

MRC | Social and Public Health Sciences Unit

ANNUAL REPORT | 2007

>> Contents

Current staff, students and co-workers	04
The West of Scotland Twenty-07 Study	06
Social and Spatial Patterning of Health	09
Measuring Health	12
Ethnicity and Health	15
Youth and Health	17
Sexual and Reproductive Health	20
Gender and Health	22
Evaluating the Health Effects of Social Interventions	25
Understandings and Use of Public Health Research	28
Professional Activities by Unit members 2007	31
Unit Publications 2007	33
Presentations 2007	37

>> MRC Social and Public Health Sciences Unit



Welcome

2007 was an eventful year for this Unit. The West of Scotland Twenty-07 Study, Health in the Community was set up in 1987 to follow people living in the Central Clydeside Conurbation for 20 years. After much careful preparation, the 20 year follow-up was launched in September and we have been very pleased by the response of the many loyal participants.

We were sorry to see the departure of several staff members, including Mark Petticrew to a chair at the London School of Hygiene and Tropical Medicine, David Ogilvie to the MRC Epidemiology Unit in Cambridge, Melissa Whitrow to the University of Adelaide, and Naomi Hemy back to Perth (Australia) to pursue further studies. We were saddened by the untimely death of Louise O'Neill, who had been receptionist at the Unit for 12 years. We were pleased to be able to recruit excellent new staff, including Lyndal Bond from the University of Melbourne and Gerry McCartney to a public health Specialist Registrar post.

In the wider environment there was also much change during the year, with a new chief executive at MRC, continued evolution of policies for health research funding following the Cooksey report, the establishment of the Scottish Collaboration for Public Health Research and Policy, and the new SNP government taking office in Scotland. Enquiries into inequalities in health were set up both in England and Scotland, and we were able to contribute to these, in particular via the launch of Alastair Leyland's report on inequalities in health in Scotland and my briefing paper and presentation to the Scottish Ministerial Task Force.

In this report we provide a complete list of publications and presentations for 2007, and selected highlights from our recent and current research. A comprehensive description of our research and full details of all other activities can be found on our website (www.sphsu.mrc.ac.uk). For further information please don't hesitate to contact us (**0141 357 3949** or enquires@sphsu.mrc.ac.uk)

Sally Macintyre

Sally Macintyre

Mission and goals

The Unit's mission is to promote human health by the study of social and environmental influences on health.

Our goals are:

- > to study how people's social positions, and their social and physical environments, influence their physical and mental health and capacity to lead healthy lives
- > to design and evaluate interventions aiming to improve public health and reduce social inequalities in health, and
- > to influence policy and practice by communicating the results and implications of research to policy, professional and lay audiences.

Major Funders

We are core-funded by the Medical Research Council, and the Chief Scientist Office of the Scottish Government Health Directorates. We also received grant and fellowship support from a range of funders including the Department for Children, School and Families, the Department for International Development, the Department of Health Policy Research Programme, Glasgow Centre for Population Health, Glasgow Housing Association, Ireland Aid, NHS Health Scotland, the Wellcome Trust and the World Health Organisation, among others.

>> Current staff, students and co-workers



DIRECTOR

Sally Macintyre PhD CBE FRSE FMedSci

ASSOCIATE DIRECTOR

Mark Petticrew PhD (left 30/09/07)

RESEARCH STAFF

Elizabeth Aston PhD (started 01/10/07)

David Batty PhD

Michaela Benzeval MSc

Cara Booker PhD

Denise Brown PhD

Katie Buston PhD

Carolyn Davies PhD

Geoffrey Der MSc

Ruth Dundas MSc

Matt Egan PhD

Anne Ellaway PhD

Carol Emslie PhD

Elisabeth Fenwick PhD (jointly funded by the Public Health and Health Policy Section, Glasgow University)

Marcia Gibson PhD

Lindsay Gray PhD

Michael Green MA

Mary-Kate Hannah MSc (career break started 01/07/07 to 2010)

Seeromanie Harding PhD RGN

Marion Henderson PhD

Shona Hilton PhD RM

Kate Hunt PhD

Mairi Langan PhD

Heather Lewars MSc

Alastair Leyland PhD FFPH CStat

Karen Lorimer PhD (started 06/11/07)

Laura Macdonald MA

Gerry McCartney MFPH MB ChB (started 05/12/07)

Maria Maynard PhD

Catherine Nixon MSc (started 01/10/07)

David Ogilvie PhD MRCP FFPH (left 30/08/07)

Alison Parkes PhD

Audrey Prost PhD

Pieter Remes PhD

Anne Scoular MSc FRCP, MFPH (left 31/05/07)

Deborah Shipton PhD (started 02/10/07)

Helen Sweeting PhD

Alison Teyhan MSc (left 30/09/07)

Sian Thomas BA (left 31/05/07)

Hilary Thomson MPH

Patrick West PhD

Melissa Whitrow PhD

Daniel Wight PhD

Lisa Williamson PhD

Robert Young BSc

GRADUATE STUDENTS

Nicola Desmond MSc

Sarah Gurney BA

Jane Hartley MRes (started 17/09/07)

Chloe Hughes BSc

Kalonde Kasengele MPH

Mairi Langan MPhil (completed 05/11/07)

Douglas Lonie MA

Caroline Sime BN DN (started 17/09/07)

Emily Smith MSc

Catherine Stewart MPH

Alison Teyhan MSc (started 01/10/07)

HONORARY RESEARCH STAFF

Jim Barnes MSc MB ChB, Crookston Medical Practice

Ian Deary PhD, FRCP, FRCPsych, FBA, FRSE, FMed Sci, Department of Psychology, University of Edinburgh

Dave Leon PhD, Department of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine

Nanette Mutrie PhD, FBases, Department of Sport, Culture and the Arts, Strathclyde University

Phil Wilson DPhil FRCP, General Practice and Primary Care Section, Division of Community Based Sciences, University of Glasgow

SUPPORT STAFF

Kate Campbell
Survey Support Officer

Thomas Crosbie
IT Support Officer (Maternity Cover)
(left 04/12/07)

Catherine Ferrell MA
Survey Manager

Patricia Fisher HNC
Finance Officer

John Gibbons BSc
Database Manager/Trainer
(started 26/03/07)

John Gilchrist HNC
Computing Officer

Sandy Gray RGN
Research Nurse Supervisor
(started 17/07/07)

Barbara Hendry RGN
Research Nurse Supervisor
(started 23/07/07)

Naomi Hemy BA
Office Assistant (left 12/10/07)

Elaine Hindle HNC
Survey Support Officer

Barbara Jamieson MSc
Unit Administrator

John Kelly
Survey Office Support Assistant

Fiona McDonald
PA to Professor Macintyre

Edna McIntyre
Secretarial Assistant (left 31/01/07)

Jean Money
Secretarial Assistant/Accounts

Crawford Neilson BSc
Computer Systems Manager

Carol Nicol MSc
Programmer/Analyst

Louise O'Neill
Receptionist

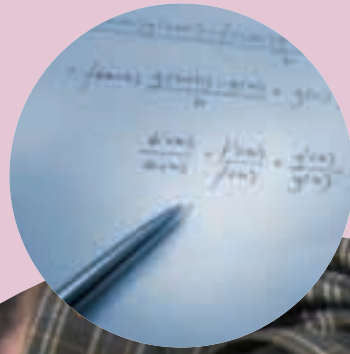
Mary Robins HNC
Librarian

Julie Watson
Survey Office Support Assistant

Susan Wilkie HND
HR Assistant

VISITORS

Elisabeth Kvaavik PhD
Department of Nutrition,
University of Oslo (started 20/08/07)



>> The West of Scotland Twenty-07 Study



Research Staff

Project Director **Michaela Benzeval**

Researchers

Michael Green

Mary-Kate Hannah

(career break from 01/07/07 to 2010)

Karen Lorimer

Deborah Shipton

Stephen McCann (temporary support)

Rona Wilson (temporary support)

Carolyn McTaggart (temporary support)

Anne Ellaway

Kate Hunt

Sally Macintyre

Helen Sweeting

Patrick West

Statistician

Geoff Der

Clinical advisors

Phil Wilson

Jim Barnes

Nurse supervisors

Sandy Gray

Barbara Hendry

Nurse interviewers

June Bone

Gerry Campbell

Bob Clark

Eileen Duff

Lisa Ferguson

Annette Franczuk

Rona Good

Pamela Graham

Janet Howie

Carolyn Hutchison

June Innes

Sandra Kelly

Charlotte McEleney

Denise Minto

Shoshana Morecroft

Carolyn Morrison

Lesley Riley

Gail Robinson

Gill Taylor

Mary Williamson

The Twenty-07 Study was established in 1987 to examine the social processes that produce or maintain differences in health by key social positions over time. The study is following three cohorts of people, living in and around Glasgow, for twenty years – initially aged 15, 35 and 55, they were 35, 55 and 75 in 2007 the final year of the Study. As a result, the Twenty-07 Study provides researchers with unique opportunities to:

- > examine the effect of people's circumstances on their health across 60 years of the life span
- > compare the experiences of different generations of people at the same points in history, and
- > explore the health of people of the same age at different points in time.

In addition to the general sample of people living in and around Glasgow, a more intensive sample was selected in two key areas in Glasgow to facilitate the study of the interaction of people's environment and their circumstances with their health.



CATHERINE FERRELL, SURVEY MANAGER AND MICHAELA BENZEVAL, PROJECT DIRECTOR, TWENTY-07 STUDY

>> The West of Scotland Twenty-07 Study



I MEASURING SITTING HEIGHT



I TAKING REACTION TIMER TEST

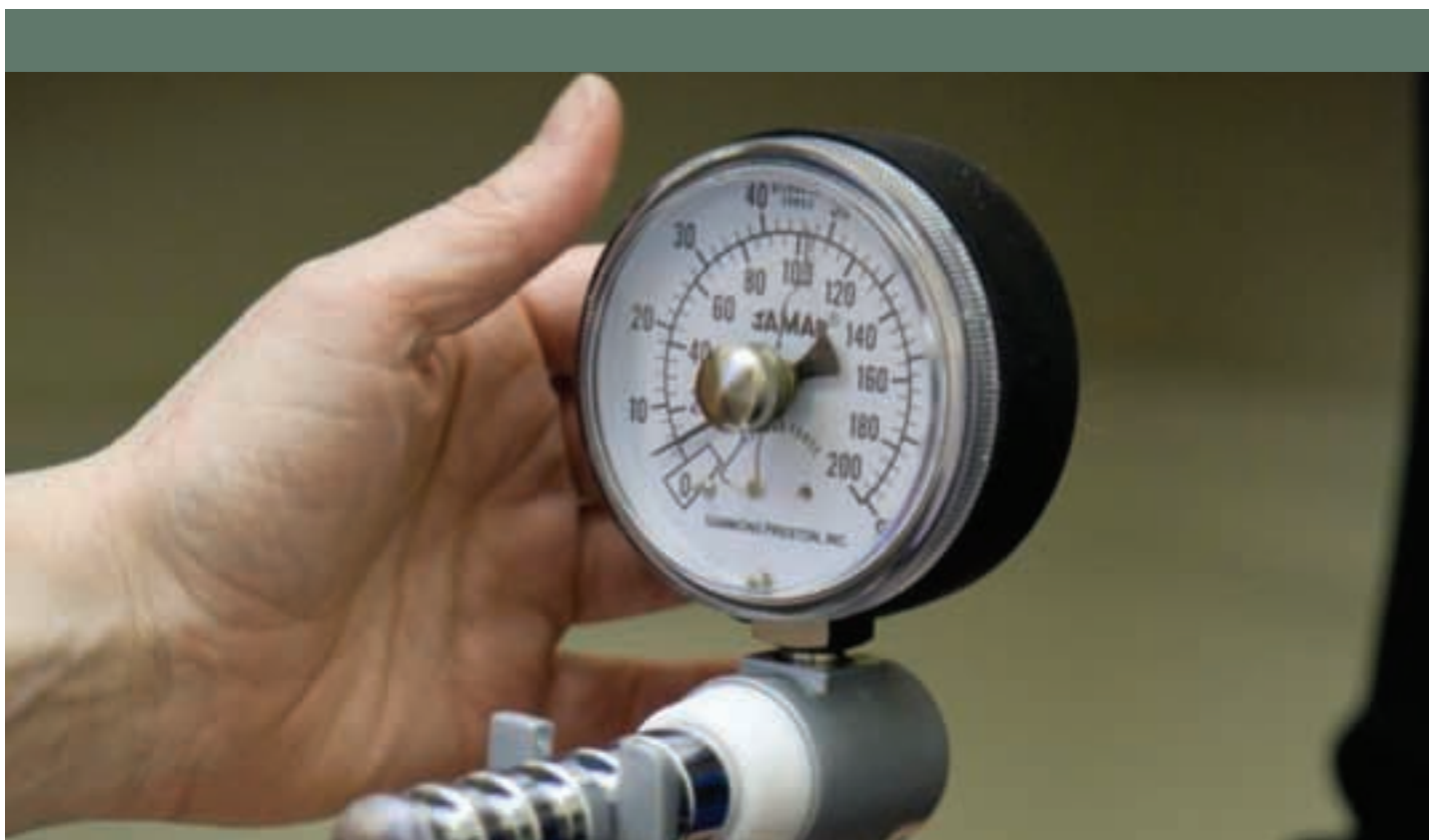
> **The aim of the Twenty-07 Study is to investigate the social processes producing or maintaining differences in health by key social positions, in particular social class, area of residence, age and family composition.**

In 2007 the final wave of data collection on the Twenty-07 Study began; it is anticipated that all study members who are willing to be interviewed will have been visited by a nurse by September 2008. Those living abroad will not be visited in person but where possible will be asked to complete a telephone or postal survey.

The primary aim of this final wave of data collection is to collect repeat measures of health and social information to investigate changes in people's social circumstances over the last 20 years and how these have affected different dimensions of their health. For the first time, we are collecting blood samples to examine a number of different biomarkers that may be associated with social position and health. In order to ensure the continued contribution of the study to future research we are also collecting a sample of blood for storage (with permission) for unspecified research purposes. Respondents are also being asked their permission to link to their hospital records held at Information Services Division Scotland (ISD). Ethical permission for this wave of data collection and for blood and DNA samples to be stored in a tissue bank was granted by the NHS Tayside Committee A on Medical Research Ethics.

Twenty nurses and two nurse supervisors have been employed to work on the study and, after a rigorous training programme, have been visiting respondents in their homes across Britain to carry out interviews. The first interviews were conducted in September and by the end of the year 812 interviews had been conducted, totalling 2,304 interview hours, with the nurses taking 23 litres of blood and travelling 38,560 miles.

>> The West of Scotland Twenty-07 Study



I GRIP STRENGTH READER

Over 90% of all respondents interviewed so far agreed to give a blood sample and, of those, over 99% opted to receive their results and 97% wanted their results fed back to their own GP as well. Of the results processed so far, 43% of respondents have been found to have cholesterol higher than the recommended level (total/HDL cholesterol = 4); with two-thirds of these people not being aware of this (i.e. have not reported in the survey that they have high cholesterol or that they are taking statins). Nearly 15% of the sample interviewed to date had high blood glucose levels indicative of diabetes. Of these 60% were aware of their diabetic status but the other 40% (6% of the whole sample) were not, suggesting a significant level of undiagnosed diabetes in the community.

Of those study members approached so far, the pie chart (Fig. 1) shows the outcome: 82% had been interviewed; only 9% had refused, less than 2% had either died or were too ill to be interviewed and 7% were not at the address we had for them. However, these results are not evenly spread across the cohorts.

Unfortunately, approximately 25% of the 1970s cohort are no longer at the address we have for them, compared to less than 2% of the 1930s cohort. We are making strenuous efforts to find people lost to the study as we very much want to interview as many of the original study members as possible so that the full potential of the Twenty-07 Study – to follow changes in people's lives over 20 years and, for example, to compare the health and circumstances of those who were 35 in the late 1980s with those who are 35 today – can be fulfilled.

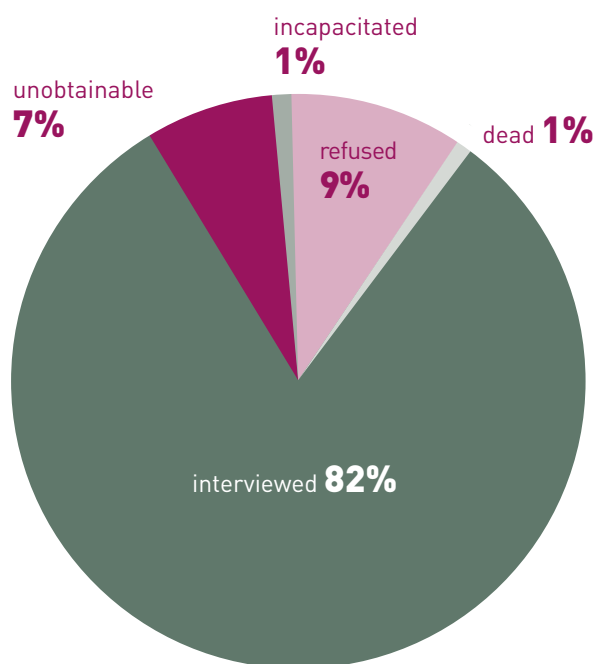


FIGURE 1. INTERVIEW OUTCOMES TO DATE, DECEMBER 2007

>> Social and Spatial Patterning of Health



Socio-economic and spatial variations in health have been observed for over 150 years in the UK. Poorer people, and people living in more deprived areas, tend to have poorer health and a shorter life expectancy than their more advantaged counterparts. Current government policy is to try to reduce these inequalities in health. In order to do so we need to know more about the specific pathways which lead from socio-economic status, and the social and physical environment, to mental and physical health.

The aim of this programme is to study the socio-economic and spatial inequalities in health across time and the lifecourse, using data about individuals, households and areas, and a range of geographical and historical scales.

The main programme themes include socio-economic inequalities across the lifecourse and over time, and geographical inequalities in health. Some of our current projects are described below.

> Trends in and correlates of obesity

Obesity is a major public health challenge in the 21st century, with levels rising in both children and adults. It is a key risk factor in a number of the main causes of death and disease. We have contributed to knowledge about trends in and determinants of obesity both in relation to diet and physical activity.

Nine-year follow-up of participants in the West of Scotland Twenty-07 Study, from the ages of 39 and 59, found overweight and obesity had increased markedly during this period, with the younger cohort showing greater increases both in weight and waist circumference than the older cohort³³. Patterns of weight gain did not vary by gender or by social class, suggesting that as one gets older weight gain has common influences.

Using data from the Scottish and English Health Surveys we investigated how the environment creates opportunities and barriers for lifestyles that may lead to obesity³⁰.

Neighbourhood disorder was positively associated with obesity, while access to high street facilities was associated with lower levels. These findings suggest ways in which local environments can be improved to reduce obesity.

Finally, we examined how physical activity, an important determinant of obesity, affects mental health. An analysis of 24, 44 and 64 year olds interviewed as part of the West of Scotland Twenty-07 Study in 1995 found physical activity was related to depression and this varied by gender, setting and intensity of the activity. Leisure-based physical activity reduced depression in both men and women. Work-based exercise had no effect. Physical activity at home increased depression among women. Among men moderate activity was associated with low depression but a lot of activity with higher depression⁷³.

Programme Leader
Professor Sally Macintyre

Researchers
David Batty
Michaela Benzeval
Geoff Der
Anne Ellaway
Linsay Gray
Michael Green
Mary-Kate Hannah
Karen Lorimer
Laura Macdonald
Deborah Shipton

Honorary research staff
Ian Deary
(University of Edinburgh)
Dave Leon (LSHTM)
Nanette Mutrie
(University of Strathclyde)

PhD students
Chloe Hughes
Kalonde Kasengele

>> Social and Spatial Patterning of Health

Inequalities in health in Scotland: what are they and what can we do about them?

In 2007 the Scottish Government set up a Ministerial Task Force on Inequalities in Health, chaired by Shona Robison, the Minister for Public Health. Sally Macintyre was asked to provide a briefing paper for this task force¹¹⁵. In the briefing paper Sally gave an overview of key statistics on inequalities in health in Scotland, and outlined what was known about the most effective strategies for reducing inequalities.

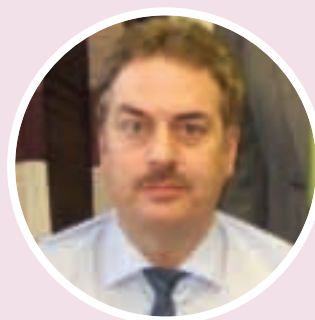
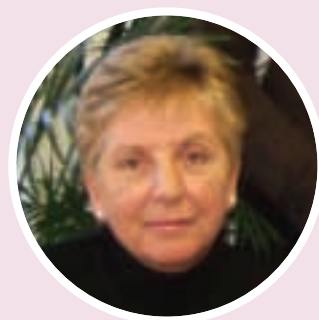
She argued that interventions at regulatory or structural levels, such as Clean Air Acts, seat belt legislation, food supplementation and banning smoking in public places, appear to do more to reduce health inequalities than information-based approaches such as nutrition labelling, anti-smoking advertisements, drink driving campaigns, etc. (see box). This is because more

advantaged groups in society, who have better access to resources such as time and money, find it easier to avail themselves of health promotion advice (e.g. to give up smoking, improve diet, use fluoride toothpaste etc.) and preventive services (e.g. immunisation, dental check ups and cervical screening). Disadvantaged groups tend to be harder to reach, and find it harder to change behaviour.

Because of the likelihood of the better off gaining more from social and public health policies, two public health goals, improving population health and reducing health inequalities, may sometimes conflict. Targeting the already advantaged may produce greater aggregate health gain (e.g. reducing the overall prevalence of cigarette smoking in Scotland) at relatively less cost, whereas targeting the disadvantaged may produce less aggregate health gain (less decrease in overall prevalence) and at greater cost. Value judgments may have to be made about the relative priority to be given to creating aggregate health gain as compared to reducing inequalities.

Summary of characteristics of policies more likely to be effective in reducing inequalities in health

- >> **Structural changes in the environment**
- >> **Legislative and regulatory controls**
- >> **Fiscal policies**
- >> **Income support**
- >> **Reducing price barriers**
- >> **Improving accessibility of services**
- >> **Prioritising disadvantaged groups**
- >> **Starting in the early years**
- >> **Offering intensive support**



| ELAINE HINDLE, SURVEY SUPPORT OFFICER, JULIE WATSON AND JOHN KELLY, SURVEY SUPPORT ASSISTANTS



➤ The location of foodstores, and price and availability of healthy food, in Glasgow: 10 years on

It has been suggested that the price and availability of food locally may be an important mediating factor between neighbourhood deprivation, poor diet and obesity. However the evidence for such environmental determinants of poor diet is weak in the UK.

In 1997 Steven Cummins, a doctoral student in the Unit, conducted a survey of 325 foodstores in Glasgow, collecting data on the price and availability of a pre-selected 'basket' of 57 food items. In 2007 we repeated the survey for 168 of these stores, many of the others having closed or changed function. We also conducted a new cross-sectional survey to capture the retail environment, which included 73 stores from the previous study and 335 other stores. We used the same food items plus items from the recently developed Healthy Eating Indicator Shopping Basket developed by the Food Standards Agency Scotland. We included all mainstream supermarkets (e.g. Asda, Tesco, Sainsbury's), plus a sample of discounters (e.g. Aldi, Netto), freezer centres (e.g. Farmfoods, Iceland), independents, and specialist shops (e.g. butchers, fishmongers, fruit and vegetable stores, bakers).

We plan to explore changes in the food retail environment, and whether there are any links between deprivation in local areas and the location of foodstores and the price and availability of healthy foods.

This project was conducted by the Unit's survey office, and is a collaboration between Sally Macintyre and Steven Cummins, now Senior Lecturer and NIHR Fellow in the Department of Geography, Queen Mary, University of London. Steven was recently awarded a Philip Leverhulme Prize for his work on the socio-environmental determinants of health, much of which was carried out with researchers within the Unit.



■ KATE CAMPBELL, SURVEY SUPPORT OFFICER

>> Measuring Health



The health of individuals varies according to social and economic characteristics that reflect different exposures to factors that influence health. Since populations are made up of groups of individuals, e.g. by area or by occupation, there are differences between the health of different populations.

The principal focus of the programme is on the health of the Scottish population, and it seeks to improve the methods used to measure population health and its determinants.

More specifically, the aims of the programme are:

- > to improve our understanding of the health of the Scottish population, and of the variation in health between particular subgroups
- > to consider the importance of different contexts, e.g. school, workplace, area of residence, at different stages in life on subsequent adult health
- > to ensure that the statistical methods needed to address complex public health research problems are developed and disseminated, and
- > to evaluate the effects of Sure Start Local Programmes in England, an area-based intervention for young children and their families.

This programme is core-funded by the Chief Scientist Office of the Scottish Government Health Directorates.

Programme Leader

Professor Alastair Leyland

Researchers

**Denise Brown
Carolyn Davies
Ruth Dundas
Lindsay Gray**

PhD Student

Catherine Stewart

Inequalities in mortality in Scotland

Mortality rates fell dramatically in Scotland between 1981 and 2001, but headline reductions tell only part of the story.

Overall, age standardised mortality fell by around 30% for men and 25% for women over this period, but not all age groups experienced this reduction. Reductions of 55% for those under the age of 15 and of 35% for those between the ages of 45 and 59 were to some extent overshadowed by increased mortality rates among men aged 15-44 and among women aged 15-29^{65 114}.

The causes of death that contributed to these patterns told of a changing public health landscape in Scotland.

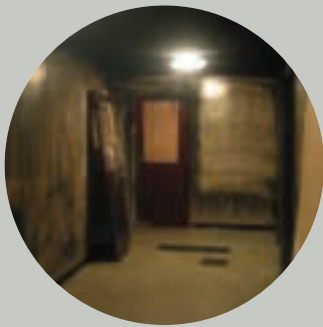
- > Male deaths under the age of 65 due to Ischaemic Heart Disease (IHD) fell by 62% between 1981 and 2001.
- > Deaths from lung cancer, cerebrovascular disease, chronic respiratory disease and accidents each fell by about 50%.

- > There was a 43% increase in suicide and a substantial increase in deaths from chronic liver disease saw rates from each of these causes at the same level as lung cancer by 2001.

A major focus of this work, funded by the Scottish Government, was on inequalities in mortality by small area deprivation. The increases in mortality were seen to be confined to the more deprived parts of the country. A general pattern of greater decreases in the more affluent areas led to increasing inequalities for men under 75 and for women aged 30-74. Increasing inequalities were evident in most of the major causes of death, either because mortality was falling faster in the more affluent areas, as in the case of IHD, or was rising faster in the more deprived areas, as in the case of chronic liver disease. Details of this work can be found at www.inequalitiesinhealth.com.



ALASTAIR LEYLAND, PROGRAMME LEADER



➤ Comparisons of health behaviours and health measures between Glasgow and the rest of Scotland

Poor health is associated with poverty and this new research, commissioned by the Glasgow Centre for Population Health, found that many of the negative aspects of health and lifestyle in Glasgow and the surrounding area are due to it being more deprived¹¹². Based on over 25,000 participants of three Scottish Health Surveys which took place in 1995, 1998 and 2003, the research makes comparisons of three geographical areas – West Central Scotland, Greater Glasgow Health Board, and the Glasgow City area – with the rest of Scotland.

We found cardiovascular disease and smoking rates were no higher in Glasgow and the surrounding areas, compared with the rest of Scotland, once its relatively high levels of deprivation had been taken into account. Put another way, smoking rates in different parts of Glasgow were no higher than in areas of comparable deprivation in the rest of Scotland. However, we found that there are aspects of health and lifestyle which are worse in the Glasgow area compared with the rest of the country which cannot be explained by the levels of poverty. These include poorer mental health, bad diet and, among men, excess alcohol consumption.

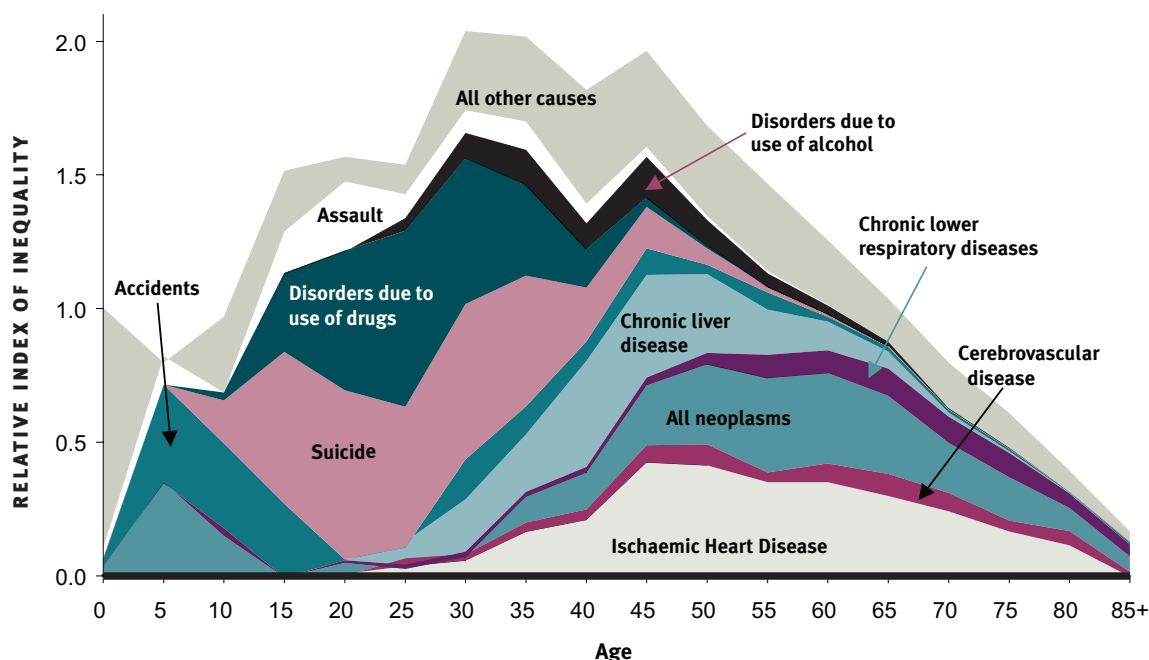
Interestingly, some aspects of health and lifestyle are no different in the Glasgow area to elsewhere in Scotland, despite Glasgow's relatively higher levels of poverty. These include obesity, aspects of diet and, for females, alcohol consumption.

The findings also highlight that within the Glasgow area itself substantial differences exist in the health characteristics of those living in the most and least deprived areas.



■ LINSAY GRAY, RESEARCHER,
MEASURING HEALTH PROGRAMME

>> Measuring Health



CAUSE-SPECIFIC CONTRIBUTIONS TO INEQUALITIES IN MALE MORTALITY BY AGE GROUP ACROSS DEPRIVATION QUINTILES, SCOTLAND, 2000-02

> The health of the Scottish population

Changes in population health, along with progress towards targeted reductions in inequalities, are assessed on the basis of comparisons of populations over time. However, migration introduces problems into the measurement of population health. Migration patterns are not random; populations have been decreasing in deprived (and high mortality) areas and increasing in affluent (and low mortality) areas. We are trying to classify areas according to population change in Scotland at the Census output area level, based on 2001 Census data and the Scottish Index of Multiple Deprivation 2004. Health outcomes considered include age-standardised all cause and cause-specific mortality, limiting long term illness and general health.

Scotland has one of the worst Ischaemic Heart Disease (IHD) mortality rates in Europe and, despite substantial declines in IHD mortality over recent decades, it remains the largest cause of death and a priority research area. There is a suggestion that high IHD incidence rates, and in particular high acute myocardial infarction (AMI) incidence rates, are driving Scotland's high IHD mortality rates. Current work is examining the trends and social and geographical patterning of the incidence of AMI in Scotland. There have been substantial declines in AMI incidence rates over recent years; however, these declines have not been uniform across all population groups. In particular, we have noted that inequalities differ by age group and for men and women. We have also shown strong regional differences in the incidence rates which cannot be fully explained by differing levels of socio-economic deprivation within Scotland. Further work is examining the trends and inequalities in short-term case fatality after an AMI.

>> Ethnicity and Health



Many diseases such as diabetes, high blood pressure, stroke, heart and kidney disease, and cancers are more common in some ethnic minority groups than in the indigenous White population. Very little is known about the causes of these differences, when and whether they emerge in childhood, or about the transmission of health risks across generations.

This research programme focuses on the health of UK-born minority groups, including Black Caribbeans, Black Africans and South Asians, to examine if and when differences in key health indicators develop in childhood, and how these are shaped by social conditions, such as deprivation, family life and school life.

Other aspects of the programme include:

- > national and international comparisons of health patterns among migrants and their children to examine how people of the same racial ancestry fare in different environments
- > tracking health over the life course and over generations in ethnic groups in different contexts and places, which is necessary for an understanding of the evolution of ethnic disparities in health.

Programme Leader

Seeromanie Harding

Researchers

Cara Booker

Maria Maynard

Alison Teyhan

(to end of September 2007)

Melissa Whitrow

PhD Student

Alison Teyhan

(from October 2007)



DASH (Determinants in Adolescent Social Well-being and Health)

www.sphsu.mrc.ac.uk/studies/dash/

Longitudinal data on ethnic minorities are rare. In 2007 we published a Cohort Profile of the DASH Study⁵³ describing the key findings and general lessons learnt for establishing and maintaining this cohort. The study started in 2001/2002 with about 6,500 children aged 11–13 years, in 51 schools in London. The sample contained 80% ethnic minority children. In 2005/2006 just under 5,000 children took part in the follow-up study. Ethnic minorities were less likely than White British to be absent, to decline to take part or to have their parents refuse for them to take part in the follow-up study. The recruitment and retention of ethnic minorities, and conducting studies in inner city school environments, can be challenging. The following measures promoted retention – support of civic leaders, ethnicity of

researchers, science workshops with respondents, allowing schools to choose how and when they wanted the study to be conducted, having information about the study available in 12 languages and extensive oral communication with parents.

Three papers were published this year using the baseline data to investigate ethnic differences in obesity^{50,52} and psychological well-being⁷⁰.

Assessing cardiovascular risk is a key focus of DASH. We found that skipping breakfast was associated with adolescent obesity regardless of ethnicity⁵². Compared with White British peers, Black Caribbeans and Black Africans were more likely to skip breakfast and engage in other poor dietary practices, and Indians were least likely. Skipping breakfast was more common among those born in the UK than those not born in the UK. White British and White Other children reported more maternal smoking than other ethnic groups.



SEEROMANIE HARDING,
PROGRAMME LEADER

>> Ethnicity and Health



ETHNIC DIFFERENCES IN ADOLESCENT BEHAVIOURS THAT ARE RELATED TO OVERWEIGHT: ODDS RATIOS AND 95% CONFIDENCE INTERVALS (WHITE UK AS REFERENCE). ODDS RATIOS GREATER THAN 1 REPRESENT HIGHER RISK THAN UK WHITE CHILDREN. ODDS RATIOS LESS THAN 1 REPRESENT LOWER RISK THAN UK WHITE CHILDREN.

These findings indicate a need for family-based interventions. In 2007 we were funded by the Public Health Research Consortium (http://www.york.ac.uk/phrc/projects_1.htm#b607) to develop an intervention to prevent obesity in ethnic minority children. Another related initiative has been the start of a doctoral study examining the effects of the school and residential environments on cardiovascular risk of ethnic minority children.

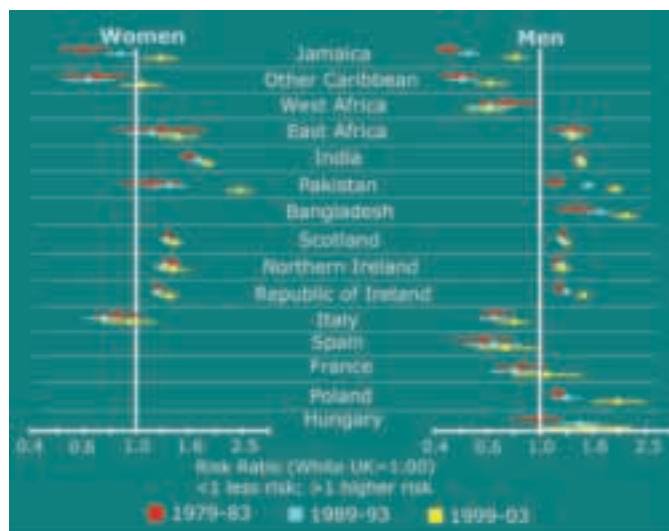
> Trends in cardiovascular mortality among migrants in England and Wales, 1979 – 2003

Death rates for coronary heart disease (CHD) are known to be high in migrants from the Indian subcontinent and death rates for stroke to be high in migrants from the Caribbean and Africa, but long term trends have never been examined. As part of a study of trends in cause specific mortality of migrants, we found changes in cardiovascular and stroke mortality over the last two decades⁵¹.

Previous research has found migrants of Caribbean and African origin have had CHD death rates that are half those of the national [UK] rates. The cause of these patterns is unclear. Both groups are more likely to have diabetes and African-origin people to have more hypertension. Other traditional risk factors, such as smoking or cholesterol levels, only partially account for differences in cardiovascular risk.

In this study we found mortality from CHD fell among migrants and for those born in England and Wales over the last two decades, however the rate of decline differed between some migrant groups and those born in England and Wales.

Generally there were smaller declines in death rates between 1989-1993 and 1999-2003 among most migrant groups than the declines in death rates for those born in England and Wales. Thus, compared with those born in England and Wales, the relative risk of death from CHD increased for men from Jamaica, Pakistan, Bangladesh, Republic of Ireland and Poland, and for women from Jamaica and Pakistan (see graph, right).



TRENDS IN CORONARY HEART DISEASE MORTALITY IN ENGLAND AND WALES FOR SELECTED MIGRANT GROUPS, AGED 30-69 YEARS: RATE RATIOS AND 95% CONFIDENCE INTERVALS (RATES FOR THOSE BORN IN ENGLAND AND WALES AS REFERENCE)

Overall we found smaller declines in death rates led to increasing disparities for some groups and to excess coronary mortality for women from Jamaica. Death rates for stroke remained higher for most migrant groups. These findings point to a critical need to maximise the coverage of prevention and treatment programmes.

>> Youth and Health



There is considerable concern about the physical and mental health of young people, and about their high levels of risk behaviours, such as smoking or drug use. There is a real possibility that things are getting worse for many reasons including poverty, increased stress, changes in family life and the pervasive effects of consumer culture.

This programme aims to increase our understanding of this important stage in life in order to promote young people's current and future health, and reduce later health inequalities. The specific objectives of the programme are to describe and explain:

- > health and health risk behaviours from childhood through adolescence to adulthood
- > the role of the family in relation to health, lifestyles and life chances, and the extent to which family influences cut across class
- > the influence of the school, peer group and youth culture on health, health behaviours and lifestyles, and the extent to which these are separate from class, gender and the family, and
- > variation in levels of stress between social classes, schools and peer group positions.

To address these questions, we draw on three main studies: the youngest cohort of the Twenty-07 Study; the 11 to 16 Study which involved following 2,500 young people from age 11 to 16; and our most recent study, 'Peers and Levels of Stress' (PaLS) which measures peer groups, levels of stress, mental health and disorder in 15 year olds.

Some of our key findings and achievements over last year are highlighted below.

Programme Leader
Professor Patrick West

Researchers
Helen Sweeting
Robert Young

PhD Students
Douglas Lonie
Emily Smith

Money, social class and smoking

Research has consistently shown that young people with more money (pocket money, etc.) and those from lower social class backgrounds are more likely to smoke. Much less well researched is whether the link between money and smoking differs between young people from different social backgrounds and, if not, why that might be.

Drawing on data from the 11 to 16 Study, we showed that among young people from higher class backgrounds, those with more money were more likely to smoke at age 11, 13 and 15.

However, this was much less apparent among those from lower class backgrounds, and at age 15 the amount of money young people

from this group had made no difference to the likelihood of being a current smoker. Although speculative, we think the most probable explanation is that young people from lower class backgrounds have greater access to cheaper tobacco both from family and friends, and in particular from the black market.

If so, increasing the price of cigarettes through taxation is likely to have less of an impact on lower class than higher class youths. This might paradoxically increase rather than reduce health inequalities¹⁰¹.



PATRICK WEST, PROGRAMME LEADER

>> Youth and Health



Antisocial behaviour and alcohol

Against the background of widespread concern about binge-drinking and violence in young people, we examined the relationship between alcohol use and antisocial behaviour (ASB) in the 11 to 16 Study¹⁰⁶. The longitudinal design of the study enabled us to investigate the key question as to whether alcohol caused ASB or vice versa. We looked for three typical patterns of behaviour: disinhibition, whereby drinking leads to ASB, susceptibility, in which antisocial tendencies lead to drinking, and escalation, whereby both antisocial tendencies and drinking fuel each other.

We found that a pattern of susceptibility dominated, meaning that individuals who displayed antisocial tendencies at a young age were much more likely to drink when they were older. Almost no evidence of disinhibition, alcohol leading to antisocial behaviour, was found. Some evidence for an escalating pattern was found, but only when focusing on short term links between drinking alcohol and antisocial behaviour. Young people given alcohol by their parents were less likely to behave antisocially and escalate alcohol use, in contrast to those who obtained alcohol by other means (e.g. shops, bars).



| ROBERT YOUNG, RESEARCHER, DOUGLAS LONIE, PHD STUDENT, EMILY SMITH, PHD STUDENT, YOUTH AND HEALTH PROGRAMME



➤ Female excess morbidity

Previous research, including our own, has shown an emerging female excess of both psychological distress and physical morbidity between early to mid-adolescence, but much less is known about why this occurs. Using 11 to 16 Study data, we examined the contribution of a range of factors to explain the female excess in three psychosomatic symptoms (headaches, stomach ache/sickness and dizziness) and depressive mood at age 15⁹³.

We found gender differences in each of the potential explanatory factors, females having lower self-esteem, lower masculinity but higher femininity scores, higher body mass index and weight-related concerns, more smoking and less physical activity. Collectively, these factors accounted (statistically) for one third of the female excess in headaches and stomach problems, half the excess in dizziness, and almost all that in respect of depressive mood. However, self-esteem and body image were by far the most important. Our results suggest that additional factors are required to explain the female excess in psychosomatic morbidity evident by mid-adolescence.

Obesity

Two reviews of childhood and adolescent obesity were conducted, the first designed to help people navigate the vast literature on measurement and definitions of obesity⁹². The second (published 2008) focused on gender, an area which tends not to be the principal focus of child and adolescent obesity literature. Gender differences in obesity rates as defined by body mass index (BMI) are generally small and inconsistent, and there is little evidence for differences in genetic influences on BMI. However, biological differences are evident in the patterning of body fat, the fat levels at which health risks become apparent, levels of resting energy expenditure and energy requirements, ability to engage in certain physical activities, and the consequences of obesity for the female reproductive system. Differences due to society or culture include food choices and dietary concerns, overall physical activity levels, body satisfaction and the long-term psychosocial consequences of childhood and adolescent obesity. A clearer focus on gender differences, within as well as between males and females, is required among both researchers and policy makers within this field.

>> Sexual and Reproductive Health



Sexual health is a major public health concern in the UK, due to high rates of sexually transmitted infections, unwanted pregnancies, and regretted early sexual experiences amongst teenagers. In the UK, young people, men who have sex with men, and Afro-Caribbean people are particularly vulnerable to poor sexual health. In east and southern Africa, sexual ill-health is extremely serious, with HIV prevalence between 5% - 40% amongst adults, made worse by underdevelopment.

The broad aims of this programme are to better understand the key social factors that shape sexual risk behaviour, to develop appropriate programmes to improve sexual health, and to evaluate such programmes.

Research in this programme includes:

- > original studies being conducted in the UK and East Africa, primarily Tanzania, using both qualitative methods, e.g. in-depth interviews and participant observation, and quantitative methods, e.g. questionnaire surveys and an HIV prevalence survey using saliva samples
- > bringing together existing research findings by systematically reviewing the published literature
- > developing new programmes through research and consultation with vulnerable groups and service providers, followed by careful assessment of initial ideas
- > evaluating programmes using a range of methods from randomised controlled trials to detailed qualitative research.

Programme Leader
Daniel Wight

Researchers

Katie Buston
Marion Henderson
Catherine Nixon
Alison Parkes
Audrey Prost
Pieter Remes
Lisa Williamson

PhD Students

Nicola Desmond
Jane Hartley



Encouraging testing for HIV

As a Career Development Fellow from January 2005 to March 2008, Audrey Prost has undertaken three studies looking at the feasibility of offering rapid HIV testing services to communities affected by HIV in the UK.

The first was a qualitative study, carried out with John Imrie and Matthias Chopin (University College London), among men who have sex with men in London⁸⁴. This explored men's views about rapid HIV testing in gay venues, and highlighted specific concerns about professionalism, confidentiality and support for the newly diagnosed within such services.

The second study examined the feasibility of adapting a Kenyan model of Voluntary Counselling and Testing (VCT) for African communities in the UK. The study showed that while the Kenyan VCT model could be adapted for the UK, Africans felt that members of the community might not access the service because of stigma and concerns about confidentiality⁸⁶.

Finally, the third study, still on-going, aims to evaluate the acceptability and feasibility of offering rapid HIV tests to patients registering with a large primary care clinic in ethnically diverse East London. As part of the study, all patients registering with the clinic are offered a rapid HIV test, a questionnaire about sexual attitudes and lifestyles, and a qualitative interview. This study will provide key operational data on the best ways of increasing the uptake of HIV testing in primary care.

DANIEL WIGHT, PROGRAMME LEADER



➤ Young women's contraceptive careers

This PhD study by Lisa Williamson examined patterns of contraceptive use among 20 women, aged 20, from the East of Scotland¹²⁵. In in-depth interviews everyone reported that they had changed their contraceptive method at least once, although most had used only condoms and the contraceptive pill. Ease of access and social norms around use encouraged condom use, but the young women's personal dislike of the method and their experiences of condom failure resulted in a change to the pill, particularly once they were in relationships with boyfriends. The pill was perceived to be more reliable, and its non-contraceptive benefits, particularly menstrual regulation, encouraged continued use.

Each young woman had her own specific experience of contraceptive use, but overall three patterns were apparent. Consistent users were characterised by uniform and regular use over time; complex users by manageable change depending on relationships, partner type, and their experiences of use; and chaotic users by frequent method changes and repeated contraceptive failures, further complicating their already somewhat disordered lives.

These findings suggest that for some, contraceptive use is straightforward, while for others it will be a constant struggle. A range of contraceptive methods should be made available to suit young women's individual needs, but it is important to recognise that use of the contraceptive pill can be unproblematic if managed well.



■ MARION HENDERSON, RESEARCHER, SEXUAL AND REPRODUCTIVE HEALTH

The capacity for social science health research in East Africa: the role of consultancies

There is a serious shortage of senior African social scientists to lead or manage health-related research in Africa. This is despite the existence of many African social science graduates, and decades of Northern funding to develop local capacity. In order to explore the barriers to developing health social science research capacity in East Africa, Danny Wight carried out 29 in-depth interviews, informal conversations and a group discussion with professionals working on health-related social science research in East Africa.

Respondents attributed inadequate social science research capacity primarily to: very poor schooling; talented students choosing high status vocational courses; poor facilities and teaching at university; donors funding research through Northern institutions rather than local academic institutions; and the drain of highly qualified researchers abroad. However, a recurrent theme was the predominance of individually-contracted research consultancies. These seem to divert university staff from academic research, supporting colleagues and training the next generation of researchers, and stunt the institutional capacity of university departments, restrict the sharing of research findings and perpetuate donors' control of the research agenda¹⁰².

Although the overriding problem is macro-economic, changing the process by which much research is conducted might ameliorate the situation. This exploratory study suggests that the research capacity of local research institutions might be strengthened if consultancy research were commissioned through these institutions, rather than through individuals, with the payment of substantial overheads. This study led to two further projects on donors' commissioning of health research (Keith Nurse) and more detailed research on both researchers' and commissioners' views of consultancy research in Uganda (Joy Kwesiga and Josephine Ahikire).

>> Gender and Health



Gender plays an important role in the opportunities and life chances presented to an individual. Recent decades have witnessed considerable changes in men's and women's attitudes, expectations and roles, especially in relation to employment, marriage and childcare. It has been assumed that health differences between men and women are inevitable and constant, but current research is beginning to take a far more critical view of the links between gender and health.

The overall aim of this programme is to examine whether, when and why various aspects of men and women's health are different, so that we can identify possible ways to improve the health of both.

In particular, the programme aims to examine:

- > gender differences in various dimensions of health, taking into account different historical and cultural contexts
- > the factors involved in men's and women's recognition, reporting and experience of ill health, and help seeking behaviour
- > the acquired risks of ill health and how these are distributed among and between men and women.

Programme Leader

Professor Kate Hunt

Researchers

Carol Emslie

Shona Hilton

Heather Lewars

PhD Students

Sarah Gurney

Jane Hartley

Caroline Sime

Impact of illness on men's sense of masculinity

Most of our research in the Gender and Health programme makes systematic comparisons between men and women. Less often, as in this study, we use single sex samples. One paper⁷⁵, focuses on understanding how the experience of being ill may challenge men's sense of their masculinity. We compared the experiences of men with three very different illnesses: coronary heart disease (CHD), a disease often incorrectly stereotyped as a 'masculine' disease; depression, often stereotyped as a more 'feminine' illness; and prostate cancer, a male-specific disease. The analysis examined accounts from participants in 15 focus group discussions.

We found that masculinity is negotiated and re-negotiated by men in the light of the limitations placed on them by their own and

others' understandings of the consequences of their illness. Men with CHD experienced feelings of loss when forced to give up employment, while some men with prostate cancer felt they had changed as men because of loss of libido and physical strength.

Because discussion of emotional distress may challenge conventional images of masculinity, participants who had been depressed were reluctant to define themselves as ill and their discussions reflected a wider cultural belief that men should remain strong and silent about emotional problems. There remains a taboo for men – reflected in the absence of discussion of this issue between them – in disclosing and help-seeking with regard to depressive illness. This may partly explain the male excess in suicide rates. This is the second paper to be published from an MRC-funded PhD project which explored more broadly the relationships between men's health and men's gender.



| KATE HUNT, PROGRAMME LEADER



➤ Comparing men and women's experiences of depression and engagement with health professionals

We investigated the extent to which men and women speak differently about their experiences of depression³⁹. It has been suggested that, because women are more able to talk about emotional distress, they are more likely to be diagnosed with depression; and that, conversely, depression in men remains hidden if they do not feel able to articulate their distress. In order to explore how men and women express emotional distress, we compared accounts from 38 people with depression who had chosen to contribute to a web-based resource (www.dipex.org) about depression. We also investigated whether there were any gender differences in the strategies they found useful when talking with health professionals about their problems.

Our analysis showed some gender differences, but also some similarities. Both women and men talked about experiencing difficulty in recognising and talking about mental health problems, and this had consequences for their ability to communicate with health professionals. The key gender differences were that men tended to value skills which helped them to talk, while women valued listening skills in health professionals. Men also emphasised the importance of getting practical results from talking therapies, in contrast to other forms of therapy which they conceptualised as 'just talking'. However, there was diversity among women and among men; some respondents valued a close personal relationship with health professionals, while others felt that this personal relationship was a barrier to communication and preferred 'talking to a stranger'. This analysis illustrates that, whilst there is still evidence of gender differences in willingness to talk about emotional distress at a societal level, health professionals need to be wary of gender stereotypes which suggest that women invariably find it easy to express emotional distress and men invariably find it difficult.



SHONA HILTON, HEATHER LEWARS, CAROL EMSLIE, RESEARCHERS, GENDER AND HEALTH

>> Gender and Health



How do young adult men and women experience hair loss during cancer treatment?

Hair loss can be a distressing side-effect of chemotherapy for people with cancer, affecting their body-image, self-esteem, confidence and social interaction, but much of the existing research literature assumes that this is more of a problem for women than for men. We analysed in-depth interviews with 37 young adults, aged between 18 and 38 years, who had been diagnosed with cancer, in order to explore the impact of hair loss in both women and men. These interviews were conducted for a web-based resource (www.dipex.org) allowing people to hear about others' experience of health and illness.

All but three of the people who had lost their hair talked about the difficulties this had caused. For some issues, men

and women talked in very similar ways about their experiences: for example, both men and women spoke of feelings of loss of privacy and control over who knew they had cancer. Many also described how they had to cope with negative and upsetting reactions to their hairlessness from other people, in addition to the difficulties they faced after being diagnosed with cancer at a relatively young age. However, there was one striking difference between these men and women: only men talked about losing hair from parts of the body other than their head, whilst the women just talked about losing hair from their scalp and their face above the eyeline (eyelashes and eyebrows). In the paper we discuss this contrast in relation to the importance of hair, and the visibility of hair on various parts of the body, as a marker of gender. It is important that health professionals are aware how distressing hair loss during cancer treatment can be for men, as well as for women⁵⁵.

Welcome to two new members of the team

We are delighted that two new researchers joined the Gender and Health team in 2007. Jane Hartley and Caroline Sime (pictured right) are both undertaking PhDs supervised jointly across the Gender and the Sexual and Reproductive Health teams. Caroline will be interviewing men diagnosed with breast cancer; and comparing their experiences of having what is often thought of as an exclusively 'women's' disease with men's experiences of other cancers and women's experiences of having breast cancer. Jane will be conducting research on how media portrayals of various health behaviours, such as smoking, drinking and sexual behaviour, are interpreted by young people and how they link to their understandings of gender identities.



>> Evaluating the Health Effects of Social Interventions



Policy makers, such as politicians and civil servants, make decisions on a daily basis which affect our lives and possibly our health. These include decisions about whether and where to build new roads, how much to spend on building new housing, and how best to improve the public's health. To help with this decision-making process they need continual access to good quality health research.

The overall aim of this programme is to ensure that policy decisions which may affect our health are based on the most reliable research evidence available, rather than on poor evidence, anecdote or conventional wisdom. The programme contributes to this by carrying out new studies, and bringing together existing research and publishing it in summary form.

The objectives of the programme are:

- > to undertake systematic reviews of the effectiveness of social or health interventions – policies, programmes and projects – in improving health
- > to carry out primary studies evaluating the health impacts of social and health policies and interventions
- > to examine the effect on health and health inequalities of housing and regeneration, and transport policies
- > to carry out primary and secondary research on tobacco control.

This programme is core-funded by the Chief Scientist Office of the Scottish Government Health Directorates.

Programme Leader
Professor Mark Petticrew

Researchers

Elizabeth Aston

Matt Egan

Elisabeth Fenwick

Marcia Gibson

Shona Hilton

Gerry McCartney

David Ogilvie (to end of August 2007)

Anne Scoular (to end of May 2007)

Sian Thomas (to end of May 2007)

Hilary Thomson

Bar Workers' Health and Environmental Tobacco Smoke Exposure

In March 2006, Scotland introduced legislation to ensure all enclosed public places are smoke-free. The legislation was introduced primarily to reduce the harmful effects of exposure to second hand smoke (SHS) among workers. A second aim was to reduce the prevalence of smoking in the general population.

In collaboration with colleagues at the University of Aberdeen and the Institute of Occupational Medicine in Edinburgh, the Bar Workers' Health and Environmental Tobacco Smoke Exposure (BHETSE) project formed part of a comprehensive evaluation of the legislation, funded by NHS Health Scotland. BHETSE offered the first Scottish perspective on changes in bar workers' attitudes towards SHS, the smoke-free legislation and working in a smoke-free environment, and also measured exposure to SHS.

Bar staff working in 72 bars in three Scottish cities completed a health and attitudes questionnaire and provided a saliva sample to measure exposure to cigarette smoke, prior to the introduction of the legislation and a year after implementation.

We found that bar workers' attitudes to the smoke-free legislation in Scotland were generally positive before its introduction, and further strengthened after its implementation⁵⁹. It seems likely that positive pre-ban attitudes arose from media reports of the success of the smoking restrictions in Ireland and an intensive information campaign from NHS Health Scotland in the months leading up to the legislation. The high level of support for the legislation is evidence of increasing acceptance that smoke-free environments are a welcome public health measure. Importantly, most bar workers experienced very large reductions in workplace exposure to SHS as a result of this new legislation⁸⁷.



MARK PETTICREW, PROGRAMME LEADER

>> Evaluating the Health Effects of Social Interventions



Knowledge transfer: health impact assessment of transport interventions

In addition to reviewing existing research and generating new data through primary studies, scientists in the Unit are also involved in promoting the use of research evidence in policy and practice. This requires careful translation of research. While presenting a summary of evidence which reflects the quality of research, it is necessary to avoid using research jargon, and the text has to be in an accessible format which meets the needs of potential evidence-users.

In collaboration with the Scottish Health Impact Assessment Network, we have produced a synthesis of research evidence on the health impacts of transport interventions¹¹⁰. The synthesis drew on intervention and cross-sectional research, and the overall assessment reflected the quality or weight of evidence available. The content of the synthesis focused on key questions raised by Network members including reviewing best available evidence of the health impacts of intervention to:

- > promote physically active transport
- > extend transport infrastructure
- > reduce transport noise and particulate emissions, and
- > reduce motorised traffic.

In addition to health, the synthesis reported on impacts, where available, on:

- > physical activity
- > air quality
- > community severance
- > socio-economic outcomes.

Along with the synthesis of research evidence we produced guidance on how users might apply the evidence to policy and practice including a set of questions to facilitate critical consideration of the possible positive and negative health impacts of a transport intervention and consideration of the possibility of differential impacts in different areas or on different groups.



■ ANNE SCOULAR, DAVID OGILVIE,
RESEARCHERS, EVALUATION PROGRAMME



➤ Evaluations of community programmes

Living in a neighbourhood with a range of amenities that are well maintained and where people feel safe may be important aspects of a 'healthy neighbourhood'. The focus of our recent work has been evaluating some community-based programmes designed to improve and maintain neighbourhood environments.

Over the last 18 months we have been involved in the evaluation of a Youth Gang Diversionary Initiative to address issues of gang fighting and territorialism among young people in a neighbourhood in the east end of Glasgow. We used a before and after study design to capture the context, change mechanisms and effects (both intended and unintended) resulting from the intervention. Benefits of the project included some behavioural change, productive social interaction with adult workers, and a reduction in some aspects of antisocial behaviour including vandalism and damage to property. However, episodes of serious interpersonal violence and criminal behaviours continued to occur. Following on from this study, we will be evaluating a selection of Glasgow Housing Association-funded youth diversionary projects in GoWell study areas (see www.gowellonline.com).

The Environmental Employability Programme, or Community Janitors, managed by the Local Regeneration Network and Glasgow Housing Association's Regeneration Team, aims to address training and employment issues for the long term unemployed while providing an environmental management service. Initial findings from Local Housing Organisation interviews indicate that:

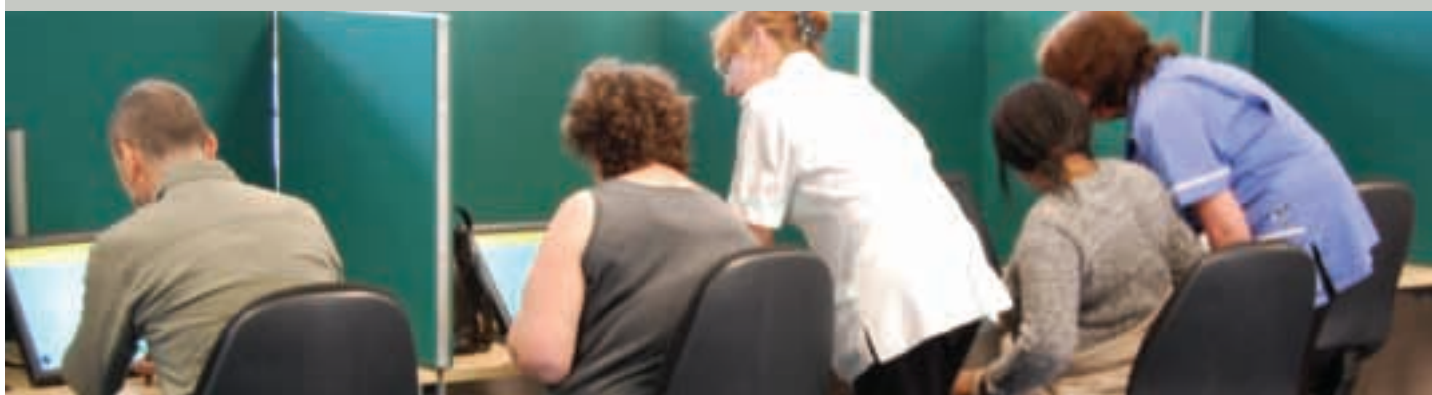
- Community Janitors improve and maintain the environment
- trainees benefited from the training received, which allowed them to move into secure employment.

We have audited play areas prior to the implementation of the Play Areas Development Programme, funded by Glasgow Centre for Population Health. In spring 2008, after the implementation of the programme, a second audit will be conducted and local people will be interviewed to assess the effects of these improvements on perceptions of community, neighbourhood safety and the prevalence of antisocial behaviour.

>> Understandings and Use of Public Health Research



We do not have a core funded programme on understandings and use of public health research but over the last 15 years we have carried out a considerable body of research into the production, presentation, understanding and engagement with biomedical science, particularly in relation to epidemiological science. This covers not only lay perceptions, but also scientists', practitioners' and policymakers' understandings and use of public health research.



Researchers

Shona Hilton

Kate Hunt

Sally Macintyre

Mark Petticrew

PhD Student

Mairi Langan

A contemporary history of the origins and development of UK Biobank 1998-2005 (MRC studentship)

UK Biobank was funded in 2002 by the MRC, the Wellcome Trust, the Department of Health and the Scottish Government to gather genetic and lifestyle information from half a million participants aged 40-69 years old and to monitor their health for up to thirty years to improve the prevention, diagnosis and treatment of major diseases. Mairi Langan, a medical historian, undertook a PhD project asking: how and why UK Biobank was initially configured in the manner it was? She conducted 76 interviews with academic scientists directly and indirectly involved in UK Biobank, representatives of the four funding bodies, and the company set up to manage UK Biobank. She also conducted archival analysis of the MRC's official documents concerning the origins and development of UK Biobank.

MAIRI LANGAN, PhD STUDENT

UK Biobank was initially set up by the funders with a 'hub' and 'spoke' model, with calls for bids from UK Universities for a central 'hub' charged with financial management and overall control of data and samples, and 'spokes' who were responsible for recruitment and data collection.

This hub and spoke model was responsible for some tensions between academic scientists and representatives of the funding bodies and UK Biobank. The model did not grant spokes any privileged access to the data that they would be collecting, and academic scientists criticised various aspects of the organisation of the resource as departing from "standard academic scientific practice". Views of the various stakeholders were analysed in the thesis in the context of "big science" projects. From 2005 the hub and spoke model underwent significant changes, and recruitment to the study finally began in 2007¹²³.





➤ Research on parents' perception of MMR

In 1998, Andrew Wakefield and his colleagues published an article claiming to have found a link between the MMR vaccine and the onset of autistic spectrum disorder. Although most of the co-authors subsequently dissociated themselves from this, and the safety of MMR has been emphasised in reports from independent expert bodies (including the MRC), the uptake of MMR dropped significantly within some parts of the United Kingdom.

In an MRC PhD project we explored parents' perceptions of mass childhood immunisation within the context of the MMR controversy. The research found that parental misunderstandings about the causes and seriousness of vaccine-preventable diseases, as well as concerns about vaccine "overload", affected parents' willingness to vaccinate their children. In the case of MMR, these issues may be more important to parents than concerns about autism⁵⁷.

We also found that many parents of children with autism had been under great stress and pressure as a result of the scare and they found it extremely difficult to make decisions about subsequent vaccinations for their children. They felt that their health visitors and GPs were not able to provide them with the support and advice they needed⁵⁶.

Communicating Health Information & Research into Practice & Policy (CHIRPP)



Following on from the research into parents' perceptions of MMR, we have begun a new project funded by the MRC's Population Health Sciences Research Network. The CHIRPP project aims to contribute towards improving communication about health research through gaining a better understanding of health professionals' and the public's engagement with and understandings of 'scientific evidence'. This project will use childhood immunisation and the MMR vaccine as a case study to explore how issues around research findings, especially contentious ones, are reported to health professionals, and examine how this affects their practice. In relation to the MMR controversy, there has been little analysis of the information and advice available to health professionals. One possible source may have been editorials and communication columns in community practitioner journals and magazines. In order to assess this source of information we will examine key community practitioner journals and magazines and compare their articles about MMR with scientific evidence.

We will also be conducting a survey and in-depth interviews with health visitors and practice nurses about their experiences of using and communicating with the public about research findings on childhood immunisation and parenting issues. This work aims to identify the barriers and facilitators to health professionals' use of evidence, which will be crucial in shaping the development of resources to help health professionals use and communicate research evidence to the public.

>> Understandings and Use of Public Health Research



Randomised controlled trials of social interventions; a pilot study of their history, prevalence, barriers and facilitators in an international context

Although the use of experimental designs such as randomised controlled trials (RCTs) is increasingly accepted in medicine, this is not the case in social policy circles. Arguments against such trials draw on potential problems with feasibility, ethics, cost, public and professional acceptability, and generalisability. Despite the oft cited difficulties in implementing experimental trials of social interventions, there are many examples, particularly in the USA, of 'social' RCTs, which may hold lessons for those seeking to evaluate the effects of social policies elsewhere.

Investigation of the perceptions and experiences of trialists, policymakers and other users of trials may provide useful insights into the conditions under which trials may and may not be feasible; about the barriers and facilitators to their

development; and about the evaluation and use of different sorts of evidence within different policy sectors. This pilot project aims to:

- > Develop methods of mapping existing social trials, i.e. working out how to identify social RCTs in the US, UK, Australia and other countries, to estimate how common RCTs of social policies really are; and
- > Conduct interviews with senior researchers involved in social RCTs, and with policymakers/practitioners in selected countries, to identify barriers and facilitators to RCTs and the experiences of those implementing or using them.

This project is funded from the Unit's budget and the International Collaboration on Complex Interventions (funded by the Canadian Institute of Health Research). The project is being conducted in 2008 by Kristin Liabo and Madeleine Stevens at the Social Science Research Unit at the Institute of Education in London. The principal investigators are Professor Sally Macintyre, Professor Mark Petticrew (London School of Hygiene and Tropical Medicine) and Professor Helen Roberts (Social Science Research Unit).



CRAWFORD NEILSON, COMPUTER SYSTEMS MANAGER, MARY ROBINS, LIBRARIAN

>> Professional Activities by Unit Members 2007

Editorships and Editorial Boards

BMC Public Health
 Ethnicity & Health
 European Journal of Public Health
 Evidence & Policy
 Global Public Health
 Health & Place
 Health Education
 Journal of Youth Studies
 Medical Decision Making
 Pharmacoeconomics
 Sociology of Health & Illness
 The Open Urban Studies Journal

National and International Scientific Committees (including Steering Groups, Expert Panels, and Policy and Funding Committees)

Caledonia Youth Board of Trustees
 Cancer Research UK (CRUK),
 Population and Behavioural Sciences Funding Committee
 Centre for Research on Families and Relationships
 (Associate Director)
 Chief Scientist Office, Scottish Government Health
 Directorates, Public Health Research Portfolio Steering Group
 Children 1st and Glasgow Centre for Child & Society,
 Young Fathers Research Advisory Group
 Cochrane/Campbell Equity Group
 Cochrane Health Promotion/Public Health Field
 Advisory Board
 Communities Scotland, Scotland's Housing & Regeneration
 Project (SHARP), Advisory Committee
 Department of Health Public Health Research Consortium,
 Management Committee
 Environment Research Funders Forum Horizon
 Scanning Project, Expert Panel
 EPPI-Centre (University of London), Advisory Committee

ESRC, Interdisciplinary Early Career Fellowships Competition
 ESRC, Middle-class, Adolescence and Diet Advisory Group
 ESRC, Realcom (Developing multilevel models for realistically
 complex social science data), Advisory Committee
 European Public Health Association Governing Council
 European Public Health Association Section
 on Public Health Epidemiology
 EUROTHINE (European Network on Tackling
 Inequalities in Health)
 Faculty of 1000 Medicine: Social and Behavioural
 Determinants of Health Section, Expert Panel
 Faculty of Public Health, Littlejohn Gairdner
 Prize Adjudication Panel
 Glasgow Centre for Population Health,
 John Muir Award Evaluation Advisory Group
 Glasgow Centre for Population Health,
 Observatory Function Group
 Glasgow Centre for Population Health, Psychological,
 social, and biological determinants of ill health (pSobid I),
 Advisory Committee
 Health Protection Scotland, Communicating Risk Group
 Health Protection Scotland, HPV Prevalence
 Study Advisory Panel
 ISD Scotland, Scottish Schools Adolescent Lifestyle
 and Substance Use Survey (SALSUS) Advisory Group
 London School of Hygiene & Tropical Medicine,
 School Ethos Project, Advisory Committee
 MRC College of Experts
 MRC Equalities Project Steering Group
 (science and funding sub-committee)
 MRC Health Services and Public Health Research Board
 MRC Population Health Sciences Research Network (Chair)
 MRC Training Review Group
 NERC, Environment and Human Health Programme
 Grant Assessment Panel
 NHS Greater Glasgow and Clyde, Glasgow Gay Men's
 Sexual Health Strategic Framework Group

NHS Health Scotland, Health Promoting Schools Evidence Base Advisory Committee

NHS Health Scotland, Reference Group for commentary on NICE obesity guidelines

NHS Health Scotland, Reference Group for commentary on NICE public health intervention guidance on one-to-one interventions to reduce STIs, including HIV, and to reduce the rate of under 18 conceptions

NHS Health Scotland, Review Group of the MMR Discussion Pack, Advisory Group

NHS Health Scotland, Scottish Health Impact Assessment Network Committee on Transport

NHS Health Scotland, Sex and Relationships Education in Scotland, Advisory Committee

NHS Health Scotland, Suicide Information Research and Evidence Network Steering Group

NICE, Physical activity and the environment programme development group.

Nuffield Council on Bioethics, Working Party on ethics of public health

Office of National Statistics, Improving quality of data in ONS Longitudinal Study, Advisory Group

Royal Statistical Society Local (Glasgow) Organising Group

Scottish ABCD (Antenatal Birth Cohort Development) Study of Social Functioning Reference Group

Scottish Government Health Directorates, Expert Reference Group for Measuring Health Inequalities in Scotland

Scottish Government Health Directorates, National Sexual Health Advisory Committee

Scottish Government Health Directorates, National Sexual Health Advisory Committee HIV MSM Project Subgroup

Scottish Government Health Directorates, National Sexual Health Advisory Committee Action 13 Survey Subgroup

Scottish Government Health Directorates, Scottish Physical Activity Research Collaboration (SPARColl), Advisory Group

Scottish Government Health Directorates, Short Term Technical Advisory Group on Measuring Health Inequalities

Scottish Intercollegiate Guidelines Network (SIGN) Guideline 42: Management of genital Chlamydia trachomatis infection Update Development Group

Scottish Longitudinal Study Management Committee

Scottish Longitudinal Study Research Board

Scottish Public Health Observatory Steering Group

Society for Social Medicine Committee

UKCRC, Scientific Advisory Panel, UKCRC call for Centres of Excellence in Public Health (Chair)

University of Durham, Advisory Council, Institute of Advanced Study

University of Glasgow, Access of South Asian families to child and adolescent psychiatry services, Advisory Group

University of Glasgow Faculty of Law, Business and Social Sciences, Ethics Committee

Wellcome Trust Populations and Public Health Strategy Committee

WHO, Environmental Burden of Disease Attributable to Housing, Expert Panel

WHO, Housing and Health International Expert Group

WHO, Scottish Health Behaviour in School-aged Children Study, Advisory Committee

Organisation of conferences

European Public Health Association, Organising Committee for Section on Migrant Health

European Public Health Association, Scientific Committee for Migrant Health in Europe

HIV Scotland, Changing the Focus: A National Conference for Scotland on Gay and Bisexual Men

Transforming Transitions: International Transition Research Conference, University of Strathclyde

Society for Social Medicine Annual Scientific Meeting

>> Unit Publications 2007

Book chapters

- 1 Harding S. The epidemiology of cancers in ethnic communities in the UK. In: Ly A, Khayat D, eds. *About Cancer in Africa: From Epidemiology to Biomedical Research Applications and Perspectives*. Paris: National Cancer Institute (INCa)/Springer, 2007:523-36.
- 2 Macintyre S, Ellaway A, Cummins S. Place effects on health. In: Brown P, ed. *Perspectives in Medical Sociology*. 4th ed. Long Grove, Illinois: Waveland Press, 2007:125-37.
- 3 Wight D, Stephenson J. School-based sex education: evaluating teacher-delivered (SHARE) and peer-delivered (RIPPLE) programmes. In: Baker P, Guthrie K, Hutchinson C, Kane R, Wellings K, eds. *Teenage Pregnancy and Reproductive Health*. London: RCOG Press, 2007:263-74.

Journal articles

- 4 Ahmad WIU, Bradby H. Locating ethnicity and health: exploring concepts and contexts. *Sociology of Health & Illness* 2007; **29**:795-810.
- 5 Allen CF, Lees SS, Desmond NA, Der G, Chiduo B, Hambleton I, Knight L, Vallely A, Ross DA, Hayes RJ. Validity of coital diaries in a feasibility study for the Microbicides Development Programme trial among women at high risk of HIV/AIDS in Mwanza, Tanzania. *Sexually Transmitted Infections* 2007; **83**:490-6.
- 6 Arai L, Britten N, Popay J, Roberts H, Petticrew M, Rodgers M, Sowden A. Testing methodological developments in the conduct of narrative: a demonstration review of research on the implementation of smoke alarm interventions. *Evidence & Policy* 2007; **3**:361-83.
- 7 Asseberg C, Bravo Y, Palmer S, Fenwick E, de Belder M, Abrams K, Sculpher M. Assessing the effectiveness of primary angioplasty compared to thrombolysis and its relationship to time delay: a Bayesian evidence synthesis. *Heart* 2007; **93**:1244-50.
- 8 Bamba C, Egan M, Thomas S, Petticrew M, Whitehead M. The psychosocial and health effects of workplace reorganisation. 2. A systematic review of task restructuring interventions. *Journal of Epidemiology & Community Health* 2007; **61**:1028-37.
- 9 Batty GD, Modig Wennerstad K, Davey Smith G, Gunnell D, Deary IJ, Tynelius P, Rasmussen F. IQ in early adulthood and later cancer risk: cohort study of one million Swedish men. *Annals of Oncology* 2007; **18**:21-8.
- 10 Batty GD. Commentary: Examining life-course influences on chronic disease: the Ribeirão Preto and São Luis birth cohorts. *Brazilian Journal of Medical and Biological Research* 2007; **40**:1159-62.
- 11 Batty GD, Alves JG, Correia J, Lawlor DA. Examining life-course influences on chronic disease: the importance of birth cohort studies from low- and middle-income countries. An overview. *Brazilian Journal of Medical and Biological Research* 2007; **40**:1277-86.
- 12 Batty GD, Davey Smith G, Fall CHD, Aihie Sayer A, Dennison E, Cooper C, Gale C. Association of diarrhoea in childhood with blood pressure and coronary heart disease in older age: analyses of two UK cohort studies. *International Journal of Epidemiology* 2007; **36**:1349-55.
- 13 Batty GD, Deary IJ, Gottfredson L. Premorbid (early life) IQ and later mortality risk: systematic review. *Annals of Epidemiology* 2007; **17**:278-88.
- 14 Batty GD, Deary IJ, Macintyre S. Childhood IQ in relation to risk factors for premature mortality in middle-aged persons: the Aberdeen Children of the 1950s study. *Journal of Epidemiology & Community Health* 2007; **61**:241-7.
- 15 Batty GD, Deary IJ, Schoon I, Gale C. Childhood mental ability in relation to food intake and physical activity in adulthood, the 1970 British cohort study. *Pediatrics* 2007; **119**:38-45.
- 16 Batty GD, Deary IJ, Schoon I, Gale C. Childhood mental ability in relation to cause-specific accidents in adulthood – the 1970 British Cohort Study. *Quarterly Journal of Medicine* 2007; **100**:405-14.
- 17 Batty GD, Deary IJ, Schoon I, Gale CR. Mental ability across childhood in relation to risk factors for premature mortality in adult life: the 1970 British Cohort Study. *Journal of Epidemiology & Community Health* 2007; **61**:997-1003.
- 18 Batty GD, Kivimaki M, Smith GD, Marmot MG, Shipley MJ. Obesity and overweight in relation to mortality in men with and without type 2 diabetes/impaired glucose tolerance: The original Whitehall study. *Diabetes Care* 2007; **30**:2388-91.
- 19 Booker CB, Unger JB, Azen SP, Baezconde-Garbanati L, Lickel B, Johnson CA. Stressful life events and smoking behaviors in Chinese adolescents: A longitudinal analysis. *Nicotine & Tobacco Research* 2007; **9**:1085-94.
- 20 Bradby H. Watch out for the Aunties! Young British Asian's accounts of identity and substance use. *Sociology of Health & Illness* 2007; **29**:656-72.
- 21 Bradby H, Varyani M, Oglethorpe R, Raine W, White I, Helen M. British Asian families and the use of child and adolescent mental health services: A qualitative study of a hard to reach group. *Social Science & Medicine* 2007; **65**:2413-24.
- 22 Bravo Vergel Y, Palmer S, Asseburg C, Fenwick E, de Belder M, Abrams K, Sculpher M. Is primary angioplasty cost effective in the UK? Results of a comprehensive decision analysis. *Heart* 2007; **93**:1238-43.
- 23 Brown D, Kauermann G, Ford I. A partial likelihood approach to smooth estimation of dynamic covariate effects using penalised splines. *Biometrical Journal* 2007; **49**:441-52.
- 24 Buston K, Williamson L, Hart G. Young women under 16 with experience of sexual intercourse: who becomes pregnant? *Journal of Epidemiology & Community Health* 2007; **61**:221-5.
- 25 Carroll D, Phillips AC, Hunt K, Der G. Symptoms of depression and cardiovascular reactions to acute psychological stress: evidence from a population study. *Biological Psychology* 2007; **75**:68-74.
- 26 Collins R, Fenwick E, Trowman R, Perard R, Norman G, Light K, Birtle A, Palmer A, Riemsma R. A systematic review and economic model of the clinical effectiveness and cost-effectiveness of docetaxel in combination with prednisone or prednisolone for the treatment of hormone-refractory metastatic prostate cancer. *Health Technology Assessment* 2007; **11**: iii-iv, xv-xviii, 1-179.
- 27 Cummins S, Curtis S, Diez-Roux AV, Macintyre S. Understanding and representing 'place' in health research: A relational approach. *Social Science & Medicine* 2007; **65**:1825-38.
- 28 Cummins S, Findlay A, Higgins C, Petticrew M, Sparks L, Thomson H. Reducing inequalities in health and diet: findings from a study on the impact of a food retail development [Epub ahead of print]. *Environment and Planning A* 2007.

- 29** Deary IJ, Batty GD. Cognitive epidemiology: a glossary of terms. *Journal of Epidemiology & Community Health* 2007; **61**:378-84.
- 30** Deary IJ, Irwing P, Der G, Bates TC. Brother-sister differences in the g factor in intelligence: analysis of full, opposite-sex siblings from the NLSY 1979. *Intelligence* 2007; **35**:451-6.
- 31** Der G. IQ and the health of nations: Some critical comments on Kanazawa (2006). *British Journal of Health Psychology* 2007; **12**:315-21.
- 32** Dunn JR, Cummins S. Placing health in context. *Social Science & Medicine* 2007; **65**:1821-4.
- 33** Ebrahimi-Mameghani M, Scott JA, Der G, Lean MEJ, Burns CM. Changes in weight and waist circumference over 9 years in a Scottish population [Epub ahead of print]. *European Journal of Clinical Nutrition* 2007.
- 34** Egan M, Bamba C, Thomas S, Petticrew M, Whitehead M, Thomson H. The psychosocial and health effects of workplace reorganisation. I. A systematic review of organisational-level interventions that aim to increase employee control. *Journal of Epidemiology & Community Health* 2007; **61**:945-54.
- 35** Egan M, Petticrew M, Ogilvie D, Hamilton V, Drever F. "Profits before people"? A systematic review of the health and safety impacts of privatising public utilities and industries in developed countries. *Journal of Epidemiology & Community Health* 2007; **61**:862-70.
- 36** Ellaway A, Macintyre S. Is social participation associated with cardiovascular disease risk factors? *Social Science & Medicine* 2007; **64**:1384-91.
- 37** Ellaway A, Macintyre S, Mutrie N, Kirk A. Nowhere to play? The relationship between the location of outdoor play areas and deprivation in Glasgow. *Health & Place* 2007; **13**:557-61.
- 38** Emslie C. Kvinder, mænd og iskæmisk hjertesygdom: review af kvalitative studier - sekundærpublikation. *Tidsskrift for Sygeplejeforskning (Journal of Nursing Research)* 2007; **23**:15-29.
- 39** Emslie C, Ridge D, Ziebland S, Hunt K. Exploring men's and women's experiences of depression and engagement with health professionals: more similarities than differences? A qualitative interview study. *BMC Family Practice* 2007; **8**:43.
- 40** Emslie C, Whyte F, Campbell A, Mutrie N, Lee L, Ritchie D, Kearney N. "I wouldn't have been interested in just sitting round a table talking about cancer"; exploring the experiences of women with breast cancer in a group exercise trial. *Health Education Research: Theory and Practice* 2007; **22**:827-38.
- 41** Fenwick E, Briggs A. Cost-effectiveness acceptability curves in the dock: Case not proven? *Medical Decision Making* 2007; **27**:93-5.
- 42** Fenwick E, Claxton K, Sculpher M. The value of implementation and the value of information: combined and uneven development. *Medical Decision Making* 2007; **27**:93-5.
- 43** Fenwick E, Marshall DA, Blackhouse G, Vidaillet H, Slee A, Shemanski L, Levy AR. Assessing the impact of censoring of costs and effects on health-care decision-making: an example using the atrial fibrillation follow-up investigation of rhythm management (AFFIRM) study [Epub ahead of print]. *Value in Health* 2007.
- 44** Frobisher C, Tilling K, Emmett PM, Maynard M, Ness AR, Davey Smith G, Frankel SJ, Gunnell DJ. Reproducibility measures and their effect on diet-cancer associations in the Boyd Orr cohort. *Journal of Epidemiology & Community Health* 2007; **61**:434-40.
- 45** Gale C, Deary IJ, Schoon I, Batty GD. IQ in childhood and vegetarianism in adulthood: 1970 British cohort study. *British Medical Journal* 2007; **334**:245-8.
- 46** Gebel K, Bauman A, Petticrew M. The physical environment and physical activity: a critical appraisal of review articles. *American Journal of Preventive Medicine* 2007; **32**:361-9.e3.
- 47** Glendinning A, West P. Young people's mental health in context: Comparing life in the city and small communities in Siberia. *Social Science & Medicine* 2007; **65**:1180-91.
- 48** Gray L, Harding S, Reid A. Lower circulatory disease mortality among Australian South Asians [e-Letter]. *European Journal of Public Health* 2007.
- 49** Gray L, Harding S, Reid A. Evidence of divergence with duration of residence in circulatory disease mortality in migrants to Australia. *European Journal of Public Health* 2007; **17**:550-4.
- 50** Harding S, Maynard MJ, Cruickshank K, Teyhan A. Overweight, obesity and high blood pressure in an ethnically diverse sample of adolescents in Britain: the Medical Research Council DASH study [Epub ahead of print]. *International Journal of Obesity*. 2007.
- 51** Harding S, Rosato M, Teyhan A. Trends for coronary heart disease and stroke mortality among migrants in England and Wales, 1979-2003: slow declines notable for some groups [Epub ahead of print]. *Heart* 2007.
- 52** Harding S, Teyhan A, Maynard MJ, Cruickshank JK. Ethnic differences in overweight and obesity in early adolescence in the MRC DASH study: The role of adolescent and parental lifestyle. *International Journal of Epidemiology* [epub] 2007.
- 53** Harding S, Whitrow M, Maynard MJ, Teyhan A. Cohort profile: The DASH (Determinants of Adolescent Social well-being and Health) Study, an ethnically diverse cohort. *International Journal of Epidemiology* 2007; **36**:512-7.
- 54** Henderson M, Wight D, Raab G, Abraham C, Parkes A, Scott S, Hart G. The impact of a theoretically based sex education programme (SHARE) delivered by teachers on NHS registered conceptions and terminations: final results of cluster randomised trial. *British Medical Journal* 2007; **334**:133-5.
- 55** Hilton S, Hunt K, Emslie C, Salinas M, Ziebland S. Have men been overlooked? A comparison of young men and women's experiences of chemotherapy-induced alopecia [Epub ahead of print]. *Psycho-Oncology* 2007.
- 56** Hilton S, Hunt K, Petticrew M. MMR: marginalised, misrepresented and rejected? Autism: a focus group study. *Archives of Diseases in Childhood* 2007; **92**:322-7.
- 57** Hilton S, Hunt K, Petticrew M. Gaps in parental understandings and experiences of vaccine-preventable diseases. A qualitative study. *Child: Care, Health & Development* 2007; **33**:170-9.
- 58** Hilton S, Petticrew M, Hunt K. Parents' champions vs. vested interests: who do parents believe about MMR? A qualitative study. *BMC Public Health* 2007; **7**:42.
- 59** Hilton S, Semple S, Miller BG, Maccalman L, Petticrew M, Dempsey S, Naji A, Ayres JG. Expectations and changing attitudes of bar workers before and after the implementation of smoke-free legislation in Scotland. *BMC Public Health* 2007; **7**:206.
- 60** Hughes AR, McLaughlin R, McKay J, Lafferty K, McKay T, Mutrie N. The B'Active programme for overweight primary school children in Glasgow: determining the prevalence of overweight and obesity and piloting an activity intervention. *British Journal of Nutrition* 2007; **97**:204-9.
- 61** Hunt K, Lewars H, Emslie C, Batty GD. Decreased risk of death from coronary heart disease amongst men with higher 'femininity' scores: a general population cohort study. *International Journal of Epidemiology* 2007; **36**:612-20.
- 62** Jaffar S, Mbidde E, Robb A, Coutinho A, Muwanga M, Obermeyer CM, Weller I, Hart G, Smith P, Haines A, Grosskurth H. Editorial: Scale-up of antiretroviral therapy in sub-Saharan Africa – priorities for public health research. *Tropical Medicine & International Health* 2007; **12**:1009-10.

>> Unit Publications

- 63** Kristjansson EA, Robinson V, Petticrew M, MacDonald B, Krasevec J, Janzen L, Greenhalgh T, Wells G, MacGowan J, Farmer A, Shea BJ, Mayhew A, Tugwell P. School feeding for improving the physical and psychosocial health of disadvantaged elementary school children. *Cochrane Database of Systematic Reviews* 2007; **Issue 1**: Art. No.: CD004676.
- 64** Lawlor D, Morton S, Batty GD, Macintyre S, Clark H, Davey Smith G. Obstetrician-assessed maternal health at pregnancy predicts offspring future health. *PLoS ONE* 2007; **2**:e666.
- 65** Leyland AH, Dundas R, McLoone P, Boddy FA. Cause-specific inequalities in mortality in Scotland: two decades of change. A population-based study. *BMC Public Health* 2007; **7**:172.
- 66** Leyland AH, Næss Ø. Multilevel modelling of the longitudinal influence of neighbourhoods on health [eLetter]. *Journal of Epidemiology and Community Health Online* 2007; 18 January.
- 67** Macdonald L, Cummins S, Macintyre S. Neighbourhood fast food environment and area deprivation- substitution or concentration? *Appetite* 2007; **49**:251-4.
- 68** Macintyre S. Deprivation amplification revisited; or, is it always true that poorer places have poorer access to resources for healthy diets and physical activity? *International Journal of Behavioral Nutrition and Physical Activity* 2007; **4**:32.
- 69** Manda SOM, Leyland AH. An empirical comparison of maximum likelihood and Bayesian estimation methods for multivariate disease mapping. *South African Statistical Journal* 2007; **41**:1-21.
- 70** Maynard M, Harding S, Minnis H. Psychological well-being in Black Caribbean, Black African, and White adolescents in the UK Medical Research Council DASH study. *Social Psychiatry and Psychiatric Epidemiology* 2007; **42**:759-69.
- 71** Melhuish E, Belsky J, Anning A, Ball M, Barnes J, Romaniuk H, Leyland AH, NESS Research Team. Variation in community intervention programmes and consequences for children and families: the example of Sure Start Local Programmes. *Journal of Child Psychology and Psychiatry* 2007; **48**:543-51.
- 72** Mutrie N, Campbell A, Whyte F, McConnachie A, Emslie C, Lee L, Kearney N, Walker A, Ritchie D. Benefits of supervised group exercise programme for women being treated for early stage breast cancer: pragmatic randomised controlled trial. *British Medical Journal* 2007; **334**:517-20.
- 73** Mutrie N, Hannah MK. The importance of both setting and intensity of physical activity in relation to non-clinical anxiety and depression. *International Journal of Health Promotion & Education* 2007; **45**:24-32.
- 74** Næss Ø, Piro FN, Nafstad P, Davey Smith G, Leyland AH. Air pollution, social deprivation and mortality. A multilevel cohort study of 468 small neighborhoods in Oslo, Norway. *Epidemiology* 2007; **18**:686-94.
- 75** O'Brien R, Hart G, Hunt K. "Standing out from the herd": Men renegotiating masculinity in relation to their experience of illness. *International Journal of Men's Health* 2007; **6**:178-200.
- 76** Ogilvie D, Foster CE, Rothnie H, Cavill N, Hamilton V, Fitzsimons CF, Mutrie N, on behalf of the Scottish Physical Activity Research Collaboration. Interventions to promote walking: systematic review. *British Medical Journal* 2007; **334**:1204-7.
- 77** Parkes A, Wight D, Henderson M, Hart G. Explaining associations between adolescent substance use and condom use. *Journal of Adolescent Health* 2007; **40**:180e1-18.
- 78** Petticrew M. 'More research needed' plugging gaps in the evidence base on health inequalities. *European Journal of Public Health* 2007; **17**:411-3.
- 79** Petticrew M, Cummins S, Sparks L, Findlay A. Validating health impact assessment: Prediction is difficult (especially about the future). *Environmental Impact Assessment Review* 2007; **27**:101-7.
- 80** Petticrew M, Semple S, Hilton S, Creely K, Eadie D, Ritchie D, Ferrell C, Christopher Y, Hurley F. Covert observation in practice: Lessons from the evaluation of the prohibition of smoking in public places in Scotland. *BMC Public Health* 2007; **7**:204.
- 81** Phillips AC, Der G, Carroll D. Stressful life events exposure is associated with 17-year mortality, but it is health-related events that prove predictive [Epub ahead of print]. *British Journal of Health Psychology* 2007.
- 82** Plummer M, Wight D, Obasi A, Wamoyi J, Mshana G, Todd J, Mazige B, Makokha M, Hayes R, Ross D. A process evaluation of a school-based adolescent sexual health intervention in rural Tanzania: The MEMA kwa Vijana programme. *Health Education Research: Theory and Practice* 2007; **22**:500-12.
- 83** Plummer M, Wight D, Wamoyi J, Nyalali K, Ingall K, Mshana G, Shigongo Z, Obasi A. Are schools a good setting for adolescent sexual health promotion in rural Africa? A qualitative assessment from Tanzania. *Health Education Research: Theory and Practice* 2007; **22**:483-99.
- 84** Prost A, Chopin C, McOwan A, Elam G, Dodds J, Macdonald N, Imrie J. "There is such a thing as asking for trouble": Taking rapid HIV testing to gay venues is fraught with challenges. *Sexually Transmitted Infections* 2007; **83**:185-8.
- 85** Prost A, Elford J, Imrie J, Petticrew M, Hart G. Social, behavioural, and intervention research among people of Sub-Saharan African origin living with HIV in the UK and Europe: literature review and recommendations for intervention [Epub ahead of print] *AIDS and Behavior* 2007.
- 86** Prost A, Sseruma WS, Fakoya I, Arthur G, Taegtmeier M, Njeri A, Fakoya A, Imrie J. HIV voluntary counselling and testing for African communities in London: learning from experiences in Kenya. *Sexually Transmitted Infections* 2007; **83**:547-51.
- 87** Semple S, Maccalman L, Naji AA, Dempsey S, Hilton S, Miller B, Ayres JG. Bar workers' exposure to second-hand smoke: The effect of Scottish smoke-free legislation on occupational exposure. *Annals of Occupational Hygiene* 2007; **51**:571-80.
- 88** Shipley BA, Der G, Taylor MD, Deary IJ. Association between mortality and cognitive change over 7 years in a large representative sample of UK residents. *Psychosomatic Medicine* 2007; **69**:640-50.
- 89** Shipley BA, Weiss A, Der G, Taylor MD, Deary IJ. Neuroticism, extraversion, and mortality in the UK health and lifestyle survey: A 21-year prospective cohort study. *Psychosomatic Medicine* 2007; **69**:923-31.
- 90** Stafford M, Cummins S, Ellaway A, Sacker A, Wiggins RD, Macintyre S. Pathways to obesity: Identifying local, modifiable determinants of physical activity and diet. *Social Science & Medicine* 2007; **65**:1882-97.
- 91** Stirling A, McCartney G, Ahmed S, Cowden J. An outbreak of *Escherichia coli* O157 phage type 2 infection in Paisley, Scotland. *Euro Surveillance* 2007; **12**:E070823.1.

- 92** Sweeting H. Measurement and definitions of obesity in childhood and adolescence: a field guide for the uninitiated. *Nutrition Journal* 2007; **6**:32.
- 93** Sweeting H, West P, Der G. Explanations for female excess morbidity in adolescence: evidence from a school-based cohort in the West of Scotland *BMC Public Health* 2007; **7**:298.
- 94** Thomas C, Benzeval M, Stansfeld S. Psychological distress following employment transitions: the role of subjective financial position as a mediator. *Journal of Epidemiology & Community Health* 2007; **61**:48-52.
- 95** Thomson H, Morrison D, Petticrew M. The health impacts of housing-led regeneration: A prospective controlled study. *Journal of Epidemiology & Community Health* 2007; **61**:211-4.
- 96** Thomson H, Morrison D, Petticrew M. Better homes, better neighbourhoods (gallery). *Journal of Epidemiology & Community Health* 2007; **61**:214.
- 97** Thomson H, Petticrew M. Housing and Health: Heating improvements may hold promise for developing healthy housing policy. *British Medical Journal* 2007; **334**:434-5.
- 98** Tomasi C, Leyland AH, Wennstrom JL. Factors influencing the outcome of non-surgical periodontal treatment: a multilevel approach. *Journal of Clinical Periodontology* 2007; **34**:682-90.
- 99** Valley A, Shagi C, Kasindi S, Desmond N, Lees S, Chiduo B, Hayes R, Allen C, Ross D. Microbicides Development Programme. The benefits of participatory methodologies to develop effective community dialogue in the context of a microbicide trial feasibility study in Mwanza, Tanzania. *BMC Public Health* 2007; **7**:133.
- 100** Wallace LA, Scoular A, Hart G, Reid M, Wilson P, Goldberg DJ. What is the excess risk of infertility in women following genital chlamydia infection? A systematic review of the evidence [Epub ahead of print]. *Sexually Transmitted Infection* 2007.
- 101** West P, Sweeting H, Young R. Smoking in Scottish youths: personal income, parental social class and the cost of smoking. *Tobacco Control* 2007; **16**:329-35.
- 102** Wight D. "Most of our social scientists are not institution based... they are there for hire." Research consultancies and social science capacity for health research in East Africa [Epub ahead of print]. *Social Science & Medicine* 2007.
- 103** Williamson L, Hart G. HIV prevalence and undiagnosed infection among a community sample of gay men in Scotland, UK. *Journal of Acquired Immune Deficiency Syndrome* 2007; **45**:224-30.
- 104** Williamson LM, Scott G, Carrick-Anderson K, Kernaghan K, Hart GJ. Chlamydia trachomatis testing among 13-25 year-olds in non-genitourinary medicine settings. *Journal of Family Planning and Reproductive Health Care* 2007; **33**:177-82.
- 105** Wright CM, Parkinson KN, Shipton D, Drewett RF. How do toddler eating problems relate to their eating behavior, food preferences, and growth? *Pediatrics* 2007; **120**:e1069-75.
- 106** Young R, Sweeting H, West P. A longitudinal study of alcohol use and antisocial behaviour in young people [Epub ahead of print]. *Alcohol and Alcoholism* 2007.
- 107** Young R, Van Beinum M, Sweeting H, West P. Young people who self-harm. *British Journal of Psychiatry* 2007; **191**:44-9.

Reports and non-reviewed articles

- 108** Armstrong R, Waters E, Jackson N, Oliver S, Popay J, Shepherd J, Petticrew M, Anderson L, Baillie R, Brunton G, Hawe P, Kristjansson EA, Naccarella L, Norrie S, Pienaar E, Roberts H, Rogers W, Sowden A, Thomas H. *Guidelines for systematic reviews of health promotion and public health interventions. Version 2*. Melbourne: University of Melbourne, 2007.
- 109** Clay S. *Methodology for ArcGIS use in the Twenty- 07 project*. Glasgow: MRC Social and Public Health Sciences Unit Working Paper no. 16, 2007.
- 110** Douglas M, Thomson H, Jepson R, Hurley F, Higgins M, Muirie J. *Health Impact Assessment of Transport Initiatives: a guide*. Edinburgh: NHS Health Scotland, 2007.
- 111** Egan M, Tannahill C, Petticrew M. *GoWell Working Paper 8 – Evidence of psychosocial risk factors in community settings: a scoping review of reviews*. Glasgow: Glasgow Centre for Population Health, 2007.
- 112** Gray L. *Comparisons of health-related behaviours and health measures between Glasgow and the rest of Scotland*. Glasgow: Glasgow Centre for Population Health, 2007.
- 113** Hills D, Elliott E, Kowarzik U, Sullivan F, Stern E, Platt S, Boydell L, Popay J, Williams G, Petticrew M, McGregor E, Russell S, Wilkinson E, Rugkasa J, Gibson M, McDaid D. *The evaluation of the Big Lottery Fund Healthy Living Centres programme final report*. London: Big Lottery Fund, 2007.
- 114** Leyland AH, Dundas R, McLoone P, Boddy FA. *Inequalities in mortality in Scotland 1981-2001*. Glasgow: MRC Social and Public Health Sciences Unit, Occasional Paper 16, 2007.
- 115** Macintyre S. *Inequalities in health in Scotland: what are they and what can we do about them?* Glasgow: MRC Social and Public Health Sciences Unit, Occasional Paper 17, 2007.
- 116** Platt S, Mitchell R, Petticrew M, Walker J, Hopton J, Martin C, Corbett J, Hope S. *The Scottish Executive Central Heating Programme: Assessing Impacts on Health*. Edinburgh, 2007.
- 117** Platt S, Mitchell R, Petticrew M, Walker J, Hopton J, Martin C, Corbett J, Hope S. *The Scottish Executive central heating programme: assessing impacts on health. Summary of findings. Scottish Executive Social Research Development Department Research Findings no 239*, 2007.
- 118** Thomson H. Does poor housing raise diabetes risk? (commentary). *Environmental Health Perspectives*, 2007:A543.
- 119** Thomson H. Regeneration and health: what's the impact? Scotregen (*Quarterly Newsletter of Scottish Urban Regeneration Forum*), 2007:7-10.

Theses

- 120** Aston E. Drug use and offending: the relationship over the teenage years [PhD]. *School of Law, College of Humanities and Social Sciences*. Edinburgh: University of Edinburgh, 2007.
- 121** Gibson M. Social exclusion and ICT: Barriers and Incentives to ICT Use [PhD]. *Department of Urban Studies*. Glasgow: University of Glasgow, 2007.
- 122** Hunt K. Understanding gender and health: systematically comparing the health and health experiences of men and women [PhD]. *MRC Social and Public Health Sciences Unit*. Glasgow: University of Glasgow, 2007.
- 123** Langan M. A contemporary history of the origins and development of UK Biobank, 1998-2005 [PhD]. *MRC Social and Public Health Sciences Unit*. Glasgow: University of Glasgow, 2007.
- 124** Ogilvie D. Shifting towards healthier transport? From systematic review to primary research [PhD]. *MRC Social and Public Health Sciences Unit*. Glasgow: University of Glasgow, 2007.
- 125** Williamson L. Contraceptive careers: young women's choices, influences and risks [PhD]. *MRC Social and Public Health Sciences Unit*. Glasgow: University of Glasgow, 2007.

>> Presentations 2007

- 1** Allen C, Desmond N, Chiduo B, Medard L, Lees S, Vallely A, Hayes R, Ross D. Cleanliness, sexuality and microbicides: Vaginal hygiene and vaginal substance use in the feasibility study for the Microbicides Development Programme Microbicides Trial in Mwanza, Tanzania. *International Society for Sexually Transmitted Diseases*; Seattle: 2007.
- 2** Bloor M, Jackson G, Hay G, McKeganey N, Gannon M, Leyland A. Drug-related deaths and other deaths in a cohort of Scottish drug users: a contribution to understanding 'the Scottish effect'. *British Sociological Association Medical Sociology Group Annual Conference*; Liverpool: 2007.
- 3** Brown D, Leyland A, Macintyre S. Childhood residential stability and health in adolescence: findings from the West of Scotland Twenty-07 Study. *SSM/IEA Joint Meeting*; Cork: 2007.
- 4** Davies CA, Leyland AH. Increasing social and geographical inequalities of AMI incidence in Scotland, 1990-92 to 2000-02. *SSM/IEA Joint Meeting*; Cork: 2007.
- 5** Davies CD, Leyland AH. Trends in short-term acute myocardial infarction case fatality rates in Scotland, 1988-2004. *European Public Health Association 15th Annual Meeting: The Future of Public Health in the Unified Europe*; Helsinki: 2007.
- 6** Deary I, Gale C, Pattie A, Batty G. Childhood intelligence and personality, and death in the Scottish nation. *International Society for Intelligence Research (ISIR) Conference*; Amsterdam: 2007.
- 7** Desmond N. A game of chance: the role of the social in the control of agricultural risk amongst the Sukuma of North Western Tanzania. *American Anthropological Association Annual Meeting*; Washington: 2007.
- 8** Desmond N. Power of the social: Perceptions of risk in north-western Tanzania. *Seminar presented at National Institute for Medical Research*; Mwanza: 2007.
- 9** Desmond N. Power of the social: Perceptions of risk in north-western Tanzania. *Seminar presented at the Wellcome Trust Centre, Blantyre*; Malawi, Africa: 2007.
- 10** Dundas R, Leyland AH. Cause specific contributions to relative and absolute inequalities in mortality 1981-2004 [Invited presentation]. *Health Scotland Public Health Science Directorate Meeting Glasgow*: 2007.
- 11** Dundas R, Leyland AH. Inequalities in mortality in Scotland. *Meeting of the Chief Medical Officer and the Scottish Association of Medical Directors*; Edinburgh: 2007.
- 12** Egan M. Health, urban transformation and the Gowell study: Evaluating complex social change in the context of Glasgow's urban regeneration programme. *SSM/IEA Joint Meeting*; Cork: 2007.
- 13** Egan M. A summary of GoWell findings for Gorbals Riverside. *New Gorbals Local Housing Organisation*; Glasgow: 2007.
- 14** Egan M. A summary of GoWell findings for Scotstoun. *Clydeside Tenant Partnership, Glasgow*; Glasgow: 2007.
- 15** Egan M. A summary of GoWell findings for Shawbridge. *New Shaws Local Housing Organisation*; Glasgow: 2007.
- 16** Egan M, Christley Y. A summary of GoWell findings for Drumchapel. *Drumchapel and West Area Committee, City Chambers*; Glasgow: 2007.
- 17** Egan M, Kearns A. A summary of GoWell findings for Camtyne and Riddrie. *East Glasgow Community Health and Care Partnership, Templeton business centre*; Glasgow: 2007.
- 18** Ellaway A. The distribution of sports and exercise facilities in Glasgow and associations with physical activity and body shape and size. *International Society for Behavioural Nutrition and Physical Activity, 6th Annual Conference*; Oslo: 2007.
- 19** Ellaway A. Green space and health in Glasgow. *NHS Greater Glasgow & Clyde*: 2007.
- 20** Ellaway A. People, places and health. *Lothian Health Inequalities Seminar*; Edinburgh: 2007.
- 21** Ellaway A. The spatial distribution of amenities and facilities in relation to degree of deprivation across the City of Glasgow. *European Urban Research Association 10th Anniversary Conference: 'The Vital City' University of Glasgow*; Glasgow: 2007.
- 22** Ellaway A. What does a healthy place look like? *Planning for Health Seminar, City Chambers*; Glasgow: 2007.
- 23** Emslie C, Hunt K. Cardiac 'cripples' or 'survivors'? A systematic review of the qualitative literature on men's experiences of heart disease. *Departmental Seminar, School of Sociology and Anthropology University of Canterbury*; Christchurch: 2007.
- 24** Emslie C, Ridge D, Ziebland S, Hunt K. Exploring men's and women's experiences of depression and engagement with health professionals: more similarities than differences? A qualitative interview study. *Departmental Seminar, Department of Public Health and General Practice University of Otago*; Christchurch: 2007.
- 25** Fayter D, Main C, Misso K, Ogilvie D, Petticrew M, Sowden A, Stirk L, Thomas S, Whitehead M, Worthy G. The effects of population tobacco-control interventions on inequalities in smoking. *Seventh Annual International Campbell Collaboration Colloquium – Quality, credibility and utility: The relevance of systematic reviews*; London: 2007.
- 26** Fenwick E. Economic evaluation: Can it GoWell with public policy? *Vital City Conference*; Glasgow: 2007.
- 27** Fenwick E. Is economic evaluation capable of addressing social and public health interventions? *Glasgow Centre for Population Health*; Glasgow: 2007.
- 28** Francis S, Allen C, Vallely A, Kasindi S, Desmond N, Chiduo B, Lees S, Ross D, Hayes R. Microbicides Development Programme intra-vaginal practices in a microbicide feasibility study in Mwanza Tanzania, baseline associations with bacterial vaginosis, sexually transmitted infections and HIV. *International Society for Sexually Transmitted Diseases*; Seattle: 2007.
- 29** Gray L. Comparisons of health-related behaviours and health outcomes in Glasgow with other regional areas in Europe. *Public Health Information Network Seminar, Glasgow Royal Concert Hall*: 2007.
- 30** Gray L, Merlo J, Ohlsson H, Regidor E, O'Reilly D, Tafforeau J, Helakorpi S, Kelleher C, Hallqvist J, Naess Ø, Lange C, Leyland A. Glasgow's health in an urban European context: comparisons across six countries accounting for socio-economic circumstances. *European Public Health Association 15th Annual Meeting: The Future of Public Health in the Unified Europe*; Helsinki: 2007.

- 31** Gray L, Merlo J, Ohlsson H, Regidor E, O'Reilly D, Tafforeau J, Roberts C, Helakorpi S, Kelleher C, Hallqvist J, Naess Ø, Lange C, Leyland A. Comparisons of health determinants in regional areas in Europe. *SSM/IEA Joint Meeting*; Cork: 2007.
- 32** Gurney S, Emslie C, Macintyre S. "Just get through it and go, forget about it" Gender & work-life balance amongst male and female employees in 'non-professional' occupations: a qualitative study. *Centre for Research on Families and Relationships 'New Researchers' Conference*; Edinburgh: 2007.
- 33** Harding S, Rosato M, Teyhan A. Trends in coronary heart disease and stroke mortality among migrants in England and Wales, 1979-2003: lack of parity in declines [Poster]. *SSM/IEA Joint Meeting*; Cork: 2007.
- 34** Harding S, Teyhan A, Maynard M, Cruickshank K. Ethnic differences in obesity promoting behaviours in early adolescence in the DASH UK study. *Caribbean Health Research Council Scientific Meeting*; Jamaica: 2007.
- 35** Henderson M. The Impact of quality of relationships on contraceptive use and unplanned teenage pregnancies. *Clinical Meetings in Human Sexuality*; Sheffield: 2007.
- 36** Henderson M, West P. 'School effects' on adolescents' health behaviours: overlap in findings across five independent Scottish studies. *Health Promoting School Research Group*; Health Scotland, Edinburgh: 2007.
- 37** Henderson M, Wight D, Parkes A, Nixon C. School survey *Healthy Respect phase Two: Interim evaluation results*; Edinburgh: 2007.
- 38** Hilton S. Aligning advice with the evidence: Trends in commentaries and editorials about MMR vaccination 1988-2007. *Vaccine Congress*; Amsterdam: 2007.
- 39** Hilton S, Hunt K, Petticrew M. Parents' champions vs. vested interests: who do parents believe about MMR? *Bangor Science Café*; Wales: 2007.
- 40** Hughes C. Socio-economic variations in the provision and quality of outdoor play areas in Glasgow. *International Society for Behavioural Nutrition and Physical Activity, 6th Annual Conference*; Oslo: 2007.
- 41** Hunt K. The Gender and Health programme at Medical Research Council Social and Public Health Science Unit [Invited presentation]. *Alliance for Self-Care Research workshop*; Glasgow: 2007.
- 42** Hunt K. Media and peer groups: the influence on health risk behaviours and symptom reporting. *Centre for Health Equity Studies*; Stockholm: 2007.
- 43** Hunt K, Hilton S, Emslie C, Salinas M, Ziebland S. Gender and chemo-therapy-induced hair loss. *British Sociological Association Medical Sociology Group Annual Conference* Liverpool: 2007.
- 44** Lees SS, Desmond N, Allen CF, Bugeke G, Valley A, Hayes R, Ross DA. Women's agency in sexual negotiation and HIV prevention in Mwanza, Tanzania [poster]. *Considerations for the Acceptability of Vaginal Microbicides (Microbicides Development Programme)* International AIDS Society; Sydney: 2007.
- 45** Leyland AH. Advanced applications in multilevel models [Invited presentation]. *Workshop on Multilevel Modelling, Annual Scientific Meeting of the Australasian Epidemiological Association*; Hobart 2007.
- 46** Leyland AH. Fitting multilevel models [Invited presentation]. *Workshop on Multilevel Modelling, Annual Scientific Meeting of the Australasian Epidemiological Association*; Hobart: 2007.
- 47** Leyland AH. Inequalities in mortality in Scotland [Invited presentation]. *Meeting between the Chief Medical Officer and the Directors of Public Health*; Edinburgh, UK: 2007.
- 48** Leyland AH. Insights from recent research: Inequalities in mortality in Scotland [1981-2001]. *Understanding inequalities in health in Scotland* Clydebank: 2007.
- 49** Leyland AH. Introduction to multilevel models [Invited presentation]. *Workshop on Multilevel Modelling, Annual Scientific Meeting of the Australasian Epidemiological Association* Hobart: 2007.
- 50** Leyland AH. Investigating inequalities in mortality in Scotland [Invited seminar]. *STAKES* Helsinki: 2007.
- 51** Leyland AH. Investigating sparse clusters [clustering within households]. *Invited presentation to Workshop on Multilevel Modelling, Annual Scientific Meeting of the Australasian Epidemiological Association* 2007.
- 52** Leyland AH. Making an impact: the importance of routine data sources for population health research. [Plenary presentation] *The 16th Annual Scientific Meeting of the Australasian Epidemiological Association in conjunction with the Regional Scientific Meeting of the International Epidemiological Association – Western Pacific region*; Hobart, Tasmania: 2007.
- 53** Leyland AH. Methodological issues around measuring inequalities in mortality. [Invited presentation]. *New South Wales Health Department* Sydney Australia: 2007.
- 54** Leyland AH. The potential of record linkage for public health research [Invited presentation]. *Sax Institute* Sydney, Australia: 2007.
- 55** Leyland AH, Dundas R. Understanding where the inequalities are. Invited presentation to an expert seminar. *Understanding Inequalities in Health in Scotland* Glasgow: 2007.
- 56** Leyland AH, Dundas R, McLoone P, Boddy FA. Inequalities in mortality in Scotland 1981-2001 [Invited seminar] *Public Health Information Network for Scotland*; Glasgow: 2007.
- 57** Leyland AH, Groenewegen PP. Health in context: multilevel modelling and public health policy. *New South Wales Health Department Sydney, Australia*: 2007.
- 58** Lorimer K, Lorgelly P, Fenwick E, Briggs A. How capable are we at evaluating public health interventions? *European Urban Research Association 10th Anniversary Conference: 'The Vital City'* University of Glasgow: 2007.
- 59** Lorimer K, Lorgelly P, Fenwick E, Briggs A. Using mixed methods to operationalise the capability approach: an application in public health. *Conference of the HDCA: "Ideas Changing History"*; New York: 2007.
- 60** Lumme S, Leyland AH, Keskimäki I. Assessing regional socioeconomic variation in equity in the use of health care – a new statistical method. [Poster] *European Public Health Association 15th Annual Meeting: The Future of Public Health in the Unified Europe*; Helsinki: 2007.
- 61** Macdonald L, Cummins S, Macintyre S. Neighbourhood deprivation and the 'fast-food' environment: The location of Burger King, KFC, Pizza Hut and McDonald's outlets in Scotland and England. *International Society for Behavioural Nutrition and Physical Activity, 6th Annual Conference*; Oslo: 2007.
- 62** Macintyre S. General lessons and principles about where to concentrate efforts on reducing inequalities in health. *Scottish CMO's Seminar on Understanding Inequalities in Health in Scotland*; Glasgow: 2007.
- 63** Macintyre S. Social determinants of health: challenges for the 21st Century. Implications for public health [Invited Keynote Speech]. *Faculty of Public Health, Annual Public Health Conference, 21st Century Trends – Threats and Opportunities for Public Health*; Falkirk: 2007.
- 64** Macintyre S. Socioeconomic differences in behavioural nutrition and physical activity [Invited Keynote Speech]. *International Society for Behavioural Nutrition and Physical Activity, 6th Annual Conference*; Oslo: 2007.
- 65** Macintyre S. What works in reducing health inequalities. *Scottish Ministerial Task Force on Inequalities in Health*; Scottish Parliament, Edinburgh: 2007.

>> Presentations 2007

- 66** Macintyre S. What works in reducing health inequalities [Invited presentation]. *Secretary of State for Health, Health Inequalities Review Seminar*; London: 2007.
- 67** Macintyre S. Why don't we know more about how to reduce inequalities in health? A very British perspective? [Invited Opening Plenary]. *Dutch National Congress on Public Health*; Rotterdam: 2007.
- 68** Maynard M. Assessing the diet in early old age – the Boyd Orr cohort [invited speaker]. *Medical Research Council, Human Nutrition Research, Population Nutrition Research Group*; Cambridge: 2007.
- 69** Maynard M, Harding S. Do family activities explain the favourable psychological well-being scores in adolescents from minority ethnic groups in the MRC DASH study. *SSM/IEA Joint Meeting*; Cork: 2007.
- 70** Maynard M, Harding S. Perceived quality of parenting and psychological well-being scores in adolescents from minority ethnic groups. *European Conference on Public Health Helsinki*: 2007.
- 71** Maynard M, Harding S. Psychological well-being in adolescence in the context of family process, family type and ethnicity. *SSM/IEA Joint Meeting*; Cork: 2007.
- 72** Modig-Wennerstad K, Silventoinen K, Batty G, Tynelius P, Bergman L, Rasmussen F. Association between offspring intelligence and parental mortality: a population-based cohort study of one million Swedish men. *International Society for Intelligence Research (ISIR) Conference*; Amsterdam: 2007.
- 73** Ogilvie D. Transport policy, physical activity and health: promoting a modal shift at population level [Invited seminar]. *Strathclyde Partnership for Transport*; Glasgow: 2007.
- 74** Ogilvie D. Transport, physical activity and health: researching the effects of a new urban motorway in Glasgow [Invited seminar]. *Environment and Society Research Group, Department of Geography*; University of Lancaster: 2007.
- 75** Ogilvie D, Foster C, Rothnie H, Cavill N, Hamilton V, Fitzsimons C, Mutrie N. Interventions to promote walking: diverse quality of 'best available' evidence. *Seventh Annual International Campbell Collaboration Colloquium - Quality, credibility and utility: The relevance of systematic reviews*; London: 2007.
- 76** Ogilvie D, Hamlet N. Obesity: the elephant in the corner [Invited presentation]. *Diabetes UK Annual Professional Conference*; Glasgow: 2007.
- 77** Ogilvie D, Thomas S. The effects of population tobacco control interventions on inequalities in smoking. *Seventh Annual International Campbell Collaboration Colloquium – Quality, credibility and utility: The relevance of systematic reviews*; London: 2007.
- 78** Parkes A, Henderson M, Wight D, West P. Does early sexual experience influence teenagers' future orientation? Evidence from a Scottish longitudinal study. *Transforming Transitions International Conference*; Glasgow: 2007.
- 79** Petticrew M. Alternatives to RCTs. *Institute of Tropical Medicine*; Antwerp: 2007.
- 80** Petticrew M. Discreet observation in the BHETSE study. *Towards a Smoke-free Society*; Edinburgh: 2007.
- 81** Petticrew M. Evaluating complex social interventions *Dept of Health Sciences*; York: 2007.
- 82** Petticrew M. Health and wellbeing in the GoWell study. *GoWell Annual Event*; Glasgow: 2007.
- 83** Petticrew M. Housing case study. *Workshop on the The Urban Determinants of Health for the WHO Commission on Social Determinants of Health*; London: 2007.
- 84** Petticrew M. Mapping the public health evidence base. *PHRC Collaborators meeting*; York: 2007.
- 85** Petticrew M. Putting together the "Jigsaw of Evidence." [Plenary]. *Canadian Cochrane Colloquium*; Ottawa: 2007.
- 86** Petticrew M. Quality, credibility and utility: The relevance of systematic reviews [Plenary]. *Seventh Annual International Campbell Collaboration Colloquium*; London: 2007.
- 87** Petticrew M. Systematic reviews: building capacity. *CADTH Seminar*; Ottawa: 2007.
- 88** Petticrew M, Ogilvie D. Evaluating complex social interventions. *MRC Fellows Workshop*: 2007.
- 89** Phillips AC, Carroll D, Hunt K, Der G. Symptoms of depression and cardiovascular reactions to acute psychological stress. *Psychosomatic Medicine*, 68, A-67. *American Psychosomatic Society 64th Annual Meeting*; Denver: 2007.
- 90** Shagi C, Vallely A, Kasindi S, Chiduo B, Desmond N, Soteli S, Kavir N, Vallely L, Lees S, Hayes R, Ross D. A model for community representation and participation in HIV prevention trials among women who engage in transactional sex in Africa, Microbicides Development Programme. *International AIDS Society*; Sydney: 2007.
- 91** Smith E, Sweeting H. Obesity, 'slimming down' and 'becoming obese': data from the West of Scotland 11 to 16 study cohort. *Yorkhill Hospital Academic Seminar*; Glasgow: 2007.
- 92** Smith E, Sweeting H, Wright C. Do young adults with higher adolescent body sizes recall themselves as having been fat? [Poster] *International Journal of Obesity Volume 31 Supplement 1. 15th European Congress on Obesity*; Budapest: 2007.
- 93** Stewart C, Titterton M, Leyland A. The relationship between psychiatric caseness as measured in a population survey and subsequent hospitalisation for attempted suicide and suicide in Scotland. *European Public Health Association Conference 15th Annual meeting: The Future of Public Health in the Unified Europe Helsinki*: 2007.
- 94** Sweeting H, West P. Moving in and out of drug use over the youth-adult transition: evidence from the West of Scotland. *Transforming Transitions International Conference*; Glasgow: 2007.
- 95** Sweeting H, West P, Young R. Substance use in the post-school period: time trends among Scottish youth. *8th Conference of the European Sociological Association Conflict, Citizenship and Civil Society*; Glasgow: 2007.
- 96** Teyhan A, Harding S, Rosato M. Trends in coronary heart disease and stroke mortality among migrants in England and Wales, 1979-2003 *European Journal of Public Health volume 17 (Suppl.2)*: p35. *European Public Health Association Conference 15th Annual meeting: The Future of Public Health in the Unified Europe Helsinki*: 2007.
- 97** Thomson H. Area based investment and health: a solid foundation for healthy public policy. *Departmental Seminar, McCaughey Centre, School of Population Health, University of Melbourne*; Melbourne: 2007.
- 98** Thomson H. Area based investment and health: lessons from UK experience. *Reflections on Place, People, and Policy: one day forum organised by University of Melbourne*; Melbourne: 2007.

- 99** Thomson H. Economic and neighbourhood regeneration as a healthy investment: a solid foundation? *Launch event for Mayoral Strategy on Health Inequalities*; London: 2007.
- 100** Thomson H. Healthy housing and neighbourhood investment: what hope for evidence informed policy? *Departmental Seminar, School of Population Health, University of Auckland*; New Zealand: 2007.
- 101** Thomson H. Healthy housing investment in Scotland: lessons from a systematic review of housing improvement studies. *An Alternative Housing Strategy* Edinburgh: 2007.
- 102** Thomson H. Neighbourhood environments: report on GoWell neighbourhood audit of changes in quality and quantity of neighbourhood amenities. *GoWell Annual Event*; Glasgow: 2007.
- 103** Thomson H. Urban regeneration and health improvement: a missing link? A systematic review of the socio-economic and health impacts of UK regeneration programmes 1980-2004. *Scottish Executive Continuing Professional Development Seminar Series*; Edinburgh: 2007.
- 104** Thomson H, Ishoy M. Housing & Health workshop: incorporating research evidence into policy and practice. *What Works? Campbell Collaboration Conference*; Copenhagen: 2007.
- 105** Thomson H, Sellstrom E. Housing investment and health: a systematic review of world literature. *Departmental Seminar, Housing and Community Research Unit School of Sociology and Social Work, University of Tasmania*; Hobart: 2007.
- 106** Thomson H, Sellstrom E, Thomas S. Housing investment and health: a review of best available evidence. *Seventh Annual International Campbell Collaboration Colloquium – Quality, credibility and utility: The relevance of systematic reviews*; London: 2007.
- 107** Thomson H, Sellstrom E, Thomas S. Housing investment and health: a systematic review of world literature. *European Public Health Association 15th Annual Meeting: The Future of Public Health in the Unified Europe* Helsinki: 2007.
- 108** West P. Is young people's personal income good or bad for their mental health? *SSM/IEA Joint Meeting*; Cork: 2007.
- 109** West P. Pupils' experience of the primary-secondary transition in the West of Scotland: predictors and consequences for well-being. *Transforming Transitions International Conference*; Glasgow: 2007.
- 110** West P. What's changing? time trends in young people's mental health and health risk behaviours and the significance of social class, school, the peer group and youth culture. *CHES*; Stockholm: 2007.
- 111** Whitrow M, Harding S. Ethnic differences in asthma in early adolescent: the role of family history and generation status. *Caribbean Health Research Council Scientific Meeting*; Jamaica: 2007.
- 112** Wight D. Barriers to developing social science research capacity in East Africa. *National Institute for Medical Research*; Mwanza, Tanzania: 2007.
- 113** Wight D. Challenges for school-based interventions in sub-Saharan Africa. *School-based approaches to HIV/AIDS prevention and health promotion*; Bergen: 2007.
- 114** Wight D. Is sex education working? *Sexual Health: What progress two years after respect and responsibility? Holyrood Conference*; Edinburgh: 2007.
- 115** Wight D. Key research questions in process evaluation. *National Institute for Medical Research*; Mwanza, Tanzania: 2007.
- 116** Wight D. The method of participant observation. *National Institute for Medical Research*; Mwanza, Tanzania: 2007.
- 117** Wight D. North-south research on HIV/AIDS: a balanced collaboration? *CRADALL Seminar*; Glasgow University: 2007.
- 118** Wight D. Preventing HIV/AIDS in young people: a method for making policy recommendations from imperfect evidence. *Uganda Virus Research Institute/MRC*; Entebbe, Uganda: 2007.
- 119** Wight D. Preventing HIV/AIDS in young people: a WHO systematic review of the evidence from developing countries. *School-based Approaches to HIV/AIDS Prevention and Health Promotion*; Bergen, Norway: 2007.
- 120** Wight D. School-based sex education: rigorously evaluating the potential of teacher-delivered (SHARE) and peer-delivered (RIPPLE) programmes. *British Association for Sexual Health and HIV, Scottish Branch Scientific Meeting*; Inverness: 2007.
- 121** Wight D, Henderson M, Parkes A, Nixon C. The secondary school survey and initial findings on use of services. *Healthy Respect and Sexual Health Network: Informing, debating and networking*; Edinburgh: 2007.
- 122** Wight D, Plummer M, Mshana G, Wamoyi J, Salamba Z, Ross D. Contradictory sexual norms and expectations for young people in rural Northern Tanzania. *Institute for International Health and Development seminar Queen Margaret University College*; Edinburgh: 2007.
- 123** Williamson L, Buston K, Sweeting H. Young women and sexually transmitted infections: limits to the normalisation of condom use. *17th Biennial Meeting of the International Society for Sexually Transmitted Diseases Research* Seattle: 2007.
- 124** Williamson L, Dodds J, Mercey D, Johnson A, Hart G. Undiagnosed HIV infection among community samples of gay men in the United Kingdom. *17th Biennial Meeting of the International Society for Sexually Transmitted Diseases Research* Seattle: 2007.
- 125** Young R. Do schools differ in suicide risk? *2nd SIREN Conference, Preventing Suicides*; Glasgow: 2007.
- 126** Young R. Who are they, why do they do it, why do they stop and who do they tell? *2nd SIREN Conference, Preventing Suicides*; Glasgow: 2007.
- 127** Young R. Young people and self-harm [Podcast]. *Raj Persaud 'talks to...' Series*: 2007.
- 128** Young R, Van Beinum M, Sweeting H, West P. Young people who self-harm. *Faculty of Child and Adolescent Psychiatry Residential Annual Meeting*; Newcastle: 2007.
- 129** Young R, McCafferty E. Understanding self-harm – Myths and reality [Invited presentation]. *Children and Young People's Mental Health 3rd Annual Conference*; Glasgow: 2007.
- 130** Young R, West P, Karvonen S, Rahkonen O. Testing Inglehart's theory of postmaterial value shift: A cross-national comparison of 15 year-olds in Scotland and Finland. *8th Conference of the European Sociological Association Conflict, Citizenship and Civil Society*; Glasgow: 2007.

Photos: Keith Brame, David Ogilvy and Mark Petticrew

Design: Emma Quinn

This report is printed on recycled paper



MRC

Social and
Public Health
Sciences Unit

4 Lilybank Gardens

Glasgow

G12 8RZ

T 0141 357 3949

F 0141 337 2389

www.sphsu.mrc.ac.uk