

This can be taken as a response from the Forestry Commission (Great Britain). It relates to outdoor activity.

The Commission has led research on behalf of DCMS and DEFRA and a number of UK agencies with operational and policy-making responsibility for countryside, environment and outdoor recreation and sport. The core questions relate to encouraging and maintaining greater outdoor activity as a contribution to public health. What do we need to do? How do we do it? Who do we do it with?

The UK's national parks, forests, nature reserves, waterways, local parks and open spaces constitute a very large resource that has not been systematically promoted as an opportunity for inexpensive or free exercise and recuperation from life's stresses. For example, British Waterways has facilities easily accessible at no cost to very large numbers of urban people, the UK's public forest estate extends to over 1 million hectares and is all open to public access at no cost. The National Parks have rangers, facilities and outreach programmes that target disadvantaged communities. The Environment Agency has an outreach programme and also an educational programme that specifically encourages outdoor recreation reinforced by an understanding of the natural world.

These extensive public resources already exist and can be promoted for health purposes at very little cost relative to the very large potential benefits. To do so requires a systematic approach, persistence, cross-disciplinary working so that health, environmental and other priorities can be balanced, and operational research so that facility design, the nature of interventions, promotional activities and evaluation can be matched to local needs. However, funding health-related research of any kind lies outside the remit and capacity of most of the agencies.

Despite the very great potential benefit and the very low implied cost of using these resources for health - the very high leverage - we have found great difficulty in attracting any interest from bodies mandated to fund health-related research. Barriers include professionalism that defines research very narrowly, assessment systems that favour theoretical above practical research, an obsessive concern with quantitative measures of validity that are not possible outside replicable trials, a fascination with medical rather than public health research and an inertia that sets future research agendas in terms of what has already been done rather than what might be done. Also an unwillingness to engage in longitudinal study.

The proposal for a single fund carries within it dangers of compounding all these failings. We suggest, therefore, that there is a requirement to ring-fence funding for a sizeable public health research capacity. We would like to see within this ring-fence funding mechanisms to encourage research related to operational delivery. In terms of encouraging and maintaining outdoor activity and greater use of the natural environment we have identified a research need requiring annual funding of £2 - £4 million for a period of around five years followed by subsequent longitudinal research and evaluation at a very much lower level of cost.

Marcus Sangster
Head of Land Use and Social Research
Forestry Commission
Edinburgh