

Physical activity devices and applications

– which one should I choose?

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Is it time to rethink all the sugar related fundraising activities?

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Recognising and overcoming an alcohol addiction.

Supported by



Editorial

Despite the overwhelming evidence that diet and obesity are related to the development of cancer, it doesn't seem to get any easier to change our food habits. For many people, healthy eating is considered an abnormal activity because it is so different from the "normal" depicted through media marketing.

The marketing challenge was considered in the development of our national food and drink policy where it was noted that "there is now a significant evidence base to show that education alone will have minimal effect on consumer demand and dietary change. The right pricing, marketing and availability strategies need to accompany investments in educational programmes". The policy also recognises the importance of public sector exemplars including the NHS setting.

For years the SCPN has been troubled by current marketing and **we have expressed our distaste at many promotions in our "no thanks" photos** highlighting the promotions we can live without. Two years ago we also told you **what we thought about WH Smith marketing**.

However, there are some changes on the horizon – at least on NHS premises. We are really excited about the Chief Executive Letters (CEL) from the Chief Medical Officer issued in October 2015, which includes a new **Healthcare Retail Standard (HRS)** with which all retail outlets and retail trolley services in healthcare settings must comply with by March 2017. The HRS sets out the requirement that "at least 50% of food for retail (and 70% of drinks) must meet the provision criteria set out". In addition, the promotions criteria for individual products state that only foods that the Scottish population should be eating more of should be promoted.

Promotions are described as special deals (price or quantity discounts and prominent in-store placements e.g. at the till).

We can't wait to see this roll out and we look forward to showing the YES Please promotions from NHS premises in our newsletter.

Professor Annie S. Anderson

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Professor Bob Steele

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THE TEAM

Dr Maureen Macleod - SCPN Fellow

Jill Hampton - Network Administrator

Bryan Christie - Journalist

Eoin McCann - Designer

Connor Finlayson - Digital Communications

Summer sunshine ice lollies - pineapple & strawberry

Kellie Anderson MSc, Maggie's Cancer Caring Centres - kelliesfoodtoglow.com



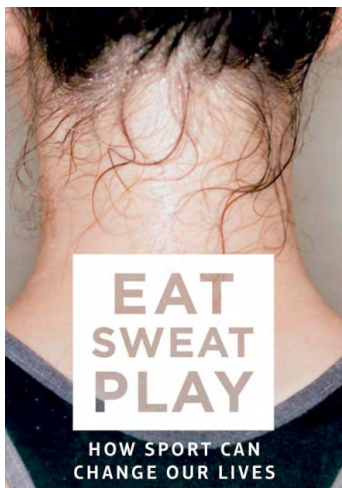
- ½ medium ripe pineapple, trimmed, cored and diced into large chunks
- ¼ tsp finely grated lime zest
- Juice ½ small lime

- 3 tbsp (low fat) greek yogurt
 - 1 cup chopped ripe strawberries – (including 2 tbsp of finely chopped strawberries)
1. Add the pineapple, lime zest, lime juice and yogurt to a blender or food processor and process until mostly smooth. Scrape the mixture into a jug and pour the mixture into lolly moulds.
 2. Rinse out the blender/food processor, then add all but the 2 tbsp finely chopped strawberries and process to a crimson pulp. Scrape the strawberries into another jug.
 3. Line up your ice lolly moulds or cups. Add a little of the finely chopped strawberries to the moulds, top with some of the

pineapple, followed by some of the strawberry, and then finally a little more of the pineapple.

4. Top with the ice lolly stick covers (they usually have the stick integrated) or – as I did – push in the wooden sticks. The mixture is firm enough not to need any foil, cling film or card to steady it, but you may wish to use one of these. If so, I would top with some cling film and secure it with a rubber band then make a small nick where you want your stick to go and then follow this with the lolly stick.
5. Freeze for two hours before dipping the moulds/cups in warm water and loosening.

Worth a read?



Sport England's massive **'This Girl Can' campaign** in 2015 reached out to women who may not have engaged with sport earlier in life or may have been "switched off" to participating through peer pressure around femininity. The campaign promoted sport to women of all shapes and sizes endorsed by Missy Elliot, a rapper known for celebrating the female body without objectifying or denigrating it. And, mostly, she does it all in a tracksuit.

Anna Kessel, a non sport playing sports journalist, was approached to write a book appealing to this same audience. Kessel writes:

"This book, too, is about challenging the status quo. Society's stereotypes tell us that women don't like sport, but when we really think about it that doesn't make any sense. Isn't the fundamental principle of being

physically active something that comes naturally to us from the moment we begin to walk? Don't we all remember our childhoods, running down a hill so fast it made us laugh until we couldn't breathe? Daring ourselves to climb a tree, to do our first cartwheel, our first handstand? What happened to us? When did we change? When did we lose our sense of fun, our sense of play? Sport is just playing, after all. And exercise is just moving our bodies, not hard penance."

An informative and stimulating read that will make you stop and think about your relationship with sport – recommended for all women and also men who have daughters so they can help them grow up to be active and healthy.

See also our SCPN blog <https://scpnblog.wordpress.com/2016/06/27/life-skills/>

#HealthyMeetings



Centre of Excellence in Cancer Prevention, Canada

Great Ideas Travel Far...



Kom op tegen Kanker, Belgium

Summertime blues



Whether it's the lack of summer weather or too much sun that is causing summer time blues the SCPN thought this [video](#) might cheer you up.

These very cute Dalmatians have a serious message to get over – it is important that people check their skin regularly (about once a month) for moles that are changing in colour or appearance.



Check yourself!

It is important to check your skin at least once a month for early warning signs of skin cancer. Here is what to look for:

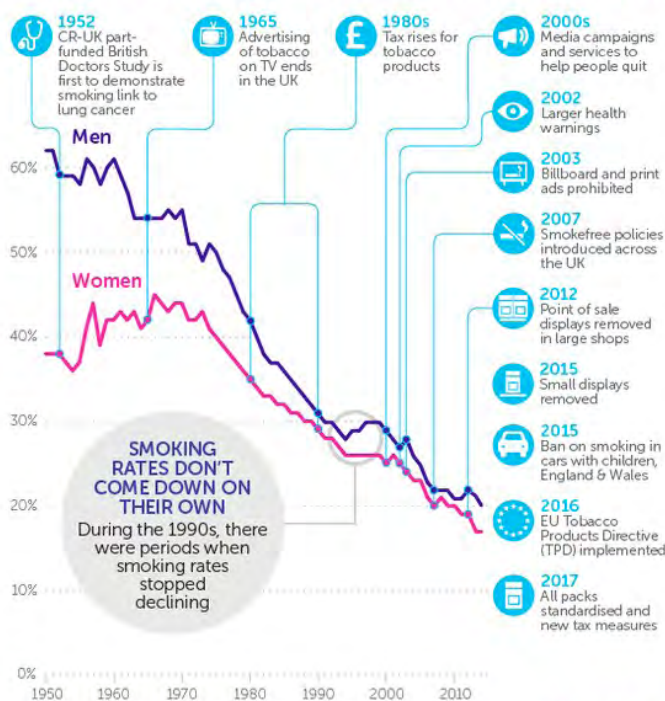
- A**symmetry: One half of the area doesn't match the other half
- B**order: Edges are uneven or ragged
- C**olour: Colour is not the same all over and may have more than one colour present
- D**iameter: Size is larger than 6 millimeters
- E**volving: Mole is changing in size, shape or color

There is **good evidence** that sunburn increases your risk of developing malignant melanoma at any stage in life. To protect yourself or children from sunburn when the sun is strong or you're at risk of burning:

- Spend time in the shade in the middle of the day
- Cover up with a t-shirt, hat and sunglasses.
- Use a sunscreen with a protection level of at least SPF 15 and 4 stars. Use it generously and reapply regularly.

Read more at <http://www.cancerresearchuk.org/about-cancer/causes-of-cancer/sun-uv-and-cancer/ways-to-enjoy-the-sun-safely#OdexmLmDEo45rWse.99>

SMOKING RATES DECLINE WITH ACTION



LET'S BEAT CANCER SOONER. cruk.org



Prevention still needs to prove its value

Some reflections by Dr Andrew Fraser, NHS Health Scotland

We have perhaps forgotten the first democratic jolt of the year, in May – the Scottish Elections. The language of prevention grew stronger then, while we face squeezed budgets, using every pound wisely and effectively.

There is no doubt that prevention in a general sense is more effective than disease management, even cure. Some preventive programmes are more cost-effective than others; others have the potential to do more harm than good. We face temptation to 'consume' prevention just because we can, and so we should stick to the evidence.

Take screening – established programmes of screening have a good, sometimes controversial,

record. They are standardised in this country but vary across the wealthy health systems of the world. Screening in other ways, or more intensively than is justified - just because we can - is potentially damaging and wasteful – take well-adult whole population screening for example (available in England), or hi-frequency screening-by-latest-tests-and-scanning-offers from the private sector; or waves of enthusiasm for prostate antigen (PSA) testing.

There is no better time than now to take stock and question the value of our preventative work, taking a should-do rather than a can-do approach, together with interested service users and public representatives.

Is it time to rethink all the sugar related fundraising activities?



The BBC reported recently that the 'office cake culture is a danger to health'. Prof Nigel Hunt, of the Faculty of Dental Surgery at the Royal College of Surgeons was quoted as saying "For many people the workplace is now the primary site of their sugar intake and is contributing to the current obesity epidemic and poor oral health."

It's come to be a bit of a bug bear of the SCPN that so many fundraising activities, whilst done with honourable intentions, involve their contributors engaging in behaviours which may be at odds with those advised for cancer prevention e.g. coffee mornings where sweet temptations abound or tablet sales and who can resist tablet? And in our worksite

we have the additional challenge of the bake sale for cancer research... who would not participate but are there alternatives? We thought it might be fun to look at ways to fund raise that didn't involve consuming sugar for your country! We have taken our suggestions from the experts – charities who have huge experience in what works to raise much needed funds (**CRUK**, **WCRF**, **Nutrition Action**). There are hundreds of examples to choose from so we've just given you a few of our favourites but we're sure you could think of many others to assist your fundraising efforts.

- Activity based fundraisers - walk-a-thons, fun runs, football match / five a side football, obstacle course or really whatever sport you are interested in. Use it to generate some cash by charging spectators, sponsoring participants or getting businesses to sponsor the event in exchange for some good publicity.
- Pamper events - whether that be a head/beard shave, girl's night in with beauty treatments provided by local beauticians or makeup lessons we all like to be looked after sometimes.
- Used book fair - this popular fundraiser promotes literacy while raising revenue and who hasn't got a load of old books lying around the house. Start spring cleaning now!

Ask the expert

Prof Annie S Anderson, Professor of Public Health Nutrition, University of Dundee

Thank you twitter followers for a great set of questions relating to our articles on the revision of the **Scottish dietary goals** and the **Eatwell guide**. These are some of the questions raised and evidence based answers:

Does the Eatwell daily guidance on red and processed meat mean we should eat some meat every day?

The Eatwell guidance says "If you eat more than 90g of red or processed meat per day, try to cut down to no more than 70g per day".

Providing guidance on a daily basis does not mean we need to eat red/processed meat every day but rather over the course of a week we should not exceed 500g (cooked weight). Most people find it easier to visualise meat consumption by what it looks like on their plate on a daily basis rather than weekly and 70g x 7 days is approx. 500g per week! This guidance is not a recommendation to make sure you eat this amount (i.e not essential for health) but rather the amount that should not be exceeded.

It is thought that many people find a 70g portion rather small so it might be more acceptable (in both a culinary and social sense) to

- eat meat every other day with a slightly larger portion and better quality
- adapt meat recipes to have smaller meat content with additional ingredients (e.g. adding pulses to bolognaise sauces)
- get used to smaller meat portions with bigger veggie portions
- commit to at least one meat free day (see <http://www.meatfreemondays.com/>)

See also <http://www.wcrf-uk.org/uk/preventing-cancer/ways-reduce-cancer-risk/red-and-processed-meat-and-cancer-prevention>

What about the environmental impact of eating this level of meat?

Environmental concerns are another good reason to minimise meat consumption. The Eatwell guide says the recommendations are

a guide to help you eat healthier and more sustainable food, but it isn't very specific about environmental issues. Readers might like to see the Livewell report produced by WWF and the Rowett Research Institute assets.wwf.org.uk/downloads/livewell_report_jan11.pdf or the Livewell website <http://livewellforlife.eu/livewell-plate>

What does 70g red and processed meat mean? Is it 70g red and 70g processed (e.g. 140g in total)

No – ideally processed meat intake would be as low as possible, preferably absent. The **European Code Against Cancer** is very clear on this with a strong message to avoid processed meats. Current intakes of the population average at around 20g per day but it is clear that many sub groups of the population eat more - notably men and people living in more deprived areas. It really is time to get the sausages, pies and other processed meats out of regular menus!

Recognising and overcoming an alcohol addiction.



An SCPN member, now an independent researcher, has chosen to share her experiences on starting student life and the role of alcohol from there on in.

I am now in control of my drinking. It feels good to say that, yet somewhat uneasy, as it's never a 'done deal'. I started drinking at 18, and it has taken me 16 years to get to a place where I can say that without an inkling of guilt, without wincing at the odd indiscretion or blow out.

I started drinking heavily at University. I went to the University of Sussex, near Brighton, which is an amazing place to be a student! There were several on-campus bars, and there was one literally 30 paces from my shared accommodation. It was great to get to know new people, and the cheap snakebites were a great conversation facilitator. It was acceptable to go every evening after dinner; there was no judgement. It helped us bond at a time when that felt so monumentally important for all that lay ahead of us.

I, however, had no recognition of my limit. I would drink until I was pretty much comatose in the pub. I didn't know when to stop. It began to have the opposite effect on my new friends: rather than bond us, it became more of a deterrent. I was not nice to be around when I was drunk. There was a point in the evening when I'd be a happy, life and soul person, but I'd switch quickly to an unhappy place, and stories would pour out of me that

I didn't really need to share with people at all. On reflection, I wasn't in a happy place for a number of reasons, but alcohol was the perfect tool to remove me from all that upset me, scared me, angered me, and I used it in abundance on a daily basis.

This pattern went on for a good few years. I moved to different places, but the reasons underlying my motivation to drink trailed behind me. Drinking did me no favours. I gained weight rapidly. I was skint. But I was oblivious. I was on this hedonistic quest, and alcohol was the thing which made me feel good, in fact it was the only thing. I had no vision for the future, no ambition. My confidence was on the floor, non-existent, and I was literally drinking myself into an early grave.

[Read more on the SCPN blog to see how things turned out.](#)

Fad free health

The Cancer Council Australia and other NGO's have teamed up together to support people to try a healthier lifestyle. Always tricky in our obesogenic environment surrounded by promotions to consume more cheaply and be inactive. For folks ready and able to take personal action here is a useful perspective to fad-free health by Anne Finch, Accredited Practising Dietitian, Cancer Council Western Australia.

Fad diets are like bad friends – they make promises they can't keep. They're also easy to spot, as they typically require making short term and often extreme diet changes. Some you might have heard of are the cabbage soup diet, lemon detox diet, and my favourite loony fad diet, the "Sleeping Beauty diet" (where you are sedated and sleep instead of eating).

Every day we make hundreds of decisions that affect our health, in particular what we'll eat and how we'll move. Lots of those decisions aren't really conscious decisions anymore – they're habits. These decisions are also enormously influenced by our environment, but that's a rant for another time.

Habits that have built up over a lifetime are hard to change, which is one of the reasons why fad diets don't work. They're short term and unsustainable. Once the diet is finished, we inevitably return to our usual habits: the ones that

made us "need a diet" in the first place.

And the end result can be a feeling that you've failed at the diet. Here's a fresh perspective though: you didn't fail. The diet failed, by being silly and unrealistic and not meant for the long term.

So what's the solution? Lifestyle change is about critically looking at what you're doing and why, and making changes you can commit to forever.

Be honest with yourself

Most people have no idea what they eat in a day. When pressed, people tend to overestimate the veggies and underestimate the junk foods. If you're serious about making some changes, keep a **food and exercise diary** for a few days. That way you'll have a better idea about where you're at.

Set some goals

Figure out what you want, how you're going to get it and what might get in your way. If you know what your barriers are going to be you can plan how you're going to get around them. Be pleased when you reach a goal, then set another more ambitious one. Celebrate your success! If you're trying to lose weight, make weight loss one of your goals but not the only one. Eating well and being active will provide benefits regardless of changes in weight.

Eat a wide variety of foods

This includes foods from the **five core food groups**; vegetables, fruit, grains and cereals, meat and alternatives, and dairy and alternatives. This is the best way to make sure that you're getting all the nourishment your body needs. Hot tip: **cooking from scratch** saves money, builds your skills and usually makes healthier food than shop-bought.

Choose exercise you enjoy

It really helps your motivation to move if you find it fun! Dance classes, walking, cycling for transport, martial arts and team sports are all great alternatives to pounding the treadmill. Getting a friend or a group involved is great too.

Treat your treats like treats

If you have it every day, is it still a treat? And if you finish the bag without really tasting a single thing, is it still a treat? You can still eat the "sometimes foods" you enjoy, remember to do it **sometimes and enjoy**.

Yep, it's not sexy, it's not easy, and it's not quick. No fad diet can do what healthy eating does. So get real about the **small, sustainable changes** you can make and reap the health rewards!

**originally published in the West Australian newspaper, September 2015.*

Would collaboration create an advantage in tackling obesity?

Lorraine Tulloch, Programme Lead - Obesity Action Scotland, Royal College of Physicians and Surgeons of Glasgow

This is the question we posed at a meeting of interested parties in April. Attendees included academics and obesity researchers, charities such as British Heart Foundation and Diabetes Scotland, NHS, NHS Health Scotland, Directors of Public Health, Food Standards Scotland, Royal College of Physicians of Edinburgh, Obesity Action Scotland and other experts.

Obesity is one of the biggest public health threats we face in Scotland. The scale of the problem has reached crisis and its effects are felt across all areas of our society and economy. Yet, despite the best efforts of many, overall obesity levels continue to rise.

The event was organised to consider pooling skills and expertise to tackle obesity, to look for examples of success in other areas of public health and to explore how others have achieved their goals and to seek out new approaches.

The obvious starting point is the long-running and hugely successful work on tobacco control in Scotland. In 2016, Scotland celebrates 10 years of being smoke-free in public places. This is a tremendous success and is, in large part, down to the success of collaborations, including the work co-ordinated by ASH Scotland.

During discussions, attendees acknowledged existing approaches and actions tackling obesity in Scotland. They pointed to numerous community and local government initiatives focusing on diet, physical activity and healthy lifestyle, obesity research, the bold step of a sugar tax, as well as strong support for creating an obesity alliance in Scotland.

Groups of attendees also explored what needed to be stopped, changed or improved to tackle obesity effectively in Scotland and the event indicated strong support for an

alliance with a clear vision and focus which would create one strong voice to address the obesity problem in Scotland more effectively.

Since the initial meeting, Obesity Action Scotland has begun the process of establishing a core planning group to lead the development of the alliance and define its priorities.

Progress on the creation of the Alliance will be communicated via the Obesity Action Scotland website and through the monthly Obesity Action Scotland e-newsletter.

www.obesityactionsotland.org

Find us on Twitter: [@obesityactionsoc](https://twitter.com/obesityactionsoc)

Newsletter signup: Title your email 'Newsletter' and send your name and organisation to: info@obesityactionsotland.org

The winning entry of the #EWAC2016 youth competition to design an infographic for the European Code Against Cancer

8 WAYS TO GET CANCER

- Alcohol increases the chance of getting liver cancer**
- You can be exposed to many carcinogens at your work**
- Unhealthy diet is the reason for almost 10% of cancers in the UK**
- Ignoring breastfeeding may increase the risk of leukemia by 19%**
- One cigarette contains over 40 cancer-causing substances**
- Not taking part in screening programs decreases the chance of detecting cancer by 80%**
- Sedentary lifestyle may be the reason for womb lining, lung and bowel cancer**
- Getting painful sunburn can triple the risk of melanoma skin cancer**

12 European Code Against Cancer
WAYS TO REDUCE YOUR CANCER RISK

BUT THERE ARE ALSO 12 WAYS TO PREVENT CANCER. THE CHOICE IS YOURS.
cancer-code-europe.iarc.fr

Making it easy in Tayside

Dr Phyllis Easton, Health Intelligence Manager and Demonstration Programme lead, Making it Easy

Survey statistics show that 23% of the Scottish population are likely to struggle with written information and a further 32% may be challenged by information that is complex or contains unfamiliar language. Health literacy is associated with, but not the same as, functional literacy and includes the confidence, knowledge and skills to access health services and take care of our health. So people with low literacy are likely to have low health literacy but in such a complex and specialist environment, most people can have difficulty at times. A diagnosis of cancer can transport someone to an unfamiliar environment with a new language and a need for appropriate information and support to help them make often complex decisions, at a time when shock or worry may have affected their cognitive processes.

Research has shown that people with low functional or health literacy may not want to admit that they are struggling to process

and understand the health related information and instructions they are given. This, added to a lack of awareness among healthcare and other staff, can lead to a hidden problem that is then not addressed.

Making it Easy is the Scottish Government's action plan which recommended the development of a Demonstration Programme, subsequently awarded to NHS Tayside, to test ways of improving people's health literacy at transitions of care, such as on discharge from hospital or when accessing outpatient appointments. Programme activities also include awareness raising and training for healthcare staff. For further information on health literacy and how it can be addressed, you can access the Scottish Government's website here: <http://www.healthliteracyplace.org.uk/> or contact the Demonstration Programme lead: Dr Phyllis Easton, Health Intelligence Manager phyllis.easton@nhs.net.

IOGT International - Alcohol in All Policies

Kadri Vanem, board member, IOGT International



IOGT
INTERNATIONAL

More than 5 million people, 129 member organisations in 55 countries, 165 years of proud history in standing up for human rights, democracy and health promotion – that's IOGT International. Our driving goal is working towards a world where everyone can enhance their fullest potential. We do this through lifestyle and community action, prevention work, rehabilitation and social work, advocacy and campaigning.

IOGT international supports 'Alcohol in all policies – AiAP'

Alcohol in our view poses one of the main obstacles for people, communities and societies to achieve their fullest potential, therefore we support the alcohol in all policies approach - gender equality, child rights, sustainable development, employment, workplace productivity, trade, inclusive public space and more.

Make it happen – change expectations and behaviour

- Alcohol-free is the new black
- Exposing alcohol norm by talking about it
- Thinking about our own role



in alcohol norm

- Provoking breaking the norms
- How do we talk about alcohol? Are we confirming the myths?
- 62% of world population always drinks alcohol-free beverages – get globalized!

'Our children's heroes shouldn't be billboards and ambassadors for alcohol brands'



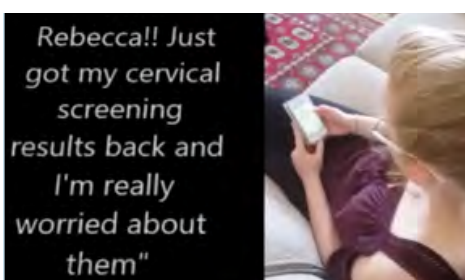
The SCPN recently came across this heart-warming story of the little man (backed by a group of alcohol campaigners) taking on

the might of an international brewing empire. Everton FC is the last remaining football club in the English Premier League to have alcohol sponsorship emblazoned on their shirts. **Big Alcohol** is a worldwide network of NGOs dedicated to exposing the truth about the unethical business methods of the alcohol industry. Big Alcohol approached a barbers shop situated close to Everton's Goodison Park to invite them to take part in a project which would see their logo take the place of Chang beer's when their long term sponsorship deal runs out next year. A crowdfunding campaign has been started to raise the 23 million dollars required to outbid Chang. Lifelong Everton fans, the barber shop owner Sean and his son (also Sean), a barber, were delighted to become involved with the project. Alcohol sponsorship doesn't just make adults interested in the alcohol brand, but children even more so and The Barber Shop Seans feel that the

children of Liverpool, the UK and indeed the world deserve more. If you would like to get more detail or support this campaign please visit <https://www.indiegogo.com/projects/outbidchang--2#/> and to spread the word on social media use the hashtag #OutbidChang.



"Put it on your list"



As part of a student selected component of their undergraduate studies three medical students (also members of the SCPN student chapter!) from the University of Dundee produced a health promotion video focusing on cervical screening. Recognising how easy it is to simply not read or acknowledge screening invitations as a barrier to screening uptake, the students aimed to give simple and

relatable information that would encourage young women to make an appointment, without unnecessarily scaring them.

We thought you might be interested to see their work. Well done Rosie Murton, Zainab Nawaz and Sarah Robinson! View the [video here](#). If you would like to join the SCPN student chapter please sign up [here](#).

Interview



PROFILE

Linda Bauld is Professor of Health Policy at the University of Stirling, Deputy Director of the UK Centre for Tobacco and Alcohol Studies, and Cancer Research UK's cancer prevention champion.

What do you enjoy most about your job?

Engaging with the public, policy makers and a wide range of colleagues on effective ways to prevent cancer. Making the case for the primary prevention of cancer, which involves behaviour change, developing practice, and action by government is not easy and often dismissed as interfering with people's choices or advocating for the 'nanny state'. However, once you get a chance to properly explain this and hear people's own experiences it becomes much more positive. One specific example is the research I've done over the years with women trying to stop smoking during pregnancy, which isn't easy but important.

What is the most important message you like to get across about cancer prevention?

That it's not all down to the individual. We need systems and environments which reduce the prevalence of preventable risk factors. Often that involves policy changes. That's an important message to get across not just to policy makers themselves and the public but health professionals working in the cancer field, who can be reluctant (in some cases) to make the case for more effective policies for cancer prevention.

What one wish would you ask a fairy godmother (or enlightened government) for to improve public health?

Invest in prevention. Take it seriously. Things look slightly better in Scotland but even here and certainly in England there is a lot of talk about prevention but the money doesn't follow the rhetoric. There have been substantial changes that have damaged public health and I think the system overall is in a worse place than it was when I started doing research in this field almost 20 years ago. On a brighter note, however, I think the main research funders have stepped up to the mark and in the UK we have some of the best opportunities to do applied prevention research in the world. We just need government, the NHS and local systems to be properly resourced to make best use of research findings.

What would people find surprising about you?

Maybe that I spent a fair bit of time at school and University doing 'competitive' public speaking (debating) instead of something else like sport or music. I was one of those girls at school who dreaded PE and avoided any team sport so I had to find other clubs to join. I joined my first debating society at 12 and then carried on throughout University and was fortunate to be able to travel to different places to compete. It sounds fairly dull but it was a good foundation

for teaching as a University lecturer and later conferences and media work. Looking back I'm very grateful I had that opportunity.

To tweet or not to tweet?

I was a bit reluctant to join Twitter but signed up 2 years ago. I find it very helpful now and see media stories, articles and new research findings on there that I might otherwise not have done. I'd encourage people to follow @CRUK_research and @CRUK_policy which provide more detail about Cancer Research UK's studies and policy and practice work than the @CR_UK twitter handle which is a bit more generic. I also follow @MaxCRoser who creates data visualisations (OurWorldInData.org) on long term trends in living standards and other issues around the globe which are always worth looking at.

How do you relax?

Good question. I sleep a lot whenever I can. I'm an early bird and often have 5am starts, so to compensate I'll be in bed by 10pm. I also really look forward to holidays with my family. Occasionally my husband and I even make it to the cinema, usually a Friday evening at the Filmhouse as I live in Edinburgh.

Five a day?

I go through phases of making fruit and veg smoothies to compensate for the food I eat when travelling. My children refuse to drink these when I make them, which means there is room for improvement... However, when I'm at home the evening meal involves plenty of veg and protein. Making soup from scratch particularly in winter is good, making a batch and then freezing some of it to defrost later.

When was the last time you weighed yourself?

This morning. I don't weigh myself every day but maybe once or twice a week. If I notice I've put on a couple of pounds, that's a useful signal to me to eat a bit less and move a bit more.

Using data to drive services

Jan Young, Scottish Government, Cancer Delivery Team

Last month's Public Health England (PHE) Cancer Data and Outcomes Conference 2016 focused on how data is used to drive services and improve the prevention, diagnosis, treatment and outcomes of cancer. It was a great opportunity to learn about the swell of projects and research being carried out across the UK and certainly gave me plenty to think about in terms of how we could make better use of the wealth of data available in Scotland.

At the two day event, our Detect Cancer Early (DCE) Team presented the results and learnings from their breast screening social marketing campaign which adopted a test response system to re-engage women with the screening service. The session was very well attended and received and resulted in some interesting, thought-provoking discussions. In addition, our abstract 'Join the bowel movement: the impact of social marketing

on uptake of bowel screening in Scotland' received a high recommendation from the scientific panel.

All in all, the two day conference was inspiring, especially for someone new to the cancer field, and rewarding for the DCE team, which it's great to be part of.

The presentations, posters and photos from the conference will be made available [online](#).

Physical activity devices and applications – which one should I choose?

Dr Paul Kelly, Physical Activity for Health Research Centre (PAHRC), University of Edinburgh



There is an ever increasing array of options now for the tech savvy (or not so savvy) to monitor their physical activity or exercise behaviour. The questions are: Should I get one? Which one should I get? How much should I spend?

Why would we want to measure physical activity?

There is increasing evidence that self-monitoring of behaviour and individualised feedback helps people to become more active and stay more active. This may work through increases in self-efficacy when we reach our goals, making us more likely to keep trying. Or by highlighting when we are not doing as much as we thought.

How to choose a device

For me, selecting a device for personal use follows the same principles as selecting the tools we use in physical activity research (1). There is a tool for everything, and the sheer number can be overwhelming. So instead of asking “which devices is best”, we should ask

“what do I want to measure”?

If you want to walk more then find a pedometer to measure steps; if you want to cycle more it may be a device that uses GPS (Global Positioning Systems) to measure distance travelled; if you want to measure total calories spent over the day then find an accelerometer that detects total movement. Then again, you might want to know about specific behaviours. If you want to monitor attendance at the gym, or yoga the best option might be an application on your smart phone that allows you (or even reminds you) to record this in an electronic diary.

And there are practical considerations. Are you happy wearing a device on your wrist? Do you prefer something on your waist (e.g. attached to belt)? And if you want to measure swimming you'll obviously need a waterproof option! A recent survey into preferences for activity tracking devices was conducted in Australia. Half of respondents reported a preference for wrist worn devices, and a third considered step counts the most important function. Accuracy was also considered an important characteristic (2).

So which one should I get? How much should I spend?

The reality is that this field is developing rapidly. Any recommendation made here will be out of date within a few weeks as the next, fancier, shinier option comes out. So, use the

principles above to guide your selection as you browse the possibilities. You are more likely to increase your physical activity if you are getting information on the behaviour you value and find most relevant.

When it comes to cost, set your budget in advance. In general more expensive probably means better components, and more accurate data. But it might also mean extra functions that you don't need. Watch out for spending money on features you are unlikely to use – is Bluetooth connectivity to your laptop important to you? And you can get very good steps counts (for example) from pedometers that cost just a few pounds. The important thing to remember is that expensive kit is not a pre-requisite to monitor your activity levels – many mobile phone applications are free! And there is always the good old fashioned pen and paper diary.

Where can I find out more?

Our research centre at the University of Edinburgh has recently launched a free Open Online Course for people who would like to know more about physical activity. This includes videos, reading materials, and quizzes. The course includes a session on measuring activity, along with sessions on setting goals, understanding barriers and facilitators, and recommendations for activity. You can sign up here: <https://www.coursera.org/learn/get-active>.

1. Kelly P, Fitzsimons C, Baker G. Should we reframe how we think about physical activity and sedentary behaviour measurement? Validity and reliability reconsidered. *IJBNPA*. 2016;13(1).

2. Alley S, Schoeppe S, Guertler D, Jennings C, Duncan MJ, Vandelandotte C. Interest and preferences for using advanced physical activity tracking devices: results of a national cross-sectional survey. *BMJ Open*. 2016;6(7)

WHAT'S CHANGING ON CIGARETTE PACKS?

Larger health warnings, on 65% of the front and back



Graphic picture at the top of pack



Brand name in a standard font



Minimum size of 20 cigarettes, no more 'lipstick' or 'perfume' packs



Top opening only, no more side-opening packs



Packs are drab brown, not white...



...with no glamorous, glitzy packaging.



No more misleading information like 'low tar' or 'organic'



Picture: Action on Smoking and Health. The image conforms to the requirements of the EU Tobacco Products Directive and UK law on standardised packaging.

LET'S BEAT CANCER SOONER
cruk.org/tobacco

ash.
action on smoking and health

CANCER RESEARCH UK

SCF Prize & Evans Forrest Medal



Nominations sought

Do you know someone who has made a great contribution towards reducing the burden of cancer in Scotland? Would they be a worthy winner of the

Scottish Cancer Foundation's prize and Evans Forrest Medal?

The Scottish Cancer Foundation is the parent charity of the SCPN and aims to improve public understanding of cancer and its treatment; promote the prevention of cancer in Scotland and nurture collaborative research in Scotland that will have a direct impact on cancer.

The SCF prize (up to £10,000) is awarded annually to support the work of those dedicated to reducing the burden of cancer in Scotland. The inaugural

prize, in 2015, was won by Professor Tessa Holyoake, a cancer specialist who has made Glasgow one of the world's leading centres for leukaemia research, however the applicant need not be a health professional (but must be living and working in Scotland at the time of the award). Nominations are now being sought for this prize so if you would like to find out more about it, download a nomination form or submit a nomination please visit: <http://scottishcancerfoundation.org.uk/activities/prize/>.



The closing date for nominations is Wednesday, 31st August 2016.

Do you enjoy being active? Want to make a real difference in your local area and help others?

GOOD MOVE Recommends

With hundreds of activities all over the city, Good Move can recommend one that's right for you.

Good Move are very excited to announce they are recruiting volunteer Motivators!

Volunteer Motivators kindly donate their time to help spread the word about Good Move activities, helping individuals across the city to

get more active and enjoy the benefits.

Volunteers can decide how to get involved, choosing to host information stands at events, distribute flyers and posters, speak to local groups or introduce Good Move to their local

networks. Volunteers must commit to a minimum of 4 hours per month but times and dates can be flexible to suit you! In return volunteers can expect full support and training (a one day course), reasonable out of pocket expenses will be reimbursed, references for people volunteering for more than 6 months and regular social events with Good Move and Glasgow Life.

If you want to know more or become involved please call 0141 287 4681 or Register/Log in to Glasgow Sport Volunteer Bureau volunteer.glasgowlife.org.uk search for Good Move Motivator, click on Apply.

[Click here to read volunteer stories.](#)

[Read more \(PDF\)](#)

Would you like to see more or less of this?

Yes please or no thank you



Please send any good or bad marketing images you've come across j.z.hampton@dundee.ac.uk

We Can, I Can 2017

The Scottish Cancer Prevention Network
Sixth Annual World Cancer Day Conference

Bookings
Open
Sept 2016

Monday 6th February 2017
(NOTE REVISED DATE!)
The Merchants' Hall, Edinburgh

Congratulations!



The SCPN offers its warmest congratulations to our co-director Prof Bob Steele who has recently been appointed as the independent Chair of the **UK National Screening Committee** (UK NSC), the body which advises Ministers and the NHS in all four countries about all aspects of screening policy.

Currently Director of the Scottish Colorectal Cancer Screening Programme, Bob is an internationally renowned expert on colorectal cancer and screening. Dedicated to early detection of cancer over many years, Bob will evaluate all disease screening recognising it must be employed responsibly within the NHS.

Inaugural elective bursary awarded to SCPN student chapter member



In late 2015 the SCPN invited applications from members of the SCPN student chapter for a bursary to support a period of elective study relevant to cancer prevention or screening. Applicants were asked to describe how their elective work might be used as an opportunity to promote cancer risk reduction and explore "teachable moments" for lifestyle change. We were delighted to award the bursary to Sharandeep Singh who spent six weeks in a maternity unit in Punjab, India last summer, exploring the knowledge and beliefs that Punjabi women have surrounding

cervical screening. Sharandeep commented: "Following my experiences of working in Punjab, I am now ready to promote the value of cervical screening for the prevention of the disease in the South Asian community here in Scotland when I go back to Glasgow in August as a qualified doctor." [Read more](#)

Recent blogs

We are grateful to Professor Callum G Fraser, Centre for Research into Cancer Prevention and Screening, University of Dundee who recently brought us up to date with **advancements in bowel cancer screening techniques**.

The Faecal Immunochemical Test for haemoglobin (FIT) is more accurate and has been shown to increase screening uptake especially in younger people, men and the more deprived – traditionally hard to reach groups. FIT is to be rolled out as the test of choice in both Scotland and England.



In June Prof Annie Anderson shared her early experiences of physical activity and her aspirations to be a world class tennis player! She makes a plea for enjoyable physical activity to be first and foremost, followed by building in fun and enjoyable sporting activities. **Life skills for adult physical activity: The basics first...then Wimbledon!**

Recent talks go international!

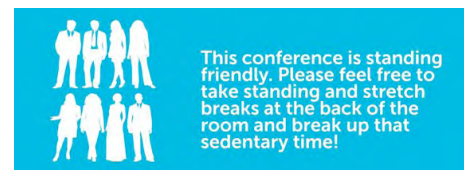


To support European Week Against Cancer from 25th -31st May, Prof Anderson delivered a talk at the European Code against Cancer workshop in Brussels: Cancer prevention, from theory to practice.



Decoding Cancer, a series of public lectures, hopes to dispel some of the myths around cancer and explore the many advances being made in prevention, early detection, treatment, and survivorship. At the first event of the series, Prof Anderson explained how we can, as individuals and as a collective, stack the odds against getting cancer. [See more](#)

#HealthyMeetings at Celtic Park!



We are delighted to share with you another great example of good practice for **Healthy Meetings**, this time, the Scottish Cancer Prevention Event held by **World Cancer Research Fund UK**, at Celtic Park. Healthy catering was the order of the day and plenty opportunity to move - the audience stood up and stretched, moved from table to table and walked around to complete workshop sheets. [See more](#)

Watch this space... an online survey is coming your way soon.



SCPN members will shortly be receiving an invitation to take part in our annual survey. Please take a few minutes to complete this brief online survey (it will only take a few minutes) as the feedback we receive helps us target our activities. We want to be as relevant as we can be to your needs so please give us great ideas on how we can make things better. Thank you for your help in anticipation – we really appreciate it!