Between August and October 2015, the Society for Social Medicine surveyed a number of its members, as well as non-members, for their views on the Society and what such a society should look like in the years to come.
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Executive Summary

Between 21st August and 31st October 2015, the Society for Social Medicine (SSM) ran an internet-based survey to capture opinions of both members and non-members regarding the current functioning of the society and its potential role in social medicine moving forward. The survey was advertised using several email contacts (see Appendix), as well as the SSM email bulletin, website and social media channels, and all replies were anonymous.

THE RESULTS

Respondents
The web-based survey of members attracted about 10% of SSM members (58 out of 572) and 140 non-members from a variety of disciplines. Twelve of those non-members had previously been members. In general the respondents considered that they applied more than one specialty in their work and that social medicine was relevant to their specialties. Public health and epidemiology were the most commonly cited specialties across both members and non-members, with health services research appearing as a greater focus in non-members. The respondents’ answers to both surveys can be grouped under three main categories: Communication, Events and Membership.

Communication
SSM communicates via monthly emails, a quarterly newsletter, the SSM website and social media (namely Twitter and Facebook). It was apparent that respondents felt there was a need for more member involvement in the Society (e.g. being able to publicise research publications, events, courses etc.) and more analysis/commentary by SSM with regards to emerging public health topics/issues in the field and public domain (e.g. via blogs or in the newsletter). The monthly emails, the newsletters and the Twitter account were viewed positively by more than three quarters of respondents in terms of interesting content. While several respondents felt Facebook was less well used (and possibly not needed), there was a call for an increased use of Twitter to communicate regularly (e.g. about the blogs, new research etc.) instead of the website, as this was mainly seen as an information resource. It was noted that the committee will still need to cater for those without social media accounts, however.

Events
Just over half of non-members were aware of the ASMs, although two-thirds had never attended. A quarter had no specific reason for not attending, but some reasons included
prioritising other conferences (21%), the ASM being too expensive (14%) or being too far away (11%). Amongst members, two thirds had attended in the last 5 years, with half of these regularly attending. The conference being too far away was the most common reason given for not attending (35%). As membership increases, including amongst non-UK residents, the Society’s work outside of the ASMs may become increasingly important (as described above in terms of increased member involvement and communication). More than 90% of members and non-members who had attended recent ASMs rated them as of high or very high quality. In order to keep the ASMs relevant though, people are looking for more opportunity for: debate; emerging topics and perhaps specific themes (of sessions or conference); collaboration and networking; shorter talks that focus on findings/conclusions (e.g. pitch presentations); greater international focus; and joint events (with the Faculty of Public Health, British Sociological Association MedSoc etc.). The one-day events hosted by SSM were also rated as high or very high quality by 72% and 83% of members and non-members, respectively. Although 86% of members were aware that the SSM ran one-day meetings and workshops, only 21% of non-members were aware they took place.

Membership
Overall, there was a low level of awareness of the benefits of (11%), and joining process for (23%), SSM membership amongst non-members. All of the benefits provided by SSM membership were rated as moderately, very or extremely important by at least 80% of members and non-members, except for reduced membership fees for other societies or reduced subscriptions rates for journals/books. Suggestions included: dropping reduced subscriptions to journals/books (if costly); offering more mentoring; offering more advocacy/commentary of important issues (as highlighted above in communication); more outreach to include more non-academics; and more opportunities for networking and collaboration that can actually lead to grants, publications and/or sharing knowledge and skills.

Take-Home Messages
The quality of the SSM ASMs and outputs are highly regarded amongst both members and non-members, but there remains scope for:

- Better promotion of the SSM
- Better interaction with members
- More commentary and advocacy on important issues
- More debate on ‘hot topics’ at the ASM
Acknowledgements & Roles

Many thanks to all the people who enabled the survey to take place, especially the SSM Committee, and to the respondents who took the time and trouble to give us their views. Thanks also to the organisations and individuals who distributed the survey link throughout their networks. Tony Robertson designed the first draft and administered the surveys. Several committee members contributed to the question wording, which Tony revised. Peter Tennant helped contribute to the first draft and advised on running the survey given previous experience with the Early Careers Sub-Committee. Tony, Shelina Visram and Sheena Ramsay advertised the survey. Elizabeth Breeze analysed the results, with assistance from Shelina, and wrote the first draft of the report. Finally, Tony designed the final report with comments provided by Elizabeth, Sheena and Shelina.

Elizabeth Breeze (Survey Officer)
Sheena Ramsay (Chair of MCR Sub-Committee)
Tony Robertson (New Members Co-ordinator)
Peter Tennant (Honorary Secretary)
Shelina Visram (Membership Secretary)
Undertaking the survey

Between 21st August and 31st October 2015, the Society for Social Medicine (SSM) ran an internet-based survey to capture opinions of both members and non-members regarding the current functioning of the society and its potential role in social medicine moving forward. The survey was advertised using several email contacts (see Appendix), as well as via the SSM email bulletin, website and social media channels, and all replies were anonymous. We received 58 replies from members out of a membership of 572 (10%) and 140 from non-members. Twelve of those non-members had previously been members and left the Society, seven of whom had moved on to work where SSM seemed less relevant or other commitments took over, two had stopped going to conferences, two had stopped when funds were not available, and one simply said ‘no need to join’.
Respondents’ specialties and membership of other organisations

Both groups of respondents generally thought of themselves as applying more than one specialty. The median number of disciplines for both non-members and members was three (IQR 2-4). Among non-members public health was most common (62%), then health services research (44%) and epidemiology (41%), but there were respondents from all the disciplines listed (Figure 1). Among members the highest percentage practised public health (71%), followed by epidemiology (66%) and social epidemiology (43%).

FIGURE 1

Number reporting specialty in their work

Over half the non-member respondents (56%) and most of the members (84%) were members of other organisations. This membership was scattered across a great number of organisations, some people belonging to several. The single greatest number was the UK Faculty of Public Health (14 members and 12 non-members), closely followed by the European Public Health Association (EUPHA) (22 SSM members and 2 non-members) the International
Epidemiological Association (IEA) (10 members and 5 non-members), the UK Society for Behavioural Medicine (4 members and 14 non-members), and Society for Longitudinal and Lifecourse Studies (SLLS) (10 members and 2 non-members).
Relevance of social medicine

Social medicine was judged highly relevant to ‘your work’ and ‘the wider world’ by 72% and 64% respectively of the member respondents. Non-members also thought it relevant but were more likely to consider it highly relevant to the wider world (77%) than to their own work (69%). Unsurprisingly, none of the members considered social medicine not relevant and only one of the non-members considered it not relevant to their work, none to the wider world. There were a few ‘don’t know’ among non-members. There was probably a bias of sympathy towards social medicine among non-members who completed the survey, but it still indicates some potential for recruitment.

The questionnaire also asked people to rate the relevance of specific disciplines to social medicine. For both members and non-members the largest percentages selecting the ‘highly relevant’ option applied to public health, followed by social epidemiology then epidemiology. Clinical trials and political science received the lowest percentage of ‘highly relevant’ responses. Of the other six disciplines the difference in ranking was greatest for medical statistics (9th equal for non-members, 4th equal for members) (Figures 2a and 2b). However, it is clear that a high percentage of respondents considered that social medicine was highly relevant to their own discipline (Figures 3a and 3b). The exceptions were clinical trials and, for non-members, health services research and medical statistics, but even here it was rare to consider the discipline not relevant at all.

FIGURE 2A
**FIGURE 2B**

Relevance of specialties to social medicine: members

- **Public Health**: 100%
- **Social Epid**: 100%
- **Epidemiology**: 100%
- **Med Social**: 100%
- **Health Geog**: 100%
- **HSR**: 100%
- **Health Psych**: 100%
- **Health Econ**: 100%
- **Med Anthrop**: 100%
- **Med Stats**: 100%
- **Pol. Sci**: 100%
- **Clinical Trials**: 100%

*Color codes:*
- Highly relevant
- Somewhat
- Slightly
- Not
- Don't know

**FIGURE 3A**

Relevance of social medicine to own specialty: non-members

- **Clin. Trials**: Highly relevant 60%, somewhat/slightly 40%
- **Pol. Sci**: Not/not known 100%
- **Med Stats**: Slightly 50%, not/not known 50%
- **Med Anthrop**: Not/not known 100%
- **Health Econ**: Not/not known 100%
- **Health Psych**: Slightly 50%, not/not known 50%
- **HSR**: Highly relevant 60%, somewhat/slightly 40%
- **Health Geog**: Slightly 50%, not/not known 50%
- **Med Sociol**: Highly relevant 60%, somewhat/slightly 40%
- **Epidemiology**: Slightly 50%, not/not known 50%
- **Social Epid**: Highly relevant 60%, somewhat/slightly 40%
- **Public Health**: Slightly 50%, not/not known 50%
Relevance of social medicine to own specialty: members

- Clin. Trials
- Pol. Sci
- Med Stats
- Med Anthrop
- Health Econ
- Health Psych
- HSR
- Health Geog
- Med Sociol
- Epidemiology
- Social Epid
- Public Health

Number

- highly relevant
- somewhat/slightly
- not/not known

FIGURE 3B
Knowledge of SSM

Over half of non-members did not knowingly know any SSM members, although 18% knew three or more. Overall, awareness of SSM membership was low in terms of non-member respondents who knew how to join SSM (23%), the cost of membership (11%), the benefits of membership (11%) and who the SSM President was (5%). It was unusual for an SSM member not to know other members (5%) and nearly half reckoned they knew 10 or more.
The ASM

Just over half the 140 non-members were aware that SSM holds an ASM (54%), but two-thirds of these had never attended. Only 5% were regular attenders, a further 13% having been once or twice in the last five years, and 16% had been to an ASM but more than five years ago. All the members knew about the ASMs, but only a third were regular attenders, a third had attended once or twice in the last five years, a tenth had not been recently, and a quarter had never been. Amongst the non-members who knew about the conferences, but had not recently or ever attended, no particular reason dominated. The largest group – a third - prioritised other conferences but a similar number said they had no specific reason. For 11 of these 61 non-members (18%), the ASM was thought to be too expensive. No one thought it too long and only two said that the programme was low quality. Two never attended conferences. Twelve gave other answers, five of who had not been aware of the ASM until very recently. Similarly no one reason dominated among the 20 members who had not recently or ever attended. The largest group were the eight who considered the conference too far away (40%). Ten gave other reasons, four of these concerning other commitments, one lack of funding and two that they did not have abstracts accepted.

In terms of quality of the ASMs, more than 90% of both members and non-members rated them as very high or high quality. The remaining respondents felt the ASMs were of moderate quality. No respondents felt the ASMs were of low or very low quality.

Suggestions for the most important things that SSM should offer at ASMs fell into five broad categories: hot topics, diversity and debate (8 non-members, 9 members); collaboration and inter-disciplinarity (8 non-members, 4 members); networking (7 non-members, 9 members); supporting early career researchers/ECRs and more experienced groups (4 non-members, 6 members); and methodological issues (3 in total). A total of 41 non-members and 27 members had suggestions. Seven members mentioned that the presentations should be good quality (perhaps hinting that currently they are not always so?). Reading into the comments on the first theme, it appears that more challenging events would be welcome, including thinking beyond the research process:

“Updates on latest research, particularly on the effects of politics and public policy on health” (non-member)

“Latest research to support growth of awareness of importance of social medicine/wider determinants of health to population & individual health” (non-member)

“Current and emerging issues” (member)
“Debates on topical public health policy issues” (member)

“Variety of methods and topics spanning the breadth of social medicine and not getting too tied up in epidemiology” (member)

“Main emphasis on a forum where researchers can present but also develop their research” (member)

Although only noted by one person, there is food for thought in the following comment – linked perhaps with the scope for discussion. Putting more emphasis on results and implications of research, one member suggested that:

“Presentations to concentrate on findings and conclusions rather than lots of background and especially details about methods - too many run out of time at this point, just as it is about to become interesting!” (member)

Perhaps thinking of increasing impact as well as interest, outreach and looking beyond the UK was important to some:

“A broad range of different topics and streams, reflecting current issues in the interface between social and clinical perspectives” (non-member)

“Offer opportunities for/promote to a wider range of professions (PAMs) to attend” (non-member)

“I enjoy working across disciplines. So having an opportunity to hear/work on knotty issues with folk from other disciplines as well as my own would be great.” (non-member)

“The SSM is a great society, but is completely UK focussed (exec members, participants etc). This means I have looked elsewhere for an international society with a similar focus” (non-member)

“New international research and funding frontiers” (non-member)

“Good mix of multidisciplinary presentations” (member)

“Greater opportunity to link with non-academics” (member)
Outreach involves networking but even at a more ‘local’ level the opportunity to meet with others was welcomed by several responders (mentioned by six non-members and nine members):

“Networking and opportunity to present, hear, and discuss research and ideas” (non-member)

“Possibilities to connect” (non-member)

“Continuing opportunities to network through social events” (member)

“Networking breaks” (member)

The Early Careers Researcher (ECR) group is now a well-established part of SSM and was mentioned by nine people. A couple of members mentioned that similar opportunities should be extended to other groups.

“Networking at all levels of seniority” (member)

“The ECR work has been fantastic, this should be extended to other career groups” (member)

Some specific research and training topics were suggested:

From non-members:

• Attention to Indigenous peoples and the role of colonialism
• New insights on wearable devices
• Interaction between economics, environment and health of populations (this respondent mentioned population health in several answers)
• More focus on patient-centred care, taking the patients’ social circumstances into account
• How to understand "the social", not as one shelf in the supermarket of medical ideas, but as the way all the shelves are organised, configured, related.

From members:

• Causal links that are biologically plausible, explaining social gradients in health
• Focus on public/patient engagement in research
One-day events

Eight people had attended three or more one-day events (7 members) and another 24 attended one or two (20 members). In terms of quality, 72% of members and 83% of non-members who had attended rated the one-day events as high or very high quality. The remaining votes felt the events were of moderate quality.

As with ASMs the reasons for non-attendance were mixed. Of the 25 non-members who had not attended a one-day event although aware they existed, eight responded that the programme was not relevant, 10 that they were not sure when they took place, and five that they prioritised other events, while a further five indicated that workshops were too far away (15 giving at least one of these reasons). Only three said ‘too expensive’. Seven had no specific reason. Among 21 members who had not attended a one-day event, ‘too far’, ‘programme not relevant’ and ‘not aware’ were each noted by a third (accounting jointly for two-thirds of those concerned). Only three had no specific reason and two thought they were too expensive. Eight of the members (14%) and 110 (79%) of the non-members were not aware that SSM held one-day workshops.

The suggestions from 35 non-members and 19 members for one-day events again cover the idea of diversity/debate/innovation and policy relevance but also skills training. The latter was mentioned by 14 non-members and eight members. They spill over into knowledge transfer or translation. The most specific suggestions are included below.

“Training and the opportunity to learn new approaches and methods” (non-member)

“Interaction and skill application” (non-member)

“Workshops offering skills training at different levels” (non-member)

“Continuing professional development opportunities and transferable skills” (non-member)

“Statistical / methodological workshop” (non-member)

“Methodological - mixed methods” (2 non-members)

“Skills/knowledge development opportunities; Knowledge transfer (between academia and operational-level), including identification of knowledge gaps and future research priorities” (non-member)

“Translational skills” (non-member)

“Detailed deliberations regarding rich case study methodologies and findings” (non-member)
“High level learning on focused topics in different parts of the country” (member)

“Something about qualitative research and innovative methods, possibility in collaboration with MedSoc” (member)

“Study design to cover - sources of error, sample size estimation, clustered observations, role of simulation” (member)

“Opportunities for constructive discussion on achieving a more equal, healthier world and suitable methodologies for research that will give us pointers to this” (member)

“Tips on how to build an academic career, getting grants, writing grant proposals (e.g. MRC, NIHR, etc.)” (member)

Diversity, debate, and active workshops were mentioned by four non-members and four members. Only the detailed answers are given here:

“I’m afraid that some of these professional groups over focus on professional values, professional interests, and avoid certain types of issues which have concerned to communities, populations, countries, and groups. The good example would be rare diseases which are very neglected in research.” (non-member)

“Opportunities for constructive discussion on achieving a more equal, healthier world” (member - also cited under training)

“Opportunities to have a more focussed discussion about latest issues/research around one topic relevant to the Society’s aims” (member)

“Bringing together interesting people from different perspectives to discuss and explore hot topics in social medicine” (member)

“Chance for debate on topical issues or innovative methods” (member)

Five non-members and three members focussed specifically on policy relevance or linking up with other disciplines:

“Exploration of what constitutes evidence in public health and how evidence informed policy and practice can be strengthened” (non-member – also mentioned policy for ASM content)

“New policy dissemination” (non-member)
“Introductions to specialities, e.g. health economics, health psychology” (non-member)

“Opportunities for constructive discussion on achieving a more equal, healthier world” (non-member; also noted above)

“A larger number of one day events held jointly with other organisations, in order to offer a wider choice of topics” (member)

“In collaboration with FPH and PHE to demystify research for practitioner” (member - referring to training)

At least seven respondents mentioned networking in relation to one-day events, but one thought that SSM should concentrate on the ASMs.

Some non-members gave suggestions for specific topics:

- Why epidemiology, and in particular the unreflective application of methods from clinical epidemiology in complex real-world contexts, cannot do much to improve understandings of health inequalities;
- Attention to the history of conquering and assimilation through colonial projects;
- Mobile health (given in response to several questions)
- Exploration of what constitutes evidence in public health and how evidence informed policy and practice can be strengthened
- Social determinants of health
- Migration processes and health.

There was a separate question concerning suggestions for future events – these overlapped heavily with those for one-day events. Twenty-three non-members and 11 members gave answers and respondents may not have been sure how the questions differed. Four members mentioned ECR events. There was more emphasis on teaming up with other organisations, the specific references to other organisations given below:

“Perhaps SSM can team up with others (eg Faculty of Public Health, Local Government Authority, European Public Health Association) to host joint events” (non-member).

“SSM should run sections in other related or broader congresses” (non-member)

“Could link with the Faculty of Public Health regarding future conferences/events?” (non-member)
“It would be interesting to see collaborations with UK Society for Behavioural Medicine, Division on Heath Psychology etc and more focus on healthcare professionals” (non-member)

“Possibility in collaboration with British Sociological Association MedSoc. Also something in collaboration with Faculty of Public Health and Public Health England to demystify research for practitioners” (member - same answer as for one-day events).

“Faculty of Public Health, Society for Academic Primary Care, UK Health Forum” (member)

“Joint conference with MedSoc” (member)

“Might consider running events at other organisations conferences e.g. FPH - would improve the standard of science!” (member)

“Joint events with other societies that are allied to social medicine” (member)

A few mentions concerned training, and action-oriented events. Individual innovative suggestions were:

“Scenario days where you choose an issue/problem and use hypotheticals to solve it - would be a great event for team building” (member)

“A networking event run on speed-dating lines” (member)

Specific topics suggested, all by non-members, were:

- Health literacy
- The important role of women
- Reproductive ageing
- Intergenerational inequalities
- Climate change
- Something relating to knowledge exchange / research impact, from a sociological / policy perspective
- Something on advocacy
- The role of private sector in research and policy
- Raising awareness on factors in medical decision-making (mentioned in answer to more than one question)
- Social networks and health
• Self-management of Long Term Conditions
• Cross-discipline work to improve health
Communication

A number of survey questions covered the monthly email bulletin, quarterly newsletter, website, Facebook and Twitter.

Figures 4a and 4b show the awareness of the various means of communication – these are set alongside that of ASMs and one-day meetings to show that it is the ASM that is best known. Apart from that there was little awareness of the various channels of communication among non-members, Twitter doing best in terms of usage (20%) although 26% were aware of the website, the same percentage as for Twitter. The email and newsletter are intended for members so it was not surprising that awareness of these was low (14% and 9%) with Facebook being least known (5%). As expected members were much more likely to be aware of the various forms of communication, but one-fifth did not know about the quarterly newsletter, two-thirds did not know about Facebook and nearly a third did not know about Twitter. Usage of both Facebook and Twitter was also notably lower than awareness.

FIGURE 4A

Awareness of SSM activities: non-members
Particularly among non-members there was some tendency to give the same answers for several channels of communication.

E-MAIL BULLETINS

The email bulletins sent out each month were rated as being moderately or very interesting by 80% of members and 75% of non-members. It was not clear how non-members received the emails, but are most likely forwarded them by colleagues. Only one member felt the content was not of interest.

Twenty-two non-members and 17 members commented on important things they thought should be included in email bulletins. Updates were suggested for the bulletin by 12 non-members and four members, between them mentioning research, ground-breaking topics, publications and political issues of relevance to SSM:

“Updates of work ongoing from different universities” (non-member)

“Key info about upcoming events and short summaries of past events plus links to relevant publications” (non-member)

“Research, evidence base” (non-member)
“Updates on emerging potential solutions /efforts” (non-member)

“Examples of ground-breaking research, which uses new and novel approaches i.e. creative research methods would be really interesting. …..examples of how research actually had an impact, and the story behind this to show how translational issues are important” (non-member)

“Alerts to key reports and publications and other relevant events” (non-member)

“More info on the UK political landscape and how it is affecting the interests of the Society (i.e. public health)?” (member)

“How can our work and the work of the society be used to influence policy at a high level” (member – this is more than an update, but a call for action)

A different slant on this was a suggestion that communities rather than professionals should write about their own health issues and comment on research. Also, in terms of information, six non-members and 11 members wanted to know about events, including training courses, jobs and other organisations. Four members also specifically mentioned in-house items like ‘meet the team’, ‘committee updates’:

“News of meetings, jobs, conferences and courses would all be welcome” (non-member)

“Dissemination of organisations that work in the field” (member)

“Relevant forthcoming events (both in and external to SSM)” (member)

One example above already hinted at opportunities for contributions for SSM to act. A couple of other comments by members also took this line:

“News of consultation” (member)

“Petition that we need to take action” (member)

Also, touching on the idea of stimulating action there were a couple of suggestions that opportunities for collaboration were included and one that there should be a think-piece “to help members generate an output related to career advancement”. Three non-members also suggested topics for inclusion but it is not clear whether those suggesting these more substantive items were seeing the email as a bulletin or a form of newsletter.
NEWSLETTERS

The quarterly newsletters, emailed to members and added to the SSM website, were rated as being moderately or very interesting by 84% of members and 88% of non-members. It was not clear how non-members received the emails, but are most likely forwarded them by colleagues. All but two of the remaining responses were for the newsletters being slightly interesting.

Fourteen non-members and 11 members specified the most important things they would like to see in a newsletter. Although there was overlap with the bulletins there were more suggestions for substantial items. Five asked for updates on research, two indicating fairly substantial items:

“Analysis and commentary on contemporary public health issues and challenges and how the evidence relates to these” (non-member)

“Case studies, e.g. interesting research projects and practice-based initiatives” (member)

Four people liked having interviews, blogs or profiles of people, and three wanted other discursive items:

“The whole arena should be opened up to greater debate across a wider broad range of issues, and not just focus on those issues are already part of a professional focus. I think links and bridges need to be built between professional groups doing research, and communities and other groups that have views about how research should be done” (non-member consistent in this theme across answers)

“For early career researchers to present their work in a supportive environment” (member)

“Opportunities to network and share ideas” (non-member - consistent in theme across answers)

“Think-pieces, profiles of members to inspire others, examples of impact of research” (member)

Topics suggested were:

- New insights on wearable devices
- Meta study results
- Education for citizenship
- Medical decision-making (also given for email & website – full answer below).
Also given for email rather than newsletter but perhaps more relevant here:

- The role of systemic violence by the medical industrial complex
- Mobile health
- “Medical decision-making, the importance of lifestyle choices and the influence on health, changing society to ‘nudge’ people towards healthy behaviour (eating habits, exercise, meeting people, being able to contribute to society, lifelong learning, connecting to green environment.)”

**WEBSITE**

Of the 22 non-members who had used the website, 12 looked for details of the ASM and 11 for information about SSM generally, while eight looked for details of one-day meetings. The other reasons (specific aspects of SSM, SSM committees, other) were selected only by a few.

Of the 44 members who used the website, the largest group (39) looked for ASM details. Similar numbers (17-18) looked for details of one-day meetings, information about SSM generally and about the committee. In terms of interest, 62% of members and 75% of non-members found the website content moderately or very interesting, so there is some more room for improvement here.

There were 11 non-members and 11 members who commented on the website content. Two people repeated respectively that they would like analysis and commentary on public health challenges or input from communities. Another sought more blogs. The kind of content that came up here rather than elsewhere (nine comments) was information on the purpose of SSM and how it works – the committee members, how to join and who can join – and reports on previous ASMs. Otherwise some would look for information on events, recent news, and links to other organisations but, as indicated above, not many made suggestions.

**FACEBOOK**

Six members and one non-member had ‘liked’ the Facebook page. Eight of the 11 who had used Facebook rated it less than moderately interesting or did not know how to rate it. Many respondents simply did not use Facebook or only used it for personal exchanges. It is also the communication medium with least awareness. Positive suggestions were updates linked to the website, condensed news from the website, and details of coming events. One recommended overlap with the email bulletin and links to the newsletter.
TWITTER
Contrary to Facebook, most of those who followed Twitter (45 of 58 respondents) found it very or moderately interesting (78%). There were 14 non-member and 12 member comments. Four non-members did not use Twitter but the main positive suggestions were new research findings, key challenges within the social medicine sphere, what is ‘headlining’; and things relevant to SSM rather than re-tweets.

HOW COULD SSM COMMUNICATE BETTER?
There were 25 responses from non-members and 10 from members. Three people suggested increased use of social media, one suggesting that members are encouraged to contribute more to these. Five non-members chose email alerts - including a jiscmail group. Five suggested working through other organisations (e.g. by emails), in medical publications and contacts with public health registrars. One substantial comment is given below:

“I think it should network, if it's not already doing so with a broader range of interest groups, communities already doing work on health issues. It should enable some kind of debate between those communities and different professional groups so that research becomes more community relevant. Innovation is largely driven by two perspectives in health, one the pharmaceutical/biotech industries is and to policy or medical/clinical professional interests. The role of patients and communities of interest in these processes gets completely lost. They are only considered seriously when they have enough money to fund basic science, which of course is very limited in terms of how it can impact directly on treatment or options available to communities…” (non-member)

Other channels suggested were LinkedIn, ResearchGate, Google+, using videos and having a higher media profile. A few thought that dissemination of this survey might help and one suggested having bi-annual questionnaires to a random fifth of the active members to keep in touch with what they seek. Some other individual answers are given below:

“Stand out from the “all health is socially determined” crowd by arguing that health is a socio-material process” (non-member)

“We need to make some consensus about what we would like to communicate, and who will be our audiences/user groups.” (member)
“It would be helpful to make clearer that SSM is open to and values qualitative research as well” (member)

“The website could be greatly improved and the tweeting could be more regular. A blog might help” (member).

“It does well with members - more challenging to get new people on board. Would be good if SSM could respond to consultations more but would need authority for a subgroup to do this on behalf of the whole. Could draw in members for specific responses” (member)
Benefits of belonging to SSM

Ten benefits of belonging to SSM were listed and respondents asked to rate them on a 5-point scale from extremely important to not important. Figure 5a gives the ratings for non-members in descending order of percentage giving ‘extremely important’ rating and Figure 5b gives the equivalent information for members but keeping the same sequence of benefits as Figure 5a.

FIGURE 5A
FIGURE 5B

Rating of importance of benefits: members

KEY:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof/org</td>
<td>Being part of a professional organisation &amp; being able to interact with people with broadly similar research &amp; policy interests</td>
</tr>
<tr>
<td>ECR/MCR</td>
<td>ECRs and MCRs having dedicated networking &amp; development opportunities</td>
</tr>
<tr>
<td>Red fee w/shop</td>
<td>Reduced registration costs of one-day meetings and workshops</td>
</tr>
<tr>
<td>Red fee ASM</td>
<td>Reduced registration costs for an annual conference</td>
</tr>
<tr>
<td>Email bull’n</td>
<td>Email bulletins with news, job opportunities, relevant conferences etc.</td>
</tr>
<tr>
<td>ECR/MCR section</td>
<td>Early and mid careers researchers having their own sections within an annual conference</td>
</tr>
<tr>
<td>Newsletter</td>
<td>Newsletter of articles of topical issues &amp; events</td>
</tr>
<tr>
<td>Having say</td>
<td>Having your say in the future of the society</td>
</tr>
<tr>
<td>Red sub other</td>
<td>Reduced membership rates for other societies</td>
</tr>
<tr>
<td>Red cost jo</td>
<td>Reduced subscription for journals and books</td>
</tr>
</tbody>
</table>
For both groups being part of a professional organisation and being able to interact with people of broadly similar interests came out top. In each case around half rated this as extremely important. For seven of the remaining nine benefits, the median rating for non-members was ‘very important’ and the 25th quintile as ‘extremely important’. This was only true for two of the nine for members (the two benefits for ECR/Middle Career Researchers (MCR)) although nearly a quarter gave ‘extremely important’ as the rating for having your say and email bulletins. The two benefits of reduced subscriptions were rated of slight importance or worse by over a quarter or more of non-member respondents. These benefits were also relatively poorly rated by members - more than three-quarters gave a rating of ‘slight or no’ importance for reduced subscriptions to journals or books. The main differences between members and non-members came in the more favourable rating of these two items for non-members than members and a slightly less favourable rating for ECR/MCR sections.

Other suggestions made for potential benefits from non-members were:

- Providing a platform for smaller-scale research findings and papers that are difficult to get published
- Funding opportunities
- Intellectual stimulation
- European cooperation in research
- Opportunities to pursue joint work/collaborations with members outside auspices of our individual institutions
- Making links with the Social Research Association
- Advocating on behalf of its members on issues affecting population health. Would like to see SSM collaborating with FPH (and other bodies)
- Access to mentoring
- Retired person’s rates

From members these were:

- More one-day events
- Open and visible working groups that can lead to grant application
- Opportunity to provide content and share through SSM channels and contacts
- Ensuring I hear about issues of relevance to the society members
- Being part of an active group that takes a stand on reducing inequalities in health
• General exchange of resources, and above all valuing each other as fellow members, regardless of outputs or interests
• Ongoing skills and training
• Opportunities for training and development
• Membership to come free/cheaper with conference registration (rather than the other way round). Conference attendance can be charged to my institution. Personal membership of a society cannot.
Final respondent comments

Twelve non-members and 11 members made final comments, some of which were the nature of ‘thank you’ or ‘nothing more to add’. The more substantive comments are produced below. A few lamented that SSM might become indistinct from other societies or insufficiently practical, with links to health care also emerging again:

Non-members:

“One of the reasons I have not yet joined is the lack of support from my PI. If I could get material to support my joining relevant to her/our project, she may provide more support” (non-member)

“Might consider how it could make itself interesting to health care professionals” (non-member)

“Bad science, bad pharma topics, multidisciplinary treatments, tackling not one illness at a time but several (e.g. diabetes AND chronic pain AND COPD AND depression)” (non-member)

“Actually cover whole of Scotland not just one area” (non-member)

“We all need fewer societies and more translational research” (non-member)

“I would really be keen to see the SSM retain its distinctive identity. Too many Societies tend to lose their own identities when they begin broadening their reach towards societies in adjacent areas/specialities. Then they get stuck in terms of moving forward with fresh perspectives on their subject. I suggest Society for Social Medicine may not be the best name for the organisation. Lay people may not understand what it encompasses. "Medicine" suggests it is about, by and for doctors, which absolutely isn't the case. Population or public health and epidemiology would be better, though you would want to make a distinction between your organisation and other Public Health ones.” (non-member)

Members:

“Yes, I hope that SSM will listen to the voices from experienced researchers. I see the society is wrecked (=trying to be something that we are not for the sake of changes in public health issues) and lost the focus that we used to have.” (member)

“Opening up the SSM for involvement by membership would be very welcome.” (member)
“The Conference is always good, with high quality science presented in the oral presentations. I would prefer more working and less leisure time on the Thursday afternoon, perhaps with more workshops or longer (half-day) workshops, or an extra parallel session and so the Friday could have more high scoring plenary abstracts and not be so squashed.” (member)

“Development of "Late career Researchers" - i.e. people at or near retirement who are still keen to stay engaged with research and mentoring etc.” (member)
Summary

Overall, the quality of the ASMs, one-day events and outputs/communication are highly regarded amongst both members and non-members, but there remains scope for better promotion of the SSM and better interaction with members. Many respondents felt there was a need for more commentary and advocacy on important issues by the Society and for more debate on ‘hot topics’ at the ASM. Many of the suggestions and feedback for the ASMs and one-day events reflected issues already identified by the SSM committee, which will be reflected in the programme for the ASM in York and the piloting of a new process for assessing and funding one day workshops. An open call for workshops has recently started for workshops that will be supported financially by the Society. The process also includes peer review to assess the timeliness of the topic matter, the ability of the application team to organise a successful event and value for money for participants and the Society. The committee, communications sub-committee and the membership team are also using the results of the survey to better design our promotions and engagement strategy for the coming years to ensure that the Society better meets the needs of its members, as well as attracting new members.
Appendix

CONTACT LIST FOR SURVEY

Societies and professional bodies

British Sociological Association Medical Sociology group (BSA MedSoc)
European Public Health Association (EUPHA)
Health Services Research Network (HSRN)
Local Authority Research and Intelligence Association (LARIA)
NHS Health Scotland
Public Health England (PHE)
Public Health Agency (PHA) for Northern Ireland
UK Faculty of Public Health (FPH)
UK Society for Behavioural Medicine (UKSBM)

Voluntary & non-profit organisations

Diabetes UK
Involve
Regional Voices

Research institutes

Wolfson Research Institute for Health and Wellbeing, Durham University

Listservs

click4hp@york.uca
Evidence-based-health@jiscmail.ac.uk
Health-equity-network@jiscmail.ac.uk
Health-promotion@jiscmail.ac.uk
Health-services-research@jiscmail.ac.uk
Public-health@jiscmail.ac.uk
sdoh@york.uca