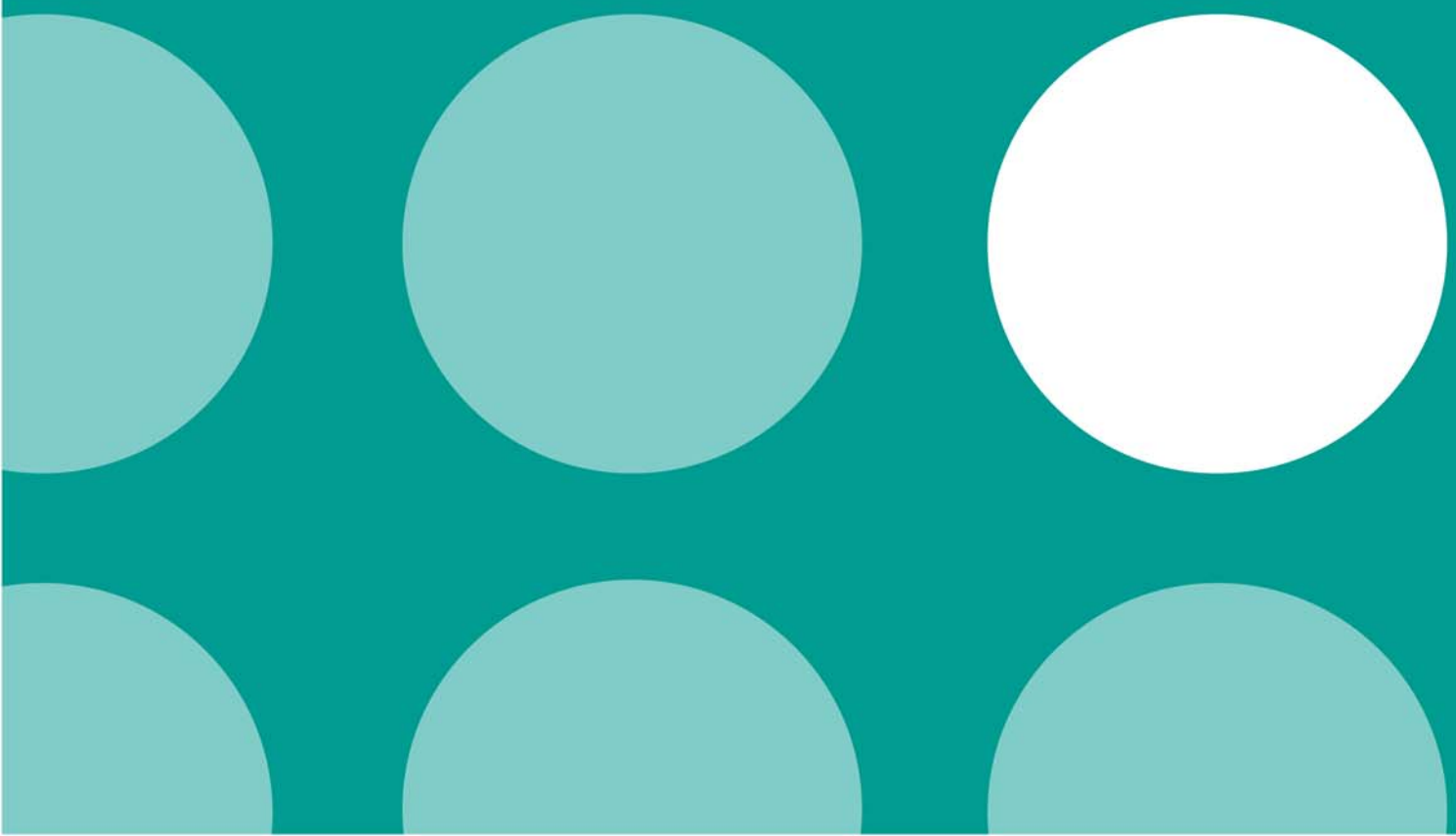


THE HEALTH IMPACT OF THE 2012 GAMES

**A Screening Health Impact Assessment of the
North East's draft vision for the London
Olympic Games and Paralympic Games 2012**



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Title:	The Health Impact of the 2012 Games: a Screening Health Impact Assessment of the North East's draft Vision for the London Olympic Games and Paralympic Games 2012
Publisher:	North East Public Health Observatory
ISBN:	1-903945-62-3
Date of publication:	October 2006
Further copies from:	www.nepho.org.uk or by contacting North East Public Health Observatory Tel: (0191) 334 0400 Email: info@nepho.org.uk

FOREWORD

The London Olympic Games and Paralympic Games 2012 ('The Games') provide a great opportunity to improve physical and mental wellbeing and reduce health inequalities. In order to grasp this opportunity we need to start planning as soon as possible.

This Health Impact Assessment is the start of the process of trying to get health and wellbeing embedded as key parts of regional and national strategies.

This report has been used to:

- Inform the development of a regional strategy for the Games;
- Inform the development of the National Delivery Plan for Health & 2012; and
- Stimulate discussion at regional meetings.

It will also help to direct the work of the Regional Physical Activity Steering Group over the coming years.

I would like to thank all those who contributed especially the workshop attendees listed on page 15 and those who attended the meetings described on page 16. Particular thanks to those who contributed to organising the meeting, taking notes and writing up, especially Peter Okey, Meg Newark, Stuart Simms, Victoria Ononeze, Edward Kunonga, Craig Blundred, Susan Panrucker and Carol Nugent.

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Newcastle, October 2006

KEY POINTS

The London Olympic Games and Paralympic Games 2012 ('The Games') could have a health benefit for the North East.

- The greatest health potential of the Games is as a mechanism to increase physical activity and to inspire young people to participate in sports.
- There is also potential for development of businesses supplying the games, an increase in skills and a benefit to tourism and regional image which could all indirectly improve health.
- There will be an opportunity to update and develop some of the NHS service provision, particularly to establish high quality sports medicine services in the region.
- There is also potential to reduce inequalities if participation can be greatest where there is greatest need. In particular, the equality of the Paralympics with the Olympics for these Games should help reduce stigma from disability.

There are, however, risks to be mitigated

- The tension between elite performance sports and wider participation will need to be handled to prevent worsening of inequalities.
- There is a risk that the Games will be totally London focussed, drawing resource into the capital and away from the regions.
- There is a tradition of consuming alcohol and high fat foods while watching sports on television which will need to be guarded against.
- If plans are not embedded in current strategies there is a risk of reversal once the games are over.

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SUMMARY

Background

The North East England Forum for the London 2012 Games is developing a strategy to capitalise on the Games within the North East. The North East Health Theme Group (which is the Regional Physical Activity Steering Group) was asked to conduct a Health Impact Assessment of the current draft *Vision for North East England* to inform the development of the final strategy. This was also used to frame comments on the National Delivery Plan for Health & 2012 – the national health strategy for the Games – and to focus discussion at meetings of the Directors of Public Health in the North East and the Association of North East Councils.

Methods

The North East Public Health Observatory facilitated a workshop on Friday 15th September 2006 to undertake a screening health impact assessment (HIA) on the draft *Vision for North East England*. This involved 26 people from a range of sectors.

The current vision has a Business Plan with six themes and nine objectives. The objectives were divided amongst six small groups to work on. We used a framework to look at potential positive and negative impacts of the *Preparation*, the *Games* and the *Legacy*. In each case potential impacts on *Health*, on *Health Inequalities* and on *Health Services* were identified. At this stage the vision is aspirational and so findings are couched in terms of 'opportunities', 'potential' and 'risks' rather than impacts.

Findings

The Games provide an opportunity to improve physical and mental wellbeing and to reduce health inequalities. If this opportunity is to be realised then it requires engagement and planning to start as soon as possible. To facilitate this, the North East Strategic Health Authority should be represented on the *North East England Forum for the London 2012 Games*.

Creating an Inspirational Games

Overall, the health impact should be positive if the expected opportunities (such as volunteering) are available and communications are effective. However, distance may make these less accessible for the North East. Many important issues that will have a significant impact on health messages, such as sponsors (e.g., soft drink and fast food manufacturers) and the use of Olympic and Paralympic logos and branding are beyond the control of the North East.

There is a risk that the Games will be totally London focussed, worsening inequalities by drawing resource into the capital and away from the regions. It is therefore important to ensure that the regional voice is heard clearly on all the national planning groups at an early stage.

The Games themselves only occupy a few weeks out of the next decade. It is therefore important that any work related to the Games is embedded in wider strategies to increase participation and reduce inequalities. This should minimise risk if little becomes available to

the North East and prevent loss of momentum when the Games are over. Nevertheless, it does raise a question about legacy for the region in health terms and what this might be.

Economic Benefits

Three areas were considered: business, tourism and skills. There will be opportunities for North East businesses to supply the Games and increase tourism. But these will be highly competitive, so although there may be some increase in wealth and long-term jobs, the overall impact on health will probably be small. There is an opportunity to develop skills in coaching, languages, service and health work and to link to current initiatives such as Health Trainers. There may also be opportunities to showcase innovative regional products some of which may come from the health and science sectors.

Sporting benefits

The tension between elite performance sports and wider participation will need to be handled in any strategy to prevent any worsening inequalities: for example, in access to facilities and staff. The NHS will need to ensure that resources, such as sports medicine and physiotherapy, are not drawn into London and elite sports only.

Sustainability & Environmental Benefits

In London there is potential for significant regeneration of the Lower Lea Valley, but in the North East the opportunities for physical regeneration will be limited. The facilities for training camps, which may remain in the region after 2012, and the potential to have a stadium moved to the North East after the Games do provide some possibilities. The presence of training camps and some events within the region will need NHS involvement; there is previous experience of engagement with the Transplant Games.

Promotion of the UK and its diversity

There should be an opportunity to showcase the region and increase international links through, for example, training camps.

Cultural & Social Benefits

The greatest health potential of the Games is as a mechanism to increase physical activity and, in particular, to inspire young people to participate in sports. From a health perspective the focus should be on wide participation rather than elite sports which are already well catered for.

There is also potential to reduce inequalities if participation can be greatest where there is greatest need. In particular, the equality of the Paralympics with the Olympics for these Games should help reduce stigma from disability.

There is potential for worsening of some problems - such as the tradition of consuming alcohol and high fat foods while watching sports - which will need to be considered in these strategies.

Sports and Exercise Medicine is likely to quickly develop as a speciality over the next six years. The North East needs to see that development is not entirely confined to London and that the specialty sees itself involved in wide participation rather than just elite sports.

INTRODUCTION

Background

In July 2005, London was awarded the 2012 Olympic Games and Paralympic Games¹. The original bid had been strengthened by backing from all of the English regions and so there are plans to involve the regions in *The London Olympic Games and Paralympic Games 2012* ('the Games').

The North East England Forum for the London 2012 Games is developing a strategy to capitalise on the Games within the North East. The North East Health Theme Group (which is also the Regional Physical Activity Steering Group) was asked to conduct a Health Impact Assessment (HIA) of the current draft Vision for North East England² to inform the development of the final strategy. A summary of the vision is in Appendix 1 on page 13 – the full text is available from Sport England.

The findings from the HIA were presented and further discussed at:

- A Regional Public Health meeting with PCT Directors of Public Health, held on 28th September 2006; and
- An Association of North East Councils (ANEC) meeting on the Games for local councils held on 18th October 2006.

The work was also used to frame comments on the on the draft of *Health and 2012* - the National Delivery Plan for maximising the wider benefits to health from hosting the Olympic and Paralympic Games and other national delivery plans.

Timetable 2006

15 September	Screening Health Impact Assessment - a half day workshop
28 September	Presentation to and further discussion with Directors of Public Health
29 September	Comments on National Strategy back to London
18 October	Presentation and further discussion at Association of North East Councils
31 October	Final report to London 2012 Games North East Forum
November	Discussed by the North East England Forum for the London 2012 Games and the North East Health Theme Group

Methods

There was too little time to review the literature on sporting events and health, but we did have access to the HIA of the original bid³, the draft (national) plan for health⁴, current national strategies⁵ and the North East's overall vision².

The North East Public Health Observatory facilitated a half-day workshop on Friday 15th September 2006 to undertake a screening health impact assessment (HIA) on the draft *Vision for North East England*. This involved 26 people from a range of sectors (see Appendix 2, page 15).

The current vision has a Business Plan with six themes and nine objectives. The objectives were divided amongst six small groups to work on. We used a framework to look at potential impacts related to 3 dimensions as follows:

- The **direction** of impact: *positive* impact and *negative* impact;
- The **area** of impact: health, health inequalities and health services;
- The **timing** of impact: the *preparation*, the *games* themselves and the *legacy*.

We initially planned to score each section but found this difficult to complete so have only used narrative in the response. At this stage the vision is aspirational so findings are generally couched in terms of 'opportunities,' 'potential' and 'risks' rather than impacts.

FINDINGS

General Comments on the Strategy

The 2012 Games will potentially impact on health, health inequalities and on the NHS service provision. Overall, the view was that it should provide an opportunity to improve physical and mental wellbeing and reduce health inequalities. However, there are some risks of worsening health or widening health inequalities and there was a general concern that much of the potential might not be realised.

Activities before, during, and after the Games must be well managed in order to ensure that opportunities are taken to improve positive health impacts and reduce negative health impacts.

For most of the objectives, potential impacts cut across the different phases: before, during and after the Games; however, there were some objectives for which the impacts were more relevant in one phase than another or where it was not sensible to distinguish the phases. Furthermore, the actions at the preparatory phase were thought to be crucial in enhancing or reducing impacts in other phases.

Common Themes

Impact on Health

Publicity surrounding the Games should provide opportunities to promote health improving messages. These may be general or specific, e.g., physical activity and healthy eating. Disadvantaged communities and groups could be reached with health messages using social marketing and other resources associated with games.

In the longer term, the potential increase in the uptake of physical activity could result in the reduction of some specific diseases, e.g. obesity and type 2 diabetes mellitus. The involvement of people in the build up to the Games (e.g., through opportunities for volunteering) as well as participation in the sporting activities could lead to improvement in mental health.

The Olympic Delivery Authority's (ODA) draft procurement policy outlines a framework of procurement to achieve sustainable development by maximising the economic, social, health and environmental benefits of the Games and the Legacy. ODA could therefore require businesses to promote healthy employment practices in order to qualify for contracts. Such a move could lead to reductions in occupational health problems and major improvements in workplace health in the long term.

In contrast, there is some danger of an increase in sedentary lifestyle, watching the Games on television rather than participating. This, together with advertisements and sponsorship by the companies promoting unhealthy eating, could result in negative impacts on health.

Impact on Inequalities

Opportunities for participation will need to be maximised in order to derive maximum economic and social benefits; these, in turn, could result in improvements in the wider determinants of health and a reduction in health inequalities.

Participation will increase self-esteem and self-confidence and will also enhance the acquisition of new skills, including social entrepreneurship skills. These are likely to also create employment opportunities. Without opportunities for participation, there is a chance that a London centred Games could turn the people of the North East against sports related activities.

Impact on NHS services

There are major implications for the NHS, mostly positive in nature. The Games provide an opportunity to update and develop some of the NHS service provision, particularly to establish high quality sports medicine services in the region. In addition, there may be opportunities to establish links with travelling medical teams and experts from different countries to exchange ideas and techniques. Training of the frontline staff in language and communication skills, as well as awareness of cultural issues, will enable them to deliver appropriate services during the Games.

In the run up to the Games, the possible increase in sports related and occupational injuries could put extra pressures on the NHS. During the period of the Games there may be an increase in the number of visitors as well as potential to host preparation camps and some events. These bring risks of major incidents, outbreaks and an increased number of people accessing NHS services. Further stretch on the NHS services could result from the possibility that key staff (such as Physiotherapists) could be required to boost service provision in London.

These impacts on the usual service provision and on waiting lists will need to be assessed and tackled. The NHS, Health Protection Agency and partners will need to ensure that adequate plans are in place to deal with emergencies and outbreaks.

Specific Comments on the Policies

Below we list the nine objectives within the vision and summarise the responses from the rapid appraisal; a complete set of responses is available from the PHO as a separate appendix.

Creating an Inspirational Games

Overall, the health impact should be positive if the expected opportunities (such as volunteering) are available and communications are effective; it was accepted that distance may make these opportunities less accessible for the North East.

Many important issues that will have a significant impact on health messages - such as sponsors (e.g. soft drink and fast food manufacturers) and the use of Olympic and Paralympic logos and branding - are beyond the control of the North East. A specific strand of work should develop North East *branding* bearing in mind current usage (e.g. 'Passionate about Sport', 'Passionate about Health', 'Everyday Sport'), future needs (e.g. clarity of terms such as 'participation') and accessibility to Olympic Trade Marks⁶.

There is a risk that the Games will be totally London focussed, worsening inequalities by drawing resource into the capital and away from the regions. It is therefore important to ensure that the regional voice is heard clearly on all the national planning groups at an early stage.

The Games themselves only occupy a few weeks out of the next decade. It is therefore important that any work related to the Games is embedded within wider strategies to increase participation and reduce inequalities. This approach should minimise risk if little becomes available to the North East and reduce loss of momentum when the Games are over. Nevertheless it does raise a question about legacy for the region in health terms and what this might be.

Economic Benefits: Business, Tourism and Image, and Skills

Business

There will be opportunities for North East businesses to supply the Games. But these opportunities will be highly competitive, so although there may be some increase in wealth and long-term jobs, the overall impact on health will probably be small. The Games provide the potential for an increase in employment opportunities in many different sectors, including the leisure, tourism and hospitality sector, service industries and the sporting sector.

The establishment of a network of sports related businesses, which could go on to tap into other business opportunities, could also have a positive health impact. The network and the improved capacity that will be gained from participation in the activities of the Games will enable North East businesses to exploit national and global business opportunities in sporting and other enterprises.

The increase in entrepreneurship in the region will result in job creation and provide employment opportunities. However, there is a risk of over stimulating the sports market and businesses related to the Games. If interest in sports fades after the Games, and the sports related business network does not continue, or opportunities for other major contracts were not available, there might be a fall in employment and a rise in the number of failing businesses in the North East.

Skills

The capacity building programme and training opportunities provided by One NorthEast, as well as volunteering opportunities associated with the Games, will enhance the capacity of businesses and the skills of individuals to fully engage and tap the economic and social benefits. There is an opportunity to develop skills in coaching, languages, service and health work and to link to current initiatives such as Health Trainers.

The increased level of entrepreneurship and the skilled workforce in the region could result in a rise in employment. However it is important to ensure that access to these opportunities is equitable and addresses the needs of disadvantaged groups so as to improve rather than widen health inequalities. Again, unless adequate mechanisms are in place, the possibility of failures of some sports related businesses after the Games could lead to redundancies and loss of jobs and a possible rise in unemployment.

There is the possibility that London Organising Committee of the Olympic Games (LOCOG) standards for contracts may result in businesses having to improve health and safety and employment practices (e.g. Race Relations Act), and training opportunities might be attached to this. These impacts would be small positive, and would also have a legacy.

Tourism and Image

There will be opportunities for increased tourism in the North East. There is potential to attract more visitors to the region during the Games including, those watching events in the North East, such as the football at Newcastle, and those escaping the games, who are perhaps from London, or would normally holiday there. There is the possibility of legacy if visitors returned, which has the potential of having a small health impact if, for example, tourism stimulated a rise in employment.

If the North East benefits from improved facilities, such as Gateshead International Stadium, or one or more of the facilities are relocated to the area after the Games, there is a possibility that people would visit the area to view them. There is also a prospect that such facilities might be adapted to meet specific health requirements in the region. Facilities should be targeted at disadvantaged groups and communities, not solely for elite sports people. This would again have a small positive health impact and legacy.

Marketing of the North East, and its attractions, such as walking and cycling, will take place before, during and after the Games, but the benefits are most likely to be felt afterwards. The marketing will also encourage healthy behaviour and physical activity, which would have a small positive health impact.

There may also be opportunities to showcase innovate regional products some of which may come from the Health and science sector.

Sporting benefits

The Games could result in increased interest in sports with more people, particularly children and young people, participating in the sporting events and adopting healthier lifestyles. Apart from creating a positive image about sports, the Games will also provide opportunity for the region to benefit from world class sporting facilities and other infrastructure, which should be accessible to the general public as well as elite athletes. However, these facilities and infrastructures need to be adaptable for use after the Games, to meet specific health needs, and to avoid creating 'ghost' facilities. Furthermore there is need to consider how access to these facilities can be made equitable to avoid alienating some disadvantaged groups.

The tension between elite performance sports and wider participation will need to be handled in any strategy to prevent any worsening inequalities: for example, in access to facilities and staff. The NHS will need to ensure that specialised resources, such as sports medicine and physiotherapy, are not drawn into London and elite sports only. The NHS also needs to prepare for an increase in sports injuries if overall participation increases, as well as dealing with events and camps.

Sustainability & Environmental Benefits

In London there is potential for significant regeneration of the Lower Lea Valley, but in the North East the opportunities for physical regeneration will be more limited. The facilities for training camps, which may remain in the region after 2012 and the potential to have an Olympic stadium moved to the North East after the Games do provide some potential. The presence of Training Camps and some events will need NHS involvement. There is previous experience of engagement with the Transplant Games.

Promotion of UK & its Diversity

There should be an opportunity to showcase the region and increase international links through, for example, preparation and training camps.

Cultural & Social Benefits: Health, and Children and Young People

Health

There are both potential positive and negative social impacts that could result from the Games. The 'feel-good' factor could help to improve mental health, well-being, community cohesion and cultural awareness. The greatest health potential of the Games is as a mechanism to increase physical activity and in particular to inspire young people to participate in sports. From a health perspective the focus should be on wide participation rather than elite sports which are already well catered for.

There is also potential to reduce inequalities if participation can be greatest where there is greatest need. In particular, the equality of the Paralympics with the Olympics for these Games should help reduce stigma from disability.

There is a tradition of consuming alcohol and high fat foods while watching sports which will need to be considered in these strategies. The potential for increases in alcohol misuse, especially by young people, could lead to a consequent increase in cases of violence and other alcohol related social problems. Training in social skills and skills in brief intervention will need to be in place to counteract these problems. Again the skills development programme should attempt to reduce the development of negative social impacts, including increased competitiveness, aggressiveness, elitism and marginalisation of excluded young people.

Sports and Exercise Medicine is likely to quickly develop as a speciality over the next six years. The North East needs to see that development is not entirely confined to London and that the specialty sees itself involved in wide participation rather than just elite sports.

Children and Young People

The Games provide a context within which it should be possible to inspire more young people to participate in sports, with related improvements in physical and mental health. Strategies to improve physical activity in children and young people will be most successful if they are embedded within the school curriculum, promote non traditional and competitive approaches to sports and physical activities, and reflect the role of physical activity in supporting improvements in educational attainment and well-being.

RECOMMENDATIONS

Infrastructure

- The North East Strategic Health Authority should be represented on the North East England Forum for the London 2012 Games.
- The Health Theme Group should be clear who represents 'health in the regions' on the (national) Health & 2012 Board and develop strong links.
- The Regional 2012 Skills Plan must look at health sector skills and links to initiatives such as health trainers.

Strategies

- Health plans should be embedded in both *The Regional Physical Activity Strategy* and *The London 2012 Olympic Games and Paralympic Games: a Vision for North East England*.
- The NHS should be closely involved in *planning*, particularly around training camps and Olympic and Paralympic events.

Communications

- A specific strand of work should develop North East *branding* bearing in mind current usage (e.g. 'Passionate about Sport', 'Passionate about Health', 'Everyday Sport'), future needs and accessibility to Olympic Trade Marks⁶.
- The Health Theme Group should provide regular *updates* to the Regional Public Health Group and to the North East Health Forum.

REFERENCES

1. LONDON ORGANISING COMMITTEE FOR THE OLYMPIC GAMES AND PARALYMPIC GAMES. The official site of the London 2012 Olympic Games and Paralympic Games <http://www.london2012.org/en>. Accessed 03 October 2006.
2. LONDON 2012 GAMES NORTH EAST BOARD. *The London 2012 Olympic Games and Paralympic Games: a Vision for North East England*. Newcastle, 2012 Games North East Board, July 2006.
3. BURONI A. *Rapid Health Impact Assessment of the Proposed London Olympic Games and their Legacy*. London, Environmental Resources Management, November 2004.
4. HEALTH & 2012 BOARD. *Health and 2012: draft national delivery plan for maximising the wider benefits to health from hosting the Olympic and Paralympic games*. London; Department of Health, August 2006
5. DEPARTMENT OF HEALTH. *Choosing Activity: a physical activity action plan*. London, DH, March 2005.
6. <http://www.london2012.org/en/gettinginvolved/Business/Brandguidelines.htm>

APPENDIX 1: VISION SUMMARY AND KEY ISSUES

The Draft North East Vision for the 2012 Olympics has been developed by One NorthEast and Sport England, in conjunction with sporting and private and public sectors. Its purpose is to develop the opportunities that might be accessed by the North East region as a result of London hosting the Games. The regional vision is as follows:

“The London 2012 Olympic Games and Paralympic Games provide North East England with a global opportunity to celebrate its passion for sport and showcase the world class places and talented people that will inspire participation in sport and physical activity and leave tangible legacies for current and future generations.”

The Vision incorporates a business plan that addresses six themes as follows:

- Creating an inspirational Games;
- Economic benefits;
- Sporting benefits;
- Sustainability and environmental benefits;
- Promotion of the UK and its diversity; and
- Cultural and social benefits.

It details how regional objectives will relate to national objectives, the projects and activities that will take place to deliver targets, and the lead organisations.

Inspirational Games will be created through awareness raising publicity material and road shows, which will also inform the region of the benefits of participating in sport and physical activity, and volunteering opportunities available.

Economic objectives for the North East include business and procurement, sustainable development, and advancing the region's tourism and image via a *Regional Tourism 2012 Action Plan*. The North East skills capacity will also be developed by means of a *Regional 2012 Skills Action Plan* to meet the demands of hosting the Games, and the growth of the sports industry and wider economy.

Sporting benefits will enable talented sports people from the North East to reach their full potential through the development of new clubs, coaching, sports science and medicine, and a *Regional Performance Sport Action Plan*.

Sustainability and environmental benefits include the development of facilities and preparation camps for continual improvements in sports performance, which will be guided by a regional network.

The Games will offer the opportunity to promote positive images of the UK and the North East internationally, and bring together communities. A *Regional Cultural 2012 Action Plan* will aim to engage diverse communities, providing everyone in the North East with a chance to participate in celebrations and activities linked to the Games, and encouraging people to be receptive to new ideas and experiences.

Cultural and social benefits include health, education, coaching, volunteering, and reducing the extent of children and young people's disengagement from sport and physical activity.

The vision aspires for objectives and outcomes to be sustainable. Measurements and milestones are incorporated into the vision, encompassing an increase in the percentage of North East and British athletes, a rise in the percentage of adults participating in 30 minutes of moderate intensity sport and physical activity at least five times a week, and a growth in the percentage of school children who spend a minimum of two hours a week playing sports both within and outside of the curriculum.

APPENDIX 2: ATTENDEES AT APPRAISAL WORKSHOP

The meeting was held 12.00 – 17.00 on Friday 15th September 2006 in the Seminar Room at the Wolfson Research Institute, University of Durham Queen's Campus, Stockton-on-Tees. Attendees were:

David Chappel	Assistant Director, North East Public Health Observatory
Elaine Rodger	Health Development Manager, North East Assembly
Stuart Simms	Public Health Information Specialist, North East PHO
Tanya Gray	Sport Development Manager, One NorthEast
Janice Forster	Communications and Knowledge Manager, Sport England
Peter Okey	Specialist Registrar in Public Health, Northern Deanery
Meg Newark	Health Information Analyst, North East Public Health Observatory
Rob Mitchell	Policy Officer, Association of North East Councils
Grace Wali	Policy Officer for Health Improvement, Durham County Council
Karen Jones	Senior Public Health Specialist, North Tyneside Primary Care Trust
Craig Blundred	CHD and Obesity Prevention Programme Manager, Easington PCT
Bruce Elliot	Widening Participation Manager, North East SHA
Catherine Palmer	Reader in Sport and Social Policy, Durham University
Edward Kunonga	Specialist Registrar in Public Health, Northern Deanery
Ruth Stevens	Physical Activity Coordinator, Regional Public Health Group
Madeleine Johnson	Assistant Director of Public Health, North East SHA
Elaine Scott	Corporate Marketing, One NorthEast
James McKay	Professor of Sport, Durham University
Victoria Ononeze	Specialist Registrar in Public Health, Northern Deanery
Kath Bailey	Assistant Director, North East Public Health Observatory
Elaine Wallace	Policy Manager, Association of North East Councils
Amanda Potts	Lead Health Promotion Programmes, Gateshead Primary Care Trust
Susan Panrucker	Business Manager, North East Public Health Observatory
Chris Drinkwater	NE Sports Board and Regional Physical Activity Steering Group
Roselle Oberholzer	Food and Physical Activity Manager, Regional Public Health Group and Chair of the Regional Physical Activity Steering Group.
John Wilkinson	Director, North East Public Health Observatory

The purpose of the meeting was to:

- Present the vision to a wider audience;
- Involve the health community in the regional planning towards the 2012 Olympic and Paralympic Games;
- Identify the health impact, impact on inequalities and implications for the NHS of each section of the vision.

APPENDIX 3: RDPH AND ANEC MEETINGS

Regional Public Health Meeting

Thursday 28th September, 10.00-12.00 Teesdale House, Stockton

This meeting was held with Directors of Public Health across the region and key regional agencies such as NESHA, RPHG, NEPHO, and HPA. The Plan for the Games was presented by Judith Rasmussen, Sport England and a summary of the HIA findings by David Chappel, North East PHO.

Issues raised at the discussion included the need to:

- Embed plans within current Physical Activity Strategies;
- Keep this group informed of developments; and
- Prioritise actions once practical plans are made.

Association of North East Councils Meeting

Wednesday 18 October 2006, 12.00-17.00, County Hall, Durham

Event aimed at: Members, Chief Executives, Culture/Leisure Officers, Tourism Officers, and Economic Development Officers.

Key aims:

- To raise awareness and stimulate debate around the London 2012 Games amongst local authorities;
- To explore the potential benefits including business and health;
- To identify what local authorities can do to engage; and
- To identify what London 2012 can do to engage North East England.

APPENDIX 4: GLOSSARY OF ABBREVIATIONS

Organisations

ANEC	Association of North East Councils
GONE	Government Office for the North East
DH	Department of Health
HPA	Health Protection Agency
LA	Local Authority
LOCOG	London Organising Committee of the Olympic Games
NEA	North East Assembly
NEPHO	North East Public Health Observatory
NESHA	North East Strategic Health Authority
NHS	National Health Service
NICE	National Institute of Clinical Excellence
ODA	Olympic Delivery Authority
ONE	One North East (the regional development agency)
PCT	Primary Care Trust
RPHG	Regional Public Health Group (DH, located with GONE)

Forums/ Partnerships

HIG	Health Interest Group
LSP	Local Strategic Partnership
NEHF	North East Health Forum
NERIP	North East Region Information Partnership

Terms

BME	Black and Minority Ethnic group
HIA	Health Impact Assessment
PSA Targets	Public Service Agreement Targets

