

# F O R U M

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## ARE YOU AN ACTIVE ADULT?

I try to do it five times a week and make it last for half an hour. If you know what I mean.

It's a fact of life that in the developed world more and more people are becoming inactive, and that has a terrible effect on their health. Now let's just pause right there shall we, and take a closer look? An active adult, as defined by the World Health Organisation, is one who accumulates over thirty minutes of moderate intensity activity over most days of the week, and for children it's an hour.

Which, frankly, had me gobsmacked. I'm a rugby has been. I used to go to the gym maybe three times a week, but I'm not sure that I was a physically active person according to the figures when the nice men and women in white coats at the Scottish Executive asked me to be Chair of the Physical Activity Task Force. Expecting a huge salary I said yes, only to find it was unpaid. A half an hour every day?

But we all sat down at our first meeting, wanting to change the world. I look around me and I see inactive people. The car has taken over, mums drive their kids to school, where they don't exercise, and then they're too scared to let them out in the evening. We drive to work as a nation. The list goes on.

What's the battle? It's to make activity sexy. The statistics are quite bold. Nine year old boys are the most active, with eighty percent of them in Scotland hitting the targets, with girls always less active. Then we have a real problem with young women as they mature. Suddenly from sixty five percent of them being active aged eleven it goes to just thirty five percent when they hit fourteen years old and their bodies start to change. In three years around a third of girls become inactive.

What's the benefit of being active? Going from inactive to active means you're three times less likely to die. You reduce your chances of heart disease, stroke, colon cancer, osteoporosis and obesity with the associated disease, type II diabetes. You improve strength and flexibility, you become more independent for longer, and it helps your mental state.

Article continued on Page 3



SCOTTISH EXECUTIVE

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# Contents

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	Page
PHYSICAL ACTIVITY	to 24
HEALTH AT WORK	25-26
HEALTH AND SAFETY	27
YOUNG PEOPLE'S HEALTH	28-32
OLDER PEOPLE'S HEALTH	33-34
COMMUNITY HEALTH	35

## EDITORIAL

This edition of FORUM has physical activity as its main theme with the lead article written by John Beattie, Chair of the Physical Activity Task Force. The accompanying article explains why the Physical Activity Task Force was set up.

As always we are grateful to all of our contributors who have submitted articles on our main theme and on other topics. Thank you for responding to our request for more photographs and graphics. These really brighten up FORUM and help to illustrate the projects featured.

We hope that you enjoy reading the articles featured here. Articles on any health promotion topic are always welcome for future editions of FORUM. Please send these to myself at [john.williamson@scotland.gsi.gov.uk](mailto:john.williamson@scotland.gsi.gov.uk).

Everyone involved in the production of FORUM at SEHD sends their best wishes for Christmas and the New Year.

John Williamson

### FORUM

*FORUM is a vehicle for exchanging news, views, ideas and information. It has been produced by the NHS in Scotland and the Scottish Executive's Health Improvement Strategy Division. The views expressed in FORUM are those of its authors and are not necessarily SE Health Department Executive policy.*

# ARE YOU AN ACTIVE ADULT?

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If you become active you sleep better, have more energy, and you develop relationships through your activities.

All of which is worth aiming for in a target, and we're trying to find policies and link thinking to make it work. Target is a good word, and we have to set targets.

Our report comes out in the spring, and we want to help Scottish people become the active people we all have inside us.

**John Beattie**

Chairman of the Physical Activity Task Force

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# PHYSICAL ACTIVITY TASK FORCE

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John Beattie, a former Scotland and British Lions rugby internationalist, has been recruited as Chairman of the Physical Activity Task Force charged with improving the nation's health by encouraging a culture of exercise.

It is a medical consensus that an inactive lifestyle leads to increased risk of coronary heart disease, stroke and other problems. One-third of all heart disease deaths are attributed to inactivity compared to a fifth to smoking. Simple and regular exercise is proven to reduce the incidence of risk significantly, either by organised sport, climbing the stairs, walking the dog, swimming, or even heavy housework. At school, girls could be encouraged to take part in disco dancing or aerobics if they don't fancy traditional sports like hockey.

The most recent survey of the health of Scots found 21 per cent of men and 22 per cent of women (aged 16-74) to be almost completely inactive, when defined as undertaking moderate or vigorous activity less than once a week.

39 per cent of men and 27 per cent of women were classified as moderately active – 30 minutes of moderate physical activity each day.

Only 14 per cent of men and 5 per cent of women were classified as vigorously active – undertaking vigorous activity more than three times a week.

The survey showed that 60 per cent of men and 70 per cent of women are putting their lives at risk through inactivity, rising to 90 per cent among the over-65s.

Among children, 30 per cent of boys and 40 per cent of girls fall short of the amount of activity required for good health. While the average child's calorie intake is half of what it used to be 40 years ago, lack of activity/calorie expenditure means that the total number of overweight children is increasing.

Here, John Beattie answers a few fundamental questions about the work of the Task Force.

### **1. Why was the Task Force established and what experience do you bring to the role of Chairman?**

It established following the recommendations of the White Paper Towards a Healthier Scotland and is one of the Executive's Programme for Government commitments. It aims to create a healthier Scotland by encouraging Scots to become more active. My main qualification for the job of Chairman is that I believe in the Task Force, I am convinced it is right, and hopefully I have the drive to get its work finished.

### **2. Who are the Task Force's target groups?**

The main target group is the whole population of Scotland. However, within that we have to tackle particular problems such as, for example, why some teenage girls stop exercising.

### 3. How bad is the “couch potato” problem in Scotland, and how do we compare with other countries?

This is a worldwide problem, it is not specifically a Scottish issue and we are ahead of many other countries in the world in trying to change the downward trend of physical activity.

### 4. Is there any evidence that a task force like this can make a real difference?

Similar task forces, set up in countries like New Zealand and Northern Ireland have made significant strides. We are just as ambitious and in some areas more ambitious. The key is our cross-departmental approach and ministerial support.

### 5. What is the Task Force’s top priority?

To set ambitious targets, set in place a system which sees them reached and monitored, thereby making Scots proud to be active, rather than inactive. It is a culture change we are after.

### 6. In terms of progress, in three years’ time what will the Task Force hoped to have achieved?

We have to have hit our targets, we have to have arrested our part in a global downward trend in physical activity and to have begun to make a real difference.

The Health Improvement Fund (set up with Scotland’s tobacco tax allocation) is providing £500,000 for each of the next three years to finance the Task Force.

#### Advice for adults

30 minutes of moderate activity most days.

#### Current situation

Achieved by 38 per cent of men and 27 per cent of women

#### Task Force Aim

For 50 per cent to meet recommended level by 2021

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#### Advice for children

60 minutes of moderate activity per day.

#### Current situation

Achieved by 73 per cent of boys and 60 per cent of girls

#### Task Force Aim

For 80 per cent to meet recommended level by 2021



## PHYSICAL ACTIVITY TASK FORCE

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### Remit

- To investigate and recommend ways:
  - of raising levels of regular physical activity in all age groups in Scotland; of using physical activity to reduce health inequalities;
  - of ensuring that the relevance of physical activity to raising and maintaining the quality of life of all age groups is fully recognised;
  - of promoting physical activity as enjoyable and accessible;
  - of increasing uptake in sustainable forms of physical activity in line with commitments in “Towards a Healthier Scotland” and Sport 21.
- To identify the scope for joint working between local authorities, health bodies, community planning partners and other relevant agencies at a policy and practical level in the pursuit of these objectives.
- To advise on how current services, facilities and programmes can be used to better effect and where any further investment should be concentrated.
- To recommend national targets for physical activity.

### How will the Task Force be made up?

A list of PATF members is set out below. Each member has been chosen for his or her knowledge, expertise and interest in the subject of physical activity. It is hoped that the members will give a broad representation of the key stakeholders involved in this subject across Scotland.

#### Task Force Members

John Beattie (Chair)	Anne Pearson
Dave Collins	Stephanie-Anne Harris
Lindsay McHardy	Gabe Docherty
Sandy Watson	Nannete Mutrie
James McLellan	Richard Brickley
Alan Jones	Stuart Mackenzie
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# DRINKWISE PROVIDES A SPORTING CHANCE FOR STIRLING'S YOUNG PEOPLE

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The words “**alcohol**” and “**football**”, when combined in the same sentence, rarely evoke a positive image. In Stirling, however, this preconception has been challenged. Thanks to Drinkwise, the face of Friday nights changed for local youth and residents alike as young people vacated the street corner in favour of the football stadium.

### Background

During the course of a Citizen’s Jury, street drinking was raised as an area of major concern by local residents. The issue was quickly taken up at the Town’s Substance Use Forum and its first Drinkwise Committee was formed. The aim of the committee was to seek funding for a proposal that would provide young people with practical opportunities to engage in physical activity and to demonstrate the drinkwise philosophy of “personal responsibility”. The initiative also addressed issues of street drinking, helped reduce some community safety fears, and provided a platform for the discussion of alcohol issues.

### Process

Community groups from Social Inclusion Partnership areas were invited to participate in an under/over 18s football league. Eight teams were formed and a 10-week, Friday night tournament commenced (22 July until 24 August) at Stirling Albion’s Football ground.

### Funding

Drinkwise Funding of £5K was supplemented by £1K from Health Promotion.

### Partnership

The success of the initiative depended on more than financial support. Partnership working was critical to the final outcome. Organisations such as Central Scotland Police, Counselling and Support Services for Alcohol and Drugs, Stirling Youth Services, Forth Dimension and Forth Valley NHS provided ongoing assistance ensuring maximum benefit was realised by everyone taking part.

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# PHYSICAL ACTIVITY IN THE WESTERN ISLES

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An interagency group has been set up to look at physical activity. It is an issue-based group accountable through the Community Planning process.

The group has tried to integrate the physical activity agenda into the social justice/health inequalities agenda and is therefore focusing on certain groups viz:

- The unemployed.
- Frail elderly in residential and nursing homes or hospital.
- Individuals with disabilities including mental health problems.
- Low income groups at work.
- Ethnic minority groups.
- Women: especially those stuck at home with children and no car access.

Four objectives have been developed:

- To develop and implement the "Exercise on Referral Scheme" through general practitioners.
- To promote modest physical activity amongst the elderly living in residential or nursing homes or attending day centres.
- To encourage walking for those residents living on local housing schemes without access to a car.
- To investigate possibilities for those on low income to gain access to leisure facilities at a reduced price and to gain gym induction at no cost.

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# DUMFRIES AND GALLOWAY PHYSICAL ACTIVITY WORKING GROUP

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### Background

In line with national activity, the Health Promotion Department of Dumfries and Galloway Health Board agreed to establish a region-wide working group on Physical Activity that would serve to co-ordinate and/or share information about local actions to increase and develop physical activities, source community-based information and initiate projects/partnerships to generate creative opportunities for health improvement.

### Objectives

- To improve the health of people in Dumfries and Galloway by promoting and encouraging physical activity.
- To establish a region-wide, cross-sectoral working group to work with communities to identify and develop opportunities for participation in physical activity and exercise.

### Methods

- Partnership established in May 2001.
- In partnership with HEBS, a Participatory Appraisal will be conducted within our four identified Building Healthy Communities areas. Up to 40 Lay Health Volunteers are being trained and supported to conduct, collate the appraisal and implement agreed actions.
- The development of a social marketing programme on physical activity in partnership with the Access Forum, Paths for All, Tourist Board, Dumfries and Galloway Council, Community Health Action Partnerships and Building Healthy Communities is under discussion.
- Support, monitoring and development of exercise on referral schemes.
- Exploration of specific research/actions concerning links between physical activity and mental health/well-being.

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## Physical Activity

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# HAVE YOU BEEN *BODYCHECKED*?

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In recognition of North Lanarkshire Council's commitment towards raising health levels within local communities and identification of a suitable vehicle within the Transport Fleet, an old school bus has been converted to provide a brand new mobile health and fitness service, called "*bodycheck*".

Given the well documented poor health statistics that are prevalent within the communities of North Lanarkshire, the bus will present an excellent mechanism to provide on-the-spot health checks at the heart of the worst affected communities within the district.

Additionally, the bus is being supported by Lanarkshire NHS Primary Care Trust who are providing cash sponsorship of £15,000 for running costs and are also providing a driver and nurse to staff the vehicle through the Braveheart Campaign.

"Bodycheck" has the capacity to deliver a range of services and has been designed to be utilised at community events to deliver a range of health messages.

### **Fitness Assessment Services**

Equipped to provide the total range of fitness assessment services.

### **Healthy Eating Consultations**

Fully equipped to provide consultations for healthy eating programmes.

### **Exercise Consultations**

Complete programmes to issue sets of exercise cards with target programmes for individuals with specific health concerns.

The bus will retain updated information on relevant services related to Physical Activity to include:

Local Facilities, Programming and Timetabling  
Community Fitness Classes and Courses  
Sports Development Classes and Courses  
McFit Fit for Play Programmes  
Discount Schemes in Sports Centres  
Holiday Activity Programmes, etc.

The bus will undertake a rolling programme concentrating initially in identified areas of Social Inclusion and outlying rural areas. This will enable a more direct sell of the concept of "Physical Activity" and health to the specified target groups.



**Men (35 plus)** – Looking to use the vehicle outside pubs, clubs, bookmakers, football stadia, etc. This is a group that have been difficult to attract to other fitness programmes. It would be hoped that "Bodycheck" will have the advantage of targeting them within an environment where they are familiar and comfortable.

**Over 60s** – Local pensioners clubs, sheltered housing units, bowling greens, day care centres.

# HAVE YOU BEEN *BODYCHECKED*?

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**Young People** – Homeless units, community education groups.

**Women** – Vital target group – will look at all ages but especially young mothers in an effort to ensure that important messages are passed onto them regarding healthy eating, physical activity, etc. for the whole family.

The bus is out and about within North Lanarkshire five days per week, onboard is an enthusiastic team of Sports Development Staff and NHS staff looking to encourage, support and cajole people back along the road to fitness. If you would like to find out more about “*bodycheck*”, please contact:

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# THE “SNAPPY” PROJECT, GLENROTHES

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The “Snappy” project was piloted in Glenrothes from October to December 1999. Its success was so apparent that it has continued every term since January 2000.

The project developed out of a needs analysis which identified the barriers to young people’s use of existing sports facilities. The same survey was used to inform the provisional programme for the pilot.

A partnership was developed which involved Fife Institute for Physical and Recreational Education (FIPRE) Community Services and included Fife Constabulary, Glenrothes College, Glenrothes Local Health Care Co-operative and Glenrothes Local Office Network.

The plan was to provide a safe and welcoming environment for young people to participate in sporting and recreational activities. The programme included coaching and participation in individual, team and group activities in the Sports Centre, with recreational and educational activities which supported the “learning through activities” ethos of the programme.

Entrance was fixed at £1 for a three-hour admission during the pilot.

Staff and volunteers and students were recruited to provide the necessary coaching, training and safety roles identified. Training on issues around working with young people were addressed. All adults were Scottish Criminal Records Office, checked to ensure young people’s safety, and all staff were encouraged to provide a welcoming, inclusive atmosphere for the young people attending.

The pilot resulted in an average attendance of around 360 young people weekly over the six weeks. Activities included all pool areas, sauna, aerobic and fitness activities, weight training, team games such as football, basketball, etc., dance and self-defence techniques.

Other activities included CPR training, drugs avoidance education, healthy eating experience, Health Promotion/Get a Life activities, and Internet access.

Twelve students from Glenrothes College also gained practical sports leader accreditation for their involvement in the project.

The programme was so successful that it has continued ever since. Other leisure centres in Fife have also started similar sessions in their area and funding from the Health Improvement Fund has been allocated to roll out the concept to other areas in Fife.

The cost has increased to £2 for a session and a membership system was devised to ensure that only the target age group were included (secondary school age). But this has not detracted from the popularity of the project. Numbers have remained steady at about 150 a week after the initial high interest during the pilot.

For more information about the project call:

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**Gil Stevenson**  
Fife Institute for Physical and Recreational Education

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# PHYSICAL ACTIVITY IN HIGHLAND

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Highland has had an "Active Referral" pilot project in Alness and Invergordon for nearly six years. This pilot involved the local GP practice, the sports centre and the Highland NHS Board Health Promotion Department working together to refer those with a sedentary lifestyle. The successful pilot stage led to a multi-agency group reviewing the process and designing a "Guidelines for Highland Active Referral" document for use in Primary Care across the region. This document is now available for use in small "active partnerships" based around GP practices and local leisure providers.

The Highland Sports Strategy (2000) is being used as a working document to drive the agenda for more integration and promotion of opportunities for physical activity. These include the launch of Highland Cycling Strategy, a multi-agency group working with Sportscotland to identify a regional approach to service delivery and training, developing "Safer Routes to Schools" projects and "Walking the Way to Health" initiatives. More recently, health promotion has been involved with the councils' psychological service in relation to their work in pre-school settings and primary schools for children with low incidence disability, encouraging movement sessions through the occupational health service.

In its theme year of accident prevention Highland Health Board, together with Age Concern Scotland, held a seminar in June, "Positive About Safety – Accident Prevention" physical activity to increase strength and balance for the frail older person. The seminar also highlighted the effects of being physically active for prevention of osteoporosis, in stimulating positive mood and generally raised awareness of the benefits of an independent older active life. A document is being produced from the seminar to inform good practice. This will be available in January 2002.

Future planning involves developing a regional training programme for physical activity, including career opportunities in the voluntary sector and leisure industry to promote active living. Training in the voluntary sector and making the links with the rural transport networks and other community development projects will add value to the emerging network of physical activity opportunities.

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# PHYSICAL ACTIVITY IN EAST AYRSHIRE

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PEACE was breaking out in East Ayrshire – that is, Participate in East Ayrshire Childcare Experience. PEACE was one of eleven community projects that received small grant funding to promote physical activity.

Ayrshire and Arran Health Board is the funding agent in the Active Living Group – a partnership of the three Local Authorities, the Primary Care Trust, and the Health Board. Its remit is to promote physical activity across Ayrshire and Arran by a variety of approaches, and this small grant scheme has proved to be a great success. The funding enabled small groups to develop work which otherwise would have been beyond their budget, and it allowed people from other agencies to develop work in new ways. These examples show some of the variety of work which took place.

**PEACE** is a group of four projects which provide care for Primary and Secondary 1 children before and after school, and during the holidays. The funding allowed the children to participate in activities which challenged and stimulated them. The project workers were able to see the children develop confidence and self-esteem as well as physical skills as they tackled a programme of activities over the summer holidays. An interesting spin-off was in the gratitude shown by the parents for the ways in which this had benefited the family.

**Active Living North Carrick** worked with young people “to develop a programme of challenging adventure activities”. The project was led by Community Education and covered some of the villages in South Ayrshire. It was developed in consultation with the young people and they were unanimous in agreeing that it had been worthwhile. They had a real sense of achievement in being able to do things they would not have tried – and in realising how good it felt to be active.

**Introduction to exercise** was just that. A physiotherapist attached to the Community Mental Health Service worked with a group of clients to introduce them to safe physical activity in their local leisure facilities. Good contacts were made and the clients who took part felt that they had achieved the objectives that they had set for themselves.

**“I like my bike”** was the sticker given to people who took part in a programme of cycling events in June. In fact, over 230 Ayrshire people cycled 3000 miles during the week. The trikes and stabilisers had a three-quarter mile event for themselves along Troon seafront and because of the fun they had, families came along to take part in other events.

The scheme was a success for the Active Living Group. Good contacts were made and further work is being developed through the agencies involved. A lot of good work was initiated for not very much money.

More information is available from:

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# EXERCISE ON REFERRAL

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In the Health Promotion Service in Ayrshire and Arran we have worked for some time with our partners in the Local Authorities and the wider NHS to develop Exercise on Referral projects as one approach to promoting physical activity.

The latest project has grown out of a Walking Group which a small community set up as a way of encouraging people to get out and about. Because of the benefits they saw from this informal approach, they are now working with their Primary Care Team to develop an Exercise on Referral project that is appropriate to their rural area.

This project will build on the experience gained through previous work, particularly in North Ayrshire where several schemes have run. In these there are a variety of exercise options which cater for a range of ability levels – all supported by North Ayrshire Leisure.

In South Ayrshire a successful project was run by South Ayrshire Council and Ayr Hospital, focusing on people with diabetes. At the end of the programme the medical evaluation showed evidence of significant benefit and the group had developed a strong social support mechanism.

Exercise on Referral schemes offer an infrastructure through which people can be referred. While in general they operate through the GP, there is scope for them to widen into a preventive approach rather than reactive. There are challenges that have to be acknowledged, most notably that there should be a coherent approach to funding and that there is a need for rigorous evaluation of formal schemes. Long-term adherence is a challenge, but that might be met either by individualising the referral programme, or by one that encourages social support, so promoting long-term change.

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# HEALTH IN LOOKED AFTER YOUNG PEOPLE: PROMOTING ENGAGEMENT IN EXERCISE

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### Introduction

Looked after young people are considered to be a greater disadvantage than other young people in mainstream society, making them particularly vulnerable to systematic and personal barriers to good health.

Kerelaw Secure Unit forms an integral part of the Children and Family Services within Glasgow City Council. The institution is, however, located within North Ayrshire and offers secure accommodation and education to approximately 24 young people. Ayrshire and Arran Health Promotion in partnership with unit staff and young people piloted a health promotion project which focused on promoting engagement in exercise.

### Aims

- To develop a health promotion project targeting looked after young people, evaluate the project and inform future work in similar secure care settings.
- To work in partnership with staff and support their health promotion role.

### Methodolgy

- Structured consultation, in the form of questionnaires and focus groups, were conducted and motivation to engage in exercise was identified as a problem within the unit.

Further consultation led to the development of a workbook, which incorporated drawings and text responses, designed to gauge young peoples' personal incentives, barriers, and opportunities for exercise. These findings were then used to form the baseline for the evaluation.

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# A LITTLE PHYSICAL ACTIVITY MEANS A LOT

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An innovative training programme on promoting ACTIVE LIVING organised by the Glasgow Physical Activity Forum has been created, it is entitled: A Little Physical Activity Means A Lot.

As the area of physical activity and its impact on health promotion and disease prevention develops there is an increased need to ensure relevant professionals have up-to-date information in this field. A Little Physical Activity Means A Lot aims to provide a range of professionals with the essential theoretical and practical knowledge required to encourage physical activity and to develop successful interventions.

A Little Physical Activity Means A Lot is targeted at professionals from a variety of sectors (local authorities, the health service, the voluntary sector, education and occupational health) who are currently involved in, or would like to become involved in, promoting physical activity to the public.

This new training resource was launched in November 2001.

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# GP EXERCISE REFERRAL SCHEME

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The Glasgow GP Exercise Referral Scheme was established in July 1997 after significant planning between Greater Glasgow Health Board and Glasgow City Council. The scheme has secured funding until 2004 as a result of its impact on patients and its popularity with Primary Care Teams (PCTs) and Professions Allied to Medicine (PAMs). 76% of GPs in NHS Greater Glasgow (NHSGG) have referred one or more patients onto the scheme, with over 8,000 patients having been referred.

An initial evaluation revealed that the scheme successfully targets patients within primary care who are sedentary and who would significantly benefit, in relation to their health conditions, from becoming more physically active. Small but positive results with regards to increased physical activity levels, and improvements in weight and blood pressure were also observed.

Patients with established Coronary Heart Disease can now also access the scheme. Prior to receiving an exercise consultation, these patients undergo an Exercise Tolerance Test at one of the five participating city hospitals. In addition, patients who have completed their hospital-based Phase III Cardiac Rehabilitation programme can be referred onto the scheme directly from hospital by their Cardiac Physiotherapist. In addition, GGNHSB and partner local authorities offer *Phase IV Cardiac Rehabilitation Classes*, providing patients with the opportunity to attend community-based exercise classes, supervised by a *British Association of Cardiac Rehabilitation (BACR)* qualified instructor.

The interagency approach has been fundamental to success of the scheme. Since the launch of the scheme, NHSGG has encouraged other joint local authorities to join this partnership, and hopes to further expand the GP Exercise Referral provisions across Greater Glasgow. The scheme now employs 11 exercise counsellors, providing patient exercise consultations across the city.

The GP Referral Team aims to work closely with other health care professionals, such as the Smoking Cessation Service and Community Dieticians to provide a means of cross-referral for patients who require additional support and advice. Two newsletters are currently being produced to inform both patients and health professionals of new developments within the scheme.

A full evaluation of the GP Exercise Referral Scheme is currently underway, with the results due to be published by February 2002. Copies of the initial evaluation can be obtained from the contacts below.

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# TRAVELLING GREEN

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The aim of this project was to assess whether or not a combined intervention delivered via interactive materials could increase active commuting (walking) to school. Additional objectives were to establish children's stage of active commuting behavioural change and motivations and barriers for making an active journey to school.

The study commenced in April 2001 and compared an intervention school with a control school. Participants were primary 5 children and their teachers from two primary schools with similar demographics in West Dunbartonshire. A mapping computer software package was used to measure baseline and follow-up journeys to school. A computerised questionnaire was used to establish baseline stage of active commuting behaviour change, and to assess motivations and barriers for active commuting to school. The intervention was two fold: the "Travelling Green Pupil Participation Pack" and the "Sustrans Teacher's Resource Guide Scotland". The former incorporated written and interactive home and classroom materials for pupils and parents. The latter was a 5–14 curricular guide for teachers to support the delivery of school travel projects within the curriculum.

The Travelling Green Pack contained a parent information guide, a pupil magazine which incorporated top tips for stepping out, a step-by-step guide to travelling green and weekly goal-setting activities. The pack also included home and classroom activity charts for recording daily commuting to and from school and a map of the school and surrounding catchment area, illustrating road safety features and highlighting distances and walking times from landmarks around the school to the school gates. Children in the intervention class received the Travelling Green Pack at the start of the school summer term. The Sustrans Teachers' Resource Guide was given to the intervention class teacher in the school term prior to the research phase to enable curricular preparation for the project. Control school children participated in the pre and post measurements, however, they did not receive any component of the intervention. Follow-up measurements took place seven weeks after the intervention phase.

### Main Findings

- A written set of interactive materials combined with the delivery of curricular activities has been effective in promoting more active commuting behaviour among primary school children.
- An independent t-test of the difference in the distance travelled to school by active modes (walking) from baseline to follow-up between the intervention and control school showed a significant difference in favour of the intervention school ( $t(53) = -4.498, p < .001$ ). The 95% confidence interval of this difference is  $-802.7$  to  $-307.6$  metres.
- The mean difference in the distance by active modes (walking) from baseline to follow-up for intervention school children was 602 metres compared to just 47 metres for control school children.
- The mean distance walked to school by intervention school pupils was almost 800 metres per day at follow-up.
- In real terms this represents roughly 12 minutes of walking during the journey to school (at an average speed of 4km/hr). If repeated on the journey home, this would correspond to almost achieving the minimum daily recommended level of activity necessary to benefit health.
- 65% (20 out of 31) of children from the intervention school progressed to a higher stage of active commuting behaviour change or remained in the "action" and "maintenance" stages compared to 48% (14 out of 29) of children from the control school between baseline and follow-up.

# Physical Activity

- Control and intervention school children gave similar motivations and barriers for walking some or the entire journey to school: Barriers: "an adult drives me all the way", "the roads are too difficult to cross", "there are too many cars near the school entrance". Motivations: "if I was driven some of the way and dropped off within walking distance", "if my friends and family walked", "if there were less traffic and slower traffic along my route".
- This intervention is a relatively cheap but effective way of increasing activity levels in the short term.

The baseline and follow-up measurements will be repeated in 12 months to assess the longitudinal effects of the intervention.

The project will be developed and extended to other schools in West Dunbartonshire as a component of Safer and Active Routes to School projects and Health Promoting Schools initiatives.

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## THE IMPACT OF A COMBINED INTERVENTION AIMED AT INCREASING ACTIVE COMMUTING BEHAVIOUR (WALKING) OF A PRIMARY SCHOOL CLASS

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### INTRODUCTION

Regular physical activity during childhood, and young adulthood may reduce the risk of developing Coronary Heart Disease (CHD) risk factors and childhood obesity (Bar - Or & Baranowski, 1998). Regular activity has a positive effect on the mental health and well-being of young people (Mutrie & Parfitt, 1998). Recommendations indicate that all young people should participate in moderate intensity activity for at least half an hour per day (Biddle & Sallis, 1998). The journey to school represents an ideal opportunity for regular habitual physical activity. However school travel patterns have changed dramatically over the past 20 years. In 1986, children of 16 and younger made nearly 60% of their journeys to school on foot and only 16% by car. Ten years later, the proportion of trips on foot has dropped to below half and those made by car have almost doubled (DETR, 2001).

The aim of this project was to assess whether or not a combined intervention delivered via interactive materials could increase active commuting (walking) to school. Additional objectives were to establish children's stage of active commuting behavioural change and motivations and barriers for making an active journey to school.

### METHOD AND PROCEDURE

The study commenced in April 2001 and compared an intervention school with a control school. Participants were primary 5 children and their teachers from two primary schools with similar demographics in West Dunbartonshire, Scotland. A mapping computer software package was used to measure baseline and follow-up journeys to school. A computerised questionnaire was used to establish baseline stage of active commuting behaviour change, and to assess motivations and barriers for active commuting to school.

The intervention was two fold: the 'Travelling Green Pupil Participation Pack' and the 'Sustrans Teacher's Resource Guide Scotland'. The former incorporated written and interactive home and classroom materials for pupils and parents. The latter was a 5 - 14 curricular guide for teachers to support the delivery of school travel projects within the curriculum. The Travelling Green Pack contained a parent information guide, a pupil magazine which incorporated top tips for stepping out, a step by step guide to travelling green and weekly goal setting activities. The pack also included home and classroom activity charts for recording daily commuting to and from school and a map of the school and surrounding catchment area, illustrating road safety features and

highlighting distances and walking times from landmarks around the school to the school gates. Children in the intervention class received the Travelling Green Pack at the start of the school summer term. The SUSTRANS Teacher's Resource Guide was given to the intervention class teacher in the school term prior to the research phase to enable curricular preparation for the project. Control school children participated in the pre and post measurements, however they did not receive any component of the intervention. Follow-up measurements took place 7 weeks after the intervention phase. The results reflecting changes between baseline and 7 weeks will be presented here.

### DISCUSSION AND CONCLUSION

- A written set of interactive materials combined with the delivery of curricular activities has been effective in promoting more active commuting behaviour among primary school children.
- The mean distance walked to school by intervention school pupils was almost 800 metres per day at follow-up.
- In real terms this represents roughly 12 minutes of walking during the journey to school (at an average speed of 4km/hr). If repeated on the journey home, this would correspond to almost achieving the minimum daily recommended level of activity necessary to benefit health.
- This intervention is a relatively cheap but effective way of increasing activity levels in the short term.
- The baseline and follow up measurements will be repeated in 12 months to assess the longitudinal effects of the intervention.



### RESULTS

Baseline journey measurements and travel questionnaires were collected from 60 subjects (intervention group, n=31, control group, n=29). 40% were male and 60% were female. The mean age in years was 9 ranging from 9 to 10 years. 55 follow up journey measurements were conducted and the same number of travel questionnaires were collected, which represents a response rate of 91.6%.

An independent t-test of the difference in the distance travelled to school by active modes (walking) at baseline between the control and intervention school children showed that no significant differences existed. The mean walking distance to school was 242 and 198 metres per day for control school children and intervention school children respectively (t (58) = 0.558, p=0.579).

An independent t-test of the difference in the distance travelled to school by active modes (walking) from baseline to follow-up between the intervention and control school showed a significant difference in favour of the intervention school (t (53) = -4.498, p<0.001). The 95% confidence interval of this difference is -802.7 to -307.6 metres. These results are illustrated in figure 1.

The mean difference in the distance by active modes (walking) from baseline to follow-up for intervention school children was 606 metres compared to just 47metres for control school children.

An independent t-test of the difference in the distance travelled to school by inactive mode(s) (car and bus) from baseline to follow-up between the control and intervention school showed a significant difference in favour of the intervention school (t (53) = 4.078, p<0.001). The 95% confidence interval of this difference is 451.175 to 1268.82 metres. These results are illustrated in figure 2.

The mean difference in the distance travelled by inactive mode(s) from baseline to follow-up for the intervention school was -900.34 metres compared to just -49.85 metres for control school children.

65% (20 out of 31) of children from the intervention school progressed to a higher stage of active commuting behaviour change or remained in the 'action' and 'maintenance' stages compared to 48% (14 out of 29) of children from the control school between baseline and follow-up.

Control and intervention school children gave similar motivations and barriers for walking some or the entire journey to school.

- Barriers:
- 'an adult drives me all the way'
  - 'the roads are too difficult to cross'
  - 'there are too many cars near the school entrance'.

- Motivations:
- 'if I was driven some of the way and dropped off within walking distance'
  - 'if my friends and family walked'
  - 'if there were less traffic and slower traffic along my route'.

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# “WALK INTO PHYSICAL ACTIVITY”

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Following the popularity and success of the walking event held in the Forth Valley area last year, we are once again in the planning stages of our next one. To be held early next year, our target will be the 50+ age group. As we become older it is essential that we remain or even begin to become physically active, and is therefore important to raise awareness of the benefits of being active and what is available locally.

Physical activity doesn't need to be exhausting, and walking is an ideal way to give your heart the workout it needs. Also by integrating walking into your daily routine you will achieve many of the benefits associated with regular physical activity. For example, your blood pressure will become lower and your risk of developing osteoporosis will be reduced. By linking with local Countryside Rangers within Stirling, Falkirk and Clackmannanshire Councils, these organised walks will offer individuals the opportunity to discover and experience routes and paths they may not be familiar with. In addition, there will be a historical and educational input (from area rangers), and the opportunity to meet new friends, whilst ultimately achieving the many benefits of physical activity.

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# ENERGISE WITH THE EDINBURGH CAPITALS

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Involving Sports Organisations in supporting physical activity in schools often results in enjoyable, high-profile events. However, these events are one-offs, often parachuted into the school and disappearing quickly leaving little but a pleasant memory. Not so with the “Energise with the Edinburgh Capitals” project being offered to Edinburgh Primary Schools.

The project includes a visit to schools by the Edinburgh Capitals ice-hockey players to meet with the pupils, demonstrate their training programme, challenge the pupils to devise and undertake a six-week physical activity programme for themselves and take part in discussions about sport and healthy living. If the pupils decide to take part in the “activity challenge” the Capitals will visit the school again to present certificates and discuss with staff and pupils what they have gained from the programme.

The project also offers an excellent professional development opportunity for teachers through placements with sports organisations and businesses with an interest in health. Where possible these placements are organised as close to the school so community links can be developed.

Lothian Health continues to support the project by running one-day awareness-raising sessions for each group of teachers. This day involves exploring what health promotion in the school setting means and looking at physical activity as a focus for the Health Promoting School. “Energise with the Edinburgh Capitals” is used as a starting point.

Due to the success of the pilot project, the initiative is expanding by offering 2-3 sessions to teachers over the coming year and exploring opportunities of involving other sports, as well as Edinburgh Capitals.

The project has been developed by the Edinburgh Capitals ice-hockey team and the City of Edinburgh Council with support from Lothian Health.

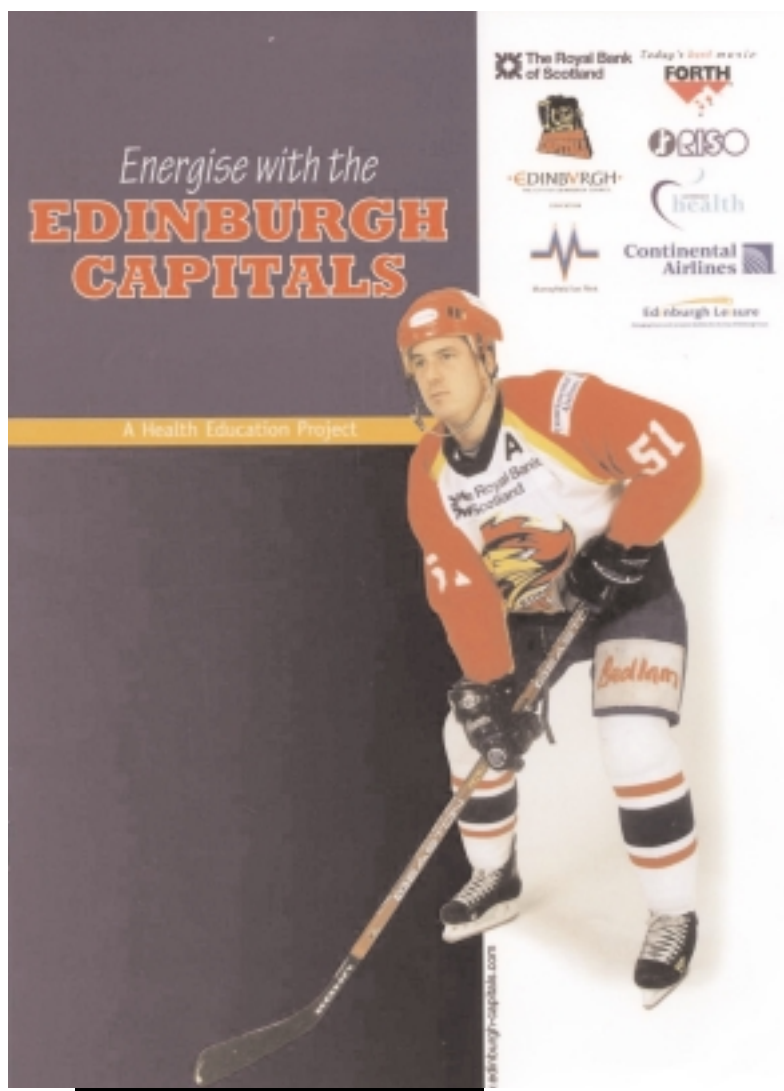
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# HEALTH IMPROVEMENT THROUGH SPORT AND PHYSICAL ACTIVITY IN LoTHIAN

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Lothian Health has been allocated over £6 million pounds from the Scottish total to improve the health of its population over four years.

A key determinant of good mental and physical health, clearly recognised and well established, is provided through involvement in physical exercise and sport. There are a number of projects underway across Lothian, supported by Health Improvement Funding, which focus on physical and sporting activities. Inequalities in opportunity, and resultant health inequalities will also be addressed.

### **Sporting Chance – City of Edinburgh Council**

The aim of the project is to increase, with the benefits of skilled coaching, first-time participation in sport and physical activity by children aged 9-12 years of age. The project will work in partnership with local community groups, social inclusion partnerships, and sports facilities and clubs. Partnership discussions are also underway with the Edinburgh Community Food Initiative, and bodies such as the Scottish Football Association and Scottish Cycling Union.

This substantial project will target one quarter of the city, encompassing designated areas where health and other inequalities require action, such as the Sighthill/Broomhouse area in the west of Edinburgh, and Greater Pilton in the north. Other areas where considerable numbers of children receive free school meals, but which miss out on current Social Inclusion funding, will also benefit.

### **Health Enhancing Physical Activity – West Lothian Council**

This project aims to increase regular participation in physical activity, in order to improve the health and wellbeing of the population of West Lothian, with a particular focus on children and those in areas of deprivation or at risk of social exclusion.

This is a West Lothian wide initiative, although resources will be allocated taking into account identified areas of deprivation. A range of partners will be actively involved, including West Lothian Healthcare NHS Trust, Education, Community and Sport and Leisure Services, and the West Lothian and Livingston Sport and Recreation Association.

The project will contribute to an improved physical environment (e.g. more cycle paths), more group activities for excluded communities, opportunities for family play and for carers, and reductions in crime through provision of stimulating activity for children and young people.

### **Get Going – Increasing Physical Activity Levels in Young People in East Lothian**

This project is primarily for young people aged 5-18 years. It aims to develop young people's interest in exercise, recreation, and health-related issues, to increase opportunities for young people (including those with special needs) to participate in physical activities, and to provide training for staff and volunteers to enable them to carry out programmes within schools and the community.

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# Physical Activity

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Existing groups and organisations will be supported in providing more physical activity sessions, new events in partnership with sports, cultural and countryside bodies will be scheduled, including supervised fitness assessment and training for teenagers. Advice on a range of health education topics, including benefits of regular physical exercise, will be available for young people.

## **Physical Activity Development – North West Edinburgh Local Healthcare Co-operative, and NW Edinburgh New Community Schools Project.**

This project will address barriers to participation in health activity locally, decrease levels of inactivity thereby increasing health gain, and through exercise programmes improve social networks and social cohesion for participants.

A project worker based at, and managed by, Edinburgh's Telford College will work in partnership with primary care workers, GPs, community education and the voluntary sector to expand opportunities for physical activity, targeting non participators and those referred by health professionals.

A key element in the New Community Schools project will be to promote physical activity among the area's primary school children.

## **Access to Physical Activity for Elderly People – South Central Edinburgh Local Health Care Co-operative**

This smaller scale project will assist in the delivery of an exercise programme for the elderly, including a local Chinese elderly minority, develop an osteoporosis prevention group, and develop a cascade training plan for extension to elderly care residences in conjunction with Edinburgh Leisure.

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# SILVER SOON FOR LOTHIAN

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Lothian NHS Board is progressing towards the Silver Award for the Scotland's Health at Work Scheme. As part of this they have been actively promoting a wide range physical activities for staff.

In September 2000 the booklet "More People, More Active, More Often" was produced for all staff as part of the Board's strategy to promote physical activity in the workplace. It provides information and suggestions for staff on ways to become more active to improve their health and wellbeing.

The Board supports a variety of physical activity initiatives for staff such as yoga, a squash league, a golf club and corporate membership to a local gym. To enable staff to take part in such activities a "key-in" system is in operation. This allows staff flexibility to fit their chosen activity in and around their working day. Showers and changing facilities are also provided on site.



Other incentives to promote and encourage active living amongst staff include interest-free loans for the purchase of bicycles or yearly bus passes and corporate bicycles for use by staff during office hours to get to and from meetings. Bicycle racks are also available.

In addition to these on-going activities, Lothian NHS Board has participated in national events specifically promoting physical activity. For National SHAW Week 2000 an alternative highland games event was organised for staff, families and friends. It took place in Holyrood Park with approximately 80 contestants taking part. Activities included "hurling the haggis", "toss the wellies", "herding sheep" and generally having a great time. To mark the occasion Gold, Silver and Bronze medals and rosettes were awarded to the winners. The event earned Lothian NHS Board the SHAW Outdoor Challenge Award.



This year Lothian NHS Board supported the Bike2Work week, encouraging staff to leave their cars at home and cycle to work. A healthy breakfast and a free bike service was offered to all staff who cycled in. For those who prefer to walk rather than cycle, staff were given one hour to take part in an organised walk around Arthur's Seat. Two routes were chosen to support the different levels of ability. A free healthy lunch and refreshments were provided for those taking part. Uptake was high and feedback very positive leading to a regular weekly walking group being established.

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## Health at Work

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During the last few months all staff have had the opportunity to have a health check and fitness assessment. This involves measuring height, weight, body mass index and blood pressure as well as flexibility, strength and aerobic capacity. A tailored physical activity programme can be developed for those who wish this, plus general advice on lifestyle issues, such as healthy eating and stress.

Lothian NHS Board firmly believe that they have made more of its people, more active, more often and in doing so we have encouraged everyone, of all shapes, sizes and abilities, to take part and have fun.

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# POSITIVE ABOUT SAFETY IN HIGHLAND

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*Positive about Safety*, Highland's accident prevention year, has continued to develop since its launch in April. The aims of the year are to reduce injuries and deaths resulting from accidents, while raising awareness of the causes. There has been a focus on project based work, where the evidence of effective practice is strong. Some of the recent initiatives are described below.

- During *Child Safety Week* in June, the focus was on the proper fitting of child car seats. There was a fantastic response from Inverness car dealers, thirty-eight of whom participated in the promotion, displaying child seats in their showrooms. Many thanks are also due to Halfords for supplying seats when dealers were unable to do so. Leaflets were available, for parents, and *Child Safety Week* windscreen banners were specially created for the event.
- A successful seminar on benefits of exercise for older people was held on 27 June. Jointly hosted by Age Concern Highland, and Highland Health Board, the aim was to disseminate "best practice" approaches to increasing strength and balance among older people. The mainly professional audience discussed issues such as osteoporosis, prevention of falls, and extended independent living. A full conference report will be disseminated in the autumn.
- The Area Pharmaceutical Committee has given its support to a pharmacy-based campaign on driving while under the influence of over-the-counter and prescribed medicines. The campaign, which will involve a specially developed leaflet for drivers, will support Northern Constabulary's drink and drug driving campaign.

Other initiatives currently under development include:

- a low-cost safety equipment scheme for which a protocol has been produced, and funding ear-marked;
- a plan to increase the home safety element in Parent Held Records supported by health visitors;
- potential initiatives using the *Safe Play* approach of the Child Accident Prevention Trust.

With a wide range of agencies involved, including the Highland Council, Northern Constabulary, Age Concern Highland, BEAR (Scotland)\*, along with different parts of NHS Highland, we are very Positive about Safety in the North of Scotland.

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\* BEAR (Scotland) is the company responsible for the management and maintenance of trunk roads in north-west and north-east Scotland.

# WATER IN THE CLASSROOM

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This came about from an in-service on brain-gym which pointed out that drinking water was important to help children get ready to learn. Many children came to school without drinking any liquid so their brains were dehydrated and couldn't work properly.

In Coupar Angus Primary School every class has jugs of iced water each morning. The children have their own mugs which they wash out themselves. The older children bring their mugs to their desks and the younger children have a time to drink the water. It's very popular with the children. At first it was a great novelty, now some need a bit of encouraging to drink the water.

Every evening the classroom assistant puts the bags of ice-cubes in the fridge and then in the morning she makes up the jugs of water. Environmental Health have checked the water supply to see that it is up to standard.

We didn't bring in water for health reasons but there is an obvious health benefit. The only problem staff find is that the infants drink the water and are then running to the toilet. For the staff, we looked into Water at Work, but unfortunately it is too expensive.

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# “EXTENDING THE NETWORK OF BREAKFAST CLUBS IN SCHOOLS”

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A report by Linzie E G Porteous and Yvonne Carling

A research project to find out whether breakfast clubs could make a significant contribution to food intake, educational performance and care was funded by Health Improvement money and carried out by Dundee City Education Department. Three schools piloted different models of service delivery in the summer term of 2001.

The report on these breakfast clubs states that a “breakfast club staffed by catering staff, school staff and parent helpers which provided a range of basic healthy breakfast options and activities was welcomed by staff, pupils and parents”. Preliminary results suggest promising benefits in food choice and school behaviour. This model also showed the highest demand with a reported reduction in general absenteeism and lateness.

Activities offered during the period of the breakfast clubs were also important and helped to motivate children out of the food area and turn their attention to informal learning. “These components along with a staff who complemented and supported each other and promoted quality social interaction with the children both at the breakfast table and during the activities created a motivating, friendly atmosphere of co-operation between adults and children.”

There were also positive benefits to the children's food intake. “There was a decrease in the consumption of crisps and chocolate confectionery”, there was also a decrease in the number of children having nothing for breakfast and the consumption of fruit increased. There was an increase in the consumption of pure fruit juice and there was a significant increase in children choosing high-fibre and ordinary breakfast cereals to high-sugar cereals.

Results seem to indicate that this model of breakfast club complements all the aspects of developing a health promoting school. It looks at different population groups within the school (including parental participation and developing community links) who work in partnership to achieve the same aims and objectives. It takes account of the atmosphere in which both adults and pupils can develop ensuring a positive and safe environment, which develops both the ethos and relationships of the school. It also complements and builds on what is being taught within the curriculum throughout the school.

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# DESIGN A SALAD AT THE FLOWER SHOW AND FOOD FESTIVAL

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The Dundee Flower Show and Food Festival featured Dundee pupils creating their own salads as part of Healthy Dundee's Design A Salad Competition. The competition asked pupils to create a salad which could be used as a main meal using local produce. The finalists had to create their salads in the kitchen area of the Festival, in front of a large crowd.

Congratulations go to Chloe Hudson from P4 at Douglas Primary and Alan Muhiddin of P5 at St Ninian's Primary School who won the primary competitions. Chloe and Alan both created Summer Salads. Simon Constantino, Stephanie Higgins, Stephanie Gardiner and Sarah Lowden representing St John's High School won the secondary event with their Tempting Tuna Pitta Pockets.

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# ST THOMAS'S PRIMARY SCHOOL, ARBROATH

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St Thomas's recently won the first Bronze Award in Angus towards becoming a Health Promoting School. Head Teacher, Lesley Hood, said that it was in part due to the healthy tuckshop project that had been a catalyst for their work on health.

In their tuckshop they sell plums, apples, pears, raisins, carrots (which go like hot cakes!) jaffa cakes and milk. Below is an extract from the interview of Balhousie Primary School children by St Thomas's children when they had decided to take on a healthy tuckshop. Balhousie had been the inspiration for the project – and, incidentally, have a milk and fruit only tuckshop.

Q. What are your favourite things?

A. Milk, bananas, oranges, raisins, biscuits, apples – in that order!

Q. Do you sell orange juice?

A. No, it's too fiddly. (Later we learned that even good juice with no added sugar sits on your teeth and can harm them.)

Q. How do you sell it? What does it look like?

A. We have big baskets for the goods and there's a blue plastic colander for the apples as they are washed. We collect the milk from the fridge.

Q. Do you have to wear anything special?

A. No, but we wash our hands carefully when we are on the shop.

Q. Why did you start a healthy tuckshop?

A. So many people were getting rotten teeth. We were thinking about good health.

Q. What's the healthiest product you sell?

A. We think it's milk and fruit.

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# HEALTH EDUCATION FAMILY RESOURCE PACK

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As part of its commitment to involving parents in the school, the Girvan New Community School Cluster is participating in an innovative pilot project to develop health education resources for families at home. These resources will come in the form of a pack, which we hope will enhance what schools and families are already doing in relation to health by:

1. Letting adults know what information and support their children are getting at school in relation to health.
2. Giving adults important information so that they can more confidently discuss health matters at home.
3. Encouraging children to learn about health at home in the form of projects and games they can do by themselves.
4. Giving families ideas about fun things that they can do together to learn more about health.

The Health Board worked with parents and schools to put these packs together and will be piloting the packs between August and December 2001 in the following Cluster schools:

- Girvan Nursery
- Girvan Primary
- Barrhill Primary
- Colmonell Primary
- Ballantrae Primary
- Pinwherry Primary
- Girvan Academy

The packs will be distributed to families of Nursery, p1, p3, p5 and S2 pupils to use and review. They will cover:

- Nursery = toothbrushing
- p1 = personal hygiene
- p3 = caring for others
- p5 = taking responsibility in the community
- s2 = healthy eating

These topics mirror the lessons that are being delivered in schools through the formal and informal health education curriculum. It is hoped, therefore that, rather than standing alone, the pack will reinforce and complement the good health promotion work that is happening in schools.

An evaluation will take place in December 2001 to assess whether the packs have been received well by families and to determine whether they have been beneficial to pupils' learning. Results of this evaluation will be available in the new year. The Health Planning and Promotion Department are leading the project.

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# OLDER PEOPLE – FRAMEWORK FOR OLDER PEOPLE

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The Scottish Executive through “Our National Health: a plan for action, a plan for change”, has confirmed that “we all have a responsibility to help older people lead full and independent lives: to add life to years as well as years to life.”

In May 2000, Lothian Health developed a Joint Lothians Framework for Older People's Services outlining 21 strategic aims for the positive engagement in the health of older people. The focus of the framework involves promoting and maximising improvements in older people's quality of life across a wide range of services and activities throughout Lothian.

Using the above framework, Lothian Health has recently been involved in three exciting areas of work.

### **Ageing Well – Peer Health Mentoring**

Ageing Well is a health promotion initiative that is committed to promoting positive and productive ageing. It does this principally by creating opportunities for people over 50 to continue to make a positive contribution to their own lives, the lives of other older people and the life of their local communities. Ageing Well programmes seek to involve older people directly in defining needs, determining priorities and exerting control over the decisions that affect their lives.

The Ageing Well mission is: *“to improve and maintain the health of older people, recognising that they can be an important resource to themselves and to others”.*

This involvement of older people themselves in developing and implementing health promotion activities with their peers makes a significant departure from previous initiatives in Scotland which have been traditionally provided for older people and has the potential to deliver positive health gain for large numbers of older people.

Currently in Lothian Health there are three Ageing Well projects that seek to encourage people aged 50+ to pursue an active lifestyle. An important feature of the Ageing Well projects is the recruitment and training of volunteer Senior Health Mentors. Investing in training recognises older people as a valuable resource to their families, their friends, their communities and most importantly to each other. Once trained, volunteers have become involved in a wide range of community-based projects, working directly with their peers either in one-to-one or group situations. Examples are community-based cardiac rehabilitation and “Dance for the Health of it!”.

Developing a programme in this way has the benefit of communicating with someone of a similar age and perhaps of the same gender and similar cultural background. People are able to empathise and understand through shared experience. This is the basis for all Ageing Well initiatives.

### **Older People's Week – Small Grants**

A multi-agency Older People's Task Group in Lothian has been able to make available small grants for Older People's Week 2001. Grants were awarded for amounts between £50 and £250. Funded events took place in and around Older People's Week 29th September to 6th October 2001.

The focus of the small grant initiative in 2001 was “Active Living & Volunteering” which included accident prevention, community safety and physical activity and the promotion of volunteering, as 2001 is the International Year of Volunteers.

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# Old People's Health

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Events supported demonstrated collaborative, creative and imaginative initiatives that addressed social inclusion, health inequalities and the promotion of the role of volunteering.

This year 19 groups were allocated grants averaging £190 each. Examples include a “fun and active day” for minority ethnic carers and “come and try” sessions including yoga.

## Positive Perceptions - Media Campaign

Posters showing Adolph Hitler's face on a Bank of England £5 note were used in a hard-hitting anti-ageism campaign. The posters were displayed for the first two weeks of October 2001 to coincide with Older People's Week. The giant hoardings around Edinburgh and the Lothians (20 in total), act as a reminder of what could have happened if World War II ended differently.

A second poster has also been produced showing a deserted beach with a “Whites Only” sign which highlights the involvement of former South African leader, Nelson Mandela in changing attitudes.

“The striking images should stop people in their tracks and make them think about their own attitudes to older people and the debts we owe them” said a spokesperson for Age Concern Scotland.

The posters won awards for the Union Advertising Agency for best outdoor campaign and best art direction at the Scottish Advertising Awards.

The second element to the campaign was the production and screening of a 60-second cinema advertisement. The advertisement encourages a positive perception of older people and was supported by SAGA. The advertisement was screened at the majority of the Lothian cinemas for one week from 28th September 2001.

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Imagine if Churchill had been considered too old to lead. | With age comes experience. SAGA



Imagine if Mandela had been considered too old to inspire. | With age comes experience. SAGA

# THE C.H.I.P. VAN (COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP)

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The C.H.I.P. van is a mobile unit which travels around East Ayrshire spending time in some of the most deprived and disadvantaged communities. This Healthy Living Centre Project is a partnership between the New Opportunities Fund, East Ayrshire Council, East Ayrshire Coalfield Area Social Inclusion Partnership and the local communities. It takes exercise and health promotion initiatives to the people who stand to benefit from them the most.

Starting in July this year the project has been targeting 17 communities in East Ayrshire with a series of health promotion programmes. The focus of the project is our mobile resource – The “C.H.I.P. van”, staffed by two full-time health development officers and backed by a network of sessional staff. The resource is able to target specific areas within the communities with a variety of health promotion programmes and events.

The long-term aim of the project is to develop a network of community health forums. These forums will be run by local people but supported by existing health service providers. They will be formally constituted, allowing them to apply for external funding. This will give each forum the autonomy to prioritise local health issues and act on them.

The C.H.I.P. van will park in various locations within target communities to facilitate as many of the residents as possible. This will include local shops, sports centres, yards or even on people’s doorsteps!

The van, which has full wheelchair access, acts as a central information point for all health-related issues. It is equipped with Internet access as well as a comprehensive health library, promotional display area and a consultation room. Also on board there is a projector and video library, and a detailed Database of groups, clubs and activities that take place within each target community.

Some of the services offered by the project include: lifestyle referral; Food Co-ops and Healthy Eating Workshops; Health programmes for schools; Taster sessions to establish local demand for services; Outreach work; Sign Posting Service a central information point for a variety of topics including local health service provision, local sports, leisure and recreation opportunities, etc. Internet access; Exhibition and Library; Community Consultation.

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Or visit the website at [www.chipvan.co.uk](http://www.chipvan.co.uk)

