

Newsletter

Conferences/seminars

Improving Health and Reducing Inequalities: A practical guide to health impact assessment – 10th November



Professor Gareth Williams is pictured at the launch of the publication, with the Welsh Assembly Minister for Health and Social Services, Jane Hutt AM

Experts from the University have produced a publication to help make organisations and communities aware of the potential impact of their policies and projects on health and well-being. The guide, aimed at the public, private and voluntary sectors, was drawn up by the Welsh Health Impact Assessment Support Unit (WHIASU), whose project manager is Dr Eva Elliott of CISHE and whose director is Professor Gareth Williams of CISHE.

The guide was launched at a one day event held at the Marriott Hotel and was attended by over 100 people from various organisations across Wales.

Welcoming the publication, Ms Hutt described it as 'a significant step forward'.

For further information see page 2.

Findings from the MRC funded 'A Stop Smoking in Schools Trial' – 15th November



Findings from the Medical Research Council funded "A Stop Smoking in School's Trial" (ASSIST) were highlighted at a dissemination event held at Miskin Manor Country Hotel on Monday 15th November 2004.

The four-year, £1.5M study is nearing its completion in April, 2005. Although final results from the trial are not yet published, the findings at one-year follow-up are sufficiently promising to suggest that the ASSIST intervention can make an important contribution to school-based efforts to prevent uptake of smoking in adolescence. In conjunction with a parallel event held in Bristol, the aims of the day were to (i) thank schools for their participation in the study; (ii) give schools first sight of the emerging findings; (iii) inform key policy makers and practitioners of the emerging findings. The event was a key first stage in ensuring that



Peer Supporter Training 'Islands of Information'

the impact of the study findings on policy and practice in Wales is maximised.

Fifty two delegates attended, including teachers from 18 of the 27 Welsh study schools, representatives from local health promotion teams, the National Public Health Service, the Welsh Assembly Government and individuals who are currently, or have previously been involved in the implementation and evaluation of the ASSIST intervention. The good attendance, particularly from the study schools, demonstrates the unfaltering interest and commitment shown throughout this trial. This allowed us to evaluate this intervention rigorously.

Professor Laurence Moore (Director of CISHE) and Miss Jo Holliday (Research Associate, CISHE) presented details of the intervention design, elements of the evaluation and the

Forthcoming Events

The first in a series of Health Challenge Wales seminars will take place in Spring 2005. The seminars will be jointly organised by CISHE and the office of the Chief Medical Officer Wales at the Welsh Assembly Government. They will be aimed at the research community, policy makers and others who have a role in improving health in Wales. Our first major conference will be on the Social Determinants

of Health and will be held in Cardiff on April 21st 2005. Speakers will include Dennis Raphael (School of Health Policy and Management, York University, Toronto) and Mel Bartley (Dept. of Epidemiology and Public Health, UCL, London).

See www.cf.ac.uk/socsi/cishe/ for further details.

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Conferences/seminars (continued)

results of the trial to the multi-disciplinary audience. Discussion then took place in small groups about the implications of the results and how the ASSIST intervention might feasibly be taken forward.



Small group discussions

Following this, Mr Ian Scale (Health Promotion Officer, Pembrokeshire Local Public Health Team, National Public Health Service for Wales) gave a motivating overview of approaches to help young people give up smoking as part of a broader programme of smoking prevention and cessation in Wales. The day was rounded up by Professor Laurence Moore who, following the small group discussions, considered the barriers and opportunities for implementing the ASSIST peer-led smoking intervention in Welsh schools.

Web: <http://www.cardiff.ac.uk/socsi/cishe/pages/projects/assist.html>
 Contact: Jo Holliday
 (HollidayJ1@cardiff.ac.uk)

New Health Impact Assessment guidelines



On the 10th November 2004 the Welsh Health Impact Assessment Support Unit (WHIASU) together with the Welsh Local Government

Association (WLGA) launched, *Improving Health and Reducing Inequalities: a practical guide to health impact assessment*, written by Eva Elliott from CISHE, the project manager of WHIASU. This draws on information from earlier versions produced by the Unit, and former colleague Ben Rolfe, and by the Welsh Collaboration for Health and the Environment.

Around one hundred participants attended from a variety of statutory and voluntary organisations with Jane Hutt, the Minister for Health and Social Services in Wales, providing the keynote speech. The programme, chaired by Beverlea Frowen, the Head of Health and Well Being policy in the WLGA, combined presentations with a facilitated workshop on the support that is required to implement health impact assessment across Wales. The Director of WHIASU, Professor Gareth Williams, introduced the concept of health impact assessment in the context of tackling inequalities in health throughout Wales. Sarah Francis, from CISHE, also presented research, funded by the Chief Medical Officer Wales, on how health impact assessment has had an effect on individual and organisational skills, knowledge and action.

A key part of the day was a series of short presentations offering different perspectives within Wales as to why health impact assessment should be used. Paul Walker, Public Health Director of Ceredigion and Powys Local Health Boards, emphasised its potential value in relation to Health, Social Care and Wellbeing Strategies. He has been involved in a number of specific assessments in the past and was well positioned, as a representative of the National Public Health Service, to highlight the public health benefits of using this approach. Giovanni Isingrini, Director of Adults, Families and Lifelong Learning for Merthyr Tydfil County Borough Council, reported on the work that the local authority was undertaking in terms of implementing health impact assessment to assess their policies, programmes and projects.

The two other 'user' presentations came from individuals who were involved at different

levels in the same assessment. Margie Ing, a former Cabinet Member for Social Services and Housing at Bridgend County Borough Council who has recently stepped down as a Councillor, provided political support for the use of health impact assessment. Her concerns about the effects of housing on the health of the residents of Llangeinor, an ex-mining village in the Garw Valley, led to a health impact assessment of housing options within that estate. A local resident from Llangeinor provided insight into why it was important for her to be involved in the process. What she said was moving, not only because it engaged people's feelings, and because it reminded the audience of the right to good, affordable housing, but also because it highlighted the opportunities health impact assessment provides for thinking creatively with local people about joined-up solutions.

Health impact assessment itself is seen as a way of ensuring that all sectors outside the health service are aware of the ways in which their policies, programmes and projects could impact on health and well being and health inequalities. The launch of the guidance is responding to the need for a simple, practical guide and framework for use in their own organisations.

The guidance is aimed at all organisations in the public, private and voluntary sectors, and communities themselves, particularly through regeneration partnerships.

Dr Alison Golby, a research associate in CISHE, is working directly with key organisations across South Wales to promote and develop the approach. Her North Wales equivalent, Liz Green, is directly employed by the Wales Centre for Health who commissions the work of the Unit.

Copies of the guidance, and other resources, are available from the WHIASU website. www.whiasu.cardiff.ac.uk. Hard copies can be obtained from Alison Golby (golbya@cardiff.ac.uk or 029 2087 9161).

CISHE News and Activities

Personal Recognition

Professor Laurence Moore was invited to become a member of the MRC's newly established 'College of Experts' from 1st November 2004. This is a group of the UK's leading medical research scientists and will play a vital role in helping the MRC to fulfil its mission (as set out in their Royal Charter - see <http://www.mrc.ac.uk/index/about/about-mission.htm>). He will be assigned to the Health Services and Public Health Research Board. The remit includes giving expert opinions on new applications (as part of the refereeing process) and providing advice to the MRC on high-profile issues such as new schemes and strategic reviews.

Professor Gareth Williams has been invited to be a member of the National Prevention Research Initiative (NPRI) Scientific Committee. The committee is chaired by Ray Fitzpatrick, Professor of Public Health and Primary Care at the University of Oxford. The NPRI is a new multi-disciplinary national initiative established in recognition of the fact that prevention is a major policy area which must be informed by the best evidence available. The NPRI will provide a source of dedicated funding for high quality research aimed at the primary prevention of cancer, coronary heart disease and diabetes.

Congratulations to **Rachel Clark** who has achieved Distinction in her MSc in Physical Activity, Nutrition and Public Health.

CISHE in the UK

Dr Chris Shaw was an invited speaker at the Royal College of Nursing Continence Care Annual Conference, 3rd-4th November 2004, in York. Her talk was entitled 'The impact of urinary storage disorder on quality of life'.

Chris was also an invited speaker at a symposium on the 'Key Advances in the

Management of Stress Urinary Incontinence' (SUI). This was a joint meeting of the British Society of Urogynaecology, the British Association of Urological Surgeons, The Royal College of Obstetricians and Gynaecologists, the International Continence Society, the Continence Foundation and the Association for Continence Advice. It was held on 17th December at The Royal College of Obstetricians and Gynaecologists in London. Her talk was entitled 'The social disability of SUI and the economic impact of current treatment patterns on the National Health Service'.

Alex Faulkner took part in the 3rd Annual Conference of the Innovative Health Technologies research programme of the Economic & Social Research Council in London on 2nd-3rd November. He presented a summary of findings from the research on Regulation of Tissue Engineering in the UK and EU.

Professor Laurence Moore made two invited presentations on the Teenage Alcohol Project. The first was at the '57th Alcohol Problems Research Symposium', Kendal on 3rd November. The second was at the Royal Institute of Public Health conference 'Alcohol in 2004: why are we pulling in different directions?' held in London, 10th November.

Laurence, with David Torgerson (University of York), also conducted a two-day workshop in Cardiff on the Design and Analysis of Randomised Controlled Trials for the ESRC TLRP Research Capacity Building Network.

Professor Gareth Williams participated in a regional round-table discussion on community justice; this was organised by the New Statesman and Fellows' Associates, with the support of Northgate Information Solutions. It was the first of six such discussions and participants from a range of sectors focused on well-being in Wales. The article produced from this discussion was published in the New Statesman on the 18th October 2004.

CISHE Abroad

Professor Søren Holm was an invited discussant at the International-interdisziplinäres Kolloquium Der Status des extrakorporalen Embryos in Freiburg in Germany, 14th —16th October.

He gave the keynote paper at the Danish Society for Medical Ethics, Philosophy and Method annual meeting 28th October in Copenhagen on the topic 'NICE - when resource allocation, evidence and politics meet'.



The Little Mermaid, Copenhagen

Søren also presented a paper on 'Accountability for reasonableness - Opening the black box of process' at the 5th International Congress of Priority Setting in Health Care in Wellington, New Zealand 3rd-5th November. He also presented a paper on the organ trade and participated in two panels at the 7th World Congress of the International Association of Bioethics in Sydney, Australia, 9th-12th November.

More recently he chaired a session on 'Ethics and Quality - A Recipe for Success', at Clinical Excellence 2004, the annual conference of the National Institute for Clinical Excellence, 2nd December, held in Birmingham.

New CISHE Projects

Postgraduate Medical Education

As a joint activity between the School of Social Sciences and the School of Postgraduate Medical and Dental Education, a programme of research into Postgraduate Medical Education of General Practitioners and Hospital Doctors is being developed. This work is led by Dr Sara MacBride-Stewart and Dr Maria Tsouroufli with the support of staff in both schools.

Based at CISHE, this research programme is about making theoretical and methodological links between postgraduate medical education and other academic research in higher education and the social sciences, with the aim of contributing to both disciplines.

The research programme will complement ongoing work within the School of Postgraduate Medical and Dental Education and will also achieve interdisciplinary links between Postgraduate Medical Education and Social Sciences.

Postgraduate medical education is an under researched area. The main research activities include immediate issues of resourcing medical training. To date, there has not been a sustained sociological focus on medical education, the medical specialities as a set of occupational groupings, or doctors' experiences of their work.

The focus of the research into Postgraduate Medical Education will be the development of a programme of primary and secondary research that pays attention to evaluating the diverse needs, expectations and experiences of doctors in general practice and hospital specialities.

Hospital Practice

The first stage of the research programme involves a series of short-term illuminative outcome evaluations of existing projects carried out in the Deanery of Postgraduate Medical Education. These evaluations will focus mainly on the educational and professional impact of training offered to both trainers and trainees on assessment, teaching and supervision skills and career awareness within the context of 'Modernising Medical Careers' (MMC).

There is evidence to suggest that the impact of short-term professional development courses on learners' teaching and educational development is minimal. However, evidence of what has actually been learned and its impact on professional development and professional practice is limited in the field of postgraduate medical education and education in general.

The short-term evaluations will inform future research on issues including i) the role of educational supervision in learning, professional development and service provision, ii) learning experiences, identity construction and career paths of hospital doctors, iii) the impact of communication problems on learning and professional development of non-British doctors in Wales.

The aim of the hospital practice research programme is to make a substantial contribution to the education of both trainers and trainees in hospital practice and to the improvement of service provision.

For further information please contact Maria Tsouroufli at TsouroufliM@cardiff.ac.uk

General Practice

General practice is undergoing substantial change particularly in the areas of training and continuing professional development. This change is inevitably a part of the development of a profession. Yet it is also a response to local issues that have emerged

from public enquiries into the practices of individuals and the professional bodies that oversee the training and activities of doctors in the UK. Sociological research can contribute to developing understandings about the impact of change on the individual and groups affected by it.

The research programme will initially focus on three related projects i) Realising Professionalism: An exploration of GPs understandings and experiences of professional practice and modernisation in Wales ii) Drivers of Continuing Professional Development for GPs in Wales iii) Feminisation of Medicine. These projects have been developed in consultation with key individuals and representatives of relevant communities as well as leading academics.

For further information please contact Sara MacBride-Stewart at MacBride-StewartS@cardiff.ac.uk

The Postgraduate Medical Education research programme will emphasise work that is methodologically robust, theoretically informed and peer reviewed. The research programme will draw on sociocultural theories of learning, interaction and communication and the work on the sociology of professions.

AWARD

Building capacity for research on health and social care in Wales

The School of Social Sciences has a long and strong track record of working together with the School of Medicine to support research capacity building outside the higher education sector. The South-East Wales Research Support Unit (RSU) was originally funded by the Welsh Office for Research and Development (WORD) in 1999 for three years, led by Mick Bloor in SOCSI and David Felce in the Welsh Centre for Learning Disabilities in the College of Medicine. One of the researchers originally

Reports on completed CISHE projects

employed on the project was Alex Faulkner, now a senior researcher in CISHE. The activities of the Unit included developing collaborative research bids with practitioners, providing a current awareness and research data base service, mentoring, and running conferences and training sessions in research methods. Similar Units were set up for Mid and West Wales, and North Wales, with a separate Unit dealing with research support for primary care.

These units have now been amalgamated into the All Wales Alliance for Research and Development in health and social care (AWARD) with five years funding from WORD. In encouraging the reconfiguration of research support along these lines WORD is hoping to see the development of an open organisational structure which will do two key things: first, enhance the capacity of health and social care researchers in Wales to collaborate successfully to undertake high quality research relevant to people in Wales and beyond; and secondly, to provide an access route for the Assembly into the kind of expertise required to evaluate health and social care policies and programmes more effectively. The South-East Wales section of AWARD is a joint undertaking between the Schools of Social Sciences and Medicine, and its research staff will be located in the Cardiff Institute of Society, Health and Ethics and the Centre for Health Sciences Research, helping to build links between them.

For further information contact Professor Gareth Williams (School of Social Sciences - WilliamsGH1@cardiff.ac.uk) or Professor Chris Butler (School of Medicine - ButlerCC@cardiff.ac.uk)

Teenage Alcohol Project (TAP)

There is increasing public and political concern regarding underage drunkenness and associated problems which include anti-social behaviour, accidents, violence, and unsafe sexual behaviour. In the WHO Health Behaviour in School-aged Children (HBSC) surveys, undertaken every 4 years since 1986, the incidence of reported drunkenness among adolescents in Wales is consistently higher than in any of the other participating countries in Europe. However, there is no reliable evidence to suggest that any current programmes used with young people to prevent alcohol misuse are effective. The Teenage Alcohol Project (TAP) was jointly funded by the Alcohol Education and Research Council and the Wales Office of Research and Development. The project was an exploratory trial that aimed to develop and evaluate a peer-led, schools-based intervention to reduce the incidence of binge drinking. TAP was not designed to identify the effectiveness of the intervention, but aimed to identify whether the intervention was of sufficient promise to merit a further large scale effectiveness trial.

The TAP intervention was based on ASSIST, a peer-led anti-smoking intervention which was found in an earlier exploratory trial to have some effect on smoking uptake among adolescents. The subsequent large scale trial of this intervention, funded by the Medical Research Council and led by researchers in CISHE and the University of Bristol, is producing exciting results that are being prepared for publication. The ASSIST and TAP interventions are unlike the majority of peer-led interventions, in which typically older students are trained to deliver classroom-based sessions to an audience of younger children. In TAP, the most influential students were identified using a peer nomination questionnaire completed by all students in the year group. These students were then given two days specialist training off the school premises, on the risks associated with alcohol misuse, and on the peer supporter role that they were asked to take on. As peer supporters, the students were asked to have conversations with their friends

and wider peer group, to diffuse informally the messages they were given in the training. They were asked to do this over a ten-week period, during which TAP trainers visited each intervention school on three occasions to provide support and encouragement, and to review the diaries of conversations that peer supporters were asked to maintain over this period. Nine secondary schools participated in the TAP project. In three, the intervention was delivered to Year 8 pupils, and in three others, to pupils in Year 9. In three further schools, pupils in Year 8 and 9 did not receive the intervention, but were asked to complete questionnaires on their knowledge and behaviour regarding alcohol, which were compared to those of pupils in the six schools receiving the intervention, at six-month follow-up.

The intervention was found to be feasible and acceptable to schools and students: 199 students were invited to attend peer supporter training, of which 146 did so, equivalent to 15% of pupils in each of the target year groups. 117 of these peer supporters attended at least 2 of the 3 follow-up sessions, and 106 handed in a completed diary of conversations. Year 9 students were less likely to agree to participate in training, and less likely to complete diaries, than their Year 8 counterparts. In data collected immediately after the end of the intervention period, 42% of students in intervention schools reported that they had talked with a peer supporter, of whom 82% had thought about consequences of drinking and 53% said that they had cut down on drinking. The peer supporters themselves had higher knowledge scores and a lower frequency of drinking and drunkenness than non-peer supporters. However, in terms of knowledge and behaviour at six-month follow-up, there were no differences between intervention and control school students.

The process evaluation built into the study had identified that two days training had not been sufficient to cover satisfactorily the more complex alcohol message. Whereas in ASSIST, the message regarding the risks associated with smoking was clear and the message for the peer

supporters to convey in their conversations was relatively straightforward - don't smoke - in TAP the messages were more complex. TAP did not aim to discourage drinking per se, but focussed on regular binge drinking, and the health risks associated with drunkenness. Peer supporters were not asked to promote abstinence among their friends and wider peer group, but to promote a more sensible approach to alcohol and discourage regular binge drinking and drinking to get drunk. Interviews with peer supporters suggested that they had not fully taken on board this more complex message, and that it was difficult for them to convey such a complex message in their conversations.

In summary, evidence from the TAP project does not justify investment in a larger scale trial. As in ASSIST, the peer-supporter approach has been found to be feasible and acceptable to schools and students, but the duration of the training was not sufficient to prepare the peer supporters to undertake their role effectively.

Lead researcher on TAP was Mel Chalder. The project was conducted in collaboration with Pontypridd and Rhondda NHS Trust. Contact: Laurence Moore (MooreL1@cardiff.ac.uk)

Tissue engineered medical technologies: regulation and governance in the UK and EU



Researchers: Alex Faulkner (CISHE); Ingrid Geesink (CISHE); Julie Kent (University of the West of England); David FitzPatrick (University College Dublin).

Funded by the UK Economic and Social Research Council, grant L218252058.

The American military establishment, it is said, requested supplies of tissue-engineered skin in planning recent operations in Iraq. Tissue engineered (TE) technologies such as cartilage transplantation, skin systems, bone substitutes and vascular prostheses represent the initial applications of a new form of 'regenerative medicine' that offers treatments for traumatic knee injury, burns, diabetic ulcers, circulatory problems and many other medical conditions in the future. Many companies developing tissue engineering applications are also moving into R&D in stem cell therapies. Projections of possible healthcare market size for TE technologies vary widely. TE technologies are hybrid therapies that culture a patient's own cells to produce an autologous treatment, or combine donor cells or tissue with manufactured biomaterial to produce an allogeneic application - as in skin systems. TE technologies are held to be high-risk from a regulatory perspective.

The overall aim of this research was to evaluate the implications for health and healthcare systems of trends in regulation, governance, and evidential processes given the challenge of these innovative technologies. The project focused on recent history of medicines, biologics, and medical device regulation in the UK and EU, on transnational European policy forums, and the interface between the two. Our methods included a Europe-wide survey of regulatory agencies, sixty-three interviews, policy document analysis and observation at diverse meetings. We combined theory from political science, science & technology studies and sociology of technology and the 'tissue economy' to inform the research.

TE regulation is complex. We summarise some highlights from the findings here. Tissue-engineered technologies do not fit into existing formal regulatory organisational structures and definitions in the European Union, creating regulatory confusion as different countries apply different regulatory requirements. This may inhibit innovation and diffusion. A variety

of national and transnational stakeholders constitute interlinked policy networks that negotiate about new regulation. The primary interactions in the TE policy network are between industry and regulatory policymakers, with a small number of scientists also influential. This suggests 'corporatism', in spite of general claims that the European Union is moving toward more socially inclusive forms of governance especially in the wake of public health panics such as BSE.

There is concern about the technical viability of the TE field and about health risks especially in regard to disease transmission from contaminated cells or culture media some of which use animal material. The predominant discourse on risk is focused upon safety and quality rather than efficacy or effectiveness, but there is acknowledgment amongst stakeholders that some possible risks remain unknown.

TE regulatory harmonisation takes the form of a framework which allows national variation, which can be interpreted as political 'risk-sharing' between the European Commission and national regulatory authorities. We observed a process of regulatory 'partitioning' by which policymakers and industry aspire to establish TE as a safe and commercial zone. Subsidiarity emerged as a political strategy for bracketing out some ethically controversial issues such as national standpoints on the medical use of certain animal or human tissues.

Accountability and standards are becoming more stringent. The regulatory reach of emerging legislation extends from small scale hospital-based tissue collections to companies with global distribution networks. A new Tissue and Cells Directive introduced an EU-wide framework for controlling donation, sourcing and banking of human tissue. Tissue banking and tissue engineering are fields in which hospital-based interests conflict with international companies. The scope of the new EC directive was extended to include all 'tissue establishments', promoting 'a level playing

CISHE Spotlight

In every issue the CISHE newsletter will focus on one on-going project

field' in the wake of strong lobbying from industry. Many tissue banking groups argued against the need for new legislation specific to TE on the grounds that existing pharmaceutical and biologic regulation was adequate.

Overall, we found evidence not only of risk-based regulation, but also of selective ethics-shaped regulation in which concern about public issues such as donor consent and anonymity was strongly apparent in the emerging regulation.

Public health principles are supported by the new regulatory developments but as always with commercialisable technology this is balanced by motivation to promote innovation. Existing engineered tissue products remain non-controversial in the general public view. The emerging governance distributes accountability between national and EU authorities while in principle tightening control over sensitive activities of tissue sourcing. The effect of regulatory variation in the EU upon innovation and competitiveness of the trade area is negative but is difficult to assess in detail. Lack of consensus on appropriate evidence bases for TE technologies adoption means that public healthcare systems are not in general eager to adopt them. The new regulation tries to strike a balance between greater public health control and greater competitiveness for R&D and industry in Europe.

For further information please contact Alex Faulkner (FaulknerAC@cardiff.ac.uk) For further information see the following websites: <http://www.cf.ac.uk/socsi/cishe>, <http://www.cf.ac.uk/socsi/rsu> and ESRC Tissue engineering project: <http://www.york.ac.uk/res/iht/projects/1218252058.htm>

The European Public Health Ethics Network project - EuroPHEN

The problem

Public health practice has to reconcile tensions between public and private interest, at times being paternalistic, while recognising the importance of privacy and autonomy, and at the same time balancing the interests of some against those of others. For example, combating major diseases such as cardiovascular disease and cancer will ultimately require individuals to make autonomous choices towards a healthy lifestyle. However, public policy measures such as screening, prohibition of tobacco advertising, taxation on tobacco, banning of smoking in public places represent varying degrees of coercion and trade-offs between the interests of smokers and non-smokers. Under the Treaty on European Union, the European Commission is given a competence in public health. Different cultures will give different moral weight to protecting individual interests versus action for collective benefit. There is likely to be scope for variance with expansion of the European Union. However, even subtle differences in moral preferences may cause problems in deriving public health policy within the European Union. Understanding the extent to which different communities perceive issues such as social cohesion by facilitating cultural dialogues will be vital if European institutions are to work towards new forms of citizenship.

The EuroPHEN project

The aim of EuroPHEN is to derive a framework for producing common approaches to public health policy across Europe and the wider international stage by conducting three strands of work: a comparison of public health policy and practice, ethical analysis and empirical research on public attitudes. The project is sponsored by the European Union, and is coordinated by the University of Sheffield. CISHE is one of the 18 partners, and has specific responsibility for

investigating the possibilities of a common European policy in the public health area, as well as for some of the specific ethical analysis, e.g. of fluoridation policies.

EuroPHEN is comparing the organisation of public health structures, priority lists and public policy responses to selected public health problems in Member States to examine how public policy in different countries weighs competing claims of private and public interest.

Ethical analysis is performed of tensions between the private and public interest in the context of various ethical theories, principles and traditions.

Perhaps the most interesting strand of the work of EuroPHEN is the empirical research held on public attitudes to public versus private interests. Six focus groups have been held in each of the 15 'old' European Member States plus Poland. Focus group participants discussed issues such as attitudes to community, the appropriate level of taxation and quality of public services, smoking in public places, taxation of tobacco, location of mobile phone masts and other NIMBY arguments, banning of smacking of children, legalising cannabis, and parental choice with regards to immunisation. In the initial analysis, there seem to be at least three ways of public thinking. Some think it is morally right to do something whether or not it is in the public or private interest, for example to pay taxes towards educating someone else's children. Others see personal benefits from helping others e.g. they prefer to live in a better educated society, perhaps because they perceive crime rates to be lower. The third category of person believe that it should be left to the individual to decide what is in their own best interest, as they are best placed to make those decisions, and will also have to live with the consequences. There are also some national patterns emerging that do not always fit the national stereotypes.

Much more information, including initial analysis of the focus groups is available at www.europhen.net

New Arrivals at CISHE



New Staff

Dr Simon Murphy

Dr Simon Murphy joined CISHE in October 2004 as a Senior Research Fellow and theme leader in the area of *Health Knowledge and Behaviour Change*. Previously he held a Principal Lecturing post in Health Psychology at the University of the West of England, Bristol where he was programme leader for the MSc Health Psychology and research co-ordinator for Young People and Risk at the Centre for Public Health Research and Primary Care Development. He has also recently been involved in the development of a professional Doctorate in Health Psychology and is an accredited supervisor for Stage 2 Chartered Health Psychology training.

Simon's research interests focus on two main areas: understanding and explaining health related behaviours within their social context and the evaluation of theoretically driven public health initiatives. To this end he has written extensively on the role of social cognition in predicting health behaviour and the need to develop theoretical explanations of behaviour that take account of both individual agency and structural influences.

His interest in Public Health originated in his PhD work which focused on the evaluation of psychological approaches to curriculum based HIV education, in particular the role of humour in engaging those pupils with greatest educational need. His subsequent work as a Senior Research Officer at Heartbeat Wales and then Health Promotion Wales, where he was involved in the evaluation of large scale community projects, mass media campaigns, school based initiatives and one to one interventions, developed this interest further and led to the publication of a key text on Psychology and Health Promotion for the Open University.

Simon has a particular interest in the development of a sound theoretical and evaluation base for Public Health activity and an understanding of the social processes that impact on the implementation and effectiveness of initiatives. Recently he has been involved in the evaluation of arts and drama initiatives in the area of drug prevention and is currently working on a randomised control trial of the Free Breakfast Scheme for Primary Schools in Wales with other CISHE staff.

Simon is looking forward to developing the Health Behaviour Change theme as 'it offers a tremendous opportunity for interdisciplinary research. Research which can increase our understanding of health protective and risk behaviours as we experience widening health inequalities and which allows us to develop effective initiatives through the application of innovative evaluative techniques'.

Stephen Burgess

Stephen Burgess graduated from Swansea University with a BSc in Geography and a PGCE. He then moved to Royal Holloway to complete an MA in Cultural Geography. Stephen has been based at CISHE whilst undertaking a PhD, looking at smoking policies and smoking policy context in Welsh schools and their relationship to adolescent smoking behaviour.

Recently, Stephen has begun a new post as Research Associate in Health Ethics, working with Søren Holm. As part of this new post, they are interested in the ethics of research in schools, and how this impacts upon methodology. It is intended that this work will be closely related to much of the schools-based research already undertaken within CISHE.

Nick Townsend

Nick Townsend joined CISHE as an MRC funded PhD student on 1st October 2004. The title of his PhD is 'The role of schools in improving adolescent health: Investigating health promotion and education in schools'. The intention of the PhD is to explore the methodology behind effective education of

children in relation to a healthy lifestyle and its continuing influence into adulthood. It aims to do this by focusing at three different levels: Policy, Teacher and Pupil. Investigating health education policy at national, local authority and school levels and carrying out case studies to explore teacher and pupil opinions of health promotion and education within schools. By doing this Nick aims to study the link between the profile, policy and practice of health education and teacher and pupil attitudes towards it within schools.

CISHE Farewells

Lorna Coombes

Lorna Coombes successfully completed her MSc in Social Sciences Research Methods and left CISHE in September to take up a new post as Healthy Colleges Project Officer for the National Public Health Service within Caerphilly Local Public Health team. The post is located at Ystrad Mynach Hospital.

For more information about CISHE's projects and research please contact:

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