

Event Report

PHIRN LAUNCH



PHIRN

PUBLIC HEALTH IMPROVEMENT RESEARCH NETWORK
RHYDYSWAITH YMGHWIL I WELLA IECHYD Y CYHOEDD

Seminar two of the Health Challenge Wales: Evidence for Policy Seminar Series, held on 16th February, saw the launch of the Public Health Improvement Research Network (PHIRN). PHIRN has been jointly funded by the Welsh Office of Research and Development (WORD) and the Office of the Chief Medical Officer to support the development of an all-Wales infrastructure, making it possible for Wales to initiate, and take part in, high quality research studies in Public Health Improvement. Following an earlier scoping study and a meeting of the network strategic board, this was the first public opportunity to highlight and discuss the aims and objectives of PHIRN, strategic approaches and potential areas of activity. Fifty-eight people registered for the seminar with a broad range of policy, practice and academic organisations represented.

The seminar was opened by Dr Salter, Acting Chief Medical Officer for Wales. He emphasised the commitment of the Assembly to developing policies based on the best available evidence and highlighted a current work programme which responded to the Wanless agenda and reflected the direction of *Designed for Life*, the Welsh Assembly Government's 10-year strategy for health and social care. He argued that it was significant that PHIRN was the first research network with a public health

improvement focus to be commissioned in the UK, as this had the potential to place Wales in a strong position in public health research, with clear benefits for the health of the Welsh population.

Dr Salter went on to identify a number of examples of policy and programme evaluations, such as the Sustainable Health Action Research Programme (SHARP) and the Evaluation of Primary Schools Free Breakfast Initiative which provided examples of how high quality research could be developed in partnership with government. He also emphasised the future importance of the PHIRN annual Welsh public health scientific conference, the ongoing Health Challenge Wales Seminar Series and central network support from PHIRN. In particular, he stressed the potential of the proposed Research Development Groups, each of which will work towards producing one or more multi-disciplinary research protocols, as well as offering advice on Assembly Government commissioned research where appropriate. The success of these groups was thought to be critical in determining the success of the network and he urged involvement.

Dr Salter was followed by two presentations focussing on strategic approaches that could be utilised within PHIRN. The first of these was presented by Professor Ronan Lyons (Swansea University) who highlighted the need and potential utility of a Health Information Unit. This could provide important area based information on social epidemiology that could identify need, inform the development of appropriate interventions and evaluate effectiveness. A number of examples were presented that showed the importance of early and accurate identification of public health need and demonstrated the potential for collaboration between research networks.

He was followed by Simant Westley (NPHS, Bangor University) who, along with Professor Ian Russell (Bangor University) and Emma Bedson, All Wales Alliance for Research and Development in Health and Social Care (AWARD) has developed a framework and manual that could facilitate the evaluation of area-wide public health interventions and policies for health & social care. Simant highlighted a number of practical examples that illustrated how PHAIME can enable a cluster randomised trial, within broadly existing resources and be utilized within The Wales Office for Research and Development funded networks like PHIRN.

The second half of the session focussed on a number of research studies that could act as exemplars for future PHIRN activities. The first of these was presented by Dawn Armstrong-Esther (Institute of Rural Health) who focussed on an action research approach within SHARP, a study conducted with Mark Goodwin (Exeter University). This demonstrated the potential for such an approach within evaluations of participatory community based interventions. Findings highlighted how an understanding of community involvement and an assessment of how interventions targeted at young people compare in effectiveness with those targeted at the community as a whole, could lead to a sustainable approach to health development interventions.

This was followed by presentations by two of the PHIRN co-ordinators, Professor Laurence Moore and Dr Simon Murphy (CISHE, Cardiff University). Professor Moore focussed on the development and evaluation of ASSIST, a non curriculum based peer-led adolescent smoking prevention intervention. He demonstrated how a collaborative small scale developmental project with three Health Authorities in Wales had secured

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EVENT REPORT FORTHCOMING EVENTS

funding from WORD, the European Commission and the Medical Research Council (MRC) for formative evaluation and feasibility testing. This in turn had provided a sufficient evidence base to obtain funding for an MRC funded cluster randomised controlled trial of the intervention, which is now being rolled out across Wales. Meanwhile, Dr Murphy highlighted the potential for natural experiments within policy roll outs by focussing on an ongoing cluster randomised trial of the Primary School Free Healthy Breakfasts Initiative. This included reflections on the complementary and competing agendas of academic researchers, policy makers and elected officials and the need for synthesis in research and policy planning processes.

The session ended with a discussion of how best to take PHIRN forward and



From left to right, Dr Simon Murphy, Dawn Armstrong-Esther, Professor Gareth Williams, Professor Ronan Lyons, Simant Westley, Professor Laurence Moore

how to address the barriers to developing high quality policy relevant research. Key amongst these was engagement at an early stage with policy makers, practitioners and communities. It was

generally recognised that for Wales to compete for research funds at a national and international level it would require the development of cross institutional multidisciplinary research groups. These issues are currently being taken forward by the PHIRN co-ordinating group, along with the development of a website, email forum facility and searchable database of PHIRN participants. In the meantime, those who are interested in contributing to the network or have ideas for a Research Development Group should contact Simon Murphy (murphys@cardiff.ac.uk) or Sarah MacDonald (macDonalds@cardiff.ac.uk). The next Health Challenge Wales Seminar is provisionally scheduled for July. For further information contact Zoë Macdonald (macdonaldz@cardiff.ac.uk)

Forthcoming Events

Good Clinical Practice Training

Cyngorair Cymru Gyflyn ar Gyfer Tystwili a Datblygiad mewn Iechyd a Gofal Cymdeithasol



All Wales Alliance for Research and Development in Health and Social Care

The All Wales Alliance for Research and Development in health and social care (AWARD) is facilitating three Good Clinical Practice (GCP) training courses across Wales. AWARD is a multi-disciplinary team of researchers from Bangor, Cardiff and Swansea Universities, funded by WORD (the Wales Office for Research and Development). AWARD's broad aims are to raise the profile of health and social care research in Wales by attracting research funding; collaborating with research networks; publishing findings; and developing research capacity in Wales.

Applying the principles of GCP is a fundamental requirement of all NHS based research and is therefore important for anyone who is involved in research.

The provision of training across Wales will help to ensure the quality of clinical research, which will in turn facilitate evidence-based policy and practice.

The topics covered will include:

- History and Development of GCP and the International Conference on Harmonisation;
- EU Directive (2001/20/EC) and the Implementing Regulations;
- Practical Implementation of the Principles of GCP;
- Roles and Responsibilities in Clinical Research;
- Informed Consent;
- Adverse Events;
- Documentation, Audit and Fraud and Misconduct;
- Feedback from the Medicine and Healthcare Products Regulatory Agency inspection programme.

The sessions are suitable for researchers from a variety of professions (e.g. clinicians, nurses, pharmacists, research assistants and

professions allied to medicine). Participants from Primary Care settings are particularly welcome!

The training will be provided as a full day session (for Research Nurses, Allied Health Professionals, Data Managers and Research Assistants), or as a half day session (for Medics and Dentists). Each area in Wales will host a full day event and one half day event.

Dates and venues are:

Cardiff, May 23rd & 24th, Cardiff University. Contact Zoë Macdonald: macdonaldz@cardiff.ac.uk

North Wales, June 26th & 27th, Lecture Theatre, Glan Clwyd Hospital. Contact Iona Tudor Jones: Iona.TudorJones@cd-tr.wales.nhs.uk

Swansea, July 17th & 18th, Swansea University. Contact Anne Surman: a.g.surman@swansea.ac.uk

CISHE News and Activities

Personal Recognition

Professor Søren Holm has been invited to sit on the Wellcome Trust's Standing Advisory Group on Ethics from summer 2006. From May 2006 Professor Holm will be a member of the Nuffield Council of BioEthics.

Congratulations to **Larry Raisanen** who successfully passed his PhD viva on January 23rd, 2006. He studied for his doctorate within the computer science department at Cardiff University between 2002-2005. His dissertation is entitled "Multi-objective site selection and analysis for GSM cellular network planning".

CISHE in the UK

Professors Laurence Moore and **Gareth Williams** were amongst speakers from academia and the private sector who were invited by the Wales

Centre for Health to share their views and expertise at Communicating with the public: Influencing behaviour change, 28th February 2006, at Cardiff University.

Dr Alex Faulkner attended the Wellcome Trust 'Witness Seminar' on The Early Development of Total Hip Replacement, at The Wellcome Trust Centre for the History of Medicine in London on 14 March 2006. Many of the early innovators in this technology discussed questions of history, materials, technique, organisation, standards, evidence and policy. The proceedings will be published by Wellcome in their oral history series.

Jo Holliday presented 'The ASSIST intervention: Successfully harnessing informal social networks to reduce adolescent smoking' at The British Sociological Association's Social Network Analysis Group Meeting on 17th March 2006 in Manchester.

CISHE Abroad

Dr Maria Tsouroufli presented at the European Society for Research on the Education of Adults Life History and Biography Network, Conference Volos, Greece, 2-5 March 2006. Her paper was entitled 'Senior hospital doctors' histories of learning and professional development'. This paper explores senior doctors' biographical accounts of learning and professional development embedded in a changing medical education context in the UK. It draws on data from a study which looked at the effectiveness of formal continuing education for hospital doctors in an educational and supervisory role.

Professor Søren Holm gave an invited plenary talk on the topic of "Pharmacogenetics, race and global injustice" at the 4th Annual Conference of the Africa Genome Education Institute, 22-25 March, Somerset West, South Africa.

New Grants Awarded to CISHE

- 1) The National Institute for Health and Clinical Excellence (NICE) is funding a rapid review of the evidence and literature on 'Approaches to generating and maintaining health and the effectiveness of interventions at individual, community and population levels'. Gareth Williams, with a core team of Eva Elliott, Samia Addis and Emily Harrop and a wider advisory group, have been awarded £32,437 for this three and a half month project which started in March 2006.
- 2) A social network analysis of the dynamic relationship between adolescent smoking behaviour and peer influence. £305K has been awarded from the Medical Research Council for a project due to start in the summer this year, for two and a half years. Principle Investigator: Professor Laurence Moore. Applicants: Jo Holliday and Dr Simon Murphy, CISHE, Cardiff University; Professor Rona Campbell, Bristol University; Professor Tom Snijders, University of Groningen, The Netherlands.
- 3) Regulatory innovation of a contested technology zone: Follow-up study of human tissue engineering in the UK and EU. £80,564 has been awarded by the ESRC to Dr Alex Faulkner (CISHE, Cardiff), Professor Peter Glasner (CESAGen, Cardiff) and Dr David FitzPatrick (University College Dublin). The two-year study which began in April extends previous ESRC-supported research to track the evolution of regulatory policy for tissue engineered 'regenerative medicine' technologies in Europe and the UK.

New CISHE Projects

Minding the gap

Tim Blackman, David Hunter, Linda Marks, Lorna Mckee, Gareth Williams *Does target setting reduce health inequalities? Public Services: Performance Assessment and Wicked Issues, The Case of Health Inequalities.* January 2006 to February 2009, £252,000.

People across Britain are living longer, but the gap between life expectancies of rich and poor has not reduced. In fact, it may even be widening. If you are a man living in a wealthy area, such as, for instance, Wokingham in England, you can expect to live until the age of 78; if you are a man

living in Glasgow in Scotland, you can expect to die at the age of 71.

The UK government has thrown huge resources into poverty reduction and urban renewal, yet the health divide remains stubbornly intractable. There is, though, another recent government initiative which may help throw light on the best and most successful ways of tackling this most difficult of issues.

With devolution, health care is now treated quite differently in England, Scotland and Wales. These policy differences and their effects on public health provide the focus for this project which is a collaboration between CISHE and Durham University. The study, extending

over three years, will track the progress made in ironing out health inequalities in England, Scotland and Wales, and will seek to establish the comparative success of different strategies. The English, for instance, put great store on target setting within the health service, pointing to the way in which it has driven down waiting lists. But will target setting prove equally successful in tackling the infinitely more complex 'wicked issue' of life expectancy? That is one of the questions that the project team will seek to answer.

For further information contact Professor Gareth Williams: williamsgh1@cardiff.ac.uk

Can dieting make you fat?



Pothos, E.M. & Tapper, K. *Does pre-occupation with body shape/food lead to overeating?* Welsh Office of Research and Development. March 2006 – February 2008, £59,450.

Research suggests that substance abuse affects cognition. Converging evidence from attention, memory, categorization and learning show that when a person abuses a substance they display an attentional bias for information in the environment relating to this substance. That is, the person will direct their attention towards such information and process it more extensively. Attentional bias is important since research suggests that it may contribute to the maintenance and/or escalation of the addictive behaviour. For example, an alcoholic is likely to have acquired strong associations between alcohol use and positive outcomes, such as relaxation. Thus selective attention to, and processing of, alcohol related cues in the environment will result in frequent activation of these positive outcomes and will bias thoughts, interpretations and decisions.

Unlike drugs, food is not considered to be physically addictive. Nevertheless, like addictive substances, food can function as a powerful reinforcer. As such, many individuals overeat and have difficulty limiting their food intake. Research shows that a tendency to try to limit food intake (termed dietary restraint) is associated with an attentional bias toward food related stimuli. Research also shows that dietary restraint is often associated with a higher body mass index (BMI). However, despite their potential importance, little is known about the origins of food-related attentional biases or their association with restrained eating and BMI.

It is possible that food-related attentional biases are a consequence of restraint. In particular, several authors have suggested that attentional bias for particular stimuli

results from the personal salience of these stimuli. For example, the Theory of Current Concerns¹ states that our lives are organised around the pursuit and achievement of goals. A current concern is a motivational state that arises from the individual being committed to a particular goal. This in turn implicitly biases cognitive processing towards goal-related stimuli. Thus according to this theory, restrained eaters' food-related goals will result in an attentional bias for food related stimuli. This is important since it means that dieting could make it even more difficult to reduce food intake.

In this project we hope to clarify the role of food-related attentional biases in overeating and examine their potential diagnostic and intervention value.

¹ Klinger, E., & Cox, W. M. (2004). Motivation and the theory of current concerns. In W. M. Cox & E. Klinger (Eds.), *Handbook of motivational counseling: Motivating people for change* (pp. 3-23). Chichester, United Kingdom: Wiley.

Resisting temptation: can we learn to do it better?



Tapper, K. & Pothos, E.M. *Effects of two ideation strategies on children's ability to delay gratification.* Nuffield Foundation. March 2006 – November 2006, £7,187.

The ability to resist temptation underpins a wide variety of behaviours essential to everyday life. For example, studying often means delaying pursuits that are more immediately pleasurable, attempts to diet or quit smoking require the individual to resist high calorie foods and cigarettes, and buying a house usually entails saving money for a deposit rather than spending it all at the weekend. Deficits in such self-regulatory behaviours have been linked to a variety of problems including crime, teen pregnancy, drug addiction, educational underachievement, gambling and aggression.

Can we help individuals improve their ability to self-regulate? Research using the Delay of Gratification paradigm suggests that we can. In a typical delay of gratification study, participants, usually young children, are presented with a treat (for example a chocolate) and a bell. They are told that the experimenter will leave the room and that if they wait until the experimenter returns they will receive two of the treats. Alternatively, if they ring the bell, the experimenter will return to the room immediately but in this case they will only receive one treat. Although the child would clearly prefer to have two treats rather than one, the child is usually unable to wait. The length of time the child is able to wait before ringing the bell (usually up to a maximum of 20 minutes) is the 'delay of gratification' measure. Simple as the measure is, it has impressive predictive ability for a person's future behaviour. For example, differences of seconds in the delay time of preschool children significantly predict verbal and quantitative scores on aptitude tests several years later, as well as a variety of competencies relating to self-control, planning and concentration.

Research shows that children's ability to delay in this task is associated with, and can be improved by, specific strategies. Using these findings, Metcalfe and Mischel¹ proposed a theory of 'hot and cool' cognition to account for the ways in which cognition and emotion interact. Cool cognition is complex, reflective, slow, and attenuated by stress. This is the system that is critical for self-control. Hot cognition is about quick emotional processing and is under the control of stimuli in the immediate environment. It is simple, reflexive, fast, and accentuated by stress. According to Metcalfe and Mischel, the hot system is the default state; when it is dominant, exposure to 'hot' stimuli elicit automatic responses. For example, a child under the influence of the hot system will be unable to wait for the treat.

Metcalfe and Mischel identify six strategies associated with improved self-regulation and suggest that they fall into three different groups according to the ways in which they work. These are a) by decreasing activation of the 'hot spots' in the brain that lead to the impulsive action (e.g. by obscuring the hot stimulus), b) by shifting the balance of activation away

from the hot spots in the brain to other irrelevant hot or cool networks in the brain (e.g. by presenting distractors), and c) by enhancing cool system control of the hot spot (e.g. by thinking about the cool rather than the hot characteristics of the stimulus).

However, whilst Metcalfe and Mischel emphasize stimulus properties in their discussions, it is equally important to explore *reactions* to the hot stimuli. Recent psychotherapy research suggests that attending to ones reactions to a 'hot' stimulus may also help enhance cool system control. Sometimes termed 'mindfulness', this strategy has been incorporated into a number of different clinical therapies and seems to be beneficial in the treatment of problems ranging from stress and depression to prejudice and chronic pain. With this project, we aim to bring together the above ideas to examine the impact of attending to ones reactions to a hot stimulus on the Delay of Gratification task. If successful we hope to apply the findings to a range of health related behaviours such as overeating, drinking and smoking.

¹Metcalfe, J. & Mischel, W. (1999). A hot/cool-system analysis of delay of gratification: dynamics of willpower. *Psychological Review*, 106, 3-19.

Mindfulness-based weight loss



Tapper, K., Shaw, C. & Moore, L. *Development and piloting of an acceptance-based intervention for overweight and obese women.* Welsh Office of Research and Development. March 2006 – May 2007, £58,912.

Weight loss can be achieved by reducing calorie intake and/or increasing exercise levels. However, despite the apparent simplicity of this solution, such changes can be difficult to make and even harder to maintain. For example, it is estimated that less than 5% of those who lose weight will have maintained these losses after 4-5 years. Research suggests that this is a result of the individual failing to maintain healthy eating and exercise habits, suggesting that for the majority of overweight and obese individuals, knowing how to eat in order to lose weight is simply not sufficient. What is needed is a greater understanding of the psychological processes that lead to overeating and to relapses in a diet. Indeed, experts are increasingly recognising the need to address the psychological aspects of obesity.

There is evidence to suggest that obesity is associated with both *emotional eating* (overeating in response to negative emotions such as boredom or unhappiness) and *external eating* (overeating in response to food-related stimuli such as the sight or smell of a palatable food). Research shows that questionnaire measures of these types of eating are positively associated with BMI and obesity. Such measures are also associated with retrospective accounts of adult weight gain and predict weight regain following weight loss. Consequently, a number of researchers have suggested that interventions aimed at reducing emotional and external eating may be an effective means of tackling obesity. For this reason, it would be beneficial to examine means of bringing about long term reductions in emotional and external eating and to determine whether such changes also bring about sustained weight loss.

There is evidence to suggest that *experiential avoidance* may be involved in both emotional and external eating. Experiential avoidance refers to attempts to avoid or control certain negative emotions, thoughts or bodily sensations. Emotional eating occurs in response to negative emotions and there is evidence to suggest that it is an attempt to distract attention from, or alleviate, these feelings. If this is the case, emotional eating can be viewed as a form of experiential avoidance. In contrast, external eating occurs in response to food cues and is therefore not necessarily

prompted by an attempt to avoid or control negative emotions. However, where an individual is trying to lose weight and is attempting to resist overeating in response to these cues, it is likely that he or she will experience difficult thoughts, feelings and/or bodily sensations. Any failure to resist overeating can therefore be viewed as an attempt to avoid or control these thoughts, feelings or sensations and thus also a form of experiential avoidance. For these reasons, any intervention that is effective in reducing experiential avoidance may also be effective in reducing emotional and external eating.

Acceptance and Commitment Therapy¹ (ACT) is a psychotherapeutic approach that directly targets experiential avoidance. ACT based interventions draw on a variety of different techniques and exercises to bring about a willingness to experience difficult thoughts, feelings and sensations rather than trying to avoid or control them. In doing so, the individual is able to abandon maladaptive behaviours normally used for avoidance and control and instead focus on behaviours that move them towards valued outcomes. ACT has been shown to be effective in the treatment of a wide variety of problems ranging from work stress and pain management to trichotillomania and high-risk sexual behaviour. In particular, when used to treat drug abuse and aid smoking cessation, there is some evidence to suggest that it may be more effective than conventional programmes in terms of the maintenance of behavioural changes.

The aim of this project is to develop and pilot an ACT-based intervention for the treatment and prevention of obesity among women. In doing so it would provide a sound basis for a full scale randomised controlled trial and for further extensions to other populations and other health domains.

¹Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999) *Acceptance and Commitment Therapy: An experiential approach to behavior change.* New York: Guilford Press.

For further information contact Dr. Katy Tapper: tapperk@cardiff.ac.uk

CISHE Spotlight

Assessing the impact of an extension of an opencast mine on the health and wellbeing of a local community

A unique opportunity to conduct a health impact assessment of a proposed extension to an opencast mine in Wales emerged in spring 2005 when a member of the public approached the Welsh Health Impact Assessment Support Unit (WHIASU). Residents were already concerned about effects of pollution on their health, having lived with open-casting in the area for over fifty years. The present opencast site (see photograph 1) is close to local housing at Cefn Cribwr but if the proposal goes ahead the opencast workings would be even closer to local communities at Kenfig Hill where many residential streets would be looking down into the void due to an arena-like configuration.



1. Opencast site at Cefn Cribwr

A full definition of health impact assessment (HIA) can be found in WHIASU's guidelines¹ but put simply it is a systematic way of assessing who is likely to benefit or suffer from a policy, project or plan, and how. HIA considers how a policy or proposal affects the wider determinants of health and how they in turn, may affect people's health, including the effects upon different population groups. The process encourages the participation of people likely to be affected by, or involved in the implementation or development of, the proposal.

The health impact assessment was conducted on behalf of local residents who were active participants at both informal and steering group meetings. In terms of methods both qualitative and quantitative were used to assess the potential impacts upon the communities living in closest proximity. Local health statistics, published research and monitoring data on nuisance, dust and pollutants were presented alongside qualitative data from focus groups involving a range of groups drawn from the local community.

The study presented many challenges including; engaging some stakeholders due to the controversial nature of the study, difficulties obtaining statistically significant health data on a relatively small population as well as managing conflicting perspectives and residents' distrust, frustration and emotions.

The local community were convinced that the open cast mine had caused many health complaints and deaths in the local area and had already conducted two studies of asthma prevalence in school-age children prior to the HIA commencing. Although the residents' school study and survey of local GP practices have limitations they do reveal some interesting results and the findings were supported by published research.

Although monitoring data presented in the report is within guidelines and regulatory limits, the study raised many questions about the measurement and monitoring of dust, noise, vibration and especially air-borne particulates associated with opencast mining which can be breathed into lung tissue causing respiratory disease and lung damage.

A health impact assessment also examined the wider effects on health which are currently outside the regulatory framework for land-use planning. The psychological effects upon people living near the present opencast site as well as people who were anticipating the opencast moving across towards Kenfig Hill was evident in meetings and focus groups.

Residents also reported how they were being affected by the planning process itself, describing how the whole process was causing them stress, anxiety and depression.

The local community believed that if the extension went ahead it would affect their quality of life in a number of ways. The proposed extension would take away the last remaining public footpaths that give access to villages across the valley, and to a natural open space, including ancient woodland (see photograph 2) which would be lost if the extension went ahead.



2. Threatened Woodland

Residents wanted to see an end to open-casting in the area, and the report concluded that health and wellbeing should be the prime consideration and, as there is sufficient uncertainty regarding the negative health impacts, the 'precautionary principle' should be applied. A full technical report of this health impact assessment is available on the WHIASU website, www.whiasu.wales.nhs.uk

¹ Welsh Health Impact Assessment Support Unit (2004) *Improving Health and Reducing Inequalities: a practical guide to health impact assessment* Welsh Assembly Government, p.5 (Crown Copyright September 2004. ISBN 075043575 5)

For further information contact Dr. Alison Golby: golbya@cardiff.ac.uk

CISHE Working Papers Now Available

Two new CISHE working papers are now available at:

<http://www.cardiff.ac.uk/schoolsanddivisions/academicschools/socsi/publications/workingpaperseries/numeric-71-80.html>

Paper 72: Evaluation of Equity Training and Advocacy Grant Pilot Programme.

Sarah MacDonald, Eva Elliott & Laurence Moore.

Paper 73: Evaluation of European Adolescent Smoking Cessation Pilot Programme: Report for the Welsh Assembly Government.

Sarah MacDonald, Ingrid Geesink & Laurence Moore

CISHE Collaborators



The University of Glamorgan Health Economics Research Unit is one of four research units based in the School of Care Sciences.

The Health Economics Research Unit (HERU) was established in 1996. Its primary aim is to undertake research across a wide range of health service and health policy issues. It also has an ambitious secondary aim to develop a critical understanding among researchers, policy makers, practitioners and users of the principles and applications of health economics as a means of promoting social welfare.

The unit currently has seven members:

David Cohen, Director and Professor of Health Economics

Siobhan McClelland, External Professor

Dr. Susan Myles, Senior Lecturer

Ms. Mirella Longo, MRC Training Fellow in Health Services Research

Dr. Fasihul Alam, Research Fellow

Ms. Cathy Lises, Research Assistant

Ms. Christalla Pithara, PhD student

HERU's research is focused across two main programme areas – primary care and health improvement. Each of these programmes includes projects and interests covering theoretical, methodological and service delivery and organisation themes.

Primary care services comprise the majority of both health care demand and service provision yet there has been relatively little research by health economists in this

field. HERU, however, has considerable experience in this area, strengthened by longstanding research collaborations with the Departments of General Practice at Cardiff and Edinburgh Universities. The Unit's primary care research interests fall within three broad areas: investigation of patients' and professionals' choices; substitution and skill mix issues and the evaluation of service delivery and organisation within primary care.

With regard to health improvement, HERU's work is consistent with the way in which policy initiatives are increasingly focusing on the wider determinants of health, for example, housing, education, employment, the environment and personal behaviour, as opposed to only the health effects of health care. These are key areas in which both economics generally and health economics specifically have much to offer. Key research interests within HERU's health improvement programme include: theoretical perspectives on choice; discrete choice experiments; programme budgeting and marginal analysis; social capital and economic aspects of health promotion.

HERU has many disciplinary links with local, national and international economics and health economics organisations including, the Royal Economics Society, the Welsh Health Economists' Group, the UK Health Economists' Study Group and the International Health Economics Association. HERU staff are active participants and contributors to the regular disciplinary conferences and events organised by these groups.

In addition to its links with departments of general practice, HERU also has formal links with a number of academic, health service and government organisations including, of course, CISHE. It has a particularly long track record of collaboration with the Clinical School in Swansea. HERU is also a collaborator in two national research networks – the Medical Research Council's Health Services Research Collaboration and the 'Capricorn' network of primary care research.

HERU was the lead organisation in a successful consortium bid to provide a Health Economics Infrastructure Support

Service for Wales. Together with the health economics units at Bangor and Swansea, HERU will be providing support to the new research infrastructure in Wales being funded by the Wales Office for R&D which includes among other initiatives a number of new Thematic Research Networks and a new South East Wales Trials Unit.

HERU also recently secured funding from the Welsh Office for R&D to investigate the impact of the abolition of prescription charges in Wales. This study will analyse changes in prescribing trends, whether significant changes occur between numbers of prescriptions written and filled, the impact on patients' use of both prescription and non prescription medicines and the demand for services.

HERU's main collaboration to date with CISHE has been in ASSIST which examined using peer supporters in secondary schools as a means of changing pupil's smoking behaviour and attitudes to smoking. The intervention, which involved identifying peer supporters and training them outside of the school environment, is very resource intensive which means that in addition to evidence of its effectiveness, educators and policy makers will also need to know what it costs and the extent to which it represents good value for money.



David Cohen, Director and Professor of Health Economics

Other events outside CISHE

1. The School of Medicine, Swansea University is holding two Masterclasses and a Colloquium: Two experts in the field of qualitative methodology will take forward their ideas on advances in qualitative methods through whole-day Masterclasses on Friday 5th May and Friday 23rd June 2006 and a two day Colloquium: "Circles within circles: Qualitative Methodology and the Arts: The Researcher as Artist" on Tuesday 19th & Wednesday 20th September 2006.

For further details please contact the Masterclass administrator on 01792 602145 or by email: Masterclass.Administrator@swansea.ac.uk or alternatively Dr Francis Rapport on f.i.rapport@swansea.ac.uk

2. The Mid and West Wales section of The All Wales Alliance for Health and Social Care Research (AWARD) and the Centre for Health Information, Research and Evaluation (CHIRAL) both based at Swansea University are holding the following one day conference in June this year. Building R&D in Health and Social Care in Wales: improving health; improving care; improving knowledge, Wednesday 21 June 2006, Dylan Thomas Centre, Swansea.

Key speakers will be Stephen Davies (Director NHS Services Delivery and Organisation R&D Programme), Professor Ronan Lyons (Professor of Public Health, Swansea University), Professor Steve Cropper (Programme Director of the

Centre of Health Planning and Management, Keele University) and Dr Helen Snooks (Reader in Health and Social Care Research and Director of the Mid and West Wales Section AWARD).

If you work in health or social care and are involved in research and evaluation this is an opportunity to submit your work for peer-review. Awards will be presented for best poster, research most likely to affect practice and most original research. Abstracts to be submitted by 3 May 2006.

For further details please contact Sarah Macdonald: sarah.macdonald@swansea.ac.uk or telephone 01792 602346.

New Staff

Joanne Ilsley

Joanne joined CISHE as Research Assistant to work with Katy Tapper and Chris Shaw on a Welsh Assembly funded project to develop and pilot an acceptance based intervention for overweight and obese women. The post involves running a brief series of workshops piloting mindfulness and self awareness techniques as an adjunct to dietary and exercise advice in weight loss.

Joanne has had a varied career. Her first degree in Psychology and Basic Medical Sciences at UCL was followed by a 2 year research assistant post at Royal Holloway and Bedford New College investigating neuropsychological functioning in children with agenesis of the corpus callosum. She then undertook an MPhil in Clinical Psychology at the University of Edinburgh in 1991. For her dissertation she looked at neuropsychological functioning in people with Major Depression. She practiced as a Clinical Psychologist in Adult Mental Health until 1999, when she briefly resumed university life undertaking an MRes in Earth and Atmospheric Science at Reading University. More recently Joanne completed her certified accountancy training and held



the post of Divisional Accountant at Royal United Hospital Bath until January 2006.

Nazanin Azimian-Faridani

Nazanin has been working as a Research Assistant since March 2006, under the supervision of Dr. Katy Tapper. She is also currently writing up her PhD thesis in the School of Psychology. The aim of her PhD has been to investigate both the psychological processes and the brain regions which are engaged at the time of memory retrieval, from long-term memory store. She has utilised event-related potentials (ERPs) in order to monitor this brain activity.

During her six month contract, Nazanin will be running an experiment on children between three to six years of age, using the *Delay of Gratification* paradigm, with the assistance of Katy. She is currently in the process of setting up the experiment, and the next step is the recruitment of the participants. By completing this study, Nazanin and Katy are hoping to develop a better understanding of people's self-regulatory behaviours (i.e. resisting the immediate pleasure of eating high calorie foods).



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

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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>

We welcome feedback or contributions to future issues.

Acknowledgements to Newsletter staff

The CISHE newsletter is compiled by the newsletter working group: Stephen Burgess; Eva Elliott; Sheila Foley; Jo Holliday; Rebecca Lynch; Laurence Moore and Zoë Macdonald.