President’s Letter: Can the Society for Social Medicine stay silent on "Scientific Controversies"?

Our research team's quiet work has recently been disturbed by media enquiries about five separate scientific controversies: statin effectiveness, NHS health screening effectiveness, NHS funding, e-cigarette harms and dietary sugars. Such experiences are becoming increasingly common for public health researchers both young and old. It raises some easy questions, such as expertise (am I competent to comment?), and representation (who am I speaking on behalf of? Me? the Society? the University? the UK Faculty?).

More difficult questions include managing doubt, and managing complexity. Specifically, how does a scientific “spokesperson” manage complexity versus clarity of message? In reality, having more than two minutes interview time to spell out nuanced issues is a rare luxury. Sadly, the majority of media outlets demand black and white; they cannot cope with shades of grey. I therefore try to make my statements simple and brief but still valid, hopefully without gross oversimplification. Others can judge my success or failure on that score.

Managing scientific uncertainty

Doubt is the perennial friend of all population scientists; we are constantly asking tricky questions and testing paradigms to destruction. BUT when it comes to messages for the media or for the general public, doubt is often cynically used by vested interests as a weapon to undermine our best advice and to ex-
aggerate continuing uncertainty, and thus paralyse effective policy actions. Generating doubt is just one of the denial tactics used by vested interests, for instance big tobacco contradicting passive smoking harms, or oil companies denying global warming. Vested interests thus seek to recast an emerging scientific consensus as a pseudo-controversy.

So population scientists invited to comment to the media have a choice. They can opt out, hide behind the shield of objective detachment, and simply distance themselves from media enquiries, policies, politics and potential controversy. However, at some stage in their careers, they may encounter an unavoidable ethical obligation to speak honestly about their expert (and possibly unique) understanding of a complex issue. How long we each “sit on the fence” reflects a number of factors including our knowledge, expertise, and personality (risk averse or extrovert). For instance, the great epidemiologist Richard Doll identified increasing evidence of a causal link between smoking and lung cancer during the early 1950s. However, he initially felt that his role ended with the scientific publication of papers in a peer-reviewed journal. He apparently avoided making public statements for the first few years. Was he right or wrong? Doll certainly needed other colleagues to speak up and influence the decision makers. Thanks to papers by Doll, Winder and others, the science of smoking harm was increasingly understood by a progressively wide community, first professionals, then by active dissemination to public and politicians. The 1962 reports by the UK Royal College of Physicians and by the US Surgeon General were both influential milestones in the long road towards successful tobacco control.

Finally, from an ethical perspective, silence is not neutral. Silence implies a clear position, it implicitly supports (or condones) the status quo. It explicitly avoids rebutting misleading assertions by vested interests (such as “salt is healthy”, “cancer is cured by homeopathy” etc.). Furthermore, Tillmann and colleagues recently suggested in the Lancet that “shying away from advocacy is comparable to medical negligence”. (Strong words indeed).

In conclusion, I personally think that we all have an ethical duty to be a health advocate, if not a health activist. But what do YOU think: Is silence really an option?

If you would like to respond to Simon’s newsletter either in the next newsletter or in a blog post on the Society webpage, please email socsoc-med.news@gmail.com
We’re nearly there for the next SSM annual meeting. Every year the Annual Scientific Meeting includes a number of workshops to share expertise and give us a taste of new methodologies, research priorities and skills. This year sees one of the biggest selections ever. Here is a quick round up of what will be on offer in Oxford this September:

Workshop 1: How can user involvement improve the usefulness of evidence syntheses?
**Convenors:** Mark Pearson, Jo Thompson-Coon, Rebecca Whear & Thomas Monks (Institute of Health Research, University of Exeter Medical School)

This workshop will explore the potential for and benefits of user involvement in the design, conduct and communication of research findings. User involvement is strongly encouraged by agencies and while there are a wealth of opportunities to involve users in evidence synthesis, there are few published examples in this area. The workshop will try to address this gap, covering the different ways in which a range of users can be involved in evidence synthesis. Participants will be encouraged to plan how they could involve users in future projects and discuss how this could be evaluated. The session is aimed at anyone interested in increasing the relevance and usefulness of evidence syntheses by involving users.

Workshop 2: Big Data or Big Brother? Using routinely collected data for health research: The Scottish experience
**Convenors:** Dr Sohinee Bhattacharya (University of Aberdeen), Professor Rebecca Reynolds (QMRI, University of Edinburgh) and Dr Janet Murray (Information and Services Division, NHS Scotland)

Drawing on experience from studies conducted in Scotland, this workshop will examine some of the advantages and disadvantages of using routinely collected data for health research. The workshop will address the opportunities and challenges of using record linkage and/or administrative data, with examples from work on the electronic database of routine obstetric data in Aberdeen collected since 1950, and the Scottish Morbidity Records (SMR) database of hospital admissions collected since 1981. The ethics and governance of using administrative health data will be discussed and the common problems with routine data analysis and potential solutions. The workshop is aimed at anyone with an interest or involvement in carrying out research using routine health data including Public Health practitioners, Epidemiologists and Statisticians.

Workshop 3: Life course epidemiology: Introduction to theory and methods with practical application
**Convenors:** Professor Rebecca Hardy, Professor Diana Kuh and Dr Rachel Cooper (MRC Lifelong Health and Ageing Unit, University College London)

This workshop will introduce the main theoretical concepts and models in the field of life course epidemiology as well as describing recent extensions and developments. The workshop will address the importance of understanding functional trajectories across the life course, and the factors which influence their development, maturation and age-related decline using relevant examples from individual cohort studies, cross-cohort research and systematic reviews. The group will discuss the importance of considering cohort effects and of the comparison of findings from different studies, as well as the methodological and analytical challenges of life course research. The workshop is aimed at ear-
ly career researchers primarily but more experienced users of cohort data may also be interested.

Workshop 4: Common methodological pitfalls in epidemiology, public health & health services research  
**Convenors:** Professor Mark S Gilthorpe (University of Leeds) and Professor Kate Tilling (University of Bristol)

In observational research, some of the common pitfalls to using seemingly straightforward methodology are often under-recognised. The aim of this workshop is to raise awareness of these problems among researchers who may not be experts in biostatistics. The workshop will cover topics such as mathematical coupling (MC), the potential adverse impacts of ratio variables, selecting confounding variables, “mutual adjustment” and measurement error. Other topics which will be addressed in passing include: regression to the mean (RTM), statistical interaction, sparse data and zero inflated regression models. This workshop is aimed at those with a basic knowledge of correlation, regression analysis and observational study design, no expertise in biostatistics is required. Participants will be encouraged to discuss different scenarios and engage in problem solving to inform their own involvement in any future study designs and/or observational data analyses.

Workshop 5: Reaching the public – Getting your message across  
**Convenors:** Dr Ruth Travis, Dr Martin Christlieb and staff from the University of Oxford

This workshop will focus on public engagement and the importance of science communication given the emphasis from funding agents and institutions, and growing interest from the general public. The workshop will address the opportunities for and challenges of public engagement and the various formats of engaging with the public. During this interactive session, participants will be encouraged to try new activities as well as sharing tried and tested approaches, including exchanging ideas for practical activities and engaging presentations. Participants will be asked to consider their own research and how to communicate its main message. The workshop is aimed at anyone with an interest in finding out more about the opportunities for public engagement or anyone with experience in this area.

Workshop 6: Film Screening and Panel Discussion: Historical public health films and advertisements  
**Convenors:** Dr Stella Botchway and Dr Olena Seminog (University of Oxford and Public Health Film Society)

This workshop will focus on the media journey of public health promotion. In light of changing public health priorities, expanding knowledge of media and marketing, and increasing competition for the spotlight, this workshop will look at the history of public health messages on television and in film. A series of historical and contemporary public health films and advertisements will be shown to generate discussion around what these films tell us about public health concerns of the past, and how we can and do communicate public health messages today. The workshop is aimed at anyone with an interest in public health and health promotion.

Showcasing Public Health

This is the first in a series of ‘showcases’ of each region in the UK and Ireland. We will regularly report on what public health practices and academics are doing in each region, hopefully providing our national readership with some insight as to what other SSM members are up to around the country and beyond!

If you would like a story about your region featured in a future edition, please contact the newsletter editors at: Socsocmed.news@gmail.com

Public Health across the UK and Ireland: A showcase series of activities in each region.

This month, we speak with public health academics and practice-based teams in the West Midlands.

- Coventry Public Health team
- CLAHRC West Midlands (encompassing Universities of Birmingham and Warwick)
- Warwickshire Public Health team

Tackling Taboos in Warwickshire

Tackling issues around mental health and wellbeing, and engaging with communities are challenges Public Health Warwickshire took on this year, with great results. Recognising the taboos around the subject, the campaign was developed to introduce a ‘look’ that would enable easier engagement for professionals, while also raising awareness of mental health and wellbeing in the community.

Taking a lead from Quentin Blake style art work, characters were developed around the ‘Five Ways to Wellbeing’ themes of Be Active; Connect; Take Notice; Give; and Keep Learning (New Economics Foundation, 2008).

This was promoted ahead of and throughout Mental Health Awareness Week in May and will return for World Mental Health Day on October 10th.

The campaign involved extensive engagement through face-to-face briefings, councillor events, social media, the media and online.

There was also an internal staff campaign within Warwickshire County Council, which has now prompted action following comments from staff revealing concerns over wellbeing.

The intensive promotion featured in local authority receptions, one-stop shops and libraries; print and broadcast media coverage around Warwickshire and further afield; through key contacts, stakeholders and print and social media through Twitter and Facebook promotions.

The number of people visiting the Public Health Warwickshire website doubled during the campaign, with the Facebook promotion attracting 1,587 people to the website for more information.

Audioboo was also used to share radio interactions on Facebook and Twitter.

The social media engagement campaign reached more than 50,000 people.

Warwickshire Public Health based their campaign on research they conducted - the 2013 Living in Warwickshire survey (n=7,500), which revealed that while 75% of people reported their overall health as good, the responses for mental well-
being were more mixed. One in five people in Warwickshire either never or rarely feel relaxed, while around one in ten people do not feel close to other people.

Dr John Linnane, Director of Public Health in Warwickshire, said: “The feedback from our Wellbeing Hubs in Warwickshire has been incredibly positive. Providing them with a new way to engage and start conversations.”

“During the promotion we had people visiting open sessions in Wellbeing Hubs as a result of the information they had heard on the radio or seen in the media. Small things like the pledge cards in our Wellbeing Hubs are positive steps in making our residents think about their well-being and take positive steps towards improving their well-being. I look forward to seeing this develop in the coming months and years.”

For more information visit [here](#)

**Jack Linstead, Marketing and Communications Public Health Warwickshire**

---

“**The feedback from our Wellbeing Hubs in Warwickshire has been incredibly positive..... I look forward to seeing this develop in the coming months and years.”**

John Linnane, Director of Public Health

---

**five ways to wellbeing**

**be active**

---

**five ways to wellbeing**

**take notice**
Collaborating in Applied Health Research in the West Midlands

The Collaborations for Leadership in Applied Health Research and Care West Midlands (CLAHRC WM) is a five year initiative which aims to conduct imaginative, high-quality health service evaluations to improve patient care.

CLAHRC WM is funded through a £10million investment from the National Institute for Health Research (NIHR) together with a further £20.6million matched funding provided by local health and social services.

Research under this initiative focuses on four crucial areas of health:
- Maternity and Child Health
- Prevention and Early Intervention in Youth Mental Health
- Prevention and Detection of Diseases
- Chronic Diseases (Integrated and Holistic Care)

This work is supported by new scientific ways to measure the impact of changes and to make sure the best care is spread so that it can be delivered everywhere.

In the area of public health, CLAHRC WM is carrying out the following research to promote healthy lifestyles which run alongside screening programmes for a population empowered by increased awareness of symptoms, diagnosis and treatment options:
- Establishing a prevention and detection network to share and implement research findings.
- Changing the diet of children in nursery settings in Birmingham and encouraging children to choose healthier meal options.
- Improving uptake and outcomes from colorectal and breast cancer screening programmes in hard to reach groups.
- Introduction of school-based screening tools for emerging mental health problems such as eating disorders.
- A screening tool in primary care to enable early identification of young people at high risk of depression or self-harm.

Some success stories from CLAHRC West Midlands are described:

“We found that the prescribing of statins seemed to be very unfocused and many patients were missing out on treatments. Therefore, we have instigated a computer recall system for high-risk patients, which is currently being evaluated in a step-wedge cluster trial. A new mental health pathway for young people has been introduced which includes preventative measures aimed at raising awareness, encouraging young people to seek help quicker and evidence-based service interventions to remove persistent delays in the service.

In five years, the outcome should be better health, a better prospect of staying healthy, and a service in which every pound of the public’s contribution goes on services that use the best evidence of what works. The results we obtain will be shared around the world, so that people everywhere can learn from our achievements.”

-CLAHRC Programme Management Team

“In order to achieve our goal we have created a collaboration of patients and the public, service personnel, and applied health researchers to fulfil our mission” - Professor Richard Lilford, Director, CLAHRC

Showcase continued: CLAHRC WM
Coventry’s Health and Well-being Board, chaired by the Cabinet Member for Health and Adult Services has a responsibility to set the overall direction for health and well-being in the city. The Board use the Joint Strategic Needs Assessment (JSNA) to take a future-focused view of what the key challenges are likely to be for Health and Wellbeing in the city, and this informs the development of the next Health and Wellbeing Strategy for the city, from 2016 onwards. This will be done by using skills in predictive modelling from existing service data combined with on-the-ground knowledge, from citizens and professionals in the city, to determine which areas of focus will have the most impact. Some of the current work is highlighted below:

Healthy Places
Improving the physical environment
New public health initiatives are being put in place, working closely with the City Council’s Place Directorate and other key partners, to help ensure that the physical environment of Coventry is designed and maintained in ways which promote health.

Promoting health in the workplace
Local businesses are supported to improve the health of the local workforce and labour market. In a working year, the average full-time employee spends one fifth of their time at work; so, a healthy working environment can really boost health, as well as increase productivity.

Reducing tobacco use
Tobacco control and stop smoking services, which are funded through the Public Health ring-fenced budget, aim to develop an environment that reduces the probability that people will smoke/use tobacco products, help those who do smoke to quit and protect the population from the effects of tobacco use/smoking. Smoke-free school gates have been implemented and smoke-free signs launched at Coventry children centres and nurseries.

Promoting exercise
The new ‘Coventry on the move!’ programme is aimed at encouraging people to get up, be active and have some fun. This programme promotes the idea that exercise or activity - no matter how small - is good for you and therefore, you just need to ‘take the first step’ towards a more active life.

Empowering Communities
The Ripple project, recently funded by NHS England Regional Innovation fund, is being implemented this summer. The project will improve the health and wellbeing of individuals with COPD (which causes severe restrictions in breathing), by using an Asset Based Community Development Approach (ABCD). This will enable and empower individuals with COPD to be more active and involved both in society and in the self-management of their care.

Next Steps for Coventry
Although there have been some key successes over the last year, which are summarised above, there are still significant challenges which will need to continue to be addressed over the next year. Improving life expectancy and reducing health inequalities are long-term challenges but the intermediate steps that are being taken are likely to pay dividends in the long-term.

- Director of Public Health Annual Report 2013
ASM just a few short weeks away -

Don’t Miss the Annual ECR Speed-Meeting!!

The speed-meeting has become an annual event and really isn’t as bad as it sounds! Loosely based on the principles of ‘speed-dating’, ECRs get together in a room and basically network with each other in a slightly more structured format than the conference coffee-breaks. The session is very relaxed and friendly, and everyone gets a couple of minutes to talk to everyone else making it a great opportunity to get to know some of the fellow ECR delegates before the conference gets underway. This year the speed-meeting will be Wednesday, 10th Sept, held in the Sloane Robinson Building, Keble College, from 12-12.30.

We look forward to meeting you there!

Free one day meeting for ECRs attending this year’s SSM conference in Oxford!

The SSM Early Career Researchers sub-committee have teamed up with the International Epidemiology Association to host a one-off meeting the day before the main SSM conference begins in Oxford (9th of September). The topic for this meeting is: career development in public health research.

The event will include plenary talks from Professor Colin Baigent (Professor of Epidemiology and Honorary Consultant in Public Health at the University of Oxford) and Professor Doug Altman (Director of CSM and Cancer Research, UK Medical Statistics Group). A number of early-career researchers will present their work and there will be special sessions about fellowships and non-academic careers, as well as a Q&A session about life as a post-doc. The day will finish with a talk about Rosalind Franklin’s career by Professor Valerie Beral, Director of the Cancer Epidemiology Unit in Oxford.

The event is free of charge to all ECRs attending this year’s SSM conference, and you can register your attendance by contacting Kathryn Oliver - (Kathryn.Oliver@ucl.ac.uk).

(Please note that if you require additional nights’ accommodation when attending the pre-conference meeting, you will need to arrange this directly with Keble College Bed & Breakfast.)
Meet the expert interview: Diana Kuh

This year’s SSM ASM Pemberton Lecture will be given by Professor Diana Kuh, Director of the MRC Unit for Lifelong Health and Ageing and of the MRC National Survey of Health and Development (NSHD). Professor Kuh is internationally recognised for the advancement of the field of life course epidemiology. In a broad range of more than 250 publications she has shown the importance of childhood physical and cognitive development and lifetime socioeconomic factors, lifestyle and health experience on later adiposity, cardiovascular and reproductive function, strength and physical performance, quality of life and survival. It seemed only fitting then, that for the pre-conference SSM newsletter, the ECR sub-committee interviewed Professor Kuh to glean some pearls of wisdom...

Why did you decide to get involved in social medicine? (understanding of the social and biomedical factors that affect health and health care)

My first degree was in economics because I had an excellent teacher at school, and because, in the early seventies, I idealistically thought this would give me the skills to contribute to making society a better place. At my first health economics conference the plenary speaker argued that a cost could be put on how much people valued life by how often their changed their car tyres! I was not impressed by that argument (I drove a battered Morris Minor at the time...). My first ‘proper’ job was as an operational research scientist in Exeter for the Department of Health helping to run big computer resource allocation models about the health and social care costs of different ‘client’ groups: but I found the lack of discussion about the quality of care and its impact on people’s lives frustrating. I also interviewed the nursing staff in one of the big old ‘mental handicap’ hospitals about the abilities of the ‘patients’ on each ward and whether they were seen as suitable (or not) for community care. There were photographs of the residents before admission in their files, and hearing about their stories, and getting a glimpse of the impact of institutionalisation on them was eye-opening. So I was attracted by the offer from one of the first paediatricians in the NHS, Professor Freddie Brimblecombe, an inspirational clinician who knew the value of integrated and high quality holistic care services, to run a research project that involved interviewing 400 young people with physical and mental disabilities about their unmet health and social needs after they left paediatric care. The impact of the social and care environment on these young people, and on the residents of the mental handicap hospital, and the lack of opportunities in many of their lives, left a deep impression. I found listening to people’s experiences and trying to understand the factors that shaped their lives and life chances was of huge interest. By chance, through the statistician on this project, Jane Wadsworth, I got to know Mike Wadsworth and hear about the MRC National Survey of Health and Development (NSHD), the 1946 British birth cohort study), and applied for and was offered a research post on his team at UCL. So my first ‘career’ decision was to become a social epidemiologist, and Peter and I moved our young family to within commuting distance of London in 1987.

What was your first ever publication about, in 30 words or less?

My first publication in 1986, in an obscure journal called Social Services Research, analysed the quantitative and qualitative data collected from these 400 young people, their families and their care providers. Luckily I also had a publication that Freddie Brimblecombe first authored about the project in the BMJ at the same time!

Which piece of research are you most proud of and why?

It’s hard to choose one piece. The work with Rebecca Hardy and others in the 1990s showing the range of environmental and developmental factors associated with the timing of the menopause transition in the
women of the 1946 cohort was aetiologically very interesting, and now with these data we are investigating their joint effects on ageing outcomes. I am pleased we introduced simple measures of physical capability into the NSHD early on, so Rachel Cooper and I (with others) have been able to show the many environmental and developmental factors affecting midlife capability and now are investigating its long-term consequences. And offering to co-edit with Yoav Ben-Shlomo a book on a life course approach to chronic disease epidemiology was one of the best decisions I ever made.

“...we need to capture the continuing impact of the socioeconomic environment throughout life on later life chances of healthy ageing.“

**Where do you see social medicine heading in the next 20 years?**

There is a great pressure within social medicine and in the wider society to understand better the social and biomedical factors that affect healthy ageing. There is a lot of confusion about healthy ageing because some researchers include almost any dimension of the health of older people in their definition, regardless of whether that health dimension declines with age. Others, including myself, separate out healthy biological ageing (survival to old age, delay in the onset of chronic diseases, and maintenance of optimal physical and cognitive functioning for as long as possible) from wellbeing (how people feel and function socially). That way you can study the bidirectional relationships, investigating, for example, those who are psychologically or socially resilient despite accelerated biological ageing – and vice versa. Inevitably a lot of effort on biological ageing will go into the ‘omics field for aetiological insights of underlying biological pathways, and to test whether novel quantitative biomarker profiles predict age-related functional change, physiological resilience, or disease development. But as well as investigating how this underlying biology at the body system or cellular levels translates into changes in capability at the individual level, we need to capture the continuing impact of the socioeconomic environment throughout life on later life chances of healthy ageing.

**What three pieces of advice would you give to an early career researcher looking to have a career in social medicine?**

1. Get experience of all aspects of the research process by working as a member of a research team to: learn from others, identify the most interesting scientific questions, design the study, collect high quality data, analyse the data appropriately, and interpret and write up and disseminate the findings for scientific and lay audiences, and where relevant for policymakers. Working out the best scientific questions is hard. Data are too often seen as being delivered by ‘data collectors’ on a plate for researchers to analyse – take opportunities to get your sleeves rolled up and learn to collect and assess the quality of data for yourself.

2. Think about the big scientific and public health questions, and how your research questions fit into that big picture or jigsaw puzzle. Have novel ideas, but also build on and recognise the legacy of others.

3. Develop good collaborating skills so other researchers want to work with you to fill in other bits of that jigsaw puzzle.

**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?**

All early career researchers face challenges of one sort or another at the start of their career. Did anyone suggest it should or would be an easy ride? With few exceptions, for most people it requires a lot of perspiration as well as inspiration to achieve their career goals. Having said that, I think there is a clear need for more opportunities for capacity building within epidemiology and social medicine, so that people develop a wide range of relevant research skills and experience, and a better reward structure, including academic promotion criteria, that takes into account the investments that scientists and science support staff make in long-term studies, as well as ensuring that their contributions to publications are fairly recognised.
If you had to recommend key books or research papers for an early career researcher in social medicine to read, what would it be?

The 5 volumes of the second edition of the Handbook of Epidemiology (Ahrens and Pigeot 2014) is worth browsing through and comparing with a classic textbook from the previous era (such as the Uses of Epidemiology by Jerry Morris). On the one hand it is refreshing to discover that the key questions broadly remain the same; on the other hand, somewhat humbling to realise that answering one set of questions, almost invariably leads to another set of questions still to address, especially during a time of rapid social change. I would also recommend a classic study (such as Doll and Hill’s cohort study on smoking in British doctors, or Stein and Susser’s study of famine and human development): our predecessors may not have had ‘big data’ but they sure knew about study design and intellectual reasoning! Lastly, to understand the historical and social context in which we operate, I would recommend Ian Hacking’s Taming of Chance which brings out the relations between philosophy, the sciences and mathematics, and the development of social institutions in the nineteenth century.

-Professor Diana Kuh

*ECR Welfare Rights*

The retention and support of high-quality researchers is vital for UK academic excellence. And the UK has an excellent reputation for the quality of research and teaching at its universities. However, recent changes to recruitment and career structures threaten this track record. The Society for Social Medicine therefore strongly believes that all academic institutions and learned societies have a duty to promote supportive working conditions for all early career researchers. UK Universities must do more to promote equality of access to secure and rewarding academic posts for high-quality candidates from all backgrounds. They must take greater responsibility in ensuring that talented early and mid-career researchers reach their full potential by investing in and supporting the career progression needs of this group.

All PhD students should be paid a living wage and deserve a professional salary comparable to their peers. Current rates of pay are often equivalent to or below minimum hourly rates. They also deserve fair access to pension schemes, sick leave and other basic employment rights, yet many PhD students don’t have contracts, let alone proper professional support. Having earned their PhD, postdocs should then be viewed as valuable members of universities in their own right. They make crucially important contributions to academic groups in a variety of ways; so their merit should be recognised through appropriate professional salaries and more secure employment. PhD candidates and middle grade researchers also de-

Keep up to date with ECR subcommittee news and activities via the SSM website www.socsocmed.org.uk/ECR as well as our Facebook page www.facebook.com/SocSocMed.

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.

SSM offers a free year’s membership to any early career researcher joining the Society. Please note, that the free year will be granted in the second year of membership, and will require validation of ECR status by the subcommittee chair. All enquiries regarding free membership should be addressed to Professor Mark Gilthorpe at m.s.gilthorpe@leeds.ac.uk.

One-day events

The ECR section is keen to expand the number of one-day meetings that it organises. We’re very interested in hearing what events you would like to see in the future. If you have a specific topic in mind and/or would be interested in hosting a meeting at your institution then please contact Steven (steven.bell@ucl.ac.uk) to discuss things further.
serve high-quality mentoring from senior peers, advice and opportunities for career development, and support as a fundamental right.

All universities want to optimise the recruitment and retention of high-quality candidates for permanent academic jobs, and tackling these issues will serve as the first step in the journey to ensure that tomorrow’s researchers are fully supported and not simply exploited by the current system. Universities have an ethical duty to invest in the future generation of researchers.

The Society for Social Medicine is addressing this critical issue by releasing a Welfare Statement to several of the National broadsheet newspapers. We hope that this will provoke and inspire discussion and debate, and lead the way to a positive change in working conditions for early career researchers. If you would like to read the Welfare Statement in full, please visit the ECR section of the SSM website (www.socsocmed.org.uk/ECR).

Simon Capewell, President for the Society of Social Medicine, on behalf of its members.

Requests for Member and Society support

Support for new conference:
Call for support for the 1st International Conference on Transport & Health, which will be held in London on 6th to 8th July 2015. It will be aimed at a mixed audience of policy-makers, practitioners and academics.

I am writing to ask whether the Society for Social Medicine might help underwrite this innovative conference, for example by having part of it as a joint SSM one-day conference. Our primary objective is to facilitate the sharing of best practices and lessons learned between cross-disciplinary professionals involved in the research and planning of transportation projects across the world. To accomplish this ambitious goal, we are primarily seeking financial and in-kind sponsors to underwrite the conference. However, we will also consider organisations willing to contribute “pump-priming” support to assist with the up-front costs.

The organising committee would welcome further members, as well as volunteers to contribute to reviewing the abstracts. If you are interested in either of these roles please contact Jenny Mindell directly. j.mindell@ucl.ac.uk

Volunteers Needed: The people’s Uni:
The People’s Open Access Education Initiative (Peoples-uni) provides online public health training at Diploma and Masters level at low cost with the aim of building public health capacity in low- and middle-income countries (LMICs).

We are looking for additional volunteer tutors to lead two-week topic sessions particularly for our Introduction to Epidemiology module, but also other Masters-level public health modules. The time commitment for tutors amounts to approx. 2-4 hours per week during the 2-week topic session (and taking part in assignment marking at semester end).

This is an opportunity to add your teaching skills to our team of highly motivated volunteer academics and professionals and to gain experience with a leading organisation in online public health capacity-building. Please contact us for further information or register your interest to volunteer on our website: http://www.peoples-uni.org/

Thank you!
In the January 2014 SSM Newsletter I outlined the changing structure of the SSM committee, with everyone taking on specific responsibilities as a way of both sharing the workload and ensuring we make progress on the issues identified through the task and finish groups. This is working well, for example we have forged new relations with the UK Health Forum, trialled a new approach to scoring abstracts and have a pilot mentoring scheme underway. In addition, the communications subgroup have developed a new logo and strapline for the Society. To support these activities, as well as the three full committee meetings the Officers (President, Past President, Treasurer, Secretary, Communications Officer together with the ASM local organising chair and ECR chair) have between-committee telephone conferences to ensure continued progress. We have also employed HG3 – who do such an excellent job organising the Conference for us each year – to help out with other administrative tasks as well.

At the AGM in Oxford we will tell you more about progress with these activities, and ask for your support to make a number of constitutional changes – for example to the number of people on the committee and the role of co-opted members - to ensure we can continue to develop these new ways of working. Do come along and hear about these new developments in the Society and help shape how we take these forward in the future.

In the more immediate future – on 15th August - you will be invited to vote, for the first time ever, for the Society’s President (who will take office on 2016). We have two excellent candidates standing, both of whom have long associations with the Society:

- **Professor Aileen Clarke, Warwick University**
- **Professor Sally Wyke from Glasgow University**

You should all soon receive an email providing a link to the election website where you can read Aileen and Sally’s visions for the Society - do please take the time to read them and use your vote to shape the direction you want the Society to take.

The other committee roles I recently announced – two ordinary members and Treasurer elect – have also received nominations, but since there were an equal number of nominations to posts, an election is not required for these roles and the new post holders, together with the winner of the Presidential election, will be announced at the AGM. Do come along and meet them.

Also on the election website is a voting page for an SSM member to represent the Society on the EUPHA International Scientific Committee whose role is:

- to advise the EPH Conference Foundation and EUPHA in all matters concerning research and science both on request and voluntarily;
- To safeguard the scientific content of the annual European Public Health confer-
ence; and
- To review the abstracts submitted for presentation at the annual European Public Health conference.

This SSM role was held until this earlier this year by Claire Jinks (University of Keele) who had to step down and Janis Baird (University of Southampton) kindly took on the role temporarily for 2014. Bernd Rechel (LSHTM) and Helen Bromley (Liverpool University) have put themselves forward for this role from 2015. Please read their statements and choose who you would like to represent the Society with this aspect of EUPHA’s work.

Every member of the Society is important, and we are planning ways of enhancing the membership database so that we can tailor communications and activities more effectively to your interests. Do please keep your contact details up-to-date, so that you can continue to enjoy the many benefits from membership of the Society. To update your contact details please go to http://www.hg3.co.uk/ssm/members.aspx. If you have forgotten your login or have any problems with this site please contact HG3 who administer it for us: ssm@hg3.co.uk.

I look forward to seeing you in Oxford, and particularly at the AGM.
With best wishes, Michaela Benzeval
Honorary Secretary
August 2014

Got something to say?

Do you disagree with Simon’s letter?
What do you think about the ECR Welfare Rights statement?
Do you just appreciate a good old fashioned debate?!

The Society for Social Medicine Newsletter editors are always looking for stories of interest about improving and advancing population health knowledge, and we welcome responses to our articles. If you would like to submit a story to the SSM newsletter, or you would like to respond to something written in this newsletter, please email us. Socsocmed.news@gmail.com — your newsletter editors, Jo, Sheena, Richard, Rebecca

Journal of Epidemiology and Community Health

The Journal of Epidemiology and Community Health, the official journal of the Society for Social Medicine offers:

Rapid turnaround: 20 days from submission to first decision and 23 days from acceptance to online publication
High visibility: 1 million downloads per year and a high volume of press released content
A unified forum: Bridges the gap between practitioner and academic.

Submit your best paper today! http://bit.ly/1su1QoI
**Dates for your Diary!**

<table>
<thead>
<tr>
<th>September 2014</th>
<th></th>
</tr>
</thead>
</table>
| Public Health England Annual Conference – 16th and 17th September 2014       | Speakers include Simon Stevens Chief Executive of NHS England, the Right Honorable Jeremy Hunt MP and Cllr Katie Hall Chair LGA Community Wellbeing Board. |University of Warwick

<table>
<thead>
<tr>
<th>October 2014</th>
<th></th>
</tr>
</thead>
</table>
| The 1st International Conference on Realist Approaches to Evaluation and Synthesis: Successes, Challenges, and the Road Ahead - October 27th to 30th 2014 | This conference is held by the Centre for Advancement in Realist Evaluation and Synthesis at the University of Liverpool. Speakers include Trish Greenhalgh, Kieren Walshe, Nick Tilley and Mike Kelly. | University of Liverpool.

<table>
<thead>
<tr>
<th>November 2014</th>
<th></th>
</tr>
</thead>
</table>
| 7th European Public Health Conference – Mind the Gap: Reducing inequalities in health and healthcare - 19th to 22nd November 2014 | This conference is held in association with the European Public Health Conference Foundation, the European Public Health Association (EUPHA) and the UK Society for Social Medicine. | Scottish Exhibition and Conference Centre, Glasgow

<table>
<thead>
<tr>
<th>December 2014</th>
<th></th>
</tr>
</thead>
</table>
| 7th Annual Conference on the Science of Dissemination and Implementation: Transforming Health Systems to Optimize Individual and Population Health - December 8th and 9th 2014 | This conference aims to grow the research base by bridging the gap between evidence, practice, and policy in health and medicine. | Bethesda North Marriott Hotel & Conference Centre
| http://www.academyhealth.org/Events/events.cfm?ItemNumber=13518               | http://www.academyhealth.org/Events/events.cfm?ItemNumber=13518 |

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 10th UK Society for Behavioural Medicine Annual Scientific Meeting – 3rd and 4th December 2014 | This conference provides a forum for all behavioural and public health researchers, clinical practitioners, epidemiologists, health and clinical psychologists, medical sociologists, health economists, nurses, pharmacists and all other colleagues interested in the field of behavioural medicine. | East Midlands Conference Centre, Nottingham.