THE PRIMARY PREVENTION OF CORONARY HEART DISEASE - 10 YEARS ON

In the early 1990s I wrote an article for the first edition of the Forum health promotion news exchange on the subject 'Ayrshire and Arran Health Heart Campaign - a Change of Direction'. In it, I described the approach taken in Ayrshire to improving 'heart health' at a primary prevention level through the promotion of exercise, healthy eating (particularly achieving a reduction in fat intake to reduce cholesterol), smoking cessation and hypertension control. I described an evaluation I had undertaken, which had concluded that "there is no reliable evidence for following a primary prevention approach to heart health" and that the false promises held out by this type of campaign reduce the credibility of health promotion in the eyes of the public and other health professionals.

This was not a widely held view in 1993, and in 2003 it is still not a widely held view, but it is still true! Although there is accumulating evidence that coronary heart disease and its consequences can be prevented at a secondary and tertiary level, there is still no good evidence that we can reduce it at a primary prevention level, despite a wealth of claims and propaganda to the contrary. This is hardly surprising, as it is difficult to address something at a primary prevention level when we do not know the cause. I am still convinced that there was a Factor X which led to an epidemic of coronary heart disease up until the mid-1970s and a subsequent and steady decline in incidence since then. Whatever Factor X is, it is presumably no longer present, or present to a much lesser extent.

There are lots of good reasons to increase exercise, eat more healthily, stop smoking and control hypertension, but we should stop misleading people that these measures will reduce the incidence of coronary heart disease.

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EDITORIAL

Our lead article by Dr Drew Walker, Director of Public Health for NHS Tayside, gives us his personal update on the article he contributed to the very 1st edition of FORUM back in September 1993.

If you have already read the front cover you will be aware that Drew Walker is a man of strong opinions. He has also given us the following list of reasons for his belief that health promotion has become “hugely better” over the last 10 years:

- “It is now much more central to the agenda of the NHS
- It operates almost entirely through productive partnership arrangements with other parts of the NHS and local authorities in particular
- It is increasingly evidence-based, and evidence-generating
- Health promotion specialists are much more heavily engaged in strategic health improvement, for example in area health plans and in joint health improvement plans
- There is an increasing emphasis on health promotion qualifications in specialist staff, whilst retaining the flexibility to involve appropriate staff with other qualifications and skills
- It is increasingly focused on the broader health promotion agenda, encompassing health protection, health education and disease prevention
- It is increasingly focused on reducing health inequalities and addressing life circumstances, in addition to the more traditional areas of specific disease conditions and lifestyles
- There is now a much greater capacity to pursue the health promotion agenda, both within specialist departments and within partner organisations
- The advent of the Health Improvement Fund has acted as an effective lubricant for numerous health promotion programmes and initiatives
- There are now much stronger and more positive relationships with HEBS (now NHS Health Scotland)
- There is now greater potential for developing the health promotion agenda within secondary care.”

If anyone would like to challenge any of Dr Walker’s views, or register how much they agree with his opinions, we would love to hear from you.

Supporting Drew Walker’s article are others describing how health promotion has developed over these 10 years. There is also much of interest to read covering other health improvement activities.

For FORUM to have successfully survived the changes in administration and policy emphasis is attributable to everyone who has supported it by contributing articles and illustrations over the years. THANK YOU ALL.

FORUM can be accessed from the re-designed Health Department pages on the SHOW website using this hyperlink http://www.show.scot.nhs.uk/sehd/forum.asp , or through the SHOW website publications search facility – on the “organisation” drop down menu select “Scottish Executive”, then click on the “Category” drop down menu and select “Forum Newsletter”, then click on go.

Articles for FORUM can be submitted at any time, either hard copy or e-mail (preferred) to:

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FORUM is produced three times annually - in April, August and December.
The Grampian Heart Campaign was established in 1991 as a 10 year innovative community based coronary heart disease (CHD) prevention initiative. It was unique at that time as being a community led local charity. The campaign set itself an ambitious challenge to reduced CHD in Grampian. It is difficult to distil the impact of the GHC from other contextual and medical advances that have taken place in that 10-year period. Instead the campaign focused on evaluating and monitoring the impact of their main strategic priorities which involved addressing the key risk factors and ensuring community ownership and recognition of the campaign.

Through the Grampian Lifestyle Surveys the campaign has been able to track awareness, finding that 45.5% of adults reported being aware of the campaign in 1995 which increased to 66.5% in 1998. Awareness was particularly high in the 16-24 (70.9%) and the 55-64 (70%) age groups. The majority of individuals reported using the campaign to find out how to be healthy and to reduce the risk of CHD (56.7%), with 22.6% of respondents indicating that being involved and aware of GHC had influenced changes in their lifestyle.

In particular the campaign has been able to create award winning, innovative risk factor preventative initiatives, which through time have in the main been mainstreamed or adapted and developed further in a local and national context. Two of these are outlined below.

Eat to the Beat which was an award for caterers to encourage healthy eating and health promoting policies, enabling approximately 88 Grampian small and large scale catering outlets to achieve the standard of the eat to the beat award. Scottish Healthy Choices Award Scheme has now been adopted as the main national award scheme for caterers.

Kids in Condition, an holistic health programme for primary school aged children has provided an input to every school in Grampian, in the delivery of lead games, health promotion workshops or staff training. This project has now been aligned to Health Promoting School activity in Grampian to focus on enabling schools to become health promoting schools and helping to facilitate a range of physical activity based initiatives in the school and community setting with partner agencies.
GHC has also enabled some innovative research such as exploring the issues of men, low income and smoking and examining food access through the Grampian food shopping basket survey. The range of community action groups (both geographical and interest communities) small grants schemes have enabled many community based, voluntary sector CHD prevention initiatives to be supported across Grampian.

While recognising the valuable innovative work of the GHC, the changing context within which CHD prevention is operating has impacted on the future of the campaign. Developments such as the CHD demonstration project, Heart health learning network, CHD and Stroke Strategy, together with the emphasis on community planning and community health partnerships it would appear that the original aims of the GHC have now been mainstreamed. This has enabled the campaign, at the end of its 10 years to reflect on the successes and learning from the campaign and review the future direction in relation to the welcome national and local direction for CHD prevention activity.

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HEALTH INFORMATION CENTRE, NHS Orkney

Up until October 1995 the Health Promotion Service was divided between three separate locations within NHS Orkney. In order to rationalise the service, and to make public access easier, new shop-front premises were purchased in 1995 in one of the main streets in Kirkwall.

Since the relocation the service has seen a 960% increase in client usage, with the largest client group being the general public followed by statutory organisations. The nature of the service has also changed since the relocation, previous to 1995 the bulk of information requests could be dealt with by providing clients with a leaflet or teaching pack. Leaflets continue to be issued from the Centre, especially in support of health campaigns but most client requests are much more complex and require staff to search for information using the latest health related PC software packages, CD-ROMs and internet.

Figures of client usage from September 1995 until 31 March 2003

The Health Information Centre is going from strength to strength and continues to provide a comprehensive information service to the residents of Orkney.

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It seems unbelievable that ten years has passed since I submitted the first Health Information Centre (HIC) article to Forum. Ann Richards (LHC Chief Officer) who managed HIC in recent years, retired just a few weeks ago, so it has fallen to myself to provide an update.

Throughout this period, HIC – managed by the Local Health Council on behalf of Forth Valley NHS Board and with support from the Health Promotion Department - has continued to provide a health information service to the public across Forth Valley. Fronting onto busy Barnton Street in Stirling, the Health Information Centre provides topical window displays on health matters, encouraging members of the public to drop-in to the library and pick-up relevant literature. The cheery staff are also on-hand to answer telephone enquiries, and the building provides meeting and counselling facilities for a variety of health-related voluntary organisations.

Since the Health Information Centre came into being, the great Internet revolution has created many sources of health information from which people can choose. However, one of HIC’s strengths, is its ability to offer ‘local’ information, for example on NHS services, to local people. The Health Information Centre’s own webpage can be found at …

http://www.show.scot.nhs.uk/fvlhc

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DEVELOPMENTS IN DRUG PRACTICE IN LANARKSHIRE

In 1993, the year of Forum's first edition, the Scottish Secretary of State announced that he was setting up a Drug Task Force to consider the existing arrangements for tackling drug misuse in Scotland. It was the Drug Task Force that would initiate the setting up of local Drug Action Teams (DATS). In some areas, it would be ADAT (Alcohol and Drug...), in others SAT (Substance Action Team).

In terms of drugs work within Lanarkshire's Health Promotion Department, there was a Senior Health Promotion Officer (Addictions) - who covered both drugs and alcohol - and a newly appointed Drugs Research Officer, whose post was specific to the production of Connected, Lanarkshire's first Directory of Substance Misuse Helping Agencies. We have recently published the third edition of Connected, which is now a Directory of Substances Services, Sexual Health Services, and Related Services.

With the establishment of Lanarkshire's DAT- now ADAT, combining the Substances focus - a range of Working Groups was set up, including the Education Sub-group, the members of which came from various Departments of our North and South Lanarkshire Councils, Police, other NHS Departments, and Health Promotion.

The first major task of the Education Sub-group was to work towards the production of a drug-education pack that would be used across Lanarkshire schools, as well as in youth and community settings. Health Promotion underwrote much of the funding for the pack, which was written by a teacher on secondment from North Lanarkshire with the Education Sub-group having editorial control. The pack came to be known as what’s the Score?

The Sub-group is now developing an evaluation procedure for the pack; the results will be considered by Sub-group and by the ADAT. These will determine what changes will be introduced to the pack and to its method of application.

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The Lothian Workplace Health Promotion Team has developed a three-year strategy to assist them in addressing the issues of promoting health within the workplace. The four member team supports not only organisations registered with Scotland’s Health at Work but also those interested in promoting specific health topics to their staff.

The number of organisations registering with Scotland’s Health at Work continues to increase as does the number that are successful in achieving an award. In recent months there has been a flurry of activity aimed at promoting Scotland’s Health at Work. Last October we hosted a Business Breakfast promoting Scotland’s Health at Work in Edinburgh aimed at small and medium sized enterprises and in March this year we held a seminar for organisations progressing along the path to a bronze or silver award.

The workplace is increasingly being seen as an important environment for promoting health and this was evident from the support that each event received.

Our newsletter, which contains information on health topics and updates from organisations, continues to be published quarterly and the website for Scotland’s Health at Work in the Lothians has recently been relaunched. We continue to assist organisations interested in promoting health by developing new resources.

The scope of workplace health promotion has grown rapidly in the last ten years and will continue to do so as more and more organisations recognise the important role that they can play in improving health.

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HEALTH THROUGH REDUCING SOCIAL EXCLUSION IN GREATER GLASGOW

It is not often that I have the opportunity to reflect on the way tackling health inequalities in this metropolitan city has progressed over the last decade. In Glasgow the NHS Board and partners have an ownership and appetite for health improvement that has resulted in significant progress, especially over the last five years. How much of this is contributing to reducing health inequalities, is of course the more difficult question. Over the last four years Health Promotion staff have represented the NHS Board on the 15 Social Inclusion Partnerships in our area. Consequently we are now more clearly integrated into many local and central planning structures that create opportunities and resources to redress exclusion issues.

If resources are a means of demonstrating change then the growing investment in SIPs should begin to reap changes in health experiences over the next few years. Last year health improvement investment in Glasgow’s SIPs grew by a third, with just over £6.4 million resources being invested in a plethora of services, often matched by partners and external funding sources. Consequently the marketplace for health improvement has expanded significantly in Glasgow’s poorest communities. In Greater Glasgow we now have a network of over 49 voluntary sector organisations that provide a health improvement service, and a much wider network of organisations that contribute to the health improvement agenda. In North Glasgow SIP alone (population of 50,000) we have 21 significant health improvement programmes in operation; from exercise referral to breakfast clubs, oral health teams, stress centres, community health projects, SHAW and small to medium workplace programmes, new community schools to welfare benefits advice in primary care, pharmacy smoking cessation services and fruit in schools. Hence like many areas we can easily demonstrate significant change in services and in the capacity to address health inequalities.

However anyone who knows Glasgow will not be impressed by the picture of success that I am creating, for the concentration of poverty in parts of this city remains shocking, and is evident to all visitors. In a recent review of the economic performance of Britain’s major cities Glasgow was unique for the spatial concentration of poverty that exists here, and for the high rate of disability benefit dependence (1 in 5 of the working age population). The NHS Board commissioned further analysis of its 1999 Health Indicators Population Survey and found that the greatest independent predictor of poor health was being unemployed. Unemployment more strongly predicting poor health than personal health behaviours e.g. tobacco smoking. This economic ‘failure to thrive’ for many residents maintains the substantial difference in health experience we record here. The challenge for us in tackling health inequalities is to move beyond an agenda of improving access to health promoting opportunities for excluded communities to developing a legitimate programme of work for NHS staff in tackling the route causes of poverty.

We are also currently comparing findings from our first Health Indicators Population Study with a repeat undertaken in 2002, and are finding significant positive change for many health indicators (behavioural, social and psychological). However there is significantly less change amongst SIP residents (over a third of our population). People are getting richer and healthier in non-SIP areas than in SIPs, and in almost all cases the gap between SIP residents and others is bigger now than three years ago.
If asked what has been learned from the last decade of change it has to be that we have learned a lot about pooling funds to develop innovative programmes for health improvement in many of Glasgow’s poorest communities, and about the benefits of integrating health improvement planning within the planning stage for this city. What we still need to achieve is the engagement of the wider NHS in tackling the root causes of health inequalities, for which our role as an employer is an important element. We also need a stronger national drive for working on the root causes of poverty. An example being the development of proportional targets for health priorities that enable us to focus on reducing the differences, rather than absolute population change.

Next comes community planning and community health partnerships, both of which afford opportunities for reducing health inequalities if developed appropriately. Like many in health promotion, I continue to be mindful that all this investment and effort is only marginally impacting on the health of Glasgow’s poorest residents. This gives a shaky foundation from which to secure oversubscribed mainstream funds to continue the magnitude of activity happening across the area.

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CORONARY HEART DISEASE OVERTAKEN

The Number 1 Issue of FORUM had on its front page “And a few facts ... about coronary heart disease”. Now for 2003 a few facts about cancer, which like coronary heart disease is a major cause of death, and it is to a great extent a preventable disease (80% of cancers are thought to be related to lifestyle). Cancer has overtaken coronary heart disease as the current major cause of death in Scotland.

- 15,196 people die from cancer every year in Scotland (2001 figure)
- 7,772 men and 7,424 women
- this represents 24% of all female and 28% of all male deaths.
- 11,914 people died of coronary heart disease in 2001
- In Lothian 2,236 people died from cancer in 2001, (1,136 men and 1,068 women) compared with 1,489 from coronary heart disease (1,155 men and 686 women)

Reducing the number of deaths from cancer is a common goal, but as in 1993 with coronary heart disease, there is not a common approach to achieving it.

There are similarities with coronary heart disease in recommendations for tackling smoking, diet and exercise and recently there have been government initiatives to do this e.g. banning the advertising on smoking, and healthy living initiatives to encourage healthy eating and more physical activity, particularly of school children.

In Lothian the NOF Cancer Awareness Project has been set up, funded by the New Opportunities Fund to work in two LHCCs in Edinburgh to help people to become aware of what they can do to reduce their risk of cancer. The help is to assist people to make lifestyle changes, which are practical for them, and to inform people what potential cancer related signs and symptoms need to be checked out by their GP.

The project provides health promotion training for community nurses throughout Edinburgh, East Lothian and Midlothian. The training explores the nurses' views on cancer prevention and potential impact. It is anticipated the course will facilitate increased cancer awareness work within their practices and local areas.

Additionally the project also is disseminating information to hard to reach groups, e.g. men and also to people from minority ethnic communities.

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10 Years On

NHS Argyll and Clyde Health Promotion Unit

The Health Promotion Unit over the last 10 years has continued to work to improve the health of the population within Argyll and Clyde. Many things may have changed or appeared to have changed but many things continue to be our priority with the aim of improving health. Over the last year in particular we have reviewed our work in light of current policy and the increasing health improvement agenda. Our workplan therefore, this year, focuses on working across the settings of education, workplace, communities and the NHS and in particular picking up the 4 themes of early years, transition, working life and communities. Our topic specialties work across these settings and take forward the health promotion contribution of these topics.

Purpose, Functions and Priorities

1. Purpose
   To improve the health and well being of the population of Argyll & Clyde by providing leadership and expertise on Health Promotion

2. Functions
   • Strategy and Policy Development & Implementation
   • Research & Evaluation
   • Health Information & Training
   • Programme Management

3. Priorities
   Settings
   • Communities
   • Health Promoting Health Service – NHS
   • Health Promoting School – Education
   • Workplace
   
   Topics
   • Sexual Health
   • Alcohol and Drugs
   • Diet and Nutrition
   • Oral Health
   • Physical Activity
   • Sexual Health
   • BBV
   • Mental Health & Well being
   • Learning Disability

How we ensure this is implemented across Argyll and Clyde in a co-ordinated way remains extremely complex and involves us working throughout the NHS and in particular with local healthcare co-operatives/ community health partnerships and increasingly through the community planning and joint health improvement plans.

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LISTENING TO OUR PATIENTS -
DID WE LIKE WHAT THEY TOLD US?

The Springfield Practice in Stornoway decided to set up a patients' group in order to get feedback on services provided and to use as a sounding board for change.

The Practice newsletter invited volunteers and out of 1,700 copies sent out eighty volunteers emerged. For the first meeting it was decided to recruit no more than twenty and so all eighty names were put into a hat and a member of staff from the nearby Practice was asked to pull out twenty names.

A two-hour evening session was planned with refreshments at a local hotel and the session was facilitated by staff from Health Promotion. The Health Promotion Department was involved because of its work in the fields of communication, community development and mental health.

The evening was divided into sessions. The first session was aimed at giving information to the group - seated informally in a large circle. One of the doctors gave a brief history of primary care since 1948 to the present day - including GMS, PMS, and the fact that doctors are independent businessmen. A lively debate followed.

Session two followed the theme of information given by asking the nursing staff to tell us what they do each day - practice nurse, treatment-room nurse, district nurse, health visitor etc. All very confusing for patients and public alike and again in the relaxed atmosphere of the evening questions followed.

The group were then split into two smaller groups and set two tasks - to be reported on two flip charts. Firstly, to identify what they liked about the practice - its good points, its strengths etc. and to list them. On the second paper each group was asked to suggest no more than five improvements they would like to see. The two groups reported back and the pluses outweighed the minuses. The strengths of the practice were: friendly staff at all levels, easy to get appointments and good quality service. The negatives included concerns about confidentiality in the shared health centre waiting area, being able to eavesdrop on incoming phone calls and anxiety that the practice was a doctor short.

At the second meeting three months later, the group again was split into two sub-groups - one for men and one for women. Each identified areas of specific concern and the issues from the men's group were discussed by a male doctor and the issues from the women's group by a female doctor.

The group was then asked how they would like to see future sessions evolve. They said that at the next meeting they would like to gain a clearer understanding of Western Isles mortality, morbidity and health related behaviours i.e. a statistics session. Also, there was interest shown in the work of the Local Health Council and a talk was arranged.

Overall, what did we learn?

- Make it clear that in the first instance the group will run for one year, with four meetings and then appraisal.
- Make it clear that the group welcomes new members if anyone shows a particular interest.
- Ensure that the meetings of the group get written up, circulated and form part of the Practice Newsletter.
- Educate before you consult.
- Do not "hose them down" with information.
- Patients are interested and eager to learn about the NHS nationally and locally.
Community and Patient Focus

- Patients are happy to be consulted and have strong views - they can be both critical and positive.
- Patients are particularly keen on involvement in discussions relating to new service provision and to Practice publicity.
- Small group exercises are a useful tool - young/old; men/women. Staff should not be involved. However after deliberation they join the groups.
- Patients are keen to be regarded as residents and citizens as well as patients and clients.
- Never promise anything you can't deliver - be honest.

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The Firth and Mossbank Family Centre in the Shetland Islands is the most northerly healthy living centre in the United Kingdom.

Shetland is located in the North Atlantic and it consists of a group of over one hundred islands, fifteen of the islands are inhabited and Shetland is as close to Norway as it is to Aberdeen.

The Firth and Mossbank community is situated on the largest inhabited island twenty six miles north east of the main town of Lerwick. The population is 560, which includes 180 children. The area is recognised both locally and nationally as an area that is economically and socially fragile. The community has many inequality issues to tackle, which are uncommon in Shetland such as poor image, social exclusion and unemployment.

The aim of the Family Centre is to be the focal point in the community providing for the health and well being of all residents. The centre provides affordable and accessible childcare for children aged two to fourteen, a weekly GP surgery, a Senior Citizens Club, a Story Sack Club, a mum and baby group, and a well women’s group. We work very closely with health and social care organisations to provide a wide range of family support services to promote and encourage life skills. There is a small library with health information, books and magazines. The community uses the Family Centre for meetings, administration support, information, social activities and relaxation. We operate a community mini-bus that is very busy taking people to and from community amenities, events, leisure and exercise activities and social outings.

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CALAMITY CALUM COMES TO THE WESTERN ISLES

‘Calamity Calum’ represents a man in any Western Isles village—a taker of unnecessary risks! Safety on the croft is an issue and injuries from barbed wire, tractors and trailers and sheep dips are commonplace.

The Safetywise initiative has adopted ‘Calamity Calum’ as its brand name this year for all crofting safety initiatives.

‘Calamity Calum’ was launched recently at a Crofting Safety Seminar by Chris Tyler, a local artist and Dr John Smith, a rural General Practitioner from West Lewis.

The Seminar was made up of talks and workshops during which a series of postcards and posters depicting Calum in a variety of unsafe (and humorous) situations was made available. Postcards are available in English and in Gaelic.

Some forty crofters attended - remarkable in itself at such a busy time of year. Workshops were facilitated by a variety of experts in a number of fields - a local vet, Scottish Agricultural College representative and an officer from Health and Safety Executive. A men’s health display was also set up involving staff from health promotion.

Participants were clear that the event should be made into a video - to be used at Grazing Committee meetings. A repeat seminar is to be held in the Uists and Benbecula and this event will be put on video.

Safetywise is an interagency group comprising staff from NHS, Comhairle nan Eilean Siar, Fire Service, Police, Coastguard and currently the group is chaired by the NHS and the leads in this particular initiative came from Trading Standards, Community Education and the Coastguard service.

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Community and Patient Focus

THE PRICE WE PAY

The story of patient travel from remote and rural areas

During 2002 Andy MacKinnon of Phoenix Films and Norma Neill from Health Promotion interviewed people living in Uist, Benbecula and Barra on their experiences of having to travel and be away from home to keep a hospital appointment on the mainland.

The interviews were the direct result of a meeting of people from the health services, patient and voluntary groups who were interested in developing a Partners in Change project in order that services could be improved and health professionals and patients could learn from each other.

A video was produced entitled, "The Price We Pay", telling people's stories and providing some realistic solutions to everyday occurrences. To date 48 copies have been distributed to Medical Directors of NHS Boards and Trusts, and Medical Schools across Scotland, as well as a range of health agencies interested in the issues.

The difficulties
When people travel sometimes considerable distances by plane, ferry or car for diagnosis, treatment and follow-up services, there can be quite an emotional, physical and financial impact.

On it's own, a trip to the mainland doesn't seem a major event but when someone is ill, travel and being away from home, can become a daunting experience and one that needs understanding and empathy if we value a patient centred Health Service.

The video has already been shown at two national health conferences and held a captive audience where afterwards there was time to consider the issues raised.

We are also following up people's initial reactions when they receive the video, which has been very positive, especially from more rural Health Boards.

The Director of Patient Services in Shetland for example said he had found the video very useful and has shown it to over 100 people. The Remote and Rural Areas Resource Initiative commented that "it makes a valuable contribution to the wider understanding of rural problems".
Another aim of the video is to encourage patients to consider what they can do to make their Health Service more responsive to their needs, especially when they find themselves in unfamiliar surroundings.

The second stage of the project will bring the issues raised even more into focus and will include more media coverage, taking the video to further health conferences.

If you would like to view the video or discuss any aspects of patient travel and how to improve the service, please contact:

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This men only service was developed following consultation with users of a previous (2000) Men's Health Screening Clinic which identified 56% of attendees had a BMI in the overweight/obese category.

Local statistics identified 48% of the >19 years population is male and national evidence (SIGN) suggests that 20% of these individuals will be obese, giving us an LHCC of 4,000 obese adult males. There was a clear message from the men consulted who required support - no women, no lycra, no barriers. Thus the service was developed based on relevant research (SIGN No. 8) and taking cognisance of the users’ wishes, with the overarching aim of improving the health and wellbeing of the adult male population of Coatbridge.

The service commenced in October 2001 following a local media campaign and is supported and developed by a multi-professional/agency steering group. At the first open access 3 hour session 75 men attended for advice and support which, on the whole, continued throughout the first year.

Some of our success factors include:

- Average attendances of 70 per week.
- Average duration of attendance – 11 weeks.
- 82% of men lost weight.
- 61% of men lost a minimum of 3.2 kgs (7 lbs).
- 77 of these men lost on average 11.8 kgs (26 lbs).
- 90% of men had changed their eating habits.
- 100% of men found the support/advice/leaflets very helpful.

The men advised us that we had to keep their interest high to assist their motivation. This advice and input from them helps the staff to provide a dynamic service with new and interesting motivational aids and diversions for the men to access:

1. Health screening.
2. Taster exercise sessions linked to Local Authority schemes.
3. Guided (led) walks leaving from the clinic weekly.
4. Cookery classes.
6. Food tasting sessions.
7. Smoking cessation advice/ awareness.
Community and Patient Focus

The above have all been planned since our initial 1 year evaluation (October 2002) and are not all fully implemented to date, but will form a new focus as part of our next evaluation.

In Summary

Our service has successfully supported men in Coatbridge to lose weight and accrue health benefits as a direct result of their attendance.

Attendees lost weight which ranged from 0.45 kg – 26.5 kgs (1 lb – 4.2 stones).

It is recognised that health checks will, in future evaluations, provide information on health benefits accrued and efforts to follow up clients at 1 year will evidence longer term success.

The successful attainment of winning the National Obesity Forum £5,000 prize for Excellence in Weight Management (2002) has provided us with the ability to augment our service and look at using this successful framework to provide equity among the sexes with the provision of a service for women.

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FAS FALLAIN:
WESTERN ISLES GROW HEALTHY PROJECT

Mary MacLean was recently appointed to the post of Manager of the 'Fas Fallain' three year Western Isles food and health project funded as a Healthy Living Centre initiative by N.O.F. and Western Isles Enterprise.

The 'Fas Fallain' project couples healthy eating initiatives with 'grow your own' horticultural and marketing activities at local level ensuring the project delivers a holistic range of value for money services to targeted sectors of the community.

The project also aims to address the affordability and availability of fresh produce within the Western Isles.

Through the provision of training and advice, individuals and communities will be helped to grow their own food for home consumption with surpluses generating an income stream through the sale in local shops and a network of local produce outdoor markets.

The training element of the project - horticulture, cookery and social business development, will be promoted in parallel with education relating to healthy eating.

The capital infrastructure for establishing local markets is already in place and community assets will be used and extended as a main objective. The raising of confidence in the community is one of the outcomes - having a positive mental health emphasis.

Although in its infancy, Fas Fallain is presently supporting horticultural workshops being held in various parts of the islands, and have recently completed a series of themed cookery demonstrations, which were run in conjunction with the Uig & Bernera Learning Association.

The project has also explored the growing of berries with a view to encouraging individuals, especially crofters, to supplement their income.

Mary, who was previously Manager of the Cearns Community Development Project will be based between the Cearns Resource Centre and the Health Promotion Department and can be contacted on either (01851) 701909 or 702712 or alternatively e-mail: MaryM.Cearn@wihb.scot.nhs.uk
The main focus of the Cearns Community Development Project (C.C.D.P.) currently is training.

After considerable consultation with the Cearns community it was recently decided to equip the Cearns Resource Centre with the relevant information technology to initiate a local adult learning centre.

C.C.D.P. is also working closely with The Poverty Alliance (T.P.A.) who have funded one of the computers. T.P.A. have also sponsored basic IT training skills for two members of the Cearns' Apples & Pears women's health group to enable them to pass on their knowledge to other groups in the community.

The horticultural project, 'Grow Our Own' is also placing an emphasis on training and education by becoming training providers and working in conjunction with New Deal, Lews Castle College and Scottish Agricultural College to provide on-site vocational training for volunteers interested in gaining SVQ qualifications in horticulture.

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Girvan Food Co-op was established in January 2002. It currently operates successfully in two venues within Girvan, South Ayrshire, and provides a range of fresh fruit, vegetables and eggs to the community at affordable prices. The Food Co-op is non-profit making, and is run by a committee of volunteers with assistance from Community Development staff at South Ayrshire Council.

A pilot project is underway to roll out the Girvan Food Co-op to nearby rural villages in South Ayrshire. The main aims of the project are to increase access to fresh fruit and vegetables, and also to promote healthy eating within the communities targeted. Both aims are achievable, and it is hoped that the project will have a positive impact in terms of improving the health of those living in the communities - the ultimate purpose of the project. Ayrshire and Arran NHS Board and Girvan Connections Social Inclusion Partnership jointly fund the project, and other partners include South Ayrshire Council and Girvan Food Co-op. The project will be monitored as it progresses, and then evaluated following completion.

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FALLS account for 4% of all hospital admissions in elderly people over 65. Each year, approximately one third of all people aged 65-74 years report of having had one or more falls.

A pilot project was established under the 2001 Health Promoting Health Service Framework in the Davidson Cottage Hospital, Girvan. Staff involved in the programme included Occupational Therapists, Physiotherapists, Nurses, Doctors, and Dieticians. Referrals for the programme were sought from local GPs.

The aim of this pilot project was to establish and evaluate a multidisciplinary health promotion and education programme aimed at preventing falls in the elderly. The overall objective was to plan and provide a scheme based on therapy, rehabilitation and health education.

The programme included graded exercise classes, home safety discussions, education on osteoporosis and diet, fall action planning, getting up from the floor and social and recreational activities designed to improve balance and promote social interaction.

The programme received 16 referrals. The participants ranged from 65-90 years with a mean age of 78 years.

In the outcome measures, eight participants showed an increase in overall confidence levels following the programme. With regard to mobility, seven participants showed an increase in their abilities as a result of the programme.

Nine participants experienced a reduction in the number of falls in a 6-month period following the programme. Six months before the programme started, the total number of falls in the group was 18, compared to three falls following the programme.

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GETTING HEALTH PROMOTION INTO PRIMARY CARE – THE WEST FIFE MODEL

Health Improvement is now firmly on the map with both the NHS and Local Authorities working to an agenda which encompasses a broader understanding of health. Recent Government policies have placed great weight on the importance of locating the health improvement effort within local communities and finding local approaches to address health inequalities. Why is it then in this climate of change that Health Promotion is struggling with Primary Care and LHCCs? And what will the New Community Partnerships mean?

One way forward is to look at an integrative model of public health (1. PHIS 2002) and is the approach West Fife LHCC and Fife Health Promotion Department have taken. The Senior Health Promotion Officer and Public Health Practitioner are both located within the LHCC and work closely together, sharing skills and experience to develop locally based solutions to address health improvement. This process has resulted in developing a range of robust partnerships with other agencies including the voluntary sector and local authority and has raised the profile of Health Promotion within the LHCC and its associated staff.

A further recent development has been the addition to the team of Health Improvement Project Officers (HIPOs). These posts are seconded, and allowed two part-time Health Visitors to take time out from their routine caseload work to work on specific Health Promotion projects. The benefits of this were that projects progressed at the local level and foundations were laid for building local capacity. It also strengthened the link between Health Promotion, Primary Care and the communities within West Fife.

By trying this way of working not only has Health Promotion’s profile been raised but we are more effective at delivering on health improvement at the local level. To really address health inequalities, social exclusion and improve health we need to form real ‘working’ partnerships, not just talking shops. We need to ‘operationalise strategy’ and one way to do this is to have local staff on board. In the future we hope to second local authority staff into the team to further strengthen and improve our capacity.

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(1) The Health Promotion Contribution to Health Improvement. Public Health Institute of Scotland December 2002
HEALTHY LIVING INITIATIVE

The Healthy Living Initiative represents the first broad ranging local response to the health promotion needs of people with a learning disability in Ayrshire and Arran. Since its implementation in late 2001, we have sought to support people to develop and maintain healthy lifestyles by increasing awareness in a variety of lifestyle topics including healthy eating, exercise, health screening, sexual health, smoking, alcohol use and drug use. Information on these topics is presented within group sessions of between 2 and 15 service users that are run by our Project Workers, focused around an interactive Power Point presentation incorporating sound, pictures, and animation.

We work with people in a variety of different settings such as supported learning units in colleges, residential units, day centres, advocacy groups, social clubs and in people’s homes where they have formed small groups who live independently. Added to this we will deliver sessions within schools in partnership with school nurses and teachers. There is also a referral system which allows for individuals to come together in a group setting to participate in training within our facilities. Printed laminate copies of the slides used in the Power Point presentation are left with establishments at the end of each session. It is intended that the staff there go over the content with service users and repeat sessions as necessary, while also introducing other clients to the materials. The materials developed by us have been met with enthusiastic support by service users and staff and are viewed by both as being fun, engaging and informative. Our mid point evaluation completed in April 2003 used questionnaires (957 in total) to check participant’s levels of knowledge on a particular topic before and after the group sessions. The results indicated that participants’ knowledge increased across all topics, (ranging from 6% to 43% improvement).

In another initiative, we are at present working with our customer focus group and health professionals to improve access to Health Screening and Primary Health care for people with learning disabilities. We will be piloting Health Screening information sessions throughout the summer months at one of the resource centres i.e. people will be able to drop by and be given appropriate information on Health Screening.

The project is funded for a 3 year period by Ayrshire and Arran NHS Board and is managed by East Ayrshire Council on behalf of the other partners.

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SOCIAL JUSTICE FUNDING PROJECT:
FUNDING FOR A PEER SUPPORT GROUP

In October 2002 Miss Anne Jarvie, Chief Nursing Officer for Scotland expressed the Scottish Executive’s commitment to giving every child in Scotland the best start in life so that they may achieve their full potential. The Scottish Executive recognised that one of the ways in which the National Health Service could achieve this was to encourage the uptake of breastfeeding.

The Scottish Executive has a previously set National Target that by the year 2005 50% of mothers will still be breastfeeding their babies at six weeks of age and beyond. To that end all NHS Boards in Scotland were invited to bid for one off funding of £60,000 from the Social Justice Fund to set up a Peer Support Breastfeeding Initiative based on the Glasgow Model.

In September 2002 Ayrshire and Arran recruited two part time Breastfeeding Development Officers with a remit to drive forward NHS Ayrshire and Arran Breastfeeding Strategy. Initiating a Breastfeeding Peer Support Project in a deprived area is a stated objective of the NHS Ayrshire and Arran Breastfeeding Strategy, therefore it was decided that a multi-agency group should be convened to construct a funding bid to secure Social Justice funding.

A multi-agency group consisting of the NHS Ayrshire and Arran Breastfeeding Development Officers, Public Health Practitioner - East Ayrshire, Local Health Care Co-operative, Public Health Capacity Builder - East Ayrshire Local Authority, Co-ordinator - East Ayrshire Volunteers, Health Visitors and Midwives from the area produced what was to become the successful funding bid for a Peer Support Initiative. This is an excellent example of true partnership working.

The Breastfeeding Peer Support Initiative is based in Cumnock and surrounding areas, which is a large rural area of approximately 170 square miles with a population of 20,591. This is an area of low breastfeeding prevalence. Evaluation of this project will allow comparison with the Glasgow Project, which was based in an urban area.

This project will employ a Breastfeeding Co-ordinator who will work closely with all members of the multi-agency group and will be managed by the NHS Ayrshire and Arran Breastfeeding Development Officers. It is envisaged that this Initiative will be replicated in other areas throughout Ayrshire and Arran.

Breastfeeding Peer Support Initiative and Part Time Admin Support staff are now recruited and are currently identifying Breastfeeding Peer Supporters and Antenatal women who wish to be supported for inclusion in the Initiative.

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BREAKING DOWN THE BARRIERS IN FIGHT AGAINST BOWEL CANCER

Talking more about bowel cancer, and the symptoms to watch out for, could literally save lives.

This common cancer kills around 1,750 people in Scotland each year, yet many deaths could be avoided if people were more aware of the risks and did not put off seeing their doctor until it is too late.

The NHS in Lanarkshire and Forth Valley have joined battle against the disease through the new Bowel Cancer Awareness Project (BCAP) formally launched on Wednesday 21 May 2003 at the Banknock Community Centre, Falkirk.

The project aims over the next two years to encourage frank communication about the symptoms of bowel cancer in order to raise awareness among people who are most at risk of the disease. The BCAP team will be targeting the at risk population in Forth Valley and Lanarkshire, educating people about how they can prevent bowel cancer, and encouraging them to seek early advice if they show symptoms.

The project was formally launched by former BBCTV Watchdog presenter and reporter Lynn Faulds Wood. A high profile campaigner for the awareness of bowel cancer, Ms Faulds Wood gave a brief talk on her personal experience of the disease.

Lottery funding for project

The Bowel Cancer Awareness Project is funded by lottery money from the New Opportunities Fund. The first months of the project were spent consulting with partners, developing a business plan, recruiting project staff and establishing a base. The official launch of BCAP this week sees the start of the public campaign. This will take the team into 36 local communities throughout the two areas, comprising 22 in Lanarkshire and 14 in Forth Valley.

Priority is being given to Social Inclusion Partnership areas and other areas of deprivation, as well as rural areas. We know that rates of survival from bowel cancer are poorer in areas of deprivation; and that people in rural areas tend to come forward late in the development of the disease, with a significant number either dying before diagnosis or having to be treated as emergencies.

The seven-strong project team comprises two senior health promotion specialists, a doctor, two nurses, a dietitian and an office manager. It is based within the Health Promotion Department in Stirling and will also operate from a satellite office in Lanarkshire. As well as the focus on local communities, the team will offer training opportunities, information and support on bowel cancer to a variety of health professionals and other key workers, including GPs, community nurses, pharmacy staff, nursing home staff and community health project staff.
One of the two Senior Health Promotion specialists on the team, Trish Tougher, said: “By the end of the project we aim to have increased awareness of bowel cancer with the public and health professionals throughout Forth Valley and Lanarkshire.

“We also aim to make this subject easier to talk about and to help people make that often difficult step to go to their GP if they have any worries or concerns about bowel related matters”.

If you would like more information on the work of the Bowel Cancer Awareness Project contact Project Managers Trish Tougher or Judith Morgan on: 01786 463031.

Additional facts:

- Bowel cancer, also called colorectal cancer, is the second most common cause of cancer death in men and women in Scotland
- In Lanarkshire and Forth Valley approximately 250 and 200 people respectively are diagnosed with bowel cancer every year
- Public awareness of bowel cancer and its signs and symptoms is very low
- As a result people approach their GP late, when the cancer is more developed
- A recent study in the West of Scotland found that 24% of people know about bowel cancer and only one in ten know of the symptoms
- Lack of knowledge and late presentation to GPs are key barriers in the fight against bowel cancer
East Ayrshire Council was the first Local Authority in Scotland to reach the Scotland’s Health at Work Gold Standard as a whole organisation. Previously departments within Local Authorities have achieved gold individually, therefore this new approach is unique and innovative.

Scotland’s Health at Work is a national award scheme, backed by the Scottish Executive that rewards efforts and achievements in building a healthy workforce, a healthy workplace and a healthy organisation.

Since East Ayrshire Council introduced Scotland’s Health at Work in 1996, it has been committed to employee health and has adopted a holistic approach to developing policies to support the health needs of a diverse workforce. The 6000 employees include refuse collectors, grounds maintenance, road workers, tradesmen, leisure attendants, housing officers, social workers, office workers, librarians, architects, solicitors, accountants, teachers and many other varieties of manual, support and professional staff.

Not only was this the first gold award of its type in Scotland, East Ayrshire council also achieved the first gold award in Ayrshire and Arran. Scottish Enterprise Ayrshire was close on its heels, picking up the 40th Gold award in Scotland.

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SCOTLAND’S FIRST FOOD LINKS TEAM

Eight months into the job, the Forth Valley Food Links team is making its mark on the local food scene.

The first organisation of its kind in Scotland, Forth Valley Food Links (FVFL) is building up a network of contacts and working with them to help realise its aim to make local food for local people widely and more easily available.

Led by a team of three, Forth Valley Food Links is backed financially by the Scottish Executive, the three Councils of Clackmannanshire, Falkirk and Stirling and Forth Valley NHS Board. Our remit covers the three council areas - Clackmannanshire, Falkirk and Stirling.

Forth Valley Food Links is a non-profit making company limited by guarantee and a registered charity, and as yet the only Food Links project in operation in Scotland. It follows on the success of the Forth Valley Food Futures pilot project which ran from 1999-2001. Membership of Forth Valley Food Links also includes Stirling Farmers’ Market and Volunteer Development Scotland Ltd.

The team has cast a wide net to generate interest among those who are part of the food network – the growers, producers and providers of food as well as the local communities, voluntary groups and consumers who want to see local people enjoy more local produce.

To assist in getting projects underway, FVFL operates a Small Grants Scheme which will go some way towards encouraging, for example, farmers and growers to diversify where possible and investigate different crops and lines of produce aimed at local markets.

Partnership working is the key to the whole process. The work of FVFL has two key parts which must be combined to guarantee success. On the one hand we are helping voluntary organisations and community groups, including New Community Schools, who are interested in setting up local fruit and vegetable co-operatives and community allotments for example. On the other hand we are working with farmers, food growers, producers, and a wide range of other interests to increase the local production and availability of affordable, fresh produce – fruit, vegetables and meat – for local people.

As FVFL works towards this longer term goal, we are currently involved in a variety of schemes. ‘Fruit Barras’ have really taken off in Forth Valley, with no fewer than eight up and running at the time of print. The key points are that produce is very fresh and where possible locally grown. However it is equally vital to ensure good quality and affordability.

In the Falkirk district we have a local food producer operating a co-operative of three or four farmers. Community groups place orders on a Monday – people can order as much or as little as they like. The orders are delivered to the community groups each Wednesday, to be picked up by local people that afternoon.

While acknowledging the health and economic benefits created, the social impact of such schemes, with their inclusive principles, cannot be underestimated. By forging links in this way, producers, growers and farmers are encouraged to interact with their customers and to present a more friendly, approachable image to the public. This way food producers can witness the opportunities that already exist for local production and supply. Local
consumers, in turn, would much rather support farmers, growers and producers in their own area. Producers do not always know this – until recently many have never spoken directly with their customers.

The Forth Valley Food Links team was encouraged by the response to a recent survey about food production and farming activities in the area. Out of over 300 producers contacted, 17% responded and the team sees this as a good basis to build on.

Other initiatives planned for this year include development of the successful farmers market concept to include Falkirk and Clackmannanshire.

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DEVELOPING PRACTITIONER NETWORKS IN LOTHIAN FOR PEOPLE WORKING WITH YOUNG MEN (15-24)

Although work with young men has crept up the agenda, in many ways it is still in the early stages. It was helpful to see the emphasis given to working with this group in the recent Partnership for Care and the Choose Life Suicide Strategy. Indeed suicide is now the leading cause of death in men under 35 in Scotland and the gap with young women has widened considerably in the last 10 years. For every women that commits suicide there are over 3 men.

Issues disproportionally affecting young men include; suicide; poor educational achievement; contact with the criminal justice system and substance use.

Starting in October 2001 Lothian NHS Board has organised a series of seminars (Young Guns) in Midlothian to start to address these issues. East Lothian is currently in the process of developing links with the Midlothian network.

The fourth Midlothian seminar is due to be held this October to tie in with Scottish Mental Health Week. The seminars are attended by about 50 people (including about half a dozen young men) and have evaluated extremely positively.

The seminars are primarily aimed at practitioners and have attracted interest from a wide range of organisations including Community Education; Police; Education; Health, and the Voluntary Sector. The seminar format consists of key note speakers and workshops. Breathing Space (the men’s telephone helpline), Men’s Health Forum and Healthy Respect (the National Demonstration Project on Sexual Health) have all given presentations recently. Adrienne Katz and Mark Wood came up from England to present their current research on Young Men’s issues.

A multi-agency Task Group has been formed to progress the work.

In addition a small-scale piece of research was undertaken. This consisted of surveying 105 young men (average age 17) about lifestyle issues and conducting semi-structured telephone interviews with 19 key professionals. The main findings indicate the very poor state of young men’s health.

They have an inadequate diet: 40% had eaten no fruit on the previous day and 28% never normally eat fruit at all. 35% had not eaten vegetables (apart from chips) on the day before and 28% say they never eat vegetables.

They would appear to have difficulty controlling their temper: If “slagged off”, 48% would resort to violence and only 12% would laugh it off. On a scale of 0-10 in terms of how easily they lost their temper; 40% rated themselves at 8 plus. 25% of the young men spoke to no-one if they had personal worries. 40% would talk to friends and relatives but only 2% would go to their GP.

All in all the future looks pretty bleak to them: The respondents were asked if there was anything they would like to do but couldn’t at the moment. 51% stated “nothing” or gave no answer. 35% of the respondents think it’s reasonably hard for young men to get on in Midlothian. 50% can’t think of anything at all that would help young men in Midlothian improve their health.
The table below details some of the main difficulties that have been identified so far in progressing work in this area:

<table>
<thead>
<tr>
<th>Area of Concern</th>
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<tbody>
<tr>
<td>1. Poor uptake by young men of health-related services</td>
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<tr>
<td>2. Negative stereo-typing of young men</td>
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<td>3. Lack of involvement of young men in service development</td>
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<td>4. Lack of research and dissemination</td>
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<td>5. Lack of training</td>
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<tr>
<td>6. Lack of inter-agency initiatives</td>
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<td>7. Few resources</td>
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<td>8. Lack of strategic framework and policies</td>
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<td>9. Lack of dedicated worker time</td>
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<td>10. Lack of work with Fathers/ Male relatives</td>
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<td>11. Difficulty in developing work with hard to reach young men (such as homeless, gay, looked after)</td>
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<tr>
<td>12. Lack of sustained funding streams</td>
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</tbody>
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In Edinburgh the practitioner network has held three meetings. In addition a successful Edinburgh seminar focused on the Choose Life strategy. An exploratory meeting has also been held in West Lothian to start developing a network there.

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Health matters for Men! is a new innovative project, based at Blantyre Health Partnership, aimed at raising awareness of male health issues including the prevention and early diagnosis of:

- Coronary Heart Disease
- Cancers – testicular, prostate, bowel
- Diabetes

Health Matters for Men! will seek to provide the male residents of Blantyre/ North Hamilton with:

1. Information on health, where and when men want to access it.
2. Health workshops
3. Healthy walks

The first aim of the project was to organise events to coincide with national Men’s Health Week from 9th to 15th June 2003.

These events, in different locations throughout the Blantyre/ Hamilton area, focussed on:

- Raising awareness of men’s health services
- Providing health checks
- Raising awareness of specific male health issues
- Gathering feedback from local residents with respect to male health issues

Project Summary:

The development of a health awareness project aimed at tackling the inequalities in men’s health. The project will primarily focus on the male population of the Blantyre and North Hamilton Social Inclusion Partnership (SIP), aged between 25 to 65 years.

It is planned to organise health workshops, participate in men’s health week, healthy walks and awareness raising events. The healthy lifestyle is already promoted by other local health services (UP for It, Positive Healthy Aging, Blantyre Health Partnership). The project will also provide support and research relating to the problems faced by men trying to access health services. Help and support to the LHCC, GP surgeries and other partnership agencies, will also be key to the project.

The plight of men’s health has been brought to the forefront in the light of recent statistics. In the United Kingdom over the last 10 years there has been a marked increase in cases of obesity amongst men. With Coronary Heart Disease (CHD) and Hypertension (High Blood Pressure) still being responsible for the majority of the deaths amongst the male population of Scotland. These factors along with excessive alcohol intake, smoking, poor diet and a lack of physical activity, has caused the average male life expectancy to be under 75 years of age.
At present the concept of men’s health is still not a major priority in terms of policymakers and the health service, however the above statistics has forced these issues onto the health agenda.

The area of Blantyre and North Hamilton has a total population of 24,330 with 6,023 (24.76%) being men aged between 25 to 65 years. The average household income is £35 less than that of the rest of South Lanarkshire, which could be related to the high unemployment rate in the area. These and other associated factors (education, housing, social and environmental) have resulted in the area having a greater Standard Mortality Ratio (SMR) in relation to the rest of South Lanarkshire and Scotland as a whole.

This project has the aim of raising awareness about men’s health issues, with the main focus being on:

- Raising Awareness of Men’s Health Services in the area
- Raising Awareness of Health Issues for Men
- Promoting a healthy lifestyle to men that are hard to reach
- And with an ultimate aim of improving the mental, physical and social health of men in the Blantyre/ North Hamilton area.

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This drama for S3 pupils is an annual event organised by Health Promotion. It has become an established forum for raising health issues, finding out what young people think and for local health workers to promote their service and answer young people's questions. This year the tour covered 22 secondary schools and was seen by almost 2,400 pupils.

Dundee College drama students put on an excellent production in Angus. They used doubles to show each person, what they said contrasted with what they thought. Issues raised included bullying, abuse and a boy facing his girlfriend's pregnancy. This drama ended with the characters finding the courage to talk to someone about their different dilemmas - a GP, a Health Worker and an auntie.

A small group of actors from Dundee Rep Community Theatre toured Dundee and Perth & Kinross with an interactive drama written with pupils from Perth Grammar School and the Community School, Auchterarder. Issues raised included body image, alcohol, bullying, stress and the STI chlamydia. Scenarios were interspersed with quizzes and opportunities to offer suggestions and advice to the actors in role. Both dramas were well received with typical comments as follows:

**Teachers**

Excellent use of music, repetition, chanting. I loved the "double image" idea - personality/ conscience inside compared to the outside façade. (Angus)

I felt it tied in with what we have been trying to do in Social Education and reinforced many of the issues. (Perth & Kinross)

I was amazed at how quiet young people were in the question session at the end. (Dundee)
Health Workers

Thought it was great - good way of delivering important information which could otherwise be quite dry. (Dundee)

Pupils

I liked the way you heard what they said then what they thought. (Angus)
They played real life problems. (Dundee)
It makes you think about people's feelings. (Dundee)
I have realised other children go through problems the same as me. (Perth & Kinross)
I didn't realise that you could call so many different people just to talk about your problems. (Perth & Kinross)
I never realised that you keep everything confidential under 16. I thought the services would have a right to tell your parents. (Angus)

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WORKING AS A STAFF TUTOR IN DUNDEE

Tayside’s Specialist Health Promotion Service requested the following account of her experiences as a Staff Tutor from Fiona Liddell. These Staff Tutor posts are jointly funded by NHS Tayside and the three Local Authorities.

“I am in a very fortunate position this year at being seconded from my Primary School into the Educational Development Service in Dundee. I took up the post as Staff Tutor in August 2002 with a remit for Health Promoting Schools, Nutrition and Personal Safety.

The initial weeks were a complete culture shock! I had never spent any time out of the school system since the age of five. Managing my time without ringing bells and classroom routines was initially a very daunting prospect.

My post has involved me in a wide variety of activities including: setting up initiatives relating to health, providing training to teachers in schools, working with children on health projects and writing curricular programmes. I have worked with a wide variety of agencies and built up close working relationships with individuals who have given me an appreciation of where the schools fit within the wider context of the community.

One of the most enjoyable experiences this year has been the opportunity to visit many of the Primary Schools within Dundee to work with both staff and pupils. As a class teacher it is rare to be given the chance to speak with, observe and work alongside other teachers. I have experienced a wide variety of personalities and methods of working and all have caused me to reflect on my practice in school. The welcoming nature of the schools I have worked in, and the wealth of good practice which is being undertaken in them, has been one of the highlights of this year for me.

This year has reaffirmed my values and my hopes for the future of the Education System. It has been exciting being at the source of something which is going to be as significant for schools as the Health Promoting School Strategy and being allowed the freedom and flexibility to work to my strengths.”

Contact:

Julie Redman
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At Robert Douglas Memorial School, Scone, Priscilla Webster, Senior Health Promotion Officer, met with the Eco-Committee and asked them about what they do. There are two children from each year group from P3 up on the committee. They take turns to write and type up the minutes of each meeting.

**Why did you get interested in the Eco-Committee?**

I want the school ground to be tidier. I'd like to see bins on the grass. Most people won't walk to where the bins are.

Me and my teacher were talking about getting a strip of astro-turf so the footballers would know where their bit was.

It sounded fun; the grass has got a lot of litter on it and wildlife as well. We were going to get bat boxes, but not anymore because someone got bitten and they died up in Ninewells.

**What would you like to do?**

We were thinking about getting a bit out the front for birds. A bird table. We had a competition, you had to draw the bird table and the one that wins is going to get it made and we are going to put it in the primary two area. We are going to clear out the pond and plant some shrubs in the garden.

Make a log pile from the old furniture.

Plant a meadow on the long grass area above the pond.

We were also thinking about picnic tables, made out of logs with tree stumps for the seats but the only thing about that would be the wasps.

**Can you tell me what you hope to achieve by the time you leave the school?**

I would hope to see more people getting interested in a cleaner environment and more people being friendly to wildlife.

Contact:

**Priscilla Webster**

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INTERACTIVE PERSONAL SOCIAL & HEALTH EDUCATION IN FORTH VALLEY

In Forth Valley the Health Promotion Department, in partnership with the local authorities have worked closely with the new community school sector, through INTER-ACT to produce an inter-linked programme of staff development and classroom delivery.

An in-service training day is followed by 8 classroom sessions in which the interactive methods are put to the test and teaching skills are developed. Drama and role-play are used to deliver personal, social and health education from a person orientated approach. INTER-ACT has worked in over 50 schools and with over 100 staff over the last two years. The work has been reviewed and evaluated internally and externally and is highly valued by staff and young people.

The INTER-ACT Education Worker (a two year post in Stirling Council area) has established a clear common ground that encompasses both health and education. The methods are particularly effective when placing health within a social and emotional context. Sensitive areas such as substance use, mental well being, social inclusion and sexual health can be explored and discussed within a ‘fictional context.’ This can be non-threatening, but still involve the exploration of challenging issues.

We also recognise that developing self-esteem, self-confidence and good communication skills are often an essential passport to good health and provide young people with a foundation for healthy development. It is also appropriate that the work explores the particular ‘life transition’ from age 10 to 13. From a health perspective we can view this as a transition from childhood to adolescence, from an education perspective it is from primary school to secondary school. It is also a time of growing experimentation, risk taking and independence.

The INTER-ACT methods and work clearly demonstrate that the health improvement agenda can be embedded within an educational framework.

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SMOKING CESSATION

In March 2003, two seminars were organised to highlight the success of the Smoking Cessation work over the last three years in Tayside. This work was driven by a partnership between the Specialist Health Promotion Service (SHPS) and the three LHCCs (Angus, Dundee and Perth & Kinross).

The Smoking Cessation Co-ordinators, seconded to the LHCCs from SHPS, paid tribute to the hundreds of healthcare professionals who had attended training led by the Co-ordinators and had then subsequently provided services for those wishing to stop smoking. Comment was also made on the success of the SHPS's Tayside Telephone Smokeline for smokers wanting help and advice on quitting and the booklet "Best Ever Guide" which highlights providers and location of quit smoking groups or one to one counselling.

Lorna Scahill, Prescribing Adviser in Pharmacy, commented on the prescribing issues in Tayside with approximately £850,000 being used in Tayside over the three year period to provide Bupropion or NRT for an estimated 8,500 patients.

Dee Craven, Public Health Officer, highlighted the results from the patient follow-up which revealed that 34% of respondents reported being non-smokers after 12 months which equated to 14.7% of the overall study population.

Based upon the prescribing costs we can estimate that a minimum of 1200 patients have stopped smoking in Tayside over the last three years. This will represent a huge health gain and reduction in treatment costs in years to come.

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