President’s Letter: My thanks to Internet Trolls, Libertarian Bloggers and Hobbits

It has been an eventful time in public health policy. SSM and FPH colleagues have been much engaged in helping develop policy for two totally different issues: electronic cigarettes and dietary sugars.

Electronic cigarettes (eCigs) are cigarette-shaped or box-shaped devices containing a nicotine-based liquid that is vaporized and inhaled, hence used to simulate the experience of smoking tobacco. The potential benefits and harms of eCigs are contested and controversial. Recently, Simon Chapman brilliantly envisioned the best possible future scenario, and the worst. BMJ 2014;349:g5512. Sceptics including Martin McKee and myself incline towards the latter view. To protect children and non-smoking adults, we therefore oppose the unregulated advertising of eCigs and advocate for smoke-free public spaces to be also vape-free. I have thus been privileged to work with the best in tobacco control and I have learnt a lot, not least in developing an immunity to social media attacks. A small number of individuals are apparently prepared to jettison courtesy in their mission to abuse and intimidate anyone who dares to apply population science to eCigs. Simon Chapman has also researched and detailed this interesting group. http://theconversation.com/why-i-block-trolls-on-twitter-36120. Although many internet trolls are apparently free spirits, others are apparently coordinated by the dark hand of Big Tobacco (J Med Internet Res. 2014; 16(10):e238). However, the trolls are losing ground. Some 40 countries are now regulating to protect their citizens from the potential harms of eCigs. Most recently the Welsh Government, (calm in spite of social media attacks). And public health (PH) will triumph; it always does, eventually. This story perhaps echoes the recent success with smoke-free legislation. That triumph was not “won on the
playing fields of Eton”, but in the towns and valleys of Ireland, then Scotland and, finally, England. Strong claims went back and forth during these heated public debates. Happily, a mass of scientific evidence had been generated (by SSM members and others). And the general public are mostly sensible and fair. Having heard all the arguments, they usually reject industry demands for unregulated marketing (and unlimited profits), and instead opt for common-sense regulations to protect the health of their children and families. So PH won again. On a level playing field we usually do.

However, Internet Trolls and Libertarian bloggers do provide three essential services to population science, and to the wider public. Firstly, they usefully represent the extreme position in every public debate. Journalists and politicians can then estimate the size of the group fighting under that banner. Though usually few, they may be generously financed by Big Tobacco or other vested interests perceiving a current or future threat to profits.

Secondly, trolls usefully provide the "scream factor"; a graphic term coined by Mike Daube. Hence the stridency and volume of protest increases with the potential effectiveness of the proposed intervention (and therefore the feared reduction in consumption and industry profits). My colleagues thus knew they were succeeding when their respective proposals for tobacco control and sugar taxation elicited death threats...

In terms of the battle between Good and Evil, movie buffs may note many parallels with the Lord of the Rings saga. Loads of people want to play Aragorn; sadly, I keep being cast as a Hobbit (so frustrating!).

Thirdly, bloggers and trolls are tireless in collecting and marshalling the most effective arguments to oppose the current public health proposal. These arguments fall into two categories. The occasional solid arguments deserve respect, and offer valuable pointers for issues needing to be addressed. For instance, sugary drinks duties were initially criticised for being “regressive” and hurting the poor most. Subsequent work by SSM members and others confirmed this to be true but trivial, representing perhaps an extra 10p a week. Indeed, the majority of libertarian arguments turn out to be superficially attractive but fundamentally flawed. We have previously described these systematic “Denial Tactics” (BMJ 2011; 342: d287).

So the battle over dietary sugars, particularly in sugary drinks, has recently raged.

PH campaigners have learnt from previous successes in safe water, sanitation and slavery abolition. Success requires Roy Acheson’s “cold scientific endeavour combined with warm blooded activism”. PH has progressively gained the support of parents, public and policy makers. When the Action on Sugar campaign group launched in January 2014, we faced an uphill struggle to engage the public and engineer effective interventions in spite of fierce opposition by a rich and powerful industry. Yet just 18 months later, the SACN advisory committee has recommended slashing UK adults’ daily sugar consumption from around 20 teaspoons a day to just 5 (in women) and 7 (in men). All this on the basis of solid population science supported by relentless campaigning.

And the SACN sugar recommendations were immediately accepted by the UK government. So that battle has been won, representing a small triumph for the forces of good during these otherwise dark times. Yet the war continues. The UK government now needs to implement effective interventions, such as a sugary drinks duty, reformulation to reduce the sugars hidden in junk food and sweet drinks, and a ban on marketing to kids. But the industry will fight every inch of ground. Science conclusively linked smoking with lung cancer in the 1950s; yet Big Tobacco managed to sabotage effective policies for FIVE further decades. However, these dirty tricks and denial tactics are now better understood. This time, I assure you, the health of the public will be substantially improved in years rather than taking decades.

PH will win. On a level playing field, PH always wins, eventually. And it is surely our job to use our democratic powers and ensure that the policy playing fields remain level? Not just in Eton or Middle Earth, but also in Everton and East Ham.
The next SSM Annual Scientific Meeting is fast approaching and we have short taster for those who are making a last minute decision to sign up.

This year’s conference will have the familiar mix of plenaries, parallel sessions and posters from which the Newsletter Editors have chosen our Favourite picks (See below)

For those who do not want to explore Dublin on their own there is the opportunity to attend 3 workshops and social activities.

The workshops are:
- Optimal timing of interventions to tackle childhood overweight and obesity
- Improving the health of the nation: understanding the overlap between health psychology, social medicine and public health
- Mediation analysis in epidemiology: challenges and novel approaches

While the activities include the Book of Kells “Turning Darkness into Light Exhibition,” a walk reflecting on James Joyce and his dalliance with Medicine, a Coastal Cliff Walk- Howth Head. In honour of Student’s T-test there is a visit to Guinness Storehouse. It also has something to do with beer in the unlikely event you are interested in that sort of thing.

Finally time to dust of those dancing shoes or feign a convenient sports injury in preparation for the Ceili.

Editors’ Conference Picks

Jo’s picks

It feels very privileged to have been given an early sneaky peak at the conference abstracts – what a fascinating selection of posters and oral presentations! I’ve picked out six oral presentations that look attracted my attention, some for their content and some for the methods used. However, a closer look at the programme suggests that I will struggle to catch them all as three are on at the same time! Time to assemble some fellow conference delegates, draw straws on which session to attend, enjoy the presentations and reconvene over lunch to compare notes.

The first abstract that caught my eye is on Wednesday at 4.15 in the session entitled Chronic Disease Epidemiology and is presented by Thomas Littlejohns – ‘Characteristics of men who have had a prostate-specific antigen test’ (OP15) - what an enormous sample size and great use of the UK Biobank data.

An early start on Thursday morning for the 8.30 session on Mental Health and Wellbeing and a presentation by Christine McGarrigle (OP46) on a study using data from the Irish Longitudinal Study on Ageing. The authors aimed to determine if social networks were associated with physical and mental health in adults aged over 50 and whether these
effects were influenced by the quality of the social relationships.

And now time to gather the troops for the next three presentations are all scheduled for 11am on Thursday morning. The methods used in the first abstract are intriguing — a systematic analysis of Twitter status updates (OP62) — presented by Sarah Meaney in the Pregnancy 2 session. The focus of the second presentation, a systematic review and meta-analysis that may help to identify older adults attending emergency departments who are at risk of adverse outcomes (OP58) and is presented by Rose Galvin in the Health Services Research 3 session. And in the third study, the authors aimed to assess whether woodland users had benefited from government-funded improvements made to local woodlands in deprived areas of Scotland, whether the perceptions of and use of woodlands were different between woodland users at intervention sites and those at non-intervention sites and how these relationships varied between social groups (OP72). This abstract is presented by Jennifer Thomson in the Environment session.

My final pick is presented by Cheryl Furness in the Physical Activity session at 8.30 on Friday morning and this one caught my eye because it concerns implementation fidelity in the PACE-UP complex walking intervention (OP95). Implementation fidelity has been recognized as being important in understanding why complex interventions do or don’t work and yet evaluations are often not reported.

Richard’s Picks

Having an early preview of the presentation abstracts is one of the key benefits of being an active member within the Society. I have chosen a mixture of presentations based on my personal experience and current research interests.

My first pick from Wednesdays Methods 1 session is by Benedetta Pongiglione “Using a latent disability structure to explain mortality among the older population” which takes an interesting approach to the disablement process.

My second pick is from the Thursday’s Mental health and Well-being session by Christine McGarrigle on “The role of social support and the importance of the quality of the relationship in reducing depression, loneliness and reduced quality of life with disability in older ages; Evidence from the Irish Longitudinal Study on Ageing”.

From Thursday’s environment session I choose Anthony Laverty’s presentation “Free bus travel for older people and adiposity: an analysis of gait speed and adiposity in the English Longitudinal Study of Ageing”.

My fourth pick, in the Health Services Research and Policy session on Friday by Jenny Mindell on “Estimating changes in third-party fatality risk by sex, age, and travel mode in road accidents in Great Britain 2005-2010” chosen in memory of my own painful experiences which could have been lot worse.

Finally living in Glasgow I couldn’t help recommending Xia Li’s presen-
tation in the methods 2 session on Friday on “Temporal and Weather Effects on Accelerometer-Measured Physical Activity during School Days among Children”.

Sheena’s picks

Starting off proceedings on Wednesday afternoon, there are a series of presentations on mental health and well being. Among those, Elaine McMahon will present on ‘The iceberg of suicide and self-harm in Irish adolescents- a population-based study’. [Session: Mental Health and Well Being 1, Venue: A007 @16:15, OP23]

On Thursday morning in the Food Policy session, I am interested in hearing about ‘Food for thought? Conflicts of Interest in academic experts advising government and charities on food policy’ presented by A Newton from the University of Liverpool [Session: Food Policy 1, Venue: B006 @ 11:00, OP49]. Also on Thursday, there will be a presentation on ‘Olympic-led regeneration and local narratives of housing and health: a qualitative longitudinal study in East London’ [Session: Environment, Venue: A007 @11:00, OP70]

On Friday morning, there will be a session on life-course epidemiology with a presentation entitled ‘The epigenetic clock and development during childhood and adolescence: longitudinal analysis from a UK birth cohort’ presented by Andrew Simpkin [Session: Lifecourse 2, Venue: A003 @08:30, OP77]

Also on Friday morning, Elaine Flint will answer the question ‘Does active commuting protect against obesity in mid-life? Evidence from UK Biobank’ in the Health Services Research and Policy session [Session: Health Services Research and Policy, Venue: A004 @08:30, OP81]

There are many posters to choose from over the 3 days but a couple that caught my eye include ‘Alcohol specific hospital admission in under-age drinkers and neighbourhood alcohol retail environment: A geospatial analysis set in a population in central England’ by Gavin Rudge [PP46] and ‘Energy drinks: hype or hyper? A qualitative exploratory study involving children, parents and staff from schools in North East England’ by Shelina Visram [PP62]

Twitter Chats

Since the 5th of February 2015, The Society for Social Medicine has been hosting a series of twitter chats under the hashtag #SSMtalk. The idea behind #SSMtalk is to create a space for members of the Society (and others) to discuss issues in an open forum. Each month a member of the Society picks a topic of discussion and poses 5-6 questions on their chosen topic. For the most recent #SSMtalk, Tony Robertson hosted on the topic of ‘The Realities of Research Impact’ and got some excellent discussions going, including attracting input from a researcher specializing in exploring impact. Other topics have ranged from ‘Your Favourite paper in a tweet’, ‘Mid-Career Researchers – the forgotten majority’, ‘Should health scientists/academics get (more) involved in public & political debate?’ and ‘Big Data – Are we ready?’ If you missed any of the #SSMtalk’s, each has been summarized as a ‘Storify’ on the SocSocMed website (http://socsocmed.org.uk/ssmtalk/). If you would like to host an #SSMtalk, and/or have an idea for a discussion topic, please email socsocmed@gmail.com. And we are always looking for people to join the discussions so keep an eye out for announcements on when the next #SSMtalk is happening.
Agent Based Modelling

We are by our very nature social creatures, not isolated individuals; it is part of being human. We are embedded within an environment which includes our social networks of friends, family and work colleagues. These in turn can alter our perceptions and influence our behaviours through the choices that we make.

So why have we for so long only considered the ‘average’ person within statistical models and hypothesis tests? Although there is merit within the sampling from a population to determine the general trend or correlation between measurable outcomes and predictive variables, for example the increase in weight and height of children with age, it only ever infers the correlation for the general population, without reference to the individual. A person’s age is an endogenous variable, as it cannot be altered due to its internal origin, but weight is an exogenous variable as it could be related to external factors, such as the size of food portions, what food one eats, and/or the choice not to engage in the recommended physical activity levels etc. It is these individual choices that one makes with regard to exogenous variables that form the ‘rules’ that an individual lives by.

Agent based modelling (ABM) is a technique whereby the agents, which can be people, groups, organisations, etc, are collectively modelled based on a set of rules that the individual agent is governed by. All agents in the model may be governed by the same set of rules, or alternatively different agents may have different rules based on the internal characteristics of that agent. An ABM is a ‘bottom-up’ approach, as the rules only affect the individual agents, without specifying how the total system will behave. Rather than controlling the whole system, as is the case in system dynamics, the individual agents make decisions based on their own rules and how they perceive their immediate environment and people surrounding them. From these local micro-level evolutionary decisions, the global macro-level system evolves and emergent behaviours can sometimes occur.

Within nature this can be seen in dramatic collective behaviours such as how ants can work together to form a bridge (Figure 1), or the flocking of birds or school of fish, where each is acting individually to its surroundings, but at the macro-level emergent movement is occurring that no individual fish or bird is controlling (Figure 2). In humans we can also see this collective behaviour in the movement of crowds of people, for instance in “Mexican waves” and standing ovations. In addition, the diffusion of innovations or the spread of a
behaviour or contagion within a network can also be modelled using ABMs, as illustrated in Figure 3. We each have our own values and experiences which have formed and developed our ‘rules’ that we live by. These can be in the form of the acceptability of risk taking behaviours or the perceptions of societal norms. Collectively we, as a group evolve also, and in a way not controlled by any one person, but which can alter the societal norms we perceive. This can be seen clearly in the change in the last few decades of the acceptance of smoking tobacco which in turn led to the governments’ ability to introduce the policy to ban tobacco smoking in public places.

ABM is a computational approach, alternative to the traditional statistical models, as it is a bottom-up approach, taking account of individuals’ perceptions, interacting and evolving with regard to their local micro-level environment, to produce a global macro-level evolution, not pre-defined. Within public health, intervention designs can be employed to explore how they might alter the global evolution of a typical or given human population with a suitable and realistic distributions of covariates. For instance, in the modelling of the spread of an infectious disease over a network, where the contagion is passed on only through contact, there are a variety of questions we could ask. These include, how effective is the isolation or removal of infected agents in preventing further contact in comparison to the vaccination of susceptible agents? In other words, by changing individual agents ‘rules of interaction’ how then does the global evolution change? Other questions to explore could be, how dramatic a change in perceptions are needed to make a global change, how many individuals need to gain resistance through vaccination before herd immunity occurs, or if one removes those agents with greatest risk of infection, is it effective?

ABMs can help to answer these types of research questions when we wish to explore the instinctive social interactions within an embedded network of people and environments.

Figure 2: A swarm like flock of Starlings

Figure 3: Spread of a Virus on a Network. Source NetLogo
Public Health across the UK and Ireland: A showcase series of activities in each region.

This month, we feature some of the many exciting projects going across the Republic of Ireland. Areas of focus include:

- Physical and mental health services
- Diabetes and nutrition
- Methodology and resources
- Early child development

Physical and mental health services

The Centre for Pain Research (CPR) based in the School of Psychology, National University of Ireland, Galway, is conducting a number of studies to improve the scientific understanding and effective treatments of pain. The PRIME study, to establish the prevalence, impact and cost of chronic pain (CP) in Ireland, found that 35.5% of respondents had chronic pain (majority lower back pain). CP costs the Irish state annually €5,665 per patient (extrapolated to 2.86% of GDP). Those with clinically significant depression needed twice that expenditure. PRIME 6 will explore the same issues, to see what has changed over the past 6 years. PRIME-C examined prevalence, impact and cost of chronic non-cancer pain among 5-12 year olds. This primary school based longitudinal (3 year) survey with 3,116 children and parents found approximately 10% of children reported chronic pain, costing families between €400-500 p.a. Children with pain reported significantly lower health related quality of life; pain increased with age; and girls reported more than boys (except among the 12 year olds). Under the Health Research Board Research Leader Award (RLA) the CPR will examine chronic pain where multi morbidity (MM) is involved and use e-Health technologies to help manage these conditions. CPR is currently recruiting people with chronic pain in Ireland and the UK to take part in an online Acceptance and Commitment Therapy (ACT) intervention. The sessions provide: instruction on a range of activity-pacing techniques to encourage more consistent levels of day-to-day activity; mindfulness techniques to allow moment-to-moment awareness of experiences; and cognitive therapy to help identify both negative thinking patterns and the development of effective challenges.

The National Suicide Research Foundation (NSRF) in Cork is currently implementing and evaluating the national roll-out of Dialectical Behavioural Therapy (DBT) training to mental health teams and therapists across Ireland. Dialectical Behaviour Therapy (DBT) is a treatment developed for people with...
self-harm urges/behaviours, suicidal thoughts, urges for suicide and/or suicide attempts. This project is among 22 research projects currently being coordinated by the NSRF. A population-based research programme in youth mental health is also underway to examine the prevalence, correlates and causes of adolescent suicidal behaviour, as well as the effectiveness of interventions promoting mental health in this group. The SSIS-ACE case-control study is examining psychiatric, psychosocial, and work-related factors associated with suicide and high-risk self-harm using multiple sources of information including interviews with family informants and patients, reviews of coroner’s records, and questionnaires from health care professionals. Both studies are funded by the Health Research Board. Another key element of the work of the NSRF is the National Self-Harm Registry Ireland, a national system of population monitoring for the occurrence of self-harm. The Registry collects data based on persons presenting to hospital emergency departments as a result of self-harm. As of 2006, the Registry has full coverage of all hospital emergency departments in the Republic of Ireland. Current work includes the linkage of data from the Registry with suicide mortality data at national level, mapping of aftercare following self-harm and identification of emerging clusters of self-harm using geospatial analyses.

The Study of the Impact of Reconfiguration on Emergency and Urgent Care Networks (SIReN) is investigating development and performance of different emergency and urgent care systems (EUCS) in Ireland to produce a framework for the future evaluation of EUCS in this country. Led by Professor John Browne at the Department of Epidemiology & Public Health (DEPH) at University College Cork, there are 6 inter-related work packages: to identify geographical networks of emergency and urgent care in Ireland, and describe the model of EUCS configuration planned/implemented in each region; to analyse the process by which plans for EUCS reconfiguration were developed; to analyse the relationship between different models of governance and provision, and system-level indicators of activity, process and clinical outcome; to develop, implement and test a comprehensive evaluation framework for EUCS. A number of national and international collaborators are involved in the research including the School of Health and Related Research (ScHARR) at the University of Sheffield; and National Directorate for Quality and Patient Safety in the HSE. http://www.ucc.ie/en/siren/
**Diabetes and Nutrition**

The **Diabetes Literacy Consortium** (European Union FP7 funded project) has compiled an annotated compendium of national diabetes strategies and education programmes across the EU. Ireland, through the UCD School of Business, is one of the partners in this consortium along with six EU Member States, Israel, the US and Taiwan. The Diabetes Literacy Consortium aims to provide evidence to increase the cost-effectiveness of type 2 diabetes self-management education in the EU through 8 different work packages. Led by Dr Gerardine Doyle, the team at UCD is responsible for examining the relative cost-effectiveness of different forms of self-management education. The moderating roles of provider implementation fidelity and participant health literacy will also be analysed.

The **Food Choice at Work Study** is a complex workplace dietary intervention being carried out in four large, purposively selected manufacturing workplaces in Cork. The cluster controlled trial is assessing the long-term effectiveness of a workplace intervention involving environmental modification alone or in combination with nutrition education. One site was allocated to nutrition education alone (group presentations, individual consultations and detailed nutrition information (traffic light menu-labelling, posters, leaflets and emails), one site to environmental dietary modification alone (menu modification through restriction of fat, saturated fat, sugar and salt, increase in the availability of fruit and vegetables, price discounts for fruit, strategic positioning of healthier alternatives and portion size control for unhealthy foods), one site to nutrition education and environmental dietary modification (combined intervention) and a control site. Findings to date have shown significant positive changes in intakes of saturated fat, salt and nutrition knowledge between baseline and follow-up in the combined intervention versus the control workplace. Small but significant changes in BMI were observed in the combined intervention. No significant changes in dietary fibre intake, waist circumference and blood pressure were observed. Effects in the education alone and environment alone workplaces were smaller and generally non-significant. Long term follow up (20-23 months) is currently ongoing.

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The **Diabetes Research Leader Award**, led by Prof. Patricia Kearney, is a programme of research to improve care for people with diabetes in Ireland and to reduce the preventable economic and societal burden of diabetes. In the absence of a national diabetes register, the research team are analysing existing data from population-based studies to estimate the prevalence and incidence of diabetes in Ireland. The group are also examining the quality of different models of diabetes care in Ireland, evaluating the implementation of the National Clinical Care Programme in Diabetes and developing a lifestyle intervention to reduce the risk of gestational diabetes among those who are overweight and obese during pregnancy. This programme of research is being conducted in partnership with the National Clinical Care Programme in Diabetes, part of the Health Service Executive in Ireland. This partnership with health care providers and policy makers means that the results are disseminated directly to those involved in needs assessment, resource allocation, care delivery and policy development.

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Methodology and Resources

The Health Research Board’s Trials Methodology Research Network (HRB-TMRN) is a recent and welcome addition to the population health landscape in Ireland. The HRB-TMRN is a collaborative initiative between a number of Irish and international higher education institutes and methodology centres, aims to strengthen the methodology and reporting of trials in health and social care on the island of Ireland. The Network is participating in the SWAT (Study Within A Trial) initiative being developed by the Northern Ireland Hub, in association with the MRC Network of Hubs and the MRC START programme. The SWAT projects are studies within a trial that address specific methodological research questions. HRB-TMRN will be evaluating a web-based multimedia information resource on recruitment and retention of GPs to a trial and examining the effectiveness of a hand-held video presentation of trial information to potential patient participants on recruitment and retention to a trial. Another interesting project is the People’s trial, starting in 2016 in collaboration with the MRC Northern Ireland Hub for trials methodology research. This project will involve significant interaction with the general public in deciding what clinical trial would be important to the Irish people, with a focus on common but relatively low profile conditions. The TMRN is also developing a range of support services for researchers including the Trial Methodology and Reporting Advisory Service (TMRAS), which provides trials methodology advice to trialists who encounter methodological problems outside of the standard design of clinical trials, and C-TED, a clinical trial expertise database. This freely accessible listing will include experts across a variety of trial methodology areas such as trial design, recruitment, analysis, reporting and economic evaluation. Researchers can register with and search C-TED via the website (https://www.hrb-tmrn.ie/support/).

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Work is being undertaken to improve morbidity coding in the over 65’s population in primary care in Ireland. In the absence of a national standard for coding clinical data in Ireland, the Morbidity Coding Project (MCP) was established to examine the feasibility of establishing a national primary care database similar to the General Practice Research Database in the UK. The databases of the three general practices (20 GPs), two rural and one urban, were searched for all patients over 65 years. The Electronic Health Record (EHR) of all patients over 65 years were prioritised for coding of their chronic ongoing conditions, major events and past surgical procedures. A clinical data manager (CDM) was appointed project manager to train and support nurses in clinical disease coding methodology using ICPC-2 & ICD-10. Over a 12 week period, 7647 EHR were reviewed by a coding team. Following examination of the consultation notes, medications and scanned documents 3810 patients were identified for coding and 10,591 codes specific and unique to each patient were entered. This MCP demonstrates a way of improving routinely collected clinical data. It is hoped that the results will inform the creation of a national primary care database of international comparability.
At the National Maternity Hospital in Dublin, The Pregnancy Exercise and Nutrition Research Study (PEARS) is an ongoing RCT of 500 women, which will assess the impact of a low GI dietary and exercise intervention (compared to regular lifestyle) on the incidence of gestational diabetes at 29 weeks in an overweight and obese pregnant population. This study is being conducted by The Maternal and Fetal Health Research Group (MFHRG), led by Professor Fionnuala McAuliffe, within the UCD School of Medicine and Medical Science. The group are also carrying out the ROLO kids study, a longitudinal follow-up study to determine whether maternal nutrition/low GI diet in pregnancy had an effect on childhood weight or adiposity and to study the effect of environment on the growth, development and adiposity of a cohort of Irish children. This trial follows on from the ROLO RCT of 800 women which assessed the implementation of a low GI diet in pregnancy to reduce the incidence of macrosomia.

At University College Dublin, the Geary Institute for Public Policy is conducting a long-term evaluation of the Preparing for Life Programme (PFL), a community-led initiative which aims to improve levels of school readiness in several disadvantaged areas in Dublin. The initiative begins during pregnancy and lasts until the children start school. The purpose of the programme is to help parents develop skills to help their children in terms of: cognitive development; physical health and motor skills; social, emotional and behavioural development; approaches to learning; and language development and literacy. The initiative is motivated by several psychological theories which, combined, suggest that providing support to parents will improve parent and child outcomes while empowering families and local communities. The 6-year evaluation, under the direction of Dr. Orla Doyle, involves a mixed methods approach incorporating both a longitudinal experimental design and a process evaluation.

Early Child development

Republic of Ireland Public Health Showcase continued......
ECR’s Corner : Get ready for this year’s SSM Annual Scientific Meeting!

Just a few short weeks left until we’ll all be congregating in the beautiful city of Dublin for the SSM 59th ASM.

Congratulations to everyone who has had an abstract accepted, we know the Society’s ECRs are well represented this year. If you still haven’t registered, you have until Thursday 27th August to do so!

The final programme has been released and is available on the SSM website. Take a look prior to the conference to work out what sessions you plan to attend, and of course to check out the ECR social events dotted throughout the 3 days. A brief description of ECR-orientated events are below. We definitely encourage you to get involved and meet new people. It will really help you to get the most out of the conference, and the Society as a whole.

ECR Social Events at the 2015 SSM ASM:

Dinner, Tuesday 1st 18.30, Eden Bar and Grill
If you are coming along to the pre-conference ECR symposium and fancy a post-symposium dinner, please join us at the Eden Bar and Grill (www.edenbarandgrill.ie) for some food and chat.

ECR speed meeting, Wednesday 2nd 12 noon, (location TBC)
The ECR speed-meeting has become an annual event at the SSM ASM, and really isn’t as bad as it sounds! Loosely based on the principles of ‘speed-dating’, ECRs get together in a room and network with each other in 2 minute stints before moving on to the next person. The order you move in is controlled by the event organisers (ECR Subcommittee members), avoiding the awkwardness of having to approach someone to chat. Saying that, the session is very relaxed and friendly, and is a great opportunity to get to know some of your fellow ECR delegates before the conference gets underway.

Dinner, Wednesday 2nd after the conference reception (around 21.00), The Market Bar
We have booked a table at The Market Bar (www.marketbar.ie), 8 minutes walk from the reception venue. They have an excellent fixed price sharing menu at €16.95 per person.

Drinks, Thursday 3rd 18.00, Sam’s Bar
If you fancy a drink, or just to meet up before the conference dinner, please join us at Sam’s Bar (www.samsbar.ie) which is directly opposite the Mansion House dinner venue. We will then walk across to Mansion House together for the evening’s festivities. We look forward to seeing you all soon!
Why did you decide to get involved in social medicine?
I did a degree in Biology and then I went into medical research in London looking at ‘tissues and bits of people’. Then I got involved in some social movements when I was in Edinburgh and ‘human rights social campaigns’. I became more interested in ‘whole people’ than ‘bits of people’. Then I actually got a job at the Scottish Health Education Group in Edinburgh, which combined my biology and health with my growing interest in population health, and my interest in social medicine has grown ever since.

What was your first ever publication about, in 30 words or less?
One of my first publications was about the concepts and principles of equity and health (1991), and I did it for the World Health Organisation.

Which piece of research are you most proud of and why?
I am most proud of a piece of research that was published in Social Science & Medicine in 2000. It was entitled ‘Social policies and the pathways to inequalities in health: a comparative analysis of lone mothers in Britain and Sweden’. It was about evaluating the impact of welfare policies on health inequalities in relation to lone mothers. I am proud of that because it was theory-based on the Diderichsen’s model (with Finn Diderichsen as co-author) which was the first to bring together social context and policy entry points into the mechanisms generating health inequalities. The study itself was innovative, and it was about an important public health issue. It has been since been used as a framework by other investigators for carrying out health inequalities impacts assessments of social policies.

Where do you see social medicine heading in the next 20 years?
At the moment, there are quite depressing signs of a narrowing of the field, and this is what I call a ‘lifestyle drift’. Although everybody says that the social determinants of health are important and we should look at the ‘causes of the causes’, there is the tendency in practice to focus on individual behavioural factors. It seems to be, with this new Government, even more a tendency towards that lifestyle drift. I am hoping that in twenty years’ time, the trend would be reversed. The optimist in me says that we must carry on fighting to maintain our emphasis on the wider social determinates of health, and to resist this ‘lifestyle drift’.

What three pieces of advice would you give to an early career researcher looking to have a career in social medicine?
It is pointless having a career in social medicine if you are not absolutely passionate about the subject. The first piece of advice is that you should reflect on what you are passionate about and you feel you could dedicate your career to. If you then decide on social medicine, then your passion will carry you along.

You should see it as a responsibility of your research to disseminate your findings to academic audiences but also to the other audiences who can use your
Too often, with PhDs for example, people complete their thesis and then it is left on the shelf, and it does not get anywhere else. I always emphasise to my PhD students that this would be failing their responsibility. If you have findings, you should get them out there where they can be used.

Don’t be discouraged by the setbacks but keep on going. Particularly with publications: there will be rejections; research applications: there will be rejections. But you can learn from those and carry on, rather than just give up. There are going to be a lot of setbacks!

**What do you perceive are the main challenges facing early career researchers in social medicine today and do you have any advice on how to overcome them?**

One of the main challenges is that permanent posts have almost disappeared or are few and far between in academic research. Lectureships and senior lectureships are rare. Early career researchers can be expected to be on a series of fixed term contracts, and I think that is a great challenge. It leads to disruption and discontinuity in the research. There are going to be gaps in the contracts, and this affects the researcher’s personal life.

There is no easy way to overcome it, but getting yourself in the position of being more ‘marketable’, definitively helps. That means that you really need to build up your publication record, and get experience of submitting grants, obviously, first of all as a co-applicant. Building your skills in a range of research methods also helps when it comes to justify applications.

**If you had to recommend one book or research paper for an early career researcher in social medicine to read, what would it be?**

‘The Spirit Level’ by Kate Pickett and Richard Wilkinson is a good place to start to be inspired to take up social medicine.

**What is the best course you have been on and would recommend to ECRs?**

One of the best courses I have been involved in was devised by Professor Mark Petticrew and his team at the London School of Hygiene and Tropical Medicine. It was about systematic reviewing of complex social interventions and policies.

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To contact the ECR subcommittee, or to register for ECR updates, please email us at ecr.ssm@gmail.com.

If you have a job vacancy in social medicine to advertise or you are an ECR who would like to receive notifications about vacant positions please email ecr.ssm.jobs@gmail.com.
Committee News

Time goes fast!

I began on the SSM Committee three years ago, shadowing Jenny Mindell, the then Honorary Secretary, before I took up the role permanently in January 2013. A lot has changed in the Society and in Public Health since then, but the Society’s desire to improve the way we work together and support each other in our pursuit of Social Medicine has not.

At my first committee meeting we discussed the findings from the 2012 survey of members, and from this Martin White, the then President, created three task & finish groups to develop ideas about how to improve:

- Our annual conference and other meetings;
- Our external relations;
- Our capacity building and training.

As a result we have tried a new format for plenary lectures at the ASM, and rejigged the Thursday afternoon slot so people can work and socialise rather than having to make a choice. We have developed more formal links with different organisations with complementary goals to us, and supported ECRs attending events led by other groups. We have introduced a mentoring scheme for ECRs, which a year on, is currently being evaluated, and later this year we will launch a competition for funding for workshops. At the same time we have designed a new logo for the Society, changed our branding in a range of other ways and added a strapline to ensure everyone knows our purpose is ‘advancing knowledge for population health’. We have revamped the website and now hold twitter chats on topic of importance to members, from middle career researcher needs to the opportunities and pitfalls of big data.

It seems an opportune time to pause therefore and reflect on what we have achieved from the ideas of the task & finish groups and what more we should do. We will be seeking your views on this over the coming months. First at the Annual General Meeting in Dublin at 6pm on Wednesday 2nd September. Do come along after the parallel sessions and before the drinks, to tell us how you think we are doing and how you would like us to take things forward in the future. Secondly, we will be carrying out a members (and non-members) survey over the next few months to more fully understand what you think of the changes we have made to the Society and what further improvements are required. Look out for the link and do compete it to tell us what you think!

We currently have an election in progress for new committee members, please do vote if you have not already. We need your input to decide who would best represent your interests in the Society going forward.

There are many ways for you to engage with the Society – join the Twitter chats, write a piece for the newsletter, get involved in one of the Sections, join the mentoring scheme, come to the conference or join the committee. We very much hope to see you soon in one or more of these ways, and especially in Dublin for the 59th Annual Scientific Meeting of the Society!
Committee News continued...

Are you a mid-career researcher?

If so, please join us during the annual conference in Dublin at Thursday lunchtime for an informal discussion as we develop an SSM Mid-Career Researchers’ group. The SSM committee would like to establish a Mid-Career Researcher Section to focus on the unique challenges that face researchers who are no longer at an early stage, but not yet fully established autonomous researchers. A provisional subcommittee (Aileen Clarke, Emily Murray, Mark Kelson, Sheena Ramsay, Ruth Dundas, Peter Tennant) has been set-up to determine the terms of reference and to facilitate the setting up of the new MCR subcommittee.

We want members to join and help shape ideas for this new section. So, if you are at the ASM, then please do join (Aileen, Emily, Mark, Sheena, Ruth and Peter) on Thursday 1:00-1:30 at the conference lunch venue for a chat.

If you cannot make it to the ASM, please do send us any comments and suggestions by emailing ssmcommscommittee@gmail.com.

Over the last two and half years the newsletter has evolved with the changing editorial personnel. We have learnt many new skills. Not least how easy it is now to produce a well formatted publication with Microsoft Publisher. Academic publishers your time is nigh if you don’t start doing more to justify your article processing fees!

The election of a new editor to represent us on the Committee will create a new editorial line-up with fresh ideas to ensure that the newsletter continues to thrive. Ultimately the quality of the Newsletter is dependent on the contribution of as many members as possible so if you have any news, opinions, conferences or training that may be of interest to members please get in touch:

Socsocmed.news@gmail.com

Jo, Richard and Sheena
## Dates for your Diary!

### September 2015

<table>
<thead>
<tr>
<th>Event</th>
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<tbody>
<tr>
<td>Society for Social Medicine 59th Annual Scientific Meeting, Dublin</td>
<td>2nd to 4th September</td>
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<tr>
<td><a href="http://socsocmed.org.uk/meetings/annual-scientific-meeting/">http://socsocmed.org.uk/meetings/annual-scientific-meeting/</a></td>
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<tr>
<td>with one day workshop for ECR members on 1st September entitled ‘Forging a career in academia – a survival kit’</td>
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### October 2015

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<tr>
<th>Event</th>
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<tr>
<td>Public Health England Annual Conference, University of Warwick</td>
<td>15th to 16th September</td>
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<td>The theme of this year’s conference is Evidence into Action, and the conference will promote and showcase applied science and research, translation and implementation for impact.</td>
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### October 2015

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<tr>
<td>23rd Cochrane Colloquium, Vienna</td>
<td>3rd to 7th October</td>
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<td><a href="https://coloquium.cochrane.org/">https://coloquium.cochrane.org/</a></td>
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<tr>
<td>The theme for the 2015 Colloquium is Filtering the Information Overload for Better Decisions. The Third Annual Cochrane Lecture will be given by Professor Ida Sim from the University of California and is entitled ‘The uneven future of evidence based medicine’.</td>
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### October 2015

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<tr>
<td>8th European Public Health Conference, MiCO, Milan, Italy</td>
<td>14th to 17th October</td>
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<td><a href="http://ephconference.eu/">http://ephconference.eu/</a></td>
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<tr>
<td>Will be held in conjunction with the 48th National Congress of the Italian Society of Hygiene, Preventative Medicine and Public Health creating the largest public health event in Europe. The theme of this conference is Health in Europe – from global to local policies, methods and practices.</td>
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### October 2015

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<tr>
<td>Society for Longitudinal and Life Course Studies Annual Conference, Dublin</td>
<td>18th-21st October</td>
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<tr>
<td><a href="http://www.slls.org.uk/#!clients/c1tsl">http://www.slls.org.uk/#!clients/c1tsl</a></td>
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<tr>
<td>The theme of this year’s conference is life courses in cross national comparison. Keynote speakers include Professor Richard Layte, Professor Rainer Silbereisen and Professor Elizabeth Cooksey.</td>
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### December 2015

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<th>Event</th>
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<tr>
<td>UK Society for Behavioural Medicine Annual Scientific Meeting, Newcastle University</td>
<td>8th and 9th December</td>
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<tr>
<td><strong>Keynote speakers will include</strong> Professor Angela Clow from University of Westminster, Dr Charlie Foster from University of Oxford and Professor Steve Cummins from London School of Hygiene and Tropical Medicine.</td>
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### April 2016

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<tr>
<td>3rd Fuse International Conference on Knowledge Exchange in Public Health, Gateshead</td>
<td>27th and 28th April</td>
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<td><a href="http://www.fuse.ac.uk/">http://www.fuse.ac.uk/</a></td>
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<tr>
<td>The theme of this conference will be Evidence to Impact in Public Health. This conference will bring together academics, public health professionals and decision makers, and Local Authority staff with an interest in exploring the link between measuring impact and what counts as evidence for different disciplines related to public health. Keynote speakers include John Lavis and Professor Van Oers.</td>
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