

Newsletter

Conferences/seminars

Social Determinants of Health Thursday 21st April

The Society for Social Medicine and CISHE are organising a joint one-day meeting entitled *Dahlgren and Whitehead and beyond: The social determinants of health in research, policy and service delivery*.



Determinants of Health

Over the last 15 years Dahlgren and Whitehead's diagram above, representing the main determinants of health has become emblematic of a more holistic approach to understanding health inequalities. The diagram takes as axiomatic the real power of large-scale economic and social forces to damage health and limit behavioural change; but it also invites consideration of the different levels of practice and policy at which those forces could be blocked, modified or transformed. In the subsequent period, research on social determinants has developed in different directions, and an understanding of how these determinants operate alone and in combination is still hotly contested. Nonetheless, in many countries, including the UK (though by no means equally in its constituent parts), the dominant policy motif remains one of 'choosing health', often to the neglect of wider social and economic factors.

This conference provides an opportunity to:

- reflect on the Dahlgren and Whitehead 'rainbow'
- review current knowledge on the social determinants of health
- consider what more we need to know
- discuss what should be done in relation to the development of research, policy and service delivery



One of the speakers: Dennis Raphael, York University, Toronto

For further details, including a booking form, please our website <http://www.cf.ac.uk/socsi/cishe/> email CISHE@cardiff.ac.uk or telephone 029 2087 9609.

Public Health Ethics 2nd November 2005

CISHE is organising a one-day conference entitled *'Developing an ethical framework for public health'* in collaboration with the Wales Centre for Health, the Faculty of Public Health and the National Public Health Service for Wales. The conference will feature Professor Larry Gostin (John Carroll Research Professor of Law, (Georgetown University), Professor of Public Health, (John Hopkins University), Director, Center for

Law & the Public's Health) and a number of other prominent speakers and discussants. It will cover a broad range of issues in public health ethics. Further information will be available on the CISHE web-site at the end of May.

Fat Boys

CISHE is pleased to welcome to the School of Social Sciences, Cardiff University, Distinguished Professor Sander Gilman on Tuesday 19th April at 4.00 p.m. His presentation will be *'Fat Boys: The Forgotten History of Men and Fat and its Implications for Today'*. Sander Gilman is a distinguished professor of the Liberal Arts and Sciences at Emory University, USA. For 2004-5 he is the Weidenfeld Visiting Professor of European Comparative Literature at Oxford University. For further details see our website or contact CISHE@cardiff.ac.uk.

Health Challenge Wales Evidence for Policy Seminar Series

CISHE is developing plans for a quarterly seminar series, which will aim to make a major contribution to both maximising the relevance of research for policy and also facilitating evidence based policy, for the improvement of health in Wales. Each seminar will bring together three external speakers, with a discussion session focussing on policy implications of the research presented. A planning group for the seminar series has been established, with membership drawn from CISHE and the Welsh Assembly Government. The first two seminars are planned for spring/summer 2005, and will focus on the broad principles of Health Challenge Wales, and on Health Impact Assessment.

Page 2

CISHE News & Activities

Page 3-4

Introduction to Research Ethics at Cardiff University
Systematic Review of respite care for the frail elderly

A Qualitative Study of GPs knowledge and attitudes towards treatment provision for incontinence
CISHE Collaborators

Page 5-7

The QUICK study - Qualitative Investigation into COPD Knowledge
Recapturing the Bevanite Dream? - National Evaluation of Healthy Living Centres

Page 7

Courses
New CISHE Management Team Member

Page 8

New Arrivals at CISHE

CISHE News and Activities

Personal Recognition

Professor Søren Holm and **Professor Laurence Moore** have both been invited to make presentations on their work to the Welsh Assembly, on 16th March and 20th April respectively.

Congratulations to **Alex Faulkner** who has achieved his PhD from the University of Edinburgh, entitled '*Formulating healthcare evidence: case studies in medical technology practice in the United Kingdom, 1990 to 2000*'.

CISHE in the UK

Professor Laurence Moore was invited to present the Bradford Hill Seminar at the University of Cambridge Institute of Public Health, on 11th March. He gave an overview of the design and results of the ASSIST trial. (A Stop Smoking in Schools Trial)



Cambridge

Dr Alex Faulkner gave a talk entitled 'Leaving Ethical Issues Aside': Policy Development of Human Tissue-Engineered Therapies, at the Centre for Ethics in Medicine, University of Bristol, on 10th March. Alex also presented on 'Partitioning and convergence in the regulation of biomedical technology' to the Wales Medical Sociology Group, at Swansea University, on 5th April.

Several CISHE staff will be presenting at the UKPHA 13th Annual Public Health Forum in Gateshead on 5th - 7th April. **Sara Francis** will present on 'How can we engage health and social care professionals in awareness raising about health inequalities and advocating for change?' - examples from a pilot grant funded

programme in Wales'. This is based on the Evaluation of the Equity Training & Advocacy Grant Programme (ETAG) funded by the Welsh Assembly Government. **Dr Eva Elliott** will present on 'Developing new forms of civic intelligence' through health impact assessment'. There will also be a presentation on the ASSIST project. For further details on the conference see: <http://www.ukpha.org.uk>

CISHE Abroad

Professor Søren Holm has presented invited papers at the EUROSTEMCELL Workshop '*Ethical aspects of stem cell repositories and stem cell data bases*' in Brussels 17th February, and at the Danish IT-Ethics Network, Kolding 9th March.

Jo Holliday presented a paper entitled 'The ASSIST intervention: Successfully harnessing informal social networks to reduce adolescent smoking' at the International Sunbelt Social Network Conference XXV in Redondo Beach, California, 16th - 20th February.

Professor Laurence Moore was invited to contribute to the ENYPAT (European Network on Young People and Tobacco) Spring School in Helsinki, 14th-18th March. He gave a presentation on the Adolescent Smoking Cessation and ASSIST projects, entitled 'Schools-based peer-led intervention to reduce uptakes of smoking in adolescence'.

Dr Eva Elliott and **Professor Gareth Williams** were invited to present at a training event on health impact assessment for the Institute of Public Health in Ireland on the 7th & 8th March 2005. The event attracted participants from the North and South and is part of a long term capacity building programme in this area of work.

Dr Sara MacBride-Stewart was invited to present a paper at The(e)ories: Advanced Seminars for Queer Research 2005, at University College Dublin 11th February and was also included as part of the Lesbian Lives 2005 Conference. The paper, 'Neither of Us Uses Contraception': Heteronormative Expectations Affecting Lesbian Experiences of Cervical

Screening', is also published in the book *Sex and the Body* (2004, Dunmore Press: NZ).

New Grants awarded to CISHE

- Systematic Review of respite care for the frail elderly, Principal Investigator Dr Chris Shaw - further details on p.3.
- A Qualitative Study of GPs knowledge and attitudes towards treatment provision for incontinence - Principal Investigator Dr Chris Shaw - further details on p.4.
- Evaluation of Pilot Food Co-ops Initiative in Wales for the Welsh Assembly Government. Principal Investigator Dr Eva Elliott.

The Wales Office of Research and Development in Health and Social Care has commissioned a number of groups in Wales to undertake scoping studies for the potential future development of research networks in Wales. CISHE successfully applied to lead two of these scoping studies:

- Self-Care and the 'Expert Patient', self-monitoring of anti-coagulation therapy combined with use of telecare systems for people with cardiac or circulatory conditions. Principal Investigator Dr Chris Shaw.
- Public Health Improvement Research Network. PHIRN will bring together academics, policy makers and practitioners concerned with the development, strategic planning, delivery and evaluation of policies, services and interventions that directly or indirectly impact upon the health of the public in Wales at a community or population level. The network will facilitate a continuous process of (i) identification of research priorities; (ii) identification of teams with academic, policy and practitioner representation to take forward priority research projects; (iii) exchange of new evidence, policy developments, practitioner innovation; (iv) development of high quality research project protocols; (v) execution of funded research protocols. Principal Investigator Professor Laurence Moore.

New CISHE Projects

Introduction to Research Ethics at Cardiff University

Academic research - whether it occurs in the arts and humanities, in engineering, or in the social, biomedical or applied sciences - can raise a host of challenging social, legal and ethical issues. Of primary concern is the safety and protection of the humans and/or animals that participate in so much academic research. As such, there is international recognition of the need for (and challenges of) obtaining informed consent of human research participants, the importance of conducting comprehensive risk-benefit analyses of proposed research projects, and the essential role played by administrative bodies empowered with the review and oversight of academic research.

In the United Kingdom, the governance and ethics oversight of clinical research (involving NHS patients, staff, information or premises) operates at both local and national levels. The Central Office for Research Ethics Committees (COREC) oversees the overall structure and operation of research ethics governance across the UK; Local Research Ethics Committees (LRECs), seven in Wales, serve specific regions or Health Trusts and are responsible for the oversight of university or health service based clinical research projects; while Multi-Centre Research Ethics Committees (MRECs), one in Wales, oversee and review large scale multi-centre clinical research projects. However, the governance and oversight of non-clinical research is much less formalised. Some universities have a research ethics committee for non-clinical research, but this is by no means universal and it remains unclear to many researchers and institutions what research should undergo such review, and whether such committees are even necessary. Nevertheless, all of the research funding councils (and most charities) now require statements on research ethics in their grant applications, and there are moves afoot, led by the Economic and Social Research Council (ESRC), to require formal ethics review for non-clinical research projects (largely social science research).

In light of these developments, Cardiff University has established a University Research Ethics Committee (UREC) whose mandate it is to develop and sustain a University-wide awareness of ethical issues arising from non-clinical research. The UREC has been working with individual Schools to establish School Research Ethics Committees (SREC), whose job it will be to conduct ethics review of proposals submitted by researchers in their respective departments. A Fellow in Ethics (Dr Bryn Williams-Jones, CISHE) has been appointed to support the UREC and SRECs. Additional support will be provided by the Research Governance Officer (Mr Chris Shaw, Research Policy & Management, RACD). RACD's Research Policy and Management team and Dr Williams-Jones will be involved with providing training, education and support on research governance and ethics, and with the drawing up of the University's new research ethics guidelines.

In formalising the University's research ethics and governance structures, the intent is not to police researchers, nor to create further bureaucracy that will simply impede the conduct of research. Instead, by developing transparent policies and implementing educational and support structures, the goal is to encourage the highest standards of academic integrity and enable rigorous ethical research that meets the requirements of national and international funders and regulatory bodies. For further details contact Bryn Williams-Jones – Williams-JonesB@cardiff.ac.uk

Systematic Review of respite care for the frail elderly

New funding has been awarded by the Health Technology Assessment (HTA) Programme to carry out a systematic review of the literature on the outcomes of respite care for frail older people and their carers.

Caring is physically and mentally demanding and those who care for a frail or disabled older person often have poorer health than their peers. A focus on support for carers has become evident in recent years in government policy.

A National Strategy for Carers was published by the Department of Health in 1999 as well as a report from The Royal Commission on Long Term Care which included some mention of informal care. The National Strategy for Carers consists of three elements: information, support and care for the carer. As part of this strategy a document was published called 'Caring about Carers', the central tenet of this being the provision of short term breaks in order to improve the well-being of carers, thus ensuring that caring can continue within the informal framework.

The study is to start at the beginning of May and is led by Dr Chris Shaw of CISHE. It is a collaborative undertaking to include partners within Cardiff University at Dept of General Practice (Dr Kerry Hood) and Dept of Geriatric Medicine (Dr Sinead O'Mahony), as well as with other Universities including Dept of Health Sciences at Leicester University (Dr Kate Williams, Professor Keith Abrams), Keele University (Dr Brenda Roe) and Glamorgan University (Mirella Longho and Dr Susan Myles).

A Qualitative Study of GPs knowledge and attitudes towards treatment provision for incontinence

Urinary incontinence (UI) is a common symptom, especially in women. It can affect all age groups, although it is more common in older people. It is often very distressing, making day to day activities difficult. Although the symptom can have substantial impact on quality of life, relatively few people seek help. For those who do seek help, treatment provision is poor and it has been suggested that health providers lack confidence in managing urinary incontinence, which has contributed to undertreatment.

Funding has been acquired from Boehringer-Ingelheim pharmaceutical company to carry out a qualitative study focusing on the professional's perspective, aiming to identify GPs' views of urinary incontinence and their educational needs.

Specific aims will be:

- 1) To identify current practice, including knowledge and use of local services and available treatments and describe other factors, both organisational and patient related, that may impinge on treatment decisions.
- 2) To assess GPs' views of medical education in relation to the treatment of urinary storage symptoms and their need for continuing education.
- 3) To assess physicians' views of patients' help-seeking behaviours for urinary incontinence.
- 4) To explore the need for assessment tools and treatment decision aids.

The study will identify how future services may be shaped to take account of the doctor's perspective and organisational factors, in order to provide a service that is functional within the present service context.

The study is funded for 9 months and is led by Dr Chris Shaw of CISHE and Dr Fiona Wood and Professor Butler of Dept of General Practice in collaboration with Dr Kate Williams at Dept Health Sciences, Leicester University.

For further details contact Chris Shaw – ShawC@cardiff.ac.uk

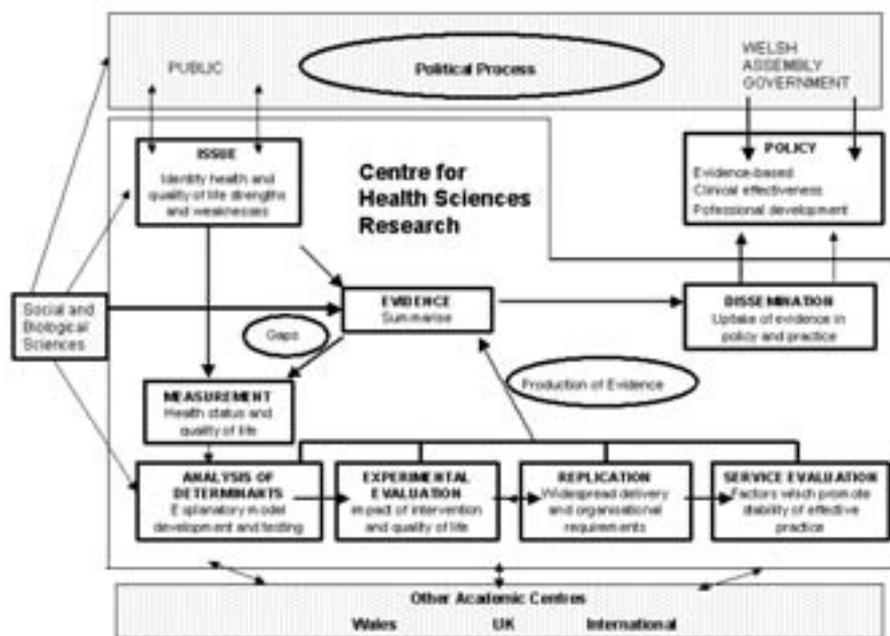
CISHE Collaborators

The Centre for Health Sciences Research (CHSR) is one of six inter-disciplinary research groups (IRG) in the Wales College of Medicine, Cardiff University.

It has over 100 members drawn from the six departments in the Division of Community Specialties in the School of Medicine (epidemiology, statistics and public health; general practice; child health; psychological medicine; medical genetics; and geriatric medicine), and from the Dental School, the School of Nursing and Midwifery Studies, and CISHE in the School of Social Sciences.

An official launch is being planned for June (date to be announced) which will include a themed session exploring 'contemporary challenges in health inequalities'. The Neuadd Merionydd building will be officially opened by the Minister for Health and Social Services, Dr Brian Gibbons, on 13th September, during the 30th anniversary celebration conference of the Welsh Centre for Learning Disabilities.

The CHSR aims to establish a critical mass of researchers, with greater internal synergy and more productive networking within Cardiff University.



The CHSR steering group has worked tirelessly to establish the centre and provide a robust platform for the new director to help shape the future. One long-term crucial development nearly coming to fruition is the co-location of many of the staff to newly refurbished accommodation in Neuadd Merionydd on the Heath Park campus. This will give a sense of geographical identity and focus to CHSR, but will still be fully inclusive of researchers located in other sites.

The goal is to create an internationally recognised centre of research excellence which, in partnership with similar research groups within Wales and beyond, can address national priorities to improve the health, well-being and quality of life of the Welsh population. The research themes of the CHSR operate at the level of the individual, the organisation and the population with a focus on the social, environmental and genetic causes of disease; spatial inequalities

CISHE Spotlight

In every issue the CISHE newsletter will focus on on-going projects.

in health and well-being; environmental and infectious threats to the health of the public; the provision and evaluation of better quality health and social care; and the development and application of new research methods. We have a particular focus on the health of children and vulnerable adults, with the overarching goal of improving sustainable health and well being of individuals and communities. The figure on page 4 shows our working strategic model of the CHSR.

One specific collaborative initiative is a key component of the CHSR. We have developed a vision for a 'Gwent Focus' in which we envisage the whole of Gwent as a geographical focus for developing a sustainable 'community laboratory', one large, integrated research network for a range of ongoing epidemiological and clinical research into the prevention and management of a range of health and social care conditions.

This focus will allow for maximising critical mass, interdisciplinary research and efficient use of resources within and across disease specific areas. We aim to establish a Gwent 'Framingham' study, but with potentially over half a million participants. With clear collaborative links with all other institutions and organisations with a health sciences remit in Wales, the Gwent Focus could make a major contribution to reducing health and social inequalities and improving the health and well-being of the people of Gwent and Wales.

There are close links with CISHE and this collaboration is a vital part of the development of CHSR. At the management level, Laurence Moore is a member of the CHSR steering group and David Fone is a member of CISHE management group. There is substantive collaborative research currently in progress in a wide variety of areas and much more is being planned for the future, particularly in the areas of health inequalities and the determinants of health, and in organising joint seminar series and other academic meetings. For further details contact David Fone – FoneD@cardiff.ac.uk

The QUICK study - Qualitative Investigation into COPD Knowledge

The Problem

Chronic Obstructive Pulmonary Disease (COPD) is a common and disabling condition. It is the sixth leading cause of death worldwide and the twelfth leading cause of illness. It has a substantial impact on quality of life and there is evidence to suggest that patients with COPD have significantly worse physical, social and emotional health status than patients with lung cancer. The onset and relentless progression of symptoms such as breathlessness, cough, and fatigue can have strong social and psychological impact and can result in a sense of despair, although few people present to health care services for assessment and treatment of symptoms or associated psychological problems.

It is estimated that approximately 85% of patients with COPD in the UK are treated exclusively in primary care. However, it is well known that COPD is under-diagnosed in primary care and that delays in diagnosis and underestimation of the severity of the condition is widespread. Only half of patients identified with signs suggestive of airway obstruction report having a diagnosis and only 55% use medication for their symptoms. This suggests under-treatment as well as under-diagnosis.

Studies of asthma have found that patients fail to report symptoms to their GP, which is a strong contributory factor to low levels of diagnosis of this condition. Perceptions of the personal meaning of the diagnosis, such as stigma, have been suggested to influence help-seeking behaviour. This may also be true of COPD but this has not been adequately studied.

Under-treatment of COPD may be partly due to a sense of 'therapeutic nihilism' as, until recently, there has been very little evidence that long term outcomes are affected by drugs.

However, there is increasing evidence that currently available medications and newer drugs coming on to the market do achieve improvements in symptoms. Early presentation with acute exacerbations and early commencement of treatment may minimise damage to airways and prevent hospital admission. It is, therefore, important to identify and treat COPD as early as possible and to advise appropriately and sensitively concerning smoking cessation and exercise maintenance in order to prevent further damage and maximise function for as long as possible.

A literature study revealed few qualitative studies related to COPD, but those that were identified compared outcomes in end stage disease with other terminal diseases. COPD, therefore, remains a neglected illness in terms of understanding patients' perceptions of their illness and how this relates to help-seeking behaviour and symptom reporting and management. Similarly little is documented in relation to GPs' attitudes to COPD and implementation of treatment options.

This study

The COPD study represents a collaboration between the Dept of General Practice and CISHE and is led by Dr Diane Owen and Professor Butler in General Practice and Dr Chris Shaw at CISHE. A qualitative methodology is being used to explore attitudes, beliefs, knowledge and behaviour in both primary care doctors and patients with symptoms of respiratory disease.

GPs practicing in the Bro Taf Health Authority area and in Gwent have been invited to take part in interviews to assess their views and experiences of the condition and treatment provision. Sample selection has been designed to represent the varying organisation and practice populations in these areas. Around 20 GPs will be interviewed in total. In addition around 36 people between the ages of 45 and 65 years who are registered with a collaborating GP practice, and who have either a diagnosis of COPD or

CISHE Spotlight continued

symptoms indicative of lung disease without a confirmed diagnosis, are invited to take part in semi structured interviews. The main aim of patient interviews is to identify why many people do not seek help for these types of respiratory symptoms, and also to identify triggers to help seeking behaviour. Knowledge of the condition is also assessed, as well as self-management and coping strategies and their impact on day to day activities. These condition-specific issues are considered in the context of individual health beliefs and social environment.

Preliminary results from GP interviews suggest that doctors do not hold negative views of patients with COPD and are sympathetic towards those who find it difficult to give up smoking or who do not wish to. They do, however, find it difficult in relation to the demands made on them by the new GP contract, and so do not take a proactive approach to identification of the condition. They feel that they would like better access to pulmonary rehabilitation clinics that did not require hospital referral. They also feel that many patients suffer a loss of independence on some of the treatments commenced following hospital referral.

Findings from patient interviews suggest that undiagnosed patients are often reluctant to seek help from their doctor as they are aware of time pressures on doctors and tend to trivialise their own symptoms in comparison to the perceived need of others. Of those interviewed to date the majority had a fatalistic approach with a passive acceptance of declining health and no apparent motivation to deal with symptoms. This passivity was also apparent in their approach to health care, expecting the doctor to be the driving force in initiating discussions concerning their respiratory symptoms. Diagnosed patients, on the other hand, were well informed of the condition and treatment options and appeared empowered to manage their symptoms. However, success with smoking cessation was variable.

Further interviews will assess the consistency of these attitudes and whether they may be explained by differences in individual traits or environment, or whether they are attributable to varying levels of knowledge and information provision. In this way it is hoped to identify how we might enable people to be proactive in seeking health care for respiratory disease and empowered to manage symptoms effectively, and also provide information concerning strategies for primary prevention. For further details contact Chris Shaw - ShawC@cardiff.ac.uk

Recapturing the Bevanite Dream? - National Evaluation of Healthy Living Centres

By the 1940's the Annual General Meetings of the Tredegar Medical Aid Society attracted between 1000-1500 local people out of its 4000 strong membership. The society, which was owned and controlled by local members drawn from the local coal mines and steel works, provided a variety of health related services in ways that were felt to be needed in the area at the time. Aneurin Bevan, a local who was a committee member in the late 1920s, tried initially to preserve this grassroots element into the organisational fabric of the newly created NHS but lost out to the doctors and civil servants who feared the impact of local democracy on the integrity of the medical profession itself. The more famous Peckham Health Centre in London provided activities to around 950 families in the 1930s focusing on mainly preventative initiatives such as a variety of physical activities, games and relaxation.

Today the responsive and flexible nature of Healthy Living Centres (HLCs) are partly modelled on such pre-NHS health improving and health service developments, and are part of a range of initiatives designed to underpin the government's health inequalities agenda. Their funding is often via regeneration, or Lottery, rather than mainstream sources, and they tend to encourage flexibility and experimentation.

Using contemporary notions of community development and service delivery HLCs combine health promoting, cross-cutting and social inclusion-oriented activities which are primarily designed to help reduce the health gap between richer and poorer groups and to reach populations groups perhaps condescendingly referred to as 'hard-to-reach'.

The Big Lottery Fund (BLF), formally known as the New Opportunities Fund, funded 350 of these initiatives for up to five years across England, Scotland, Northern Ireland and Wales and they have commissioned a major national evaluation to assess their effectiveness in meeting their key aims and objectives. The evaluation team, known as the Bridge Consortium, is led by the Tavistock Institute in London and includes University of Glasgow's MRC Social and Public Health Sciences Unit, Edinburgh University's Research Unit in Health, Behaviour and Change, Lancaster University's Institute of Health Research, the Institute of Public Health in Ireland, the London School of Economics' Personal Social Services Research Unit, and the School of Social Sciences at Cardiff University. CISHE staff are involved in the evaluation from Cardiff and responsible for undertaking the work in Wales. In addition to funding from the Big Lottery Fund, the Health Promotion Division of the Welsh Assembly Government has provided additional funds to extend the evaluation in Wales and to ensure the production of a report that reflects and addresses the country's current circumstances and policy priorities.

There are two key strands to the evaluation - a Health Monitoring System (HMS) led by colleagues in the Research Unit in Health, Behaviour and Change at Edinburgh University and case studies of a selected range of projects, sampled to reflect a range of approaches. The HMS is a longitudinal study of the characteristics, health and health-related lifestyle and attitudes of a sample of over 4,000 people who are using, or have used, Healthy Living Centres.

It consists of a baseline survey followed by two follow-up surveys at six months and eighteen months after baseline. Case studies describe exemplary cases of HLCs drawn from the main clusters or types of HLC and the contexts in which they are operating.

Initial overview case studies provided detailed and rich information through the analysis of documents, face-to-face (or telephone interviews) with key staff and partners, focus groups and/or informal interviews with volunteer workers and those participating in HLC activities, and observation of routine activities within the HLC. Analysis of this information provided a sampling frame for a smaller number of intensive case studies which were conducted around a year after the first visit. Field work for these provided an opportunity to explore a number of key issues with a small group of informants. Topics for these interviews included how the HLC adapted to any key internal or external changes since the last visit, their overall orientation to health and health inequalities, their involvement of local people or users, their experience of partnership working and any plans for continuing their work after lottery funding comes to an end. All overview case studies in Wales were treated as intensive case studies to maximise the opportunity to explore the inner workings of HLCs over time. Of particular interest will be the extent to which the new Health, Social Care and Well Being Strategies in Wales, produced jointly by the 22 Local Health Boards with their coterminous Local Authorities, respond to the work of the HLCs.

Data are still being collected and analysed in both the HMS and the case studies, and the study will also benefit from routine data supplied by local projects to the BLF in their annual monitoring reports. The latest evaluation report to BLF will soon be available and should provide some fascinating insights. Needless to say the extent to which the local health economies are able to develop new ways of working and responding to the health of their citizens remains to be seen and this will vary with every project and area.

In 1938 Aneurin Bevan made a speech in which he argued that 'the debunking of the expert is an important stage in the history of democratic communities'. HLCs, to a large extent, are an attempt to engage the many publics that constitute the population in a deeply democratic model of health improvement. The ghost of Bevan must be watching and hoping. For further details contact Eva Elliott - ElliottE@cardiff.ac.uk

CHIRAL, Swansea University Masterclass Programme 2005

Broadening the Scope of Qualitative Methodology in health Services Research.

29th April - Reflexivity and narrative interpretation.

8th June - Patient Stories, Narratives of resistance and the ethics of humane care and social justice.

29th September - Eliciting the views of children: triggering stories and being creative with young research participants.

5th December - Stories and organisational change.

Further information from
Charlotte Thompson at
c.j.thompson@swansea.ac.uk.

Public Health Policy Unit, UCL & Research & Development Directorate UCLH. Research Governance one day courses

**13th April, 12th May, 13th June
and 12th July.**

Further information and registration forms from James Lancaster at
j.lancaster@ucl.ac.uk.

New CISHE Management Team Member

Professor David Fone has recently been appointed Director of the Centre for Health Sciences Research and Professor of health sciences research. David qualified in Medicine from the Middlesex Hospital Medical School (now UCL) in 1982. He trained in general practice in south Wales and was a principal in general practice in Abergavenny from 1987 to 1993. David's interests in general practice were chronic disease management, child health, and the assessment of practice population health needs and outcomes. In 1993 this interest led to training in Public Health Medicine in the West Midlands. Following training secondments in Wales, David was appointed Consultant in Public Health Medicine in the former Gwent Health Authority in 1997. This post included a sub-specialist responsibility for epidemiology and health information. During this post David was principal investigator on several health information research projects, including a European funded project investigating the use of GIS as a mapping tool for small area health information and the Caerphilly Health & Social Needs Study, a collaborative study of health and social inequality in partnership with Caerphilly County Borough Council.

In 2003 David was appointed Clinical Senior Lecturer in the Department of Epidemiology, Statistics and Public Health in the former University of Wales College of Medicine, and to his new post in September 2004. He is an Honorary Consultant in Public Health Medicine with the National Public Health Service for Wales with continuing responsibilities in health information and training. David's personal programme of research is in the field of social epidemiology, investigating the determinants of the spatial patterning of health, disease and well-being, through understanding the joint effects of people and places on health outcomes.

New Arrivals at CISHE

Dr Bryn Williams-Jones

Bryn joined CISHE in January 2005 as Cardiff Fellow in Ethics, a position that blends practical work in research ethics and a personal research programme. With the recent merger between Cardiff University and the University of Wales College of Medicine, there is expected to be a significant increase in biomedical and related research. As such, this merger provides an important opportunity for the University to establish effective mechanisms for research governance. Bryn, who comes with a background in applied ethics (specifically bioethics and technology ethics), will be working with the newly formed University Research Ethics Committee to help develop a culture of research ethics literacy across the University, and contribute to the form and structure of the University's Research performance constitution.

Initially trained in philosophy and bioethics (McGill University, Montreal, Canada), Bryn has expanded his bioethical theorising by integrating a range of analytic tools from applied ethics (business ethics, technology ethics, research ethics) and legal and policy analysis, with insights from the social sciences and in particular science and technology studies. He received a PhD in Interdisciplinary Studies at the University of British Columbia (Vancouver, Canada), based in the W. Maurice Young Centre for Applied Ethics. His doctoral dissertation explored the social, ethical, and policy implications of commercial genetic testing for hereditary breast cancer. Following his PhD, Bryn moved to the UK to take up a Post-doctoral Fellowship at the Centre for Family Research, Cambridge University.

Bryn's research explores broadly the socio-ethical implications of the commercialisation of a range of biotechnologies, including genetic testing, nanotechnology, and pharmacogenomics. He is also intrigued by the politics of university-industry relations in the context of the rhetoric about 'knowledge-based' economies as it relates to the patenting of genetics research and technologies.



New Staff

At heart, Bryn is an interdisciplinary scholar, keen to broker between and translate across disciplinary and social boundaries. He regularly collaborates with philosophers, lawyers and social scientists on a variety of projects, with the aim of producing richer and more comprehensive research that better attends to the social, political and cultural forces at play in the development of new technologies.

Merryn Smith

Merryn has begun a new post as a part-time Research Assistant in the Postgraduate Medical Education project with Dr Sara MacBride-Stewart and Dr Maria Tsouroufli. The project is a joint activity between CISHE and the School of Postgraduate Medical and Dental Education, conducting research into Postgraduate Medical Education of General Practitioners and Hospital Doctors.

Merryn graduated from the Queensland University of Technology Australia with a Bachelor in Social Science (Hons) and began a PhD at the University of Western Sydney in Critical Psychology. She was invited to complete her PhD in the Cardiff School of Social Sciences by her supervisor Professor Valerie Walkerdine. Merryn's PhD project concerns a psycho-social exploration of women, work and family in relation to neo-liberal conceptualisations of freedom and choice.

Emily Harrop

Emily has recently been appointed at CISHE to work on the Free School Breakfast Evaluation Project, until July 2005.

She graduated with a BA in History from the University of Bristol in 2002, and went on to complete an MSc in Ethnicity and Multiculturalism in September 2004, also at the University of Bristol. Her MSc dissertation was a qualitative study which looked at multicultural and anti-racist policies and practices in schools, and their relationship with recent national initiatives and policy developments. She hopes to develop her research interests in the areas of social exclusion and inequalities.

Samia Addis

Samia graduated from Bristol Polytechnic with a BA in Sociology and History and then completed a PGCE (FE) at Cardiff University. She lectured in Sociology at UWIC for a number of years, the main focus of which was health, particularly diet.

Samia completed an MSc in Social Science Research Methods at Cardiff University. For her dissertation she looked at levels of uptake of fruit and vegetables in school meals among primary school children in Cardiff.

Samia joined CISHE in February as a Research Associate as part of the AWARD team.

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

Cardiff Institute of Society,
Health and Ethics
53 Park Place
Cardiff University
Cardiff CF10 3AT

Tel: 029 2087 9609
Fax: 029 2087 9054
Email: CISHE@cardiff.ac.uk

Please note: back issues of this Newsletter and a full list of CISHE's publications can be found on our web site at: <http://www.cf.ac.uk/socsi/cishe>