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## From the Chair

Writing in the newsletter back in January, I reflected on the chaos and uncertainty that was then engulfing both the health service and higher education. Depressingly, since then the uncertainty has simply increased as proposed policies are reversed, revised or 'paused'. These are not good times to be involved in universities or in the NHS, especially if your job depends on it.

But despite the prevailing gloom, I am feeling very positive about the Society and about the future of research in 'social medicine'. This is because, in my role as Chair of the Society, I have seen an excellent omen for a brighter future: the energy and talent of our early career researchers (the ECRs). The ECRs sub-committee has been busy this year, contribute very actively to Committee discussions and will be organising special events for ECRs at the Annual Scientific Meeting.

Moreover, when the Committee reviewed the results of the abstract selection for the Annual Scientific Meeting, we were delighted to find the ECRs strongly represented in the list of top abstracts. This, in turn, means that we can expect a wealth of innovative and inspiring talks from ECRs at this year's meeting. I hope many of you will be there to hear them and to enjoy our lovely campus at the University of Warwick.

I first attended an Annual Scientific Meeting 36 years ago at the University of Kent, and since then I have seen many changes in the Society as it has evolved to respond to all the successive re-organisations of the NHS and the rapidly changing landscape of health related research. This year has been no exception, and one of the foci of our Committee meetings has been working the details of a series of changes to the Constitution, which we believe are needed to create a Society that will function well over the next decade.

These changes will be put to the members at our Annual General Meeting and afterwards voted on by all members. We look forward to hearing your views, not least on the proposed increased in the annual subscription.

Although I have seen many changes, I believe that the Society has remained true to the original culture that I first encountered in 1975, and still provides a supportive and relatively informal environment where new ideas can be discussed and new collaborations forged. I have never stopped enjoying the annual meeting, and always come away with something new that I have learnt. I hope that the Society will go on for many more years and will continue to nurture and support young talent, thus ensuring that the proceeding of the Society will remain relevant and important.

-- Margaret Thorogood, Chair

# SocSocMed News

## From SSM committee: News from the Secretary



### Notice of Annual General Meeting

**The Society's 55<sup>th</sup> Annual General Meeting will be held on Wednesday 14<sup>th</sup> September 2011 at 17.15-18.15 at the University of Warwick.**

The notice containing this newsletter also includes: the agenda for the AGM, the minutes of the 2010 AGM, proposed changes to the SSM constitution and bye laws, and voting forms for two Ordinary Members of the Committee.

In addition to receiving formal reports from the Treasurer and Secretary, the AGM this year will include discussion of proposed changes to the Society's constitution and bye-laws. I strongly urge you to attend, as if we are not quorate we will need to conduct a ballot of members to agree (or reject) the proposed changes.

These are primarily to adjust for electronic communication and to enable changes to the membership fee amount and method of collection, as well as making the constitution gender-neutral and correcting some anomalies and typographical errors. The main changes proposed are:

- to allow Honorary Members a vote (3.ii.a.)
- adding electronic methods to post for voting, notification of formal business to members (5.iii, 5.vii, 8.iii, 11.ii)
- elections to be held by ballot before the AGM and results announced at the AGM (which is what we have been doing) (7.iii)
- to enable the Committee to vary the membership fee, with changes ratified by the AGM (bye-law 2.i) to replace standing orders by direct debits (bye-law 2.iii)

Proposed changes to fees were described in an article by our Treasurer, Mark Gilthorpe, in the previous newsletter.

As you will see elsewhere in this newsletter, plans are advanced for the 55<sup>th</sup> Annual Scientific Meeting at the University of Warwick, to be held 14<sup>th</sup> – 16<sup>th</sup> September 2011. If you haven't already done so, read more about it, look at the programme, and book your place now at: [www.ssmconference.org.uk/](http://www.ssmconference.org.uk/)

Further information about the Society is available at: [www.socsocmed.org.uk/](http://www.socsocmed.org.uk/)

-- Jenny Mindell, Honorary Secretary

### 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>

#### *European Journal of Public Health*

All SSM members are automatically members of EUPHA. For enquiries about the EUPHA Newsletter and access to EJPH, please email [membership@eupha.org](mailto:membership@eupha.org).

**Could you re-tweet the news from SSM?** You can catch up at: <http://twitter.com/#!/SocSocMed> Then, re-tweet it at yours to spread the news!

### 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](mailto:hefferc@yahoo.com)

Dr Noriko Cable, [n.cable@ucl.ac.uk](mailto:n.cable@ucl.ac.uk), or

Dr. Elizabeth Breeze, [e.breeze@ucl.ac.uk](mailto:e.breeze@ucl.ac.uk)

The deadline for submissions to the Autumn edition is 15<sup>th</sup> October 2011. Please keep articles to 500 words (max).

## Social Medicine in Action

### Health inequalities: The case of France

There are marked socioeconomic health inequalities in France which are well documented and described. In 2002-2003, the life expectancy at the age of 35 was 5.7 years lower for men at the bottom of the occupational social class gradient versus those at the top ([Danet 2010](#)). In comparison with other European countries, inequalities in mortality are higher in France and on a par with the UK ([Mackenbach, Stirbu et al. 2008](#)). This tends to be explained by the particularly high mortality rate among men with manual occupations aged between 45-59 years ([HCSP 2009](#)). Cancer is the first cause of mortality in France, and among men, estimations have put cancer mortality as contributing to almost 40% of socioeconomic inequalities in total mortality ([Kunst, Groenhof et al. 1998](#)).

Despite universal health coverage since 2000, French socioeconomic health inequalities have continued to increase. The usual suspects are lined up to explain the widening gap between rich and poor in terms of health: life style and risky behaviours, occupational exposures, socioeconomic conditions, inequality across the social structure, psychosocial exposures, health selection, primary and secondary access to care etc. None of these hypotheses can stand alone in explaining health inequalities; instead, they highlight the multifaceted nature of the problem. Results from research highlighting these issues, describing socioeconomic health inequalities and developing theories about causes and prevention has now begun to work its way upstream to the political institutions.

Reducing health inequalities has taken on a prominent role in French public policy, featuring as a goal in the *Plan cancer II 2009-2013*, an important policy document outlining the direction of research, preventive action, treatment and patient support in dealing with the first cause of death in France ([INCA 2009](#)). A central aim in the recent creation of the Regional Health Agencies has been to reduce health inequalities using broad-scale as well as specific interventions and health promotion policies ([Basset and de 2008](#)). In 2009, the Haut Conseil de Santé Public published a watershed report where social inequalities in health in France were defined and described, with 16 separate recommendations made to reduce inequalities by setting up interventions, public policies and furthering research ([HCSP 2009](#)). The report and its public policy recommendations were strongly

influenced by many of the UK department of health policy documents.

Initial projects aiming to reduce health inequalities have focused primarily on vulnerable or at-risk subgroups of the population. However, there has been a shift in the discussion about tackling health inequalities with increased attention on reducing the socioeconomic gradient in health outcomes. This change in rhetoric was suddenly apparent during a conference in Paris in January 2010 where policy makers, NGO representatives and researchers were all referring to the importance of 'the gradient'. Having attended this conference with some colleagues, we were pleasantly surprised by the apparent banality in referring to the socioeconomic gradient, and the acceptance that health inequalities needed to be addressed in this more complex form. Indeed, in her concluding remarks, Roselyne Bachelot, the French health minister, said that "*it is necessary to broaden the issue of social inequalities in health across the social gradient as a whole, without diverting our attention from the specific health problems faced by the most fragile among us*".

As most of us know, favorable political rhetoric does not equate to realistic intervention and effective public health outcomes. However, we are now observing a positive impact downstream in the funding of intervention projects on the ground. An example of this is the AAPRIS project currently underway in the Midi-Pyrénées region. Its objective is simple: to support projects already underway within local institutions targeting cancer prevention and enable them to incorporate health-inequality reducing mechanisms in their implementation. More specifically, the aim is to facilitate projects already in place promoting nutrition and physical activity interventions in cancer prevention and thus to reduce health inequalities in cancer outcomes. A close partnership is therefore essential between researchers and those involved in intervention such as the hospital, the city hall, the urban planning department etc. The project has just begun, and has been met with enthusiasm by the grass roots partners. One of the first interventions to be evaluated aims to promote healthy food habits and physical activity in kindergarten schools.

The overall picture in France is encouraging, as the preoccupation with understanding and reducing health inequalities seems to have permeated into each structural level from politics to policy via research. The next challenge remains to evaluate interventions, and continue to fund essential research. Above all, to maintain this positive momentum requires continued political will.

- Michelle Kelly Irving, PhD, France

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INCA (2009). Plan Cancer 2009-2013. Boulogne-Billancourt, Institut National du Cancer, Ministère de la santé et des sports, Ministère de l'enseignement supérieur et de la recherche: 140.  
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## Dates for Diary

**\*Hold the date! Population health -methods and challenge**

Venue: The ICC Birmingham UK, 24-26 April 2012

Call for paper: Abstract deadline 14 October 2011

Potential topics:

- Natural experiments and RCTs of complex population level interventions
- New approaches to evidence synthesis
- Making best use of routine data and more!!!

For further information about registering to the conference, abstract submission and other matters, please visit at: <http://www.populationhealthchallenges.com>

**\*Intensive Course in Applied Epidemiology**

**05 Mar 2012 - 09 Mar 2012**

**The Old Town House University of Aberdeen High Street, Aberdeen, AB24 3HE**

This course in applied epidemiology has been running in Aberdeen since 2007, having previously been run at the ARC Epidemiology Unit, University of Manchester, for nearly 15 years. Although the course is particularly aimed at practitioners and researchers in musculoskeletal disease, it covers concepts and methods common to all chronic disease epidemiology. At the end of the course, delegates will have a thorough grounding in the principles of study design, the collection and analysis of data in epidemiological studies, and various methodological aspects of epidemiological study, including bias, confounding, validity and reliability. Places on the course are limited to 25, to facilitate discussion and interaction. Places are allocated strictly in the order of receipt of payment. The course features a faculty with an international reputation from the Universities of Aberdeen and elsewhere in the UK and we strive to deliver high quality teaching and are proud of the feedback we receive. Delegates are asked to rate each lecture on a scale from 1 (low) to 5 (high). Last year we achieved average scores of 4.57 and 4.51 for usefulness of lectures and quality of presentation, respectively.

For more information, visit:

[www.abdn.ac.uk/epidemiology](http://www.abdn.ac.uk/epidemiology)



## ECR news and events:

### 1) ECR activities at SSM annual conference: sign up now to present your 'killer slide'

\* Wednesday 14th 'Speed-meeting' session – time and place to be confirmed

\* Thursday 15th lunchtime seminar 1.15-2pm by Martin White on "How to write your (first) grant: writing a convincing proposal as an ECR".

\* Thursday 15th ECR showcase and networking 2pm – 5pm

- 2-3pm: *Killer slide session*, 3 x 20 min blocks, each with 3 people giving 3min 'killer slide' presentations in a row followed by 5-8 minutes where speakers stand in corners and others move around and ask questions.

The 'Killer slide' can be whatever you like, but would usually be a single slide of a photo, graph, conceptual model etc. that captures some interesting aspect of what you are currently doing. The idea is to give each other a taste of what we are all up to, which can then be the basis for talking more afterwards.

If you'd like to present please email your name, institution, slide title and whether you have an oral presentation accepted at the conference to [ecr.ssm@gmail.com](mailto:ecr.ssm@gmail.com), with 'killer slide' in the subject heading. If oversubscribed, we'll give priority given to ECRs who have not had oral presentations accepted.

- 3.15-5pm: *Social activity*, getting out and about a bit & giving people a chance to chat to each other – including guided walk around the area finishing in one of the Campus pubs.

### 2) ECR committee: One Anna in and another out at the top, goodbye to Mark and Ian

- **Anna Goodman** will be taking over from Anna Pearce as next year's chair of the ECR subcommittee. We'll be taking on two new ECR committee members at the end of this year, which will mean saying goodbye to **Mark Kelly** and **Ian Forde**, founding ECR subcommittee members who have both done a wonderful job in helping start things up. In a variation on our usual 'meet the expert' corner, see below for a goodbye interview. Thanks both, and good luck with everything you do!

# SocSocMed News

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## **\* Meet the Ex-es: Mark Kelly**

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

I got into mathematics first. Then I got into statistics. Then I decided that applying statistics to real problems was what I wanted to do. Medical statistics I find fascinating in general, but social medicine covers some extremely engaging research areas *and* demands complicated and interesting statistical techniques.

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

A pretty short list to choose from, but it would have to be my first ever publication. It is from my PhD thesis and I am first author and it really feels like the whole thing is all mine. It is also my second most cited paper!

### **\* What's it been like to be an ECR within the Society for Social Medicine? Have you any advice for next year's committee members?**

It has been brilliant being on the ECR committee. They are a fantastically committed and hard working bunch and have been a pleasure to work with. I would advise next year's committee members to make the most of their time on the committee and to just enjoy it. My year on the committee has flown by and has been a great experience.

### **\* What's your favourite public health joke?**

More of a stats one. Over half of all people are in the majority.

## **\* Meet the Ex-es: Ian Forde**

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

I'm a jobbing medic, but was lucky enough to spend my third year at Uni studying social and political science instead. It was then that the scales dropped from my eyes and I realised that, for me, by far the most interesting aspect of health and disease was the set of broader, systemic questions at societal level. I scurried through obligatory junior hospital jobs and specialised in public health medicine and general practice as soon as possible.

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

Like Mark, it's a very short list. Quantitatively, it's an analysis in Atherosclerosis using the Whitehall II cohort.

That team have been very generous to me at UCL, so I was glad to be able to contribute something back. Qualitatively, it's a Viewpoint in the Lancet. My 'view' was controversial and tricky to express, so I learnt a lot about diplomacy in the writing and in the fall-out. I really believe that researchers (including ECRs) should engage in policy debate - being purist is dull.

### **\* What's it been like to be an ECR within the Society for Social Medicine? Have you any advice for next year's committee members?**

The SSM is a unique and wonderful beast. I was very struck at my first SSM conference by the camaraderie, enthusiasm and sense of history amongst the old-guard, and how generous and welcoming they were to younger attendees.

I knew it was something to be looked after and nourished, so when the idea of an ECR section was floated soon after, I was keen to contribute. Getting involved with the ECR sub-committee is a great way to support a small but talented and passionate Society and make sure it continues that way for years to come!

### **\* What's your favourite public health joke?**

Two old ladies were outside their nursing home, having a smoke when it started to rain. One of the ladies pulled out a condom, cut off the end, put it over her cigarette and continued smoking.

First lady: What's that?

Second lady: A condom. This way my cigarette doesn't get wet.

First lady: Where did you get it?

Second lady: You can get them at any chemist's.

The next day, the first lady goes to the local chemist and announces to the pharmacist that she wants a box of condoms. The guy looks at her kind of strangely, but politely asks what brand she prefers.

First lady: It doesn't matter as long as I can get it on a Camel.

# *SocSocMed News*

## European Epidemiology and Ethics (E3) survey

August 2011



Dear Members,

We would like to invite you to take part in a web-based questionnaire survey of epidemiologists working in Europe. The European Epidemiological Federation is kindly facilitating this survey. This piece of work is part of a larger study considering the ethical and societal implications of consent strategies in epidemiological studies and will contribute to a PhD thesis being undertaken in the School of Social and Community Based Medicine at the University of Bristol.

Our aim is to understand your experiences and knowledge of types of epidemiological data linkage or data extraction is permissible or not in your country. We feel this is important to facilitate pan European collaboration (for example in EU funded projects). It could also be used to facilitate discussions with national regulatory or government bodies with the power to adjust and reconsider regulations and legislation affecting epidemiological studies in your country.

We hope you feel this is a worthwhile endeavour and would be kind enough to complete this survey, which should take around 10 minutes of your time. The survey is completed anonymously and can be saved as you go along.

The web link address is

<https://www.survey.bris.ac.uk/socialmedicine/v5>

If you have any questions about this study please contact:

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