SENIOR HEALTH PROMOTION OFFICERS

Lynnette Carey  Research
Jan Cassidy  Evaluation
Lisa Cohen  Marketing & Media
Lynn Cowan  HIV/AIDS
Pauline Craig  Acting Co-ordinator
        Drumchapel Community Health Project
Jan Cresswell  Nutrition
Anne Dunbar  Inequalities in Health Initiative:
        Primary Care Team Leader
Kathryn Farrow  Addictions
Jacki Gordon  Mental Health
Robert Hoskins  Heart Health/
        City Centre Team Leader
Ruth Kendall  Evaluation
Doreen McIntyre  Project Co-ordinator Glasgow 2000
Jennifer McMaster  Oral/Dental Health
Bernadette Maguire  Acting East Team Leader
Fiona Moss  North Team Leader
Monica Porciani  Co-ordinator, Triumph Health Project
Jacqueline Ross  Inequalities in Health Initiative:
        Priority Needs Team Leader
Janice Scouller  Acting Co-ordinator, Triumph Health Project
Dawn Stafford  South Team Leader
Andy Thornton  Inequalities in Health Initiative:
        Youth Team Leader
Fiona Toal  Cancer Education
Sandra Wilson  West Team Leader
Health promotion action in Greater Glasgow has undergone a period of considerable growth and development in the 1990s. Comprehensive programmes of activity have been put in place, to cover the key settings in which people in Greater Glasgow live, study, work, have contact with health services, and spend their leisure time. Initiatives have been implemented in line with each of the national priorities for health promotion, as outlined in the national policy document Scotland’s Health: a challenge to us all, while projects have been put in place to address issues of local priority.

The Health Promotion Department plays a lead role in ensuring the delivery of effective action locally. In doing this, our work is guided by the Health for All principles of inter-agency working, community participation and empowerment, and promoting equity in health. The activities described in this report illustrate how these principles have been translated into action in a range of settings, and in relation to a wide diversity of health topics.

I entered 1994/95 as acting head of the Department. I was delighted to be formally appointed Head of Health Promotion in September 1994, and I relish the opportunities and challenges of building on the achievements to date.

The year 1994/95 has been a busy and productive one for the Health Promotion Department, and I am pleased to present this overview. The report cannot fully describe our many projects and advances. Rather, the aim is to give a flavour of the type and range of work undertaken. The hallmark has been consolidation coupled with selected developments to meet priority needs. The Inequalities in Health Initiative - funded initially on a pilot basis - has become an established part of the Health Promotion Department, structured into three teams working in the arenas of primary care, youth health and the needs of priority groups. The initiative acts as a concentrated resource for learning more about the potential of health promotion approaches to reduce health inequalities. New developments during the year include the strengthening of the specialist teams working on issues relating to nutrition, drugs and alcohol, and HIV prevention; the establishment of new programmes for mental health promotion, cancer education, dental/oral health, and safety; and the further extension of our media and communications activities including the Get Up and Glasgow campaign and the establishment of a quarterly newsletter.

In delivering effective health promotion action within Greater Glasgow, we are crucially dependent on the support, participation, skills and expertise of a great many organisations and individuals. I should like to express my gratitude to all who are committed to playing their part in improving the health of the local population. Together with my colleagues in the Health Promotion Department, I look forward to working even more closely with you in 1995/96 and beyond.

Dr Carol Tannahill
Head of Health Promotion
March 1995
The Health Promotion Department of Greater Glasgow Health Board is the largest of its kind in Scotland, with a staff of around ninety. This is commensurate with the challenge of addressing the health needs of a potential client group of almost one million people, living in an area with an infamously poor health record. Improvements are being made in that record, and the work of the Health Promotion Department has been integral to achieving these. The current strategic priority is to halt the worrying trend of increasing inequalities in health within the Board area. The targeting of services to those with greatest health needs is the fundamental principle which underpins all the work of the Department.

This annual report can give only a flavour of the Department's work over the year; it would not be possible to cover everything in detail. Rather, the aim is to provide the reader with an idea of the level and diversity of activity being implemented in response to the scale of the task. An increasing feature of the Department's work is an exciting and varied set of practical initiatives which are being delivered directly to the Greater Glasgow public. This emphasis complements the longer-term action to establish health promotion as an integral part of the work of a wide range of professional and other groups.

It is hoped that this report will provide those who already know the Department with a clearer idea of what we do and what they can expect from us. For those who do not know us this report will hopefully act as a positive introduction to the range of skills and expertise which exists within the Department.
The overriding purpose of the Health Promotion Department is to enable those who live and work in Greater Glasgow to do what they can to improve their own health and that of the local population. More specifically, our aims are: to promote healthy lifestyles, to prevent ill-health and to create healthy environments. In responding to these aims both national priorities and local considerations are taken into account.

The Health Promotion Department's strategy for promoting health is based on mobilising widespread support for, and participation in, health promotion initiatives. This is achieved by building partnerships with a wide range of agencies and individuals including local authority departments, voluntary agencies, private sector organisations and members of local communities. Whilst this activity permeates all the work of the Department, particular attention will be focused on the Healthy Alliances which have been forged in 1994/95.

Another key principle underlying our work is that of equity: striving to reduce existing inequalities in health by targeting efforts to areas of greatest need. This approach underpins much of the work of the Department but it is a particular focus of the Inequalities in Health Initiative.

Delivery of health promotion action by the Department is achieved via four interacting divisions: sector teams, topic officers, special projects, and the resources and central support function. This Annual Report for 1994/95 will highlight some of the work of each of these divisions, placing it in the context of the five main settings where health promotion is delivered - the Community, Primary Care, Hospitals, Schools and Colleges, and the Workplace.
Glasgow Healthy City Project

Partnerships form the cornerstone of much of the work of the Health Promotion Department. The benefits of developing joint work with other organisations are many, including the ability to implement activity in settings outwith the NHS, the opportunity to benefit from the skills and experiences of individuals in other sectors and the potential to address the many determinants of health which lie outside the direct sphere of influence of the health service. Health promotion officers have developed alliances with statutory and voluntary organisations, within the NHS and in other sectors, and with all of Greater Glasgow's local authorities. The diverse nature of these partnerships will become apparent within the totality of this report. In this section, however, we focus on some of the formal partnership links with local authorities.

Within Glasgow city, intersectoral health work focuses on the Glasgow Healthy City Project. Health promotion staff participate at all levels of the Project's work including training, materials development, research, advisory inputs and resource provision. In 1994, the Project successfully applied for urban aid funding for new community health projects to be established around the city. These new projects are run by lay health workers and represent a substantial investment in community health work within Glasgow. Members of the Health Promotion Department contributed to the introductory training course for these lay health workers, and are involved in an advisory and support role for each of the projects.

During 1994/95 the Healthy Clydebank Project, which was jointly funded by Greater Glasgow Health Board, Strathclyde Regional Council and Clydebank District Council came to an end. This project established strong intersectoral work on health in the Clydebank area, and this joint work will continue. Attention will now focus on establishing local community support for, and involvement in, health action in Clydebank with the proposed establishment of a Health For All budget and programme for the area.

Within Strathkelvin, the District Council's Leisure and Recreation Committee adopted a Position Statement on Health which was developed as a result of a long period of collaboration with health promotion staff. The Committee also agreed to develop a formal health strategy for Strathkelvin and a working party was sanctioned to progress the matter.

The current local government reforms, and the associated climate of change, have resulted in uncertainty about the continuity of our established alliances. A priority for the forthcoming year is the development of partnerships with the new unitary authorities.
Greater Glasgow Health Board has adopted a comprehensive set of health policies for its staff and premises. These policies are also incorporated into the Board's contracts with local NHS Trust Hospitals. Health promotion staff carry much of the responsibility for encouraging implementation of these policies. Introduced during 1994 was a new Alcohol Policy, which places an emphasis on staff education as a means of raising awareness about alcohol and related issues. Support materials were developed and disseminated to all health board staff, and training was offered to line managers in all departments. The Health Promotion Department also provided advice, materials and training to support the introduction of alcohol policies in Glasgow's NHS Trusts.

Alcohol Policy

The development of information and materials formed the focus of activity for several other Board policies during 1994. New documents providing information on women's health issues were produced in support of the Women's Health Policy and distributed to service providers and community organisations throughout Glasgow. In support of the Smoke Free Policy, much effort went into introducing a "Smoking Admissions Protocol for Patients" to local acute hospitals. This protocol was devised as a tool which would allow nursing staff to raise the issue of smoking with patients on admission and to support patients who want to use their hospital stay as an opportunity to stop smoking. The Food and Health Policy was also enhanced during the year with the development of new guidelines for caterers and the production of a set of table-top materials to promote healthy eating.

Health promotion officers have also been involved in supporting the development of local activities to promote breast feeding in line with the Board's Breast Feeding Policy. As well as the production of new materials to raise awareness of the policy and the health benefits of breast feeding, support has been given to a series of breast feeding workshops for midwives and to community initiatives set up to provide breast feeding support in areas of deprivation.
The Community Programme comprises a diverse range of initiatives involving members of local communities and working with many agencies. A priority group for this work in 1994/95 has been young people, but many initiatives have addressed the health needs of other groups including black and ethnic minority groups, unemployed people and the homeless. Peer education - the delivery of health education by trained individuals within a peer group - played a large part in much of the Department's work. Sexual health and drugs continue to be highlighted as the issues on which young people urgently want information and thus these topics were given prominence. In the East End of the city, health promotion officers were instrumental in the organisation of a conference for local young people using peer-led workshops on drugs, HIV/AIDS and sexual health. Another group, which used drama as its focus for communicating about health issues, was invited to perform in front of an audience of young people as part of a drug education campaign hosted by Maryhill Police. Peer education approaches were also employed by staff in the Inequalities in Health Initiative as a means of disseminating safer sex and drug prevention messages in schools as well as many community settings.

The funding of several new urban aid community health projects in Greater Glasgow has entailed the active involvement of local officers, together with the Community Development Unit of the Glasgow Healthy City Project, in the planning and execution of local community health profiles. These will provide information on the health concerns of local people and will directly inform the work of the new projects. Information on the Department's input to the training of the lay health workers who will staff these projects is provided in the Training and Development section of this report.

Also in the community, officers in a variety of locations responded to diverse requests from local Unemployed Workers Resource Centres. In the North of the city this involved helping with the relaunch of a local food co-operative, whilst in the West of the city unemployed workers were offered personalised lifestyle screening to support them in identifying their own health promotion priorities. Southside Unemployed Workers Resource Centres received inputs on a variety of issues including healthy eating, safety and women's health.
Black and ethnic minority health was a departmental priority in 1994/95, as it will continue to be in the next financial year. Whilst the successful Asian Men's Health Project in Pollokshields became part of the Inequalities in Health Initiative's Priority Needs Team, new work included making lifestyle screening available to people using the Glasgow Mosque Community Centre, and working with representatives from various disciplines to plan an Asian Women's Reproductive Health Day in Govanhill.

Smoking prevention work concentrated, as in past years, on the development of Glasgow’s Smokebusters Club. The expansion of the Glasgow 2000 team to include a student placement has enhanced the Club’s profile and improved the response rate amongst the target group. It also led to an increase in the number of smoking prevention-related activities available for young people in Glasgow. This culminated in February when Glasgow Smokebusters hosted a national conference for over 100 delegates from Scottish Smokebusters clubs.

Work in community-based health projects flourished in 1994/95. For example, in the Gorbals a Well Young Women's Group and a youth HIV peer education group, run in conjunction with the Gorbals Addiction Service, were established.

In Cambuslang there was heavy commitment to a local Community Health Needs Assessment carried out in conjunction with the Cambuslang Community Health Group - the results of which have now been fed back to the Area Liaison Committee. Planning began in early 1995 for the proposed Glasgow Works Health and Well-Being Project in Castlemilk, involving all local agencies including the Health Promotion Department. This project will focus on local health issues and will also provide employment for unemployed people in the Castlemilk area.

In September a conference on homelessness was arranged by health promotion staff in conjunction with workers from other agencies in this field. As a direct result of this event a Homelessness and Health Working Group was established for Glasgow. Made up of representatives from many organisations the aim of this group is to take practical action to improve the health of homeless people in Greater Glasgow.

Another practical innovation is a new pilot project underway in the Goldenhill Mental Health Resource Centre, Clydebank.

This project will evaluate the benefits of offering lifestyle screening and a series of health promotion programmes to clients with chronic mental health problems. Further details about the project can be found in the Evaluation section of this report.

"Community", in its widest sense, defines the work which went on in Barlinnie Prison during the reporting period. Male prisoners were able to enrol on a pre-release course which was developed in conjunction with staff from the prison’s adult education service. The course addressed the issues of, sexual health, nutrition and addictions, and its overall aim was to present prisoners with an holistic approach to health, enabling them to make informed health choices on their release.

An innovative approach to dispensing health advice was developed by the City Centre Team during 1994. Discussions with Mothercare led to a health advice desk being set up in the company’s new Argyle Street store. Staffed by a Health Promotion Officer one day per week, services offered include leaflets, themed displays and “one-to-one” advice on health issues for customers.
The Primary Care Programme of the Department extends to work with staff employed by the Community and Mental Health Services NHS Trust as well as general practitioners and practice teams. During the year the Head of Health Promotion, together with colleagues from the Department, contributed sessions on health promotion to several GP training courses. These sessions are well-received and serve to forge positive links between the Department and general practitioners.

There was support for GPs to enhance their activity in line with the health promotion requirements within the GP contract, including the development of appropriate computer programs for the screening of patients and recording of information, and training for practice staff. The Primary Care Team of the Department’s Inequalities in Health Initiative concentrated on activities beyond the scope of the contract. This included research and development, with an emphasis on conducting practice needs assessment exercises. Health promotion officers in this team are based in general practice premises and work directly with practice populations.

In health centre settings support was provided for the six Model Well Woman Clinics which were established by the Family Planning and Sexual Health Directorate as part of Greater Glasgow Health Board’s implementation of the Glasgow Women’s Health Policy. The purpose of these clinics is to provide an holistic service which addresses a wide range of health issues for women.

Also in health centres, in conjunction with the Community and Mental Health Services NHS Trust, we took a “Food Policy Roadshow” to every health centre in the Greater Glasgow area. The aims were to raise awareness of the wider aspects of the Health Board’s Food and Health Policy and to familiarise community staff with resources available from the Health Promotion Department. The roadshows will be followed up by
more intensive health centre-based healthy eating initiatives during 1995/96.

A specialist officer for cancer education took up post in the latter half of the year. One of her first tasks was to develop breast screening materials for use in the primary care setting. This was done in conjunction with the West of Scotland Breast Screening Service and they comprise an information pack for primary care staff, some materials for community settings to enhance awareness of the service, and additional resources for ethnic minority women. A retrospective audit is now being carried out to establish what factors affect use of the breast screening service. The results of this audit will be used to inform future strategies for increasing uptake.

As part of a study financed by the Mary Thompson Endowment Fund, a set of resources designed for women who have had an abnormal cervical smear were developed. These materials - a video tape, an audio tape and two leaflets - are intended to make the necessary information easy to understand and help women cope with the prospect of a colposcopy examination. The Health Promotion Department distributed these materials to practitioners in both primary care and hospital settings, as well as to professionals working with women in other organisations. In particular, it was intended that women in need of more information about their condition and its treatment could borrow the audio and video tapes.

Pharmacists interested in developing their knowledge of health promotion were able to attend specially arranged workshops run in conjunction with the Chief Area Pharmacist. Work also began with local community pharmacists to examine methods of extending their health promotion role, a draft health promotion manual specifically for pharmacists is currently being developed and a second training course has been implemented. During the year the Scottish Office invited health boards to submit bids for funding from its Primary Care Development Fund. In early 1995 the following Greater Glasgow Health Board health promotion bids were successful:

- A joint project with GGHB Practitioner Services Department to develop and pilot computer software which can simultaneously improve health promotion interventions and data gathering exercises in general practice.
- A breast feeding project in the south of the city to pilot a co-ordinated approach involving the primary care team.
- A men's health project in Drumchapel to develop health promotion materials and a tailored service for local men.
- A project to implement and evaluate a health promotion training programme for pharmacy assistants in community pharmacy.

A further successful collaboration took place between the Department and staff of the Community Dental Health Service during National Smile Week in May. Sugar-free sweet promotions were organised and specially commissioned dental health display materials were set up in a selection of sites in the Sauchiehall Street Centre. In addition, out of thirty-six primary schools contacted, thirty-one took part in a poster competition organised as part of the week's activities.

A regular newsletter providing up-to-date information on good practice, resources support and training was offered by the Glasgow 2000 team to practice nurses and occupational health nurses involved in the project's Smoking Cessation Network. This network continues to grow.
The approach favoured in our schools programme is a flexible one as a result of the differing needs of individual schools.

To understand further these different needs, we carried out a health-related behaviour survey in 1994. This survey provided detailed information on the health-related behaviour of pupils for each participating school and supplied us with a profile for Greater Glasgow as a whole.

The study used the "Health Related Behaviour Questionnaire" developed by Exeter University. This was administered to 15 secondary schools in the Greater Glasgow Health Board area and provided us with a picture of a wide range of health behaviours among children aged 12-16 years. This profile will be used as a basis for planning future health promotion initiatives and monitoring our progress with this key group.

The Department’s work in schools is underpinned by the Health Promoting School model - designed to ensure that health promotion forms a part of a school’s curriculum but that the school environment and the ethos of the school also take health into account. The health of all staff, including ancillary and support staff, is also given prominence. In short, the model attempts to introduce health into the whole of school life.

More specifically, a mechanism was established to improve working with health education co-ordinators from secondary schools. A Health Education Co-ordinators Forum now meets in each of the four sectors of the city to discuss issues of mutual concern and interest, to provide training for staff and to agree programmes of action on local priority issues.

Programmes looking at healthy relationships, lifeskills, addictive behaviours and sexual health were delivered in a number of schools: • Schools in Easterhouse were the focus for an intensive input on addictions, sexual health, nutrition and mental health from health promotion staff based there - including work based around the Strathclyde Zero Tolerance campaign and World AIDS Day.


#### Background factors
- **Self esteem and feelings of being in control of their health are lower amongst girls than boys.**
- **There is little difference between boys and girls in their level of use of their doctor, but girls feel less at ease than boys.**

#### Smoking
- **16% of boys and 20% of girls in fourth year describe themselves as regular smokers.**
- **85% of those who do smoke wish to stop.**

#### Food
- **60% of fourth year girls wish to lose weight.**
- **Health is often not considered when making food choices.**

#### Physical Activity
- **Boys’ preferred sports are soccer, five-a-side and cycling, whilst girls prefer swimming, dancing and fitness exercises.**
- **15% of second year girls and 18% of fourth year girls do not participate in any active physical exercise.**
Alcohol
By fourth year, 13% of boys and 8% of girls drink over 14 units of alcohol per week. Alcohol is mainly being obtained in off-licences.

Drugs
60% of pupils have been offered drugs by fourth year at school. 47% of fourth years have tried drugs.

HIV/Sexual Health
Knowledge of local birth control services is poor, although females know more than males. About 90% of pupils state that they plan to protect themselves from HIV in the future.

Health Club

- An innovative HIV, drugs and smoking input by health promotion staff, delivered to pupils at the request of Hutchesons' Grammar School, resulted in these issues being included as a core component in the school curriculum. The specialist health promotion role is now recognised as being to support school staff in this endeavour.

- Drumchapel High School Health Club, which is run by health visitors in association with the local health promotion team, was awarded £7,000 by the Health Education Board For Scotland to evaluate its work and develop a drop-in service within the school. In addition, innovative new materials were developed in liaison with the club.

- Due to the enthusiasm of St Andrew's Academy's Health Education Co-ordinator, the focus of much of the work in this school has been on smoking. Nominated by the Department for its work on the development of an interactive computer game about smoking, the school won an award from Action on Smoking and Health (ASH) Scotland.

Other innovative work includes the school's smoking action group which was set up to deal with smoking issues raised by pupils themselves.

- Curriculum-based programmes for both drugs education and sexual health promotion, including teacher training, were piloted in several schools. This was a development of previous work carried out in schools by the Department's Inequalities in Health Initiative, and is subject to ongoing evaluation.

Several initiatives have been implemented also in higher/further education institutions: • In the University of Glasgow, a substantial staff health programme has been initiated and a successful women's health week was held in February.

- The Central Team carried out needs assessment and health check exercises for staff and students at Glasgow Caledonian University and a health promotion group has now been established within the organisation. • There has also been considerable and varied activity in a number of further education colleges including John Wheatley, North Glasgow, Glasgow Nautical and Langside.

- A peer education approach to HIV and safer sex involved students from eighteen universities and further education colleges. This was undertaken in collaboration with the Student Representative Councils who were encouraged to develop initiatives to complement the year-long programme of activity including campaigns around St. Valentine's Day, summer travel, freshers' week and Christmas and New Year.
The Resources Section of the Health Promotion Department is a centrally based function which supplies health education materials to clients from a wide range of organisations in the statutory and voluntary sectors. There are currently in excess of 2,000 clients on the Department's resources database and each of these has access to both the audio/visual library and literature stocks.

The library currently holds around 700 different items and 4,900 loans were recorded in 1994/95. In the same period, more than 3,500 orders for health education literature were processed by our resources staff.

Several new resources were produced by the Department in 1994/95, a selection of which are reproduced here. These include, "Women Talking..." a series of mini-magazines about women's health issues produced in response to the Women's Health Policy; table-top materials for patients to illustrate the messages contained in the Greater Glasgow Health Board Food and Health Policy; a support leaflet for the Health Board's Alcohol Policy; materials entitled "A Testing Time", including audio and video tapes, for women who have had an abnormal cervical smear; a second edition of the Get Up and Glasgow Directory; a Get Up and Go Go Dance Directory devised to follow on from the dance event held in August and September; and the Alive Handbook, a guide book to health aimed at 16 to 25 year olds. Department staff have also developed a series of innovative, interactive games as a means of discussing drugs and sexual health issues with groups of young people for whom traditional, written resources are unsuitable.

In 1994, a range of materials was developed in conjunction with promoters from the dance industry, as a response to recreational drug use in Glasgow. The materials carry the slogan "Don't Dance With Drugs" and the aim is to get much needed information about recreational drugs to young people. The slogan, together with messages about keeping cool, drinking water and resting regularly, appears at raves on large soft-drink style paper cups. CD shaped holographic cards containing factual information about ecstasy and amphetamines have also been produced. These cards continue to be inserted into the case of every CD sold on a major dance label in Glasgow.
During 1994/95, several substantial pieces of work within the Workplace Programme came to fruition. The Workplace Smoking Consultancy Service had a successful first year; new specialist officers for alcohol and nutrition took up post, and they too will provide workplace consultancy services; the new Health at Work Centre was set up to be launched in April 1995 and will act as a natural focus for this work by drawing it together under one roof.

Also in 1994/95 it was decided for the first time to create a team with a health promotion remit for Glasgow City Centre. This was due in part to the volume of requests for health promotion support received from workplaces based in this area.

These new initiatives supplement our standard approach in the workplace, which is delivered through a combination of activities including staff health screening, workplace needs assessment and, ultimately, health policy development.

A complete workplace package involving lifestyle checks with follow-up was offered to 50 sites in Greater Glasgow in 1994/95 - sites as diverse as:

Barlinnie Prison where staff were given health checks during the first few months of 1995, supported by a variety of awareness raising events

Devro's Moodiesburn plant where 68% of the large workforce were given personalised health checks

SCOTVEC headquarters offices where a needs assessment exercise was carried out resulting in the management accepting a series of recommendations for action which have now been adopted

The Charlie Reid Centre, run by the National Schizophrenia Society where staff participated in a health promotion programme

The Department's Workplace Smoking Consultancy service went from strength to strength during the reporting period. A report of its first year of activity was produced which showed that ninety workplaces contacted the service. Sixty-four of these businesses required an intensive level of assistance with smoking policy issues, fifty-eight of whom (91%) now have a policy in place.

Towards the end of 1994, this service placed increasing emphasis on
smoking cessation support in the workplace as well as smoking policy development. Plans for 1995/96 include the targeting of small businesses and the provision of a "trouble-shooting" service for companies with smoking policies in place.

The completion of a research project into the attitudes of public house staff towards passive smoking and the introduction of smoking restrictions in that setting identified the urgent need for further work in this area. A "Workplace Quit Quest" was launched as one in a series of pilot approaches, this one encouraging groups of workmates to stop smoking for the New Year.

Planning for the opening of the Health at Work Centre began in 1994. The Centre is to be opened on 4 April 1995 and will initially provide a consultancy and information service for businesses, as well as the following:

Lifestyle checks
Fitness assessments
Stress management training
Health courses
Seminars and workshops
Resources

It is envisaged that the Centre will become a focal point for developing models of good practice in workplace health promotion.

As part of a large programme of European Drug Prevention Week activity a successful workplace seminar for parents about drugs and related issues was held. This has resulted in plans for further workplace seminars covering drugs issues from a wider perspective. More details of the activities organised around European Drug Prevention Week are provided in the Campaigns and Events section of this report.
A new development in the Hospitals Programme during 1994 was the establishment of a city wide Hospitals Liaison Group. The group brings together individuals responsible for health promotion within each of the local NHS Trust organisations to discuss areas of mutual interest and to identify successful models of practice. Since each hospital organises its health promotion activity differently the approach must be flexible, whilst assisting Trusts to meet the health promotion requirements of their contracts with Greater Glasgow Health Board. In 1994, a variety of staff health needs assessment exercises were conducted in acute hospitals, including the Dental Hospital. These were co-ordinated by local health promotion officers and carried out in conjunction with each hospital’s health promotion group. The results have been used to develop activity tailored to the health needs of staff, and to make recommendations to Trust management teams for the creation of future Trust Health Promotion Plans. In the West Glasgow Hospitals University NHS Trust, a large piece of research looking specifically at occupational stress, use of occupational health services and the health of female staff was carried out in conjunction with the GGHB Women’s Health Policy Co-ordinator and the Trust’s Occupational Health Department. This substantial piece of work is currently being written-up and recommendations on how to address the issues raised by staff will be made to the Trust.

Considerable efforts were made during 1994/95 to encourage Glasgow’s NHS Trust hospitals to adopt the Health Promotion Department’s Smoking Admissions Protocol as a means of implementing the Board’s Smoke Free Policy amongst patients. To date, the protocol has been introduced to medical wards within the Southern General Hospital, as well as selected wards in Glasgow Royal Infirmary and Glasgow Royal Maternity Hospital and other health boards have shown considerable interest in developing similar protocols.

In 1994/95 the task of promoting and supporting the implementation of the Board’s Food and Health Policy continued with the development of further eye-catching materials explaining the policy to patients, and a highly complex and detailed catering manual issued for the guidance of Trusts.

A new development amongst paramedical staff from the Western Infirmary was training in minimal intervention approaches to lifestyle issues - diet, exercise, alcohol and smoking - intended to give these professional groups the confidence to raise the issues with clients, as appropriate, in the course of their work. Also in the West, Yorkhill Hospital’s accident prevention mural project was completed and unveiled in February 1995. Accompanying materials include colouring sheets, bravery badges and certificates for children, all on the theme of accident prevention.

Throughout 1994/95 the Health Promotion Department continued to lend support to the World Health Organisation’s Health Promoting Hospital Initiative within Stobhill Hospital.
Developing Expertise

Health Promotion staff routinely contribute to the basic and post-basic training of allied professions within the statutory and voluntary sector in Greater Glasgow, and 1994/95 was no exception to this. Staff were able to use in-service training inputs to other professional groups to highlight the priorities and work of the Department, including its commitment to an holistic approach to the promotion of health.

Invitations to speak at a variety of workshops, seminars and conferences were taken up by officers of the Department to reinforce local and national recommendations for action to promote the health of the population. The three main aims of officers engaged in this type of training are:

- to update knowledge and increase awareness of various health issues amongst the professional group involved
- to develop expertise in the health education and health counselling skills of other professional groups
- to expand the potential and opportunities for multi-disciplinary working by staff from the Health Service, Social Work Department, Education Department and the voluntary organisations.

Officers within the Department have responsibility for ensuring that their local colleagues within health promotion and other disciplines are kept up-to-date with new developments and initiatives within their sphere of interest. Examples of training initiatives of this sort during 1994/95 include:

- a seminar to study current recommendations for infant feeding, which was run in conjunction with the University of Glasgow Department of Human Nutrition and the Community and Mental Health Services NHS Trust - this was attended by about 100 health visitors; training for primary care teams in motivational interviewing techniques; smoking cessation training for hospital and community nurses; and sexual health training for secondary school teachers.

One very important training input during 1994/95 was to the introductory course for twelve new lay health workers employed by the Glasgow Healthy City Project. As well as providing the health promotion module in the training course, the Department also supported a successful bid for finance submitted to Greater Glasgow Health Board’s Lady Goold Health Promotion Fund. The award was then used to fund the overall course which was delivered by the University of Strathclyde.

As a means of reviewing performance and ensuring staff development it was agreed in 1994 that a pilot staff appraisal system would be introduced to the Health Promotion Department. This pilot was nearing completion at the end of the reporting period and the resulting information will be used to assess the benefits, and the most appropriate means, of implementing such a system more widely within the Department. It is envisaged that the introduction of a staff appraisal system will lead to an overall improvement in delivery of our services.
The Get Up and Glasgow media campaign which is aimed at 16-25 year olds continued to thrive as a result of continued funding from the Health Board. Cinema, buses, the Glasgow Underground and Clyde 1 FM were the media used in the campaign which encourages young people in the target age group to "do a little and gain a lot".

Under the umbrella of Get Up and Glasgow, the Get Up and Go Go Dance Event took place in August and September 1994. This event promoted dance as an enjoyable way for young people to take exercise and introduced people to a variety of different dance types - including Latin American, ceilidh, Indian, belly dancing, lindy hop and street dance. The emphasis was on participation - promoted by the "Hit Squad" which literally took street dancing to the streets, encouraging youngsters to join in impromptu sessions held in locations throughout the city centre. Over 400 young people participated in organised dance workshops whilst approximately 4,500 people saw the event at outdoor locations in the city centre. Media interest in Get Up and Go Go was intense and there was extensive, positive coverage in the local and national press as well as on TV and radio.

The Get Cooking initiative was also arranged as part of Get Up and Glasgow. It began in the early part of 1994 and went from strength to strength. Sixteen 10 week courses of this practical cookery programme, which also contains basic nutritional messages, have taken place to date. The main target group was 16-25 year olds with particular emphasis on the young homeless, living in hostel accommodation, as this group was identified as having a specific need for this type of input.

Get Up and Glasgow publications for 1994/95 included an update of the popular "Get Up and Glasgow Health Guide" and a third issue of "Alive" which has been produced in the form of a health handbook for young people. A directory of dance in Glasgow was also produced as a result of the Get Up and Go Go event to encourage young people to continue dancing once the event was over.
The addictions programme within the department places great emphasis on primary prevention of addictions, but is also committed to a harm minimisation approach, where appropriate. Young people form a key target group for this work, with support for parents taking on increasing importance. One of the main initiatives undertaken this year was the setting up of a Drug Information Shop in the St Enoch Shopping Centre during European Drug Prevention Week in October. The shop contained displays, leaflets, and educational computer games and was staffed by workers who were able to answer questions from young people and parents.

Using the banner of Europe Against AIDS the Health Promotion Department initiated a summer protection campaign which involved hairdressing salons in the Greater Glasgow area. The overall theme of "Protect Yourself" allowed holiday packs of sunscreen, condoms and toothpaste to be distributed to people attending their hairdresser before going on holiday.

In 1994 Greater Glasgow Health Board contributed to the funding of the Strathclyde Zero Tolerance Campaign. Aimed at raising awareness of the issues surrounding domestic violence, this high profile media campaign was supported by the distribution of posters and leaflets in local areas. The Health Promotion Department supplied these to Glasgow's NHS Trust hospitals, general practitioners, practice nurses and community nursing staff, as well as members of the public who expressed an interest in the campaign.

National Mental Health Week took place at the end of October and the Health Promotion Department was heavily involved, generating a variety of activities city-wide. Through the inter-sectoral "Breaking Down the Barriers" group in the west of the city we developed and funded promotional materials for the week which had an overall theme of "Raising Awareness, Reducing Stigma". Many events took place in the voluntary and statutory sectors, facilitated by the officers in local areas. For example, in Langside College a poster was piloted with a positive mental health theme - "Don't leave it to chance. Hold on to your health" - which had been developed by three student nurses from Glasgow College of Nursing and Midwifery. This evaluated positively and will be used in future mental health work with colleges.
Two intensive community health projects, the Triumph Health Project in Greater Govan and Drumming Up Health in Drumchapel, are co-ordinated by Health Promotion Department staff and involve significant inputs from other members of the Department. The focus of these projects is on the involvement of local people and other agencies in the implementation of initiatives to address locally-identified health needs. The Triumph Health Project, was developed as a result of collaboration between Strathclyde Regional Councillors, the Govan Initiative and Greater Glasgow Health Board, and was launched in 1993 as an urban aid funded community health project. The project operates from three bases within Greater Govan. Having identified local health needs by developing a community health profile, work began on the formation of programmes of health promotion activity which would address those needs. There is a school and youth programme, a local community programme, a workplace programme and a fitness and exercise programme. The project employs three community health workers to take these programmes forward as well as two health promotion officers and an administrative worker. The project co-ordinator is a Senior Health Promotion Officer.

One exciting development in 1994 was the opening of the Project’s Copeland Centre premises. This is a centre for women’s health and employs a range of activities including alternative therapies, group sessions, talks, open days and training. Particular attention is paid to mental health issues and community involvement is a strong theme in all the centre’s activities. This is a service which currently exists in few other local communities and its development is being watched with interest.
Drumming Up Health

Other areas of work implemented during 1994/95 include drugs education using drama in a local primary school, in collaboration with Govan Drugs Forum; and work with local youth clubs using art as a focus for discussing health messages - this has resulted in young people producing their own health materials. Young people with special needs was an important area of work for the Triumph Project in 1994/95. In particular, those with learning difficulties and the homeless were targeted with comprehensive health promotion programmes. Sexual health issues and stress management were covered in a group work setting with these young people and training was also provided for the staff who work with them.

The Triumph Health Project was heavily involved in the development of the Health at Work Centre. This centre will provide services to workplaces within Greater Govan and will also attract workforces from throughout South Glasgow into the area.

Drumming Up Health: Drumchapel Community Health Project was set up as a pilot project by the Glasgow Healthy City Project, Greater Glasgow Health Board and the Drumchapel Initiative in 1990. The aim was to provide an umbrella organisation to resource and support community health activity in Drumchapel. The central objectives were to set up and run a community health library and volunteer scheme to maximise the empowerment and participation of local people. The project is now in its third year of urban aid funding and is staffed by a Senior Health Promotion Officer, who acts as project co-ordinator, a health visitor, a development worker and a resource and administration worker. Originally based in a local Neighbourhood Centre, the project moved into Drumchapel Health Centre in 1994. The past year has seen an upsurge in outreach activity and the development of stronger links with local Primary Care Teams. The library has thrived in its new health centre setting and there has also been a noticeable increase in the number of clients being referred to the project from mainstream health services.

The Community Health Volunteers have been the main force behind most the developments of the past year, whilst project staff have provided a support and advisory function. The most active self-help groups and health fora facilitated by the project this year have been: the Asthma Support Group; the Men’s Issues Group - recently awarded primary care development funding from the Scottish Office; the Post-Natal Support Group; FAD - Food Action Drumchapel; the Drumchapel Women’s Health Network; Drumchapel Community Drugs Forum; One-To-One, offering counselling, aromatherapy and shiatsu; and a Community Health Magazine funded via the Glasgow Works organisation and developed by one of the Project’s Community Health Volunteers. These activities and others such as Drumchapel Health Week are only possible with the help and support of workers from other services and sectors in the area.

Indeed both of these projects are particularly good examples of the Healthy Alliances referred to at the beginning of this report.
In recognition of the need to appraise our work critically, and to develop effective programmes founded on good practice, investment has been made to establish an evaluation team within the Department. The priorities for this team are to ensure that the most innovative and extensive work of the Department is fully evaluated, that research is implemented to advise the development of the Department's programmes, and that all staff incorporate evaluation into their working practice. This latter task has involved the evaluation team in a considerable amount of staff training, advice and support throughout the year.

A substantial research project launched this year aims to develop and evaluate a model programme for providing health promotion for people who have a major mental health problem. This initiative is being implemented within two of the new community-based mental health resource centres run by the Community and Mental Health Services NHS Trust. The research project will provide information about the health promotion needs of this client group, about the impact of providing a tailored health promotion programme within mental health resource centres, and about the value of an associated training-for-trainers package to enable implementation of the health promotion programme by community psychiatric nurses in other resource centres. If successful, the health promotion intervention will bring benefits not only to clients with chronic mental health problems, but also to their carers. It represents an important early attempt to develop a health promotion response to Care in the Community.

Health needs assessment, together with the compilation of health profiles, formed another major component of the Department's research activity during 1994/95. Substantial staff health needs assessment surveys were completed in three local NHS Trusts, working in close collaboration with hospital health promotion teams and occupational health staff; in one of Glasgow's universities; and in several local workplaces. These staff health profiles have been used to develop relevant health promotion programmes and policies on a site-by-site basis and also to advise the planning and delivery of the Department's workplace programme.
Also in the workplace setting, a substantial trial comparing the effectiveness of different health check interventions was completed and its data analysis substantially progressed. Implemented in conjunction with the Department of Public Health at the University of Glasgow, and funded by the Chief Scientist Office, the main purpose of this study was to assess the value of different components of a health check in achieving changes in the coronary risk status of participants. In addition, the study will provide useful insights into the role of threat and anxiety in relation to changes in health-related behaviour. Complementary to this work during 1994/95, was the development of a new health check tailored to the needs and perspectives of young people in Greater Glasgow. After the initial stages of development, this health check was piloted in various settings and, as a consequence, several changes were introduced to the computer program, its administration and its promotion. The new youth health check - Activate - will be launched early in the 1995/96 financial year.

In addition to these substantial studies, several other pieces of research and evaluation were implemented or commissioned during the year. These include the following:

- The evaluation of a new approach to sexual health education in schools, based on a co-teaching model and building on a successful programme previously delivered by health promotion officers.
- The evaluation of a health promotion initiative for the development of parenting skills in mothers with children under the age of five. Early results of this evaluation, which is designed as a randomised controlled trial, have shown clear benefits of the intervention in terms of improvements in the mothers' mental health.
- A survey of the attitudes of local pub owners and users to the issues of smoking and passive smoking. Results of this survey will be used to advise the Department's work in extending the number and types of smoke-free social settings within Greater Glasgow.
- A survey of the health-related behaviours of secondary school children in Glasgow. Some results of this survey are reported on pages 10 and 11 of this report.
- A detailed survey of drug and alcohol use among 16-19 year-olds in Greater Glasgow, to provide information on these issues and how they relate to young people's personal circumstances and expectations.
- An evaluation of the use of drama as a means of delivering health education relating to HIV and sexual health. The purpose of this evaluation study was to compare health education through drama with more 'traditional' approaches involving health promotion officers.

Reports on all of these studies are available from the Health Promotion Department.
The following table shows the total Health Promotion Department budget broken down, programme by programme, including salaries.

<table>
<thead>
<tr>
<th>Programme</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addictions</td>
<td>110,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td>47,000</td>
</tr>
<tr>
<td>Health Check</td>
<td>92,000</td>
</tr>
<tr>
<td>Smoking</td>
<td>120,000</td>
</tr>
<tr>
<td>Hospitals</td>
<td>60,000</td>
</tr>
<tr>
<td>Schools</td>
<td>90,000</td>
</tr>
<tr>
<td>Workplace</td>
<td>150,000</td>
</tr>
<tr>
<td>Primary Care</td>
<td>180,000</td>
</tr>
<tr>
<td>Community</td>
<td>120,000</td>
</tr>
<tr>
<td>Mental Health</td>
<td>32,000</td>
</tr>
<tr>
<td>Oral Health</td>
<td>35,000</td>
</tr>
<tr>
<td>Cancer Education</td>
<td>50,000</td>
</tr>
<tr>
<td>Accident Prevention/Safety</td>
<td>20,000</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>205,000</td>
</tr>
<tr>
<td>Inequalities</td>
<td>400,000</td>
</tr>
<tr>
<td>Research and Evaluation</td>
<td>122,000</td>
</tr>
<tr>
<td>Resource Development and Provision</td>
<td>250,000</td>
</tr>
<tr>
<td>Training, Management and Support Functions</td>
<td>175,000</td>
</tr>
</tbody>
</table>

TOTAL £2,258,000

Each of the above health promotion programmes is delivered in a series of five settings. The diagram below shows the percentage of total budget allocated to each of those settings.
Staff

SPECIALIST HEALTH PROMOTION OFFICERS

Anna Baxendale Nutrition Kim Camer-Pesci Alcohol
Mark Dawson Gay Men Lynne Elliot HIV/AIDS
Marlene McMillan Research Assistant Frances MacDonald Resources
Lorna Renwick Addictions Ginny Styles Workplace Smoking Consultant

HEALTH PROMOTION OFFICERS

Avril Blarney North Team
Anne Bryce Kirsty Scott South Team
Gay Men Rhoda Sharp
Research Assistant Karen Crichton East Team
Addictions Joan Thomson

Kirsty Scott South Team
Anne Bryce Norma Greenwood

Stewart Maclean Central Team
Pauline Niven
Margaret Palmer

Fiona Crawford West Team
Kathleen Houston Liz Martin Frances Turner

Jacqueline Carmichael Central Team
Alexis Horsefield
Susan Kerr

Jackie Bell Primary Care Team
Liz Hughes Caryn Nicholson Margaret Swan

Anne Marie Gillen Priority Needs Team
Martin Patterson Lesley Sherwood Isaac Umeed

Xanthe Fry Youth Health Team
Gillian Grant
Steven McCluskey

Triumph Health Project

Zoe Goslan
Margaret Higgins

Support Staff

John Abbott Systems Designer Janice Boyle Clerical Officer
Donalda Cairns Clerical Officer Sharon Doohan Audio Typist
Hazel Forteith Personal Secretary to the Head of Allison McLean Personal Secretary to Mr Eddie McMillan
Health Promotion David McCready Higher Clerical Officer
Margaret McBride Clerical Officer Margaret McGranachan Data Controller
Chris MacCormack Technical/Displays Officer Julie McIvaney Clerical Officer
Paul McLean Technical/Displays Officer Elaine Moffatt Resources Assistant
Adrian Rootes Administrator Judy Tait Assistant to the Head of Health Promotion
Graham Taylor Senior Graphic Designer

Glasgow 2000

Donna Athanasopolous Administrator Ross Falconer Smokebusters
Lorraine Lavery Clerical Officer