SocSocMed News

Society for Social Medicine Newsletter Vol. 2 Issue 2

Inside This Issue

One year on

This is a relatively short newsletter but we should be back to full size in July and expecting to be bursting with news in October/November after the annual meeting. One reason for our small size this time is that we are all trying to keep our heads above water in the climate of cuts and another reason is the disaster in Japan, which touches Noriko particularly closely. This set me thinking about the 12 months since our first edition as editors. There has been one environmental disaster after another – a year ago I suspect many members were prevented from travelling to meetings by the eruption of the Icelandic volcano. I cannot list them all here but other 'natural' catastrophes include floods in Bangladesh (June), floods in Pakistan (July), forest fires in Russia (July-Sept), major earthquakes in New Zealand (Sept and February), floods in Queensland (Dec-Jan), floods in the Philippines (Jan), tsunami in Haiti (Feb) and the earthquake, tsunami and nuclear power plant damage in Japan (March ongoing). Disasters that were clearly man-made include the BP oil spill in the Mexican Gulf (April) and the toxic sludge from Hungary (Oct). Readers will be aware of others.

It is well known that when the Titanic sank a higher proportion of the richer passengers survived than of the poorer ones. I have been wondering about the socioeconomic consequences of all these other disasters, particularly in terms of recovery and rehabilitation for those who survive the initial shocks. I do not pretend to know the literature on this and would welcome information from others – write to the next newsletter and let us know.

The terms used in disasters are also being used for the health scene in the UK. In the Faculty of Public Health's response to Andrew Lansley's speech to the faculty in July 2010 they cite the "rising tide" of diabetes and "tsunami" of liver disease. [1] This speech was one of the early signs of new brooms sweeping clean (well, what they consider to be clean anyway). We now have the idea of "healthy nudges", a reversion to personal responsibility, perhaps without much in the way of national activity to make healthy living possible. Our recent chairman was a co-author on BMJ editorial criticising the notion as ill-defined and arguing for policies that have a theoretical basis and coherent causal pathway. [2] The White Paper 'Healthy Lives, Healthy People' brought out in November 2010 has caused ripples and waves. The controversial shift of public health to local government is meant to be part of a more holistic approach that recognises that many aspects of our environment affect our health. It is not that simple, of course.
It has been an eventful 12 months. *What is in store in the next 12 months?*

- Elizabeth Breeze, SSM newsletter co-editor

Footnote:[1]Faculty of Public Health. *Healthy nudges – when the public wants change and politicians don't know it. A policy action report from the Faculty of Public Health*.2010 http://www.fph.org.uk/uploads/Healthy%20nudges%20-%20final%20final.pdf

[2]Bonnell C et al. One nudge forward, two steps back. BMJ 2011; 342:d401

From SSM committee: SSM plans for changes in subscriptions

We've had a look at the finances of the Society for Social Medicine and it's clear that for a number of reasons we need to increase the subscription from £20 to £35. We also want to simplify the procedure for changing subscription levels and to switch to payment by direct debit. I want to explain here some of the thinking behind the need for these changes. We will propose these changes formally at the Society's next Annual General Meeting at the Annual Scientific Meeting in Warwick, September 2011.

The Society's subscription has been £20 per annum for the last 11 years. The subscription has not changed for so long partly because we've had little need to increase income regularly but also because changing the subscription involves a change to the constitution and that requires a membership vote at the Society's Annual General Meeting (held each year at the Society's Annual Scientific Meeting).

A further complication is that, at present, members pay subscriptions by Standing Order. So if we want to change the subscription we have to write to all our members asking them to make the change and then rely on you doing this in good time for the next round of annual payments. The administration time involved in following up members who haven't done this, and in collecting any backdated payments for the amount owed, is considerable. If instead we were to use a Direct Debit system the Society would first write to all our members informing them of a change, and then inform each bank of the new amount to be paid the following January. From an administrative point of view this is a much simpler system.

We have experienced a decline in reserves recently and we need to build healthy reserves again for the future. To ensure financial security for the Society we need to make a sizeable increase in subscriptions now; we would then try to maintain the new level for at least 5 years. At the Society's Annual General Meeting, I will be proposing a constitutional change, both to allow an increase in the subscription and to switch subscription payments from Standing Order to Direct Debit. This will allow more regular (but smaller) increases in subscriptions in the future and will make the whole process much simpler, saving us administration costs.

Our reserves have declined for three reasons: (i) increasing administration costs; (ii) increasing subsidy for Society meetings; and (iii) a fall in membership income. Increasing costs have been offset slightly by a reduction in printing costs and a reduction in our subscription to EUPHA.

At the beginning, the clerical/administrative costs of the Honorary Secretary and Treasurer were rarely fully met by the Society, as committee members often charged costs to their home institution. Over the last decade it has become increasingly necessary for committee members to get their travel expenses paid by the Society. Over the same period there has been less opportunity for support for the Honorary Secretary and Treasurer to be 'absorbed' by the post-holder's host institution. For nearly a decade now, it has been essential to buy in the support for this and this cost has risen steadily in line with inflation, as well as an occasional ad hoc costs when new tasks have been identified (e.g. the committee has updated its database on membership details, including email addresses, in order to switch to an electronic system of communication). Clerical/administrative costs for the Society, although still low, currently run at around £10k pa, though these may go down with the proposed changes surrounding how the Annual Scientific Meeting is supported (see later).

Subsidising Society meetings has been a growing cost to the Society because we have increased the number of 1-day meetings and events, particularly those involving Early Career Researchers (ECRs). The committee has been keen to support ECR events because the future of the Society lies with the ECRs. Excluding subsidy for the Annual Scientific Meeting, subsidy for all other meetings is typically £5k pa. Although the Annual Scientific Meeting rarely makes a loss, we have to be able to underwrite this annually to the tune of at least £15k.

As for the fall in membership income, we have had a net reduction in income of £3k pa (~16%) over the last 5 years, despite the fact that we have had many successful recent initiatives to increase membership (e.g. reduced registration fee for members at the Annual Scientific Meeting, and numerous ECR events to attract new members).

Ironically, the push to update and "clean" our membership database, and to switch to electronic communications, has partly caused the decline in total membership income (Cont'd to the next page)

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because of a combination of identifying and notifying resigned members who had forgotten to cancel their subscriptions and of stopping people from paying subscriptions twice at both the old and new rates after the subscription was increased – a phenomenon indicative of the problems associated with the Standing Order system!

Switching to Direct Debit might see a further drop in total income, though it is hoped this will be no greater than 10%. (Membership is currently 972).

The good news is that printing costs have gone down from around £10k pa to £3k pa largely due to the fact that our newsletter is now distributed electronically. Our membership subscription to EUPHA has also gone down from the peak of £7550 pa nearly a decade ago, to around £5000 pa now.

Overall, therefore, whilst the Society's income has fallen from £29 to £21k pa in the last 5/6 years, our expenditure has gone up from £15k to £29k pa. We have thus turned the corner from building reserves to spending them in just over 5 years, and there is every sign that this trend will continue.

This year we used a new online system for the conference abstract submission via the company HG3, and, if successful, this will be adopted in future years and be overseen by the conference host organisers. Whilst this system incurs a cost of £5k, it is cheaper than previous systems and will reduce the workload and hence the cost of clerical/administrative support for the Honorary Secretary. We want to try to keep down costs of registration and to maintain the number of free places at the Annual Scientific Meeting.

Factoring in all these issues and estimating the slight fall in membership from switching to Direct Debit, we are proposing that the annual subscription for the Society is increased in 2012 from £20 pa to £35 pa. This should convert our current operating deficit of around £10k pa to a surplus of around £6k pa. Given that we have run down our reserves over the past 3-4 years, this operating surplus will rebuild our reserves and hopefully there will be no need to increase subscriptions again for at least the next 5 years

-Mark S Gilthorpe, SSM Honorary Treasurer

For Your Information

ASM is coming!

Please keep your eyes on the ASM website for information about early bird registration. The deadline for applying for a free space is on 26 May. You can find all about from: http://www.ssmconference.org.uk/

From the ESRC funded International Centre for Lifecourse Studies in Society and Health

Briefing Notes

Do health inequalities exist across ethnic groups?
Does paid work improve the health of lone parents?
Does poor housing damage health?

Inspired by Ben Goldacre's Bad Science column in The Guardian newspaper and the work of agencies such as Shelter, Gingerbread and The Race Equality Foundation, researchers at the International Centre for Lifecourse Studies in Society and Health (ICLS) have selected a series of well designed studies which have examined the answer to some of the questions above. ICLS Briefing Notes 1 – 3 summarise their results and are written for people who are new to both the study of the distribution of disease in populations and the research methods used to study this.

Contact the ICLS Administrative office for hardcopies of the A4 printed version of these Briefing Notes for your students, meetings or conferences or go to the ICLS website to download the an electronic version of each.
www.ucl.ac.uk/icls/publication/bn.

We would welcome your comments on the content and format of ICLS Briefing Notes 1 – 3.

Occasional Papers

Unemployment, Recession and Health
Occasional Papers (5.0 – 5.4) that take a timely look at the psychological and physical effects of unemployment, insecure employment, and recession on health (using quantitative data from longitudinal studies) are now available from the ICLS website (http://www.ucl.ac.uk/icls/publication/op)

These papers are transcripts of presentations given at the NatCen / ICLS / ESRC policy seminar Unemployment, Recession and Health held on 7 December 2010.

This material is intended to provide those who attended the event with an opportunity to review the material again and those who were unable to attend to provide access to the same information in an easy to read format.

Where the information presented at the seminar has not yet been peer reviewed or published the transcripts can only be made available on application. If you find these transcripts useful, please let us know (icls@public-health.ucl.ac.uk).

The transcripts are provided free of charge but feedback is necessary to ensure ICLS can continue to produce them.

TWEET ALERT! SSM **(http://twitter.com/#!/SocSocMed)** The Centre for Longitudinal Studies (http://twitter.com/clscohorts)

Social Medicine in Action: Pathways to a healthy country: A story of Japan

Life expectancy [LE] is an indicator for the health of a population. Japan has had the longest LE in the world for more than two decades. Figure 1 shows that LE increased little over the 50 years prior to 1945 (the end of WWII), but it increased at a greater speed after that. Vast improvement in population health in Japan was often regarded as a product of economic growth. However, the post-war economy in Japan was poorer than it had been in the pre-WWII period, while a rapid improvement in LE was observed. So, what were the contributing factors for improvement in the population health in Japan?

A wide body of evidence suggests that a fair society is important for population health. Pre-WWII (before 1945) Japan is considered to be a very unequal and unfair society, with an estimated Gini coefficient in income of 0.42 - 0.65 (Tachibanaki, 1998). Policy decisions were made by a handful of war elites who poured available resources into military purposes.

After the defeat of Japan during WWII, the USA led changes with the aim of eliminating the old Japanese ruling classes and power. A new constitution was implemented and assured demilitarisation and democratisation. Old ruling classes, wealthy landlords, conglomerates, war elites, and aristocracy were abolished.

Resources were directed toward public investment. Trade unions were legalised and a minimum wage was set and guaranteed. Free basic education was expanded from 6 to 9 years for girls as well as boys and women gained the right to vote. These changes were said to be welcomed by people and were implemented swiftly and efficiently.

Furthermore, although the introduction of universal access to health care was as late as in 1961, a number of public health, social, and welfare laws and measures were implemented intensively in a short period of time.

In Figure 1, from mid-1930's to 1960, excluding a plunge in LE due to WWII, LE increased from 47 to 58 in men and 50 to 62 in women, and it continued to increase. This trend shows that fairness in the society was precedent to the increase of LE. This expansion of LE is a remarkable difference from an increase of 4 years in men and 6 years in women over decades before 1930s.

In conclusion, Japan's example tells us that a fair society appears to have underpinned the increase of LE. Fairness in society seemed to have made a difference in population health in Japan despite the country's poor economy during the period of immediately following WWII.

--Ayako Hiyoshi, PhD student, the Department of Epidemiology & Public Health, University College London, currently working on her thesis titled: "social inequalities in health in Japan between 1986 and 2007" supervised by Dr. Brunner, Mr Shipley, and Prof. Fukuda (Japan)

References:

Tachibanaki, T. (1998). *Economic inequalities in Japan: based on income and wealth*. Tokyo: Iwanami-shoten.
Statistics Bureau. (n.d.). Historical statistics of Japan. Retrieved 1 January, 2011, from http://www.stat.go.jp/data/chouki/02.htm.
Liesner, T. (1989). One hundred years of economic statistics: A new edition of economic statistics 1900-1983 revised and expanded to 1987. London: The Economist Publication Ltd.

[1] Gini coefficient is a measure of equality in a distribution. 0 is perfect equality and 1 is perfect inequality.

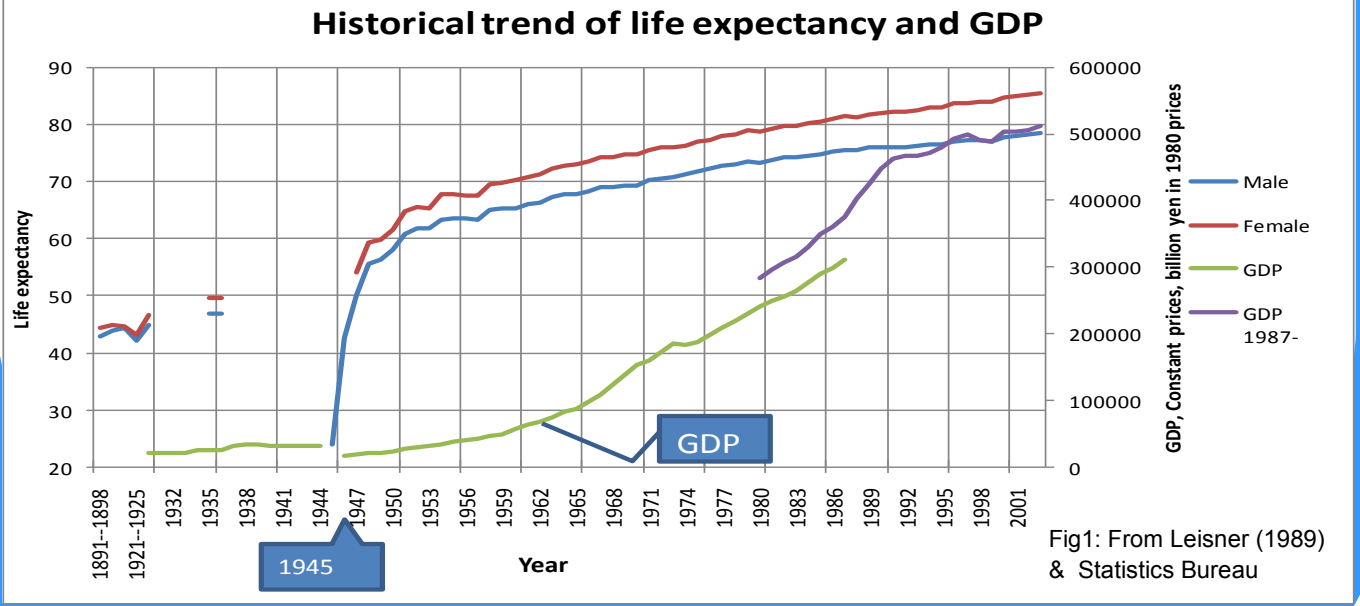

Fig1: From Leisner (1989) & Statistics Bureau

Meet the Experts:

Ana Diez-Roux

Professor of Epidemiology
University of Michigan School of Public Health

http://www.sph.umich.edu/iscr/faculty/profile.cfm?uniqname=adiezrou

**** Why did you decide to get involved in social medicine?***

I trained as a physician and then completed a residency in paediatrics in Buenos Aires , Argentina in a very large public children's hospital. I had always been interested in social issues but the experience as a paediatrician highlighted the impact of society on health even more.

I became involved in a group of residents who was very active in organizing interdisciplinary events related to primary health care and the social determinants of health. These meetings brought together grass roots workers, politicians, and academics from a broad range of disciplines.

I quickly realized how little I knew and decided to get additional training in public health and epidemiology so that I could better understand and articulate how social factors are important to health. Then one thing led to another and I ended up focusing on research and teaching epidemiology with a focus on the social determinants of health.

**** What three pieces of advice would you give to an early stage researcher looking to have a career in social medicine?***

- Get the best training you can
- Be intellectually honest
- Try to always remember why you got into this to begin with….

**** What area of social medicine do you think most needs to be researched in the next 20 years?***

The impacts of policies (not necessarily health policy) on health

**** What was your first ever publication about, in 30 words or less?***

It was a paper relating exposure to passive smoking to the amount of atherosclerosis in asymptomatic people.

**** What is the publication that you are most proud of and why?***

Probably a paper called "Bringing context back into epidemiology: variables and fallacies in multilevel analysis". It was one of my first papers but it really made me think, and I hope made others think about the role of levels of analysis in health research.

**** If you had to recommend one book (preferably a popular science book, but could also be a text book) for an early stage researcher in social medicine to read what would it be?***

I don't read much popular science, I much prefer fiction….

But I would recommend any of the books by Mervyn Susser, for example Causal Thinking in the Health Sciences or some of his other edited books. Or The Strategy of Preventive Medicine by Geoffrey Rose.

-Interview by Early Career Researchers

How to keep in touch with SSM events

You may have noticed a reference to 'RSS Feed' on the SSM webpage. The purpose of RSS (Really Simple Syndication) feeds is to give you a very quick way of finding out if anything new has been posted on a web site, without having to open and search the site itself.

An RSS post is like a tweet in that it is a very short message describing an event. It links to further information. For example it might say *ASM Free Places. Free places are available at the ASM for those interested in the society and its aims and are on a low income.* Clicking on the post will jump to a web page with more information.

RSS on your mobile

The most convenient way to check for new entries on the SSM RSS feed is on your mobile phone. If your phone can connect to the internet, open your web app and add the following address to your list of bookmarks or RSS feeds: http://www.socsocmed.org.uk/SSMrss.xml. After that, simply tap on the bookmark to open the feed in the phone's browser.

RSS on your computer

Different browsers handle the RSS feed in different ways, but they all require you to *subscribe* to the feed. Subscription does not require you to send the website your name or any other information, but is the term for connecting your browser to the feed.

Open http://www.socsocmed.org.uk/SSMrss.xml in your browser (Internet Explorer 7 and later, Firefox 3, Opera 9 and later, Safari 4 (PC)). Your browser will tell you what to do next. The process makes a bookmark which, when clicked, will open the RSS feed. Each browser uses a slightly different method to make this happen, so follow the instructions on the screen.

The list is usually refreshed once a day, according to how your browser is set up. You can refresh it manually by right clicking and clicking Refresh or Reload. If you don't like the feed system, you can always delete it from your browser.

You may also subscribe to the IEA-EEF feed for additional epidemiology meetings, courses and jobs at http://www.iea-europe.org/Eurorss.xml.

***Older browsers** do *not* display RSS feeds. You should not be using an older browser as they have security risks.

--Charles Florey, SSM Web manager

DATES FOR THE DIARY

2011 Spring Meeting
Health Services Research Network
25 May 2011, The Village Hotel, Nottingham

The HSRN's 2011 Spring Meeting addresses the value of large administrative databases in epidemiological, policy and economic research. The uses, potential and pitfalls of large datasets in health services research and delivery will be examined. The meeting is hosted by Health Economics Research At Nottingham, further details at http://www.nhsconfed.org/Networks/

Summer School on the Social Determinants of Health
4-8 July 2011
Institute for International Society & Health
Dept of Epidemiology UCL, London

As in the previous three years, Professor Sir Michael Marmot will be hosting the IISH Summer School. This non-residential school is designed for those with either experience of, or an interest in, population health and social epidemiology, and national and global health policy.

The subjects covered are: class, work, gender, ethnicity, social-biological translation, life course epidemiology, mental health, oral health, disability, inequality and human rights, Russian mortality crisis, tackling health inequalities, public health ethics, politics of health and equity, globalization and health. The course is at post-graduate level and Faculty of Public Health CPD credits can be claimed. In addition, all participants will be issued with a Certificate of Attendance.
Please contact Catherine Conroy at: graduateinfo@public-health.ucl.ac.uk for a brochure and timetable.

UK Faculty of Public Health Annual Conference
4 July 2011, Birmingham

This conference will look at how public health operates in a world of changing structures, different players in public health policy, increasing financial constraints (nationally and globally), and the increasing need for innovation in public health to meet these challenges. Further info: http://www.fph.org.uk/

International Conference
Society for Longitudinal and Life course Studies,
26-28 September 2011, Bieleford Germany

The topics at the 2nd conference will be across the whole range of **longitudinal** and **life course** studies (quantitative and qualitative, and mixed). Key note speakers for this conference are: **Hans-Peter Blossfeld** (National Education Panel Study, University of Bamberg, Germany), **Jutta Heckhausen** (Irvine, University of California, USA) , and **Marjo-Riitta Jarvelin** (Imperial College, London) . Further info, please visit: http://www.slls.org.uk/

22nd International Conference on Epidemiology in Occupational Health (EPICOH) 2011,
7-9 September, Oxford

Early registration will close on 30 June 2011. For more info, please visit: http://epicohoxford2011.org.uk/

Public Health and Welfare: Welfare development and health, 10-12 November 2011
4th European Public Health Conference
The Bella Centre, Copenhagen Denmark

The European Public Health Association (EUPHA), the Association of Schools of Public Health in the European Region (ASPHER) and the Danish Society of Public Health (DSOP) are pleased to invite you to the 4th European Public Health Conference, combining the 19th annual EUPHA meeting, the 33rd annual ASPHER meeting and the 5th annual Public Health days of DSOP. The deadline for abstract is 1 May (Midnight). Subsidised fee is available. For more info, please visit: http://www.eupha.org/site/upcoming_conference.php

Health System Reform in Asia Conference, University of Hong Kong, China, 9-12 December 2011

In association with the journal Social Science & Medicine, this conference places an interdisciplinary focus within the health system reforms Asian countries have adopted, or are considering, during rapid economic, social, demographic and epidemiologic change in the region. Abstract deadline is 10 June, and the deadline for early registration is on 23 September. For more info: http://www.healthreformasia.com/

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.
http://www.socsocmed.org.uk/Updatefrm.htm

From The Editors

Please don't be shy! We are always looking for news, achievements, short works, adverts, or images for SSM newsletters. If you would like to contribute or let us know how we are doing, please write to, either:

Dr Catherine Heffernan, hefferc@yahoo.com

Dr Noriko Cable, n.cable@ucl.ac.uk, or

Dr. Elizabeth Breeze, e.breeze@ucl.ac.uk

The deadline for submissions to the Summer edition is 15th July 2011. Please keep articles to 500 words (max).