Time? (SIT) is a partnership project facilitated by Evaluation Support Scotland (ESS) and supported by the Scottish Government Third Sector Unit and the Joint Improvement Team.

This two year programme supports the third sector to demonstrate its contribution to RCOP and maximising older people's independence and wellbeing.

The programme has:

- Explained what the third sector does, the difference they make and their contribution to RCOP
- Developed appropriate evaluation methods
- Collected and presented relevant evidence

ESS took an action learning approach, drawing from 'on the ground' practice in the third sector, to identify the outcomes of third sector interventions and show how those outcomes link to strategic goals.

The programme also identified and tested evaluation methods for third sector outcomes. Although the work took place in Lothian, the learning is for the whole of Scotland. The project produced a suite of publications to showcase evidence of the third sector's contribution and to help commissioners and the third sector improve services in the future.

Some other things that A Stitch in Time? has achieved include:

- Influencing commissioning decisions – what should be funded and why
- Contributing to national strategies for community transport and carers' support
- Improving relationships between third sector and commissioners
- Building third sector skills to measure and report meaningful outcomes

- Contributing to Scottish Government health and social care integration guidance

On 3 March 2015 ESS held the All Sewn Up? Parliamentary Reception, hosted by Jim Eadie MSP, at which Mr Alex Neil MSP, Cabinet Secretary for Social Justice, Communities & Pensioners' Rights, announced funding to extend the programme:

"I am therefore pleased to announce an extension of the programme over 2015/17 with funding from the Scottish Government of over £89,000. This will provide valuable assistance to everyone involved in Health and Social Care to become more confident using third sector evidence in decision-making, and overcoming barriers to evaluation or evidence use that might get in the way of optimising the third sector contribution to achieving outcomes."



To find out more about A Stitch in Time? and continuation programme visit ESS website at www.evaluationsupportscotland.org.uk or contact Diane Kennedy (Diane@evaluationsupportscotland.org.uk).



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