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EDITORIAL

Welcome to the new look SSM Newsletter!

As of May 2010, the newsletter has gone electronic, bringing you more society news with a touch of a button to your computer. At time of writing, the UK is facing a change in government in what was perhaps the most exciting election in years and an Icelandic volcano continues to cause havoc with flights, reminding us of the power of our natural environment. It is amidst this turbulent context for health and economy that we have taken on editorship of this newsletter and we are very excited about the future. From now on we hope to bring you some feature articles ranging from hot topics in the news to practical applications of social research in fields such as public health medicine. We also hope to keep you up-to-date with the latest research developments, early researcher news and funding information. And of course, the all important committee updates and SSM scientific meetings (or SocSocMed as many fondly call it!).

We would like to thank Steven Cummins, who for many years was editor of the SSM newsletter. He did a fantastic job and his sterling work has made him a hard act to follow. Thank you Steven for everything you have done.

We hope you enjoy reading the newsletter! **-Catherine & Noriko**

UPDATE FROM THE CHAIR

By the time you read this, the United Kingdom will have a new government. Whatever the outcome, and it seems increasingly uncertain at present what it will be, it is likely to have considerable implications for public health. All of the main parties are promising deep cuts in public expenditure, although they differ considerably on the scale and timing, as well as the philosophies that will underpin their decisions. Some see a need to do whatever possible to protect public services while others see the recent recession, from which, thankfully we are now emerging, as a heaven-sent opportunity to slash the role of the state, which they see as the problem rather than part of the solution. One possible outcome, much feared by some politicians, is a hung parliament. Yet, this could be a real opportunity for evidence-based policy making as it would force our political leaders to persuade their colleagues of their arguments, rather than simply forcing confused and incoherent laws through parliament in what has been described by a senior judge as "binge law-making". If this happens, they may wish to learn from the devolved administrations that have repeatedly shown their ability to lead the way in adopting evidence-based measures, exemplified by the bans on smoking in public places. However, it is not only politicians that can learn from the diversity within the United Kingdom. Members of this society can exploit a series of natural experiments, comparing how things are done in the different administrations.

The Annual Scientific Meeting is an excellent opportunity to develop and strengthen the necessary collaborations. In 2010 we return to Belfast, after a gap of 37 years. Our hosts at Queen's University (I declare an interest as one of its graduates) have assembled an excellent programme of scientific and social events. These include our two eponymous lectures, the Cochrane, to be given by Mark Petticrew, who like me will be returning home, and the Pemberton, by Johan Mackenbach, who will be visiting Northern Ireland for the first time. This will also give us an opportunity to honour the memory of the late John Pemberton, one of the founders of this Society and a former professor at Queen's. I look forward to welcoming you to Belfast in September. **-Martin McKee**

IN THE NEWS

Health Inequalities and Social Medicine

In 2010, the 'Fair Society, Healthy Lives: strategic review of health inequalities in England post-2010' sent a wave of excitement across the public sector. **Noriko Cable** talks to **Dr. Jessica Allen**, the Project Director about the implications the 'Marmot Review' has for Social Medicine.

What is the background to the Marmot Review?

The social gradient in health persists in England despite many years of activity and investment. The review was commissioned by the then Secretary of State for Health, Alan Johnson in November 2008. The Review was asked to assemble the best evidence on what works to reduce health inequalities from across the world.

The Marmot review sets out recommendations for the following areas:

1. Give every child the best start in early life.
2. Enable all children, young people and adults to maximise their capabilities and to have their control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill-health prevention.

Of these six policy recommendations, which one is the most important?

All are important, however, the evidence indicates that many inequalities in outcomes and life chances begin at a very young age and are most successfully tackled at a young age. Therefore we prioritise investment and action in the early years. The recommendations cover stages of lifecourse with some cross cutting issues.

In the review, we also make recommendations on reducing the negative effect of climate change on health inequalities in the areas of heating, housing insulation, travel, and access and quality of green space.

What does the review mean to Social Medicine?

I think the focus and emphasis of some public services should change. For example, in Liverpool, the Fire service has been involved in identifying risks to health beyond fire risks, for those in more deprived areas; for instance risks from poor quality housing, identifying risks of accidents, levels of debt and referring people to other services to help alleviate and deal with some of their problems. I also think the role of GP and health visitors should become more socially oriented, with GP actively identifying poverty as a cause of poor health and trying to reduce its negative impacts through for instance, providing access to early education and family support services, debt counselling and housing services.

What could we do to put the evidence in our practice? And what sort of evidence are you looking for?

Research papers should be asked to include an assessment of policy context, and there is a need for more evaluation of programmes and interventions. Potential or actual savings made through implementing health preventive and promoting measures are difficult to calculate but are important. Some outcomes are difficult to measure, particularly in the short term.

What is next?

We are partnered with the North West Region and London and are working with these regions to ensure a social determinants approach to reducing health inequalities is implemented. We are working with a number of PCTs and local authorities and various local agencies across England, advising on health inequality strategies. There is much the NHS can do too as an employer of over 1million people. We are working with one hospital to design a health and well being strategy for their staff. We are advising the Olympic Legacy Board on their regeneration strategy across the five host boroughs and we continue to present the Review's findings across this and other countries. Meanwhile the team are working on a major European Health Inequalities Review for the WHO which will present a final report in 2012.

For further information, please visit: <http://www.ucl.ac.uk/qheg/marmotreview/FairSocietyHealthyLives>

SOCIAL MEDICINE IN ACTION

HIV/TB in Swaziland: It's not about taking pills

Susan Eldon, Specialist Registrar in Public Health, Nuffield Centre for International Health & Development, reports on how social medicine is used in public health in Swaziland.

Despite numerous directions we still managed to get lost in our visit to Abraham, one of 15 treatment “defaulters” seen each day by adherence officers in Swaziland. His address was listed as a nearby cattle dip-tank. There were no roads, only rocky trails navigated by off-road motorbikes. The only landmarks were trees and hills. We were told to drive toward the fence and then look out for the guava trees. We finally spotted an isolated stick and mud house perched on a hillside. Peelings from guava fruits lined the path that led to his doorway. He was skeletal, breathless, coughing and spoke with a voice that sounded hollow and distant. He apologised for being too weak to stand and greet us and pointed to logs near his doorway for us to sit. Abraham had been diagnosed with TB and HIV but inexplicably stopped his treatment. “It was not about taking pills”, he stated.

This was one of many journeys I had taken during my one year placement in Swaziland as a public health officer. My role was to integrate the separate TB and HIV services at the hospital and to conduct operational research on getting this care out of the hospital and into community clinics. Why did patients who had started treatment suddenly stop when they knew they would get better? Despite \$50 million in aid funding for HIV/AIDS, the recruitment of trained health staff and universal access to free ART, we were still failing, and people were still dying from preventable deaths.

Like many before me, I perceived that the answers lay within our services and the healthcare system. Routine drug shortages meant that patients across the country were denied treatment. Laboratory machines often broke and patients who had travelled sometimes over two hours for life-saving drugs or a routine blood test were simply turned away. But the main problem was much bigger and more complex. Lack of food and clean water, no money for transportation and family members who had either already died from AIDS or moved to cities for work, left people like Abraham few resources. The odds were stacked

against them.

I remembered the principles of social medicine, about the social determinants of health and started to look at social science approaches to how we could improve the delivery of treatment. I stopped defining success as the number of people taking medications, and our reduction in “defaulters” and “treatment failures”. We started recording the costs and distances patients had to travel. We started using 25 HIV positive “Basiti” (meaning “helper” in Siswati language) from the surrounding communities to do local visits. We offered transportation vouchers, corn-soy supplements and food parcels to TB and HIV patients when donor funds trickled in and stocks allowed.

It was only a starting point in addressing the basic and social needs of people with TB and HIV. Abraham did restart his TB treatment and gained nearly 10 kgs. When I saw him back in his homestead, tilling the soil for his yams, he proudly announced that he had grown fat. Part of the success was that he completed TB treatment. But the far bigger success was that, with better support, he wanted to get better, was able to work and care for himself.

My hope is that others working in TB and HIV services look beyond the medical model and start to consider the basics of adequate nutrition, clean water, and the ability to get to a hospital or nearby clinic.



As a SSM member you are also a member of the European Public Health Association (EUPHA). This used to entitle SSM members to free copies of the printed version of the European Journal of Public Health, which were distributed with the Newsletter. However, the Journal (like the newsletter) is now an electronic journal.

As part of your EUPHA membership, you are entitled to FREE ONLINE ACCESS to the full text of the European Journal of Public Health. In order to gain access to the journal please register an account using the subscriber number sent to you in a letter from Oxford University Press (the journal's publisher).

REMEMBERING JERRY MORRIS

Professor David Blane, Imperial College, recounts the achievements of the late Colonel JN Morris, OBE, Emeritus Professor of Social Medicine, London School of Hygiene and Tropical Medicine

The Three As

"I used to teach my students the three As in public health. First of all, analysis, which is a simple term for the whole of the research, people, and knowledge field that is required. Secondly, and this is accepted by pretty well everybody in public health, advocacy. And there is quite a lot of advocacy around. But I believe third, and this has been a tradition in public health right back to the Nineteenth Century certainly, and you find indications in the Eighteenth Century, activism. Public health to my mind should be an active political process."

Vocation

Jerry distinguished between vocation and career. Vocation involves a life-long programme of work which you pursue even when unpaid. Career is for money; you stop as soon as you are no longer paid. Jerry took his pension at age 65 years. In his mid-90s, he was still producing world class science, going into work most days.

Social science

Jerry recognised that public health requires collaboration between the social and biological sciences. He worked with many outstanding social scientists, starting with Richard Titmus before World War II, when they pioneered the study of the health effects of unemployment. Later he worked with Peter Townsend on health inequalities, to which they returned when, with informal help from John Fox, they provided the intellectual core of *The Black Report*. Incidentally, such collaborations are made unnecessarily difficult by the clinical supplement, which means that medics are paid twice as much as the social scientists and non-clinical biologists, often it seems for very little additional work. More dignified, in Jerry's case, were substantive differences over, with Richard Titmus, the eugenics movement and, with Peter Townsend, the concept of relative poverty; against which Jerry championed, respectively, social determinants and absolute poverty.

MIHL: Minimum Income for Healthy Living.

In his 90s, Jerry started a programme of research to cost the way of life indicated as essential for health by the most up-to-date biomedical and social research. As these requirements vary with age, so do their costs, which Jerry estimated for healthy, single, working men aged 18-30 years³ and for people aged 65 years and older living independently without significant disability⁴. For me, three things stand out. First, that accumulated research on health and social participation forced Jerry to partially concede Peter Townsend's relative poverty – MIHL includes the cost of *going in public without shame*. Second, the difficulty of comparing these estimates with the sums available from the complex systems of welfare benefits and taxation. Third, the estimates of the gaps revealed by these comparisons. For the young men, in 1999 pounds sterling per week: working 38 hours at the national minimum wage, £10-74 less than MIHL; on the Jobseekers Allowance, £80-46 less than MIHL. For people 65 years plus, in 2007 pounds sterling per week: living on the State Pension, £43-70 single/£78-40 couple less than MIHL; with Pension Credit Guarantee, £11-95 single/£26-30 couple less than MIHL. These shortfalls happen every week of their lives.

The demand for the minimum income for healthy living for everyone is central to the 'Marmot Review'. This is fully in line with the *Three As of public health*.

Further Reading

See *Financial Times* 11th September 2009; *The man who invented exercise* by Simon Kuper.

Transcript of Professor Morris at ESRC *International Centre for Life Course Studies in Society and Health* (ICLS), 30th June 2009; soon to inaugurate ICLS Occasional Papers series (website: www.ucl.ac.uk/icls).

Morris JN, Donkin A, Wonderling D, Wilkinson P, Dowler E. A minimum income for healthy living. *Journal of Epidemiology and Community Health* 2000;54:885-889.

Morris JN, Wilkinson P, Dangour A, Deeming C, Fletcher A. Defining a minimum income for healthy living: older people, England. *International Journal of Epidemiology* 2007;36:1300-1307.

EARLY CAREER RESEARCHERS

Joanne Coster reports on the new and exciting development of the Early Career Researcher (ECR) SSM group in 2010.

The first step in developing the group was to establish an ECR committee; Joanne Coster (SchARR, University of Sheffield) is the chair of the ECR group and a member of the SSM committee, whilst Anna Pearce (UCL Institute of Child Health), Anna Goodman (London School Hygiene & Tropical Medicine), Mark Kelly (Department of Primary Care & Public Health, Cardiff University) and Ian Forde (UCL Epidemiology & Public Health) comprise the ECR committee members.

The aims of the ECR group are:

1. To facilitate ECR involvement at SSM conferences through organising events and providing opportunities to make new research contacts
2. To represent the views of ECRs to the SSM committee
3. To increase ECR SSM membership

A web page providing details of our aims and activities is currently being developed and we hope to keep you updated with ECR news and activities through the newsletter. We are also planning some interviews with experts and these will be published via the web page and the newsletter.

This year's conference

At this year's conference we are planning some activities aimed particularly at early career researchers, such as a welcome get together and meet the expert sessions. We are also hoping there will be a prize for the best ECR presentation/poster.

What is an early career researcher?

Rather than have a formal definition we thought that individuals should decide whether they are an ECR. If you are not sure whether you are an ECR, the ECR sub-committee are compiling a list of ECR descriptions that will be published on the website, for example, if you have recently completed or are studying for a PhD, or if you are new to this research field. If you would like to add to the 'what is an ECR' list, please email Joanne Coster at j.e.coster@sheffield.ac.uk.

Finally, if there are any ECRs who have ideas regarding ECR activities or how to involve ECRs within SSM we would love to hear from you.



COMMITTEE NEWS

Update from the Honorary Secretary

Through Charles Florey, the website continues to develop and is a well-used resource. The Society's archive is available via the SSM website (with the appropriate reference code). For a number of reasons, communications with members is now solely electronic – whether for information about the ASM and SSM meetings; other organisations' conferences, workshops, and courses; or distribution of the newsletter.

As of 31st August 2009 the Society had a total active membership of 995, with valid email addresses held for approximately 85% of members. By the start of April 2010, this had increased to 1,113, with valid email addresses for 90%. Please check with your colleagues whether they are receiving emails from SSM. If they are among the 109 members who have not been emailed this newsletter, please ask them to [email](#) with their email address – and if they are not members, suggest they join! Members can also update their contact details at our [web-site](#) or choose the Membership button from the lefthand menu).

Jenny Mindell, Honorary Secretary

Committee Changes

Diana Kuh (Past Chair), Cindy Cooper and Mark Gilthorpe (Ordinary Members) and Martin White (Co-opted Member) completed their terms on the committee at the end of 2009. In addition, David Batty has taken over as IEA Europe representative from Robert West and in the recent ballot, Clare Jinks was elected as the new SSM representative on EUPHA's Scientific Committee, to replace Ellen Nolte who took on this role for five years. On behalf of the Society we should like to thank them all for the valuable contribution that they have made to the Society over the last few years.

Four new members on the committee from January 2010 are Elizabeth Breeze and Gita Mishra (Ordinary Members), who will serve on the committee for three years; Jenny Mindell (Honorary Secretary); and Dermott O'Reilly, a member of the 2010 local organising committee at Belfast (co-opted for one year). We are delighted to report that Margaret Thorogood has been nominated as Chair Elect during 2010 - her term as Chair will be in 2011. (*Cont'd to next page*)

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Finally, huge thanks to Amy Downing for all the work she put in for the Society in her three years as Honorary Secretary, including her 2009 AGM report, from which this is plagiarised. After my first three-and-a-half months in the role, I now appreciate just how much she did!

The members of the committee for 2010 are:

- Martin McKee (Chair)
- Nick Mays (Past chair)
- Margaret Thorogood (Chair elect)
- Aileen Clarke (Honorary Treasurer and JECH Editorial Board Rep)
- Jennifer Mindell (Honorary Secretary and JECH Editorial Board Rep)
- David Batty (IEA European Epidemiology Federation representative)
- Elizabeth Breeze
- Joanne Coster (Early career researcher representative)
- Steve Cummins
- Gita Mishra
- Ivan Perry
- Neil Raymond
- Charles Florey (Co-opted: Website)
- Alastair Leyland (Co-opted: EUPHA Representative)
- Dermott O'Reilly (Co-opted: ASM Member)

MEMBERS' NEWS

In 2009 35 new members joined the Society, and a further 16 have joined so far this year. In addition a lot of people expressed interest in joining when they registered for the 2009 conference and these are being followed up.

Professors John Gabbay and Allen Hutchinson have accepted Honorary Membership of the Society.

Longstanding member John Pemberton sadly passed away on 7th February 2010.

Congratulations to Amy Downing and Mark Gilthorpe on their baby Zarana Kaylin Gilthorpe, born 18th January 2010.

RESEARCH NEWS

Survey on training in epidemiology

Dear All

We decided to create an inventory of academic institutions offering formal training in Epidemiology to ensure a better recognition of Epidemiology and to help to inform interested students, where to study this subject.

This is to ask you to distribute the questionnaire to the Schools of Public Health and to Universities with comparable programmes in your country. Both MSc and PhD level training programmes and courses in Epidemiology are of interest. Any branch of epidemiology is welcome, clinical epidemiology and veterinary epidemiology included.

We would greatly appreciate if you could distribute the attached letter. This letter includes a link to a web-based survey, which can easily be accessed. <http://www.onlineumfragen.com/login.cfm?umfrage=9722>

If ever you want to place this link on your homepage you can use

<http://www.onlineumfragen.com/login.cfm?umfrage=9722&sure=1>. This link would leave the configuration of windows, frames, i-frames and layers at your site.

We greatly appreciate your support for this initiative.

Christoph Junker and Tapio Luostarinen

For the International Epidemiological Association - European, Epidemiology Federation



[Re]Search Engine

Each issue, we will bring you the hottest research news from the web.

This issue, we've come across **Methodspace**, a type of Facebook for researchers.

Methodspace seems to be a good way to share information about different methodologies and to ask questions about troubleshooting methodological problems. You can also blog about your latest research methods activities and look up events.

Check out <http://www.methodspace.com> for more details.

SocSocMed News

DATES FOR THE DIARY

SSM Annual Scientific Meeting

6-8th September 2010, Belfast

Details will be circulated to members and put on the [ASM website](#) as they become available.

Those whose abstract(s) have been accepted for oral or poster presentation will be notified in the second half of May. All those offered a presentation must **confirm by 28th May** that they will present their abstract. If you will be away, please ensure you arrange for someone else to respond on your behalf.

Free places at SSM Annual Scientific Meeting!

A number of free places are available for the Annual Scientific Meeting for those interested in the society and its aims who are on a low income (eg. PhD students or those working in the NHS or the voluntary sector). The grant covers conference fee/ registration, standard accommodation, and standard class travel. In return, successful applicants will be asked to provide a brief report on their experience / reflections on the meeting.

Applicants should nominate themselves by completing an application form which is available from Aileen Clarke at socsocmed@gmail.com.

The closing date for applications is Friday 28th May 2010.

Future SSM Annual Scientific Meetings

In 2012 the SSM's Annual Scientific Meeting will be held in central London for the first time in over 35 years. The meeting will be hosted by the London School of Hygiene & Tropical Medicine (LSHTM) in association with University College London. Nick Mays, Professor of Health Policy at LSHTM and a recent Chair of the SSM, chairs the organising committee.

Make a note in your diaries! The date is 12-14 September 2012.

IISH Lecture on 'Health on the Move'

Health on the Move, first published over a decade and a half ago by the Transport & Health Study Group (THSG), seeks to describe the links between transport and health. THSG is now about to publish a fully updated and greatly expanded edition. served basis only.

In the International Institute for Society and Health (IISH) lecture at 5pm on 8th June 2010, Jenny Mindell and Steve Watkins present the main themes of the new edition. See www.ucl.ac.uk/iish/seminars.htm.

NB: Attendance for IISH seminars is on a first come first

5th UK & Ireland Occupational &

Environmental Epidemiology Meeting

MacDonald Manchester Hotel and Spa, Manchester, Thursday 15th July 2010

UK and Ireland early career researchers and PhD students have the opportunity to come to a meeting showcasing current work, alongside more experienced researchers. They can bid to give a short (15 minutes including questions) oral presentation, or posters of ongoing work. Members of UK Government scientific committees charged with appraising environmental and occupational epidemiology, for risk management and standard setting, can benefit from updates on the most recent developments.

While it is primarily a forum for presenting and exchanging research interests and ideas between UK/Irish participants, and posters are invited from research groups in the UK and Ireland, it is an open meeting and colleagues from overseas are welcome to attend. For further information contact Liz Roberts healthconferences@uclan.ac.uk 01772 893809 www.uclan.ac.uk/healthconf

Summer School on Modern Methods in Epidemiology and Biostatistics

The 2010 Edition of the Summer School on Modern Methods in Epidemiology and Biostatistics aims to provide introductory and advanced courses in medical statistics and epidemiology, and their application in etiology research and public health. Courses given in a two week program, will be run by faculties from Harvard School of Public Health and Karolinska Institute. Furthermore, faculties from the University of Milano-Bicocca and Boccon University will join the program. In addition, both introductory and more advanced one-day courses on Stata will be offered. All courses will be using Stata.

The school will be held from June 13 to June 26 2010 at Castel Brando, in Cison Di Valmarino, Treviso, Italy. Please visit the course homepage for more information about the course: www.biostat.epi.org.

SocSocMed News

BOOKENDS

All the titles below are currently available on <http://www.policypress.co.uk> with a special online discount of 25% to all SSM members.

THE PUBLIC HEALTH SYSTEM IN ENGLAND

David J. Hunter, Linda Marks, Katherine Smith

This timely and wide-ranging book offers an accessible assessment of challenges confronting a public health system, which will appeal to public health professionals and students.

March 2010 / GBP 16.49 with 25% website discount (RRP GBP 21.99)

<http://www.policypress.co.uk/display.asp?K=9781847424624>

THE HEALTH DEBATE: Policy & Politics in the Twenty-First Century

David J. Hunter

Focusing on the British NHS, this book reviews some of the key contemporary debates concerning health systems and how they have shaped the way that health care has, and is, evolving.

2008 / £9.74 with 25% website discount (RRP £12.99)

<http://www.policypress.co.uk/display.asp?K=9781861349293>

LEADERSHIP FOR HEALTHCARE

Jean Hartley and John Benington

"Hartley and Benington's Leadership for healthcare offers a fresh and compelling approach to understanding leadership as part of a wider frame of organizational issues. Their six-part leadership framework provides a useful means to draw-down key lesson from the wider leadership literature into the healthcare setting." - **John Storey, Professor of Management, The Open University Business School**

March 2010 / £14.99 with 25% website discount (RRP £19.99) <http://www.policypress.co.uk/display.asp?K=9781847424860>

HEALTHCARE IN THE UK: Understanding continuity and change

Ian Greener

"Greener's 'analytical history' of the NHS offers a stimulating treatment of major themes and events over its first 60 years. The bonus is that, unlike most other analysts, he provides reasoned recommendations about the future of the service." - **Stephen Harrison, Professor of Social Policy, University of Manchester**

2008 / £18.74 with 25% website discount (RRP £24.99)

<http://www.policypress.co.uk/display.asp?K=9781861346087>

HOUSEKEEPING

PLEASE keep your contact details up-to-date. Following-up bounced back emails takes a lot of time, so please let us know as soon as you change any part of your contact information - work address, home address, but most importantly ***email address***.

The easiest way of doing this is to go to [SSM website](#) and click on Membership and then Online update .

CALL FOR SUBMISSIONS

SocSocMed News is a quarterly e-newsletter. The next issue dates are July 2010, October 2010 and January 2011.

We would love to hear from you about any work you or your colleagues are doing in social medicine. We are especially interested in articles on research methodologies, applications of social medical research and any topical research or media piece that would be of interest to members. Future editions may be themed but in the meantime, if you have any ideas or suggestions for contributions, please drop us an email with your suggestion to Dr Catherine Heffernan, hefferc@yahoo.com or to Dr Noriko Cable, n.cable@ucl.ac.uk.

The deadline for submissions to the July edition is 15th July 2010. Please keep articles to 500 words.