President’s Letter:
Building a Rosey future for our society?

I recently suggested that SSM is the best population science association in Europe. This was well demonstrated by the Annual Scientific Meeting (ASM) in Oxford. We now need to build on this success. At the final conference plenary, I challenged every participant to go out and recruit at least one additional SSM member by Christmas 2014. SSM is such an easy thing to sell, so many benefits for population researchers at each and EVERY stage in their careers. And such an amazingly low membership fee! I have since recruited several new members; have YOU?

Another recent pleasure for me was to facilitate the SSM Committee in January. The committee is an impressive collaborative powerhouse, each member energetically leading on their chosen roles. And all this productivity is expertly coordinated by our Hon Sec, Michaela Benzeval (to whom many thanks!). Michaela and the committee are now actively seeking a successor for this stimulating post. The Honorary Secretary role has changed dramatically; no longer a thankless “one man band”, the job

“The primary determinants of disease are mainly economic and social. Therefore, its remedies must also be economic and social. Medicine and politics cannot and should not be kept apart”

Geoffrey Rose
now better resembles the “leader of a talented orchestra.” (I mostly wave my arms ineffectually). Might YOU be interested in the Hon Sec role? Can you think of someone who might enjoy this opportunity?

Our Early Career Researcher (ECR) group goes from strength to strength. Following their success in Oxford, they will now have official responsibility for organising the meeting the day before every future ASM. Please feel free to contribute. Other innovations discussed and agreed by our January committee include developing a group to represent, coordinate, support and champion middle career researchers (MCRs). Can they equal the success of the vibrant ECR group??

The piloting study for our SSM mentoring scheme also appears to be progressing well, and will be evaluated soon. We would then like to propose offering mentoring to MCRs (and invite them to act in turn as mentors themselves). Training will be provided.

Exciting details are now emerging of our future Annual Scientific Meetings in Dublin (September 2, 3 & 4th this year), York (13-16th Sept 2016) and Manchester (5-8th Sept 2017). How many abstracts have you submitted for Dublin? How many might you submit next year?

The SSM abstract scoring system aims to offer a more consistent and objective approach to measuring the quality of each component: context, methods, results, and conclusions. It has now been reviewed, refined and endorsed. And an interesting innovation this year will be to pilot an additional, separate assessment of abstract “interest, appeal and impact.”

And so to the great Geoffrey Rose. Our new SSM Strapline is "Advancing Knowledge FOR Population Health". The word “FOR” is clearly very important. It explicitly echoes both Geoffrey Rose and Roy Acheson. “Cold scientific endeavour” is essential, but NOT sufficient. Many of us think that “warm-blooded activism” is also vital. But do you agree?

Our vibrant Society is thriving. However, beyond the gates, our wider society is ailing.

We are witnessing increasing child poverty and food banks, unemployment and zero hours contracts, racism and xenophobia, all compounded by tax breaks for billionaires and multinational companies. These injustices are generating huge inequalities and a massive burden of avoidable disease (both mental and physical). Furthermore, media manipulation by vested interests can result in extraordinarily biased reporting. Automatic scepticism of media stories therefore becomes important for us all. Otherwise, misinformed voters risk being systemically deafened by a strident political cacophony; adversarial election debates which are strong on spin and weak on evidence. Population scientists therefore need a cool head, a calm composure and a clear vision.

It would be quite wrong for me to advise on WHO to vote for in the May General Election. But I would happily urge you to ensure that you DO vote on May 6th. The future health of our wider society depends on it.

Simon Capewell,
President of the Society for Social Medicine
**SSM Mentoring Scheme: brief update**

The pilot scheme is now up and running, we had a training workshop for mentors in September which was well received and very informative. Some highlights for the scheme thus far:

- Mentor/mentee pairs are now matched and contact is ongoing between them on a monthly basis. There are approximately 11 mentors and most are mentoring 2 mentees.

- The pilot scheme will be evaluated after 6 months of mentoring to see what worked well and what can be improved to inform the main scheme we hope to roll out later in the year. We anticipate results for this to be available in the Autumn of 2015.

Karen will step down as the coordinator of the scheme as her term of office on the committee has ended and hand over to Sara Ronzi (see ECR subcommittee pages for more info about Sara), whilst Simon will continue to have an overseeing role.

Karen will continue to act as a mentor for the scheme.

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**Mendelian randomisation:**

*From population health to pharmaceutical development*

22\textsuperscript{nd} to 24\textsuperscript{th} June 2015, The Victoria Rooms, Clifton, Bristol, BS8 1SA, UK

This meeting will focus on the development, application and translation of Mendelian randomization methods to a diversity of fields, with particular emphasis on discoveries in the pharmaceutical pipeline. Over the 3 days of this meeting, a programme of plenary, parallel and poster sessions will showcase the most recent research in the field.

Speakers include:
Shah Ebarahim, Maria Glymour, Tyle Vanderweele, Debbie Lawlor, George Davey Smith

Abstract submission deadline 15th April 2015, Authors will be notified of acceptance of abstracts 18th May 2015, Registration deadline 8th June 2015

**Mendelian randomisation text book**

A new text book on Mendelian randomization edited by George Davey Smith and published by OUP will be launched at the conference. All registrants will receive a complimentary copy of the book.
Showcasing Public Health

This is the third in a series of ‘showcases’ of each region in the UK and Ireland. We will regularly report on what public health practices and academics are doing in each region, hopefully providing our national readership with some insight as to what other SSM members are up to around the country and beyond!

If you would like a story about your region featured in a future edition, please contact the newsletter editors at:

Socsocmed.news@gmail.com

Public Health across the UK and Ireland: A showcase series of activities in each region.

This month, we feature some of the many exciting projects ongoing in South West England.

- Paths to public health & wellbeing in South West England
- Contraception and sexual health - more than your average app!
- Naturally Healthy Partnership
- Responding to emotional and mental health needs following flooding
- Creating Food Wealth in Cornwall
- Thrive Plymouth

Paths to public health and wellbeing: examples of local authority action in South West England

The Health & Social Care Act 2012 marked the return to Local Government, from the NHS, of the responsibility to improve the health of the local population. A project to identify and present work being progressed in the South West in the new integrated public health system resulted in the publication of a report in October 2014. The report contains case studies submitted by Directors of Public Health from across the region many of which show early promise in that the new system is bedding down and new approaches to wicked problems are being developed.

Local councils are addressing their public health responsibilities in a range of ways following the reforms introduced in April 2013. A key aspect of this work is the delivery of programmes and initiatives through partnerships and alliances within and outside council departments. A range of activity is emerging in new ways of working, providing valuable insights about the opportunities and challenges being addressed in local authorities as they embed and fulfil their extended role as public health bodies. More details of some of the case studies can be found below. The full report is available here:


For more information contact:
Cherry Jones, Director of Public Health, Swindon Borough Council
Cherryjones@swindon.gov.uk
**Contraception and sexual health app – more than your average app!**

Somerset has launched a smartphone app, designed especially for young people in Somerset to enable improved access to contraceptive and sexual health services with additional information and useful features. A range of information can be accessed, including the location of: C-Card issue points (a scheme where young people can access free condoms following a registration process with a trained adult); contraceptive and sexual health (CASH) clinics; genitourinary medicine (GUM) clinics; pharmacists who provide Emergency Hormonal Contraception (EHC); school nurse clinics; and the ability to order a chlamydia screening kit. In addition, the app includes a section on alcohol with an alcohol calculator and useful tips and links to further support.

The app identifies the location of services nearest to the geographic area where the young person is located: sometimes this may be close to their home; or at other times, from a different location such as when they may be in a town away from home. A virtual C-Card is included, enabling young people to privately and discreetly compile a list of items to access from a C-Card issue point. A new feature currently being developed for the app will enable young women to set a reminder for taking or renewing the contraceptive pill, patch or injection.

The app is compatible for use on Apple and Android phones and tablets. For those who do not have one of those devices the information can be accessed via a responsive website, which displays and functions like an app on a smartphone and tablets. This ensures all smartphone and tablet users can access the same information, although some of the special features are not available on the responsive website.

The UK Youth Parliament Somerset members have given the app the thumbs up and have been really impressed with the variety of features and benefits offered to young people, including lesbian, gay, bisexual and transgender young people.

For more information contact:
Andrew Wilson, Health Promotion Manager, Somerset County Council
ANWilson@somerset.gov.uk

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**Naturally Healthy ~ Partnership working through the Local Nature Partnership**

Public Health Devon and the Devon Local Nature Partnership (LNPP) established a partnership in 2013 to champion Devon’s natural environment to secure good health and wellbeing for its population.

A Naturally Healthy Task and Finish Group brings together health, public, voluntary and environmental sectors in a unique way. It focuses on encouraging a greater number and diversity of people to access the natural environment.
To support partners to work differently and most effectively a Social Marketing behaviour change scoping review was undertaken by Public Health Devon with support from LNP partners. This review triangulates evidence from a full literature review “Benefits to health from engagement with the natural environment”; local experts and stakeholders and local primary qualitative research. The intelligence collated from these sources collectively generates insights into the motivators and barriers for people in accessing green space and how interventions might be tailored to either maintain or change people’s behavior.

This report and the insights from it have been disseminated to partners of the LNP and wider. It provides an evidenced based practical resource and the intelligence needed to design effective interventions and communications campaigns for implementation by local organisations. It will be used to direct and shape ongoing and future work programs /activities within the natural environment in Devon. Specifically to attract and encourage those who currently do not access or access infrequently to access the natural environment on a regular basis.

Already insights from it have been used to create a specification for joint projects between Public Health and Dartmoor and Exmoor National Parks, influence the tone, language and content of the ‘Explore Devon’ http://www.exploredexon.info/ (public facing) and ‘Get Active Devon’ (practitioner facing) websites http://getactivedevon.co.uk and influence and direct the work streams of other LNP priorities such as Green connections and outdoor learning (Naturally Healthy Devon Schools project).

For more information contact:
Patsy Temple, Public Health Specialist, Devon County Council.
patsy.temple@devon.gov

**Responding to emotional and mental health needs following flooding on the Somerset levels**

In December 2013 Somerset, along with other areas in the country, experienced unusually heavy rainfall resulting in extensive flooding with over 600 houses and 17,000 acres of agricultural land affected. Evacuation of homes began in early January and a major emergency was declared. The recovery phase began in March 2014 within which mental and emotional health was highlighted as a priority following reports from volunteers and community organisations about high levels of emotional distress. Distress following a disaster is a normal and expected reaction and is usually temporary; however, individuals with existing mental health conditions, emotional stress or difficult issues in their lives are particularly vulnerable, while a minority of individuals are at risk of developing more severe or prolonged symptoms. Fear of the experience being repeated, financial hardship and loss are some of the factors which impact considerably on emotional wellbeing. For communities, the period of social and emotional adjustment following a disaster can last up to three
years. In response, Somerset has developed a stepped approach which is integrated with the general recovery programme. The first principle of this approach is being able to meet, talk and socialise are the building blocks of strong communities. Therefore, supporting communities to maintain their networks, through the re-establishment of village halls, tea and chat sessions and maintaining telephone and email as well as face to face contact has been, and continues to be vitally important in supporting recovery and in building future resilience. A particular feature of the situation in Somerset was the spontaneous response from volunteers who found themselves providing the first line of emotional support in the form of tearfulness, hopelessness, despair and anger. A range of advice and information was developed in collaboration with communities to address the practical issues which are of most concern to people as well as emotional health issues. To support and promote a ‘culture of care’, where every contact is empathetic and can support emotional resilience, specific guidance was developed for contractors to make them aware of the impact of their interaction with customers who have experienced recent trauma.

At the time of writing, Somerset has just passed its first anniversary of the flooding. The clean-up is more or less complete, and most, but not all, of the residents are back in their homes. The main focus is now on the future and the implementation of the 20 Year Flood Plan. However, recovery from the social and emotional impacts of disaster is far from complete, and, as we plan to scale back our direct interventions, with our community partners we remain vigilant. We were pleased to support and look forward with interest to the outcome of the Public Health England and Kings College study into the health (including the mental health) impacts of flooding.

For more information contact:
Christina Gray, Consultant in Public Health or Louise Finnis, Mental Health Promotion Manager, Somerset County Council.
CZGray@somerset.gov.uk

Creating food wealth in Cornwall

There are profound health and wellbeing challenges facing the population in Cornwall. To make an impact in reducing health inequalities, food poverty was seen as a focus for a System Leadership approach. The Food and Cornwall programme brings together leaders with diverse backgrounds from across the boundaries of different organisations and from across the environmental, economic, political, social and community systems. Food and Cornwall has been set up to create food ‘wealth’ so that no one in Cornwall is hungry. Concerns from public health and wider colleagues about the increase of food bank use in Cornwall was a key driver, alongside the public health indicators on overweight and obesity for both adults and children. The programme is designed to adopt a systems approach to positive models of health and wellbeing and to support not only health behaviour change, but to develop supportive environments for food skills and access to training and jobs in the local food system, while also developing longer term, more sustainable, local and less wasteful food systems. Alongside the challenges of food poverty, the programme seeks to harness the assets of the vibrant food culture and food reputation that exists in Cornwall and use this to bring more balance to health and wellbeing for local
Thrive Plymouth’ is a 10-year programme to improve health and wellbeing and reduce health inequalities in Plymouth. It is being led by the Office of the Director of Public Health, Plymouth City Council. Thrive Plymouth is based on the local 4-4-54 construct, i.e. that poor diet, lack of exercise, tobacco use and excess alcohol consumption are risk factors for coronary heart disease, stroke, cancers and respiratory problems which together contribute to 54% of deaths in Plymouth (i.e. 4-4-54). Changing these four behaviours would help prevent four diseases and reduce the number of deaths due to these chronic diseases. The Thrive Plymouth principles are long term, collaborative, inclusive, fair, flexible, integrated and evidence-based.

Thrive Plymouth campaign will also have a specific annual focus. In year one this is workforce health and wellbeing. This is based on the fact that employee health is critical to company culture and output. The focus of Thrive Plymouth in year two (from September 2015) will be schools.

For more information contact:
Kelechi Nnoaham, Director of Public Health, Plymouth City Council
kelechi.nnoaham@plymouth.gov.uk
Chart stimulated recall: A method for gaining insight into clinical decision-making.
Clinical decision-making is a complex, but often subtle, process. Any of you interested in examining the context and determinants of clinical decision making will want methods that help you to reveal the diverse influences at play. For this purpose, we applied chart stimulated recall (CSR) in qualitative interviews with GPs, and found the method useful for generating detailed accounts of their approach to patient care.

What is chart-stimulated recall?
In CSR, a patient’s medical chart is used as an aide-memoire to a healthcare professional’s (HCPs) description of clinical encounters. In Canada, it is used in the evaluation of physicians’ performance by medical licensing authorities. It is also used internationally in postgraduate and continuing medical education as a tool for teaching and assessment. It is less extensively used as a clinical research tool. We used CSR as a means of exploring the management of multimorbid patients in primary care. We found that allowing GPs to refer to their notes enabled them to more accurately recount the reasons for decisions made. The GPs themselves perceived CSR as an acceptable and valid approach to exploring their practice.

How to conduct qualitative interviews incorporating CSR
Case selection
The cases to be discussed can be chosen by the interviewee or by the research team, depending on research question. For example, if the research concerns specific patient-related outcomes or HCP behaviour (such as potentially inappropriate prescribing), it may be more revealing for the research team to select cases. Alternatively, if interested in dilemmas or challenges from the perspective of the HCP, it may be more appropriate for them to select their own cases.

“Doing” the interview
During the interview, the HCP gives an overview of the case including socio-demographic, morbidity and medication information. Specific encounters may be chosen (i.e. if exploring why a certain medication was prescribed in a consultation), or sequential consultations can be described to demonstrate longitudinal aspects of patient care.

Duration of interview
Case discussions can take from 10 to 30 minutes. Generally, three to six cases are thought sufficient to provide reliable and valid information on one’s clinical practice. In our experience, discussing multiple cases helped participants to “warm up” to the interview and interviewer, and facilitated better development of the case narratives.

Topic guide
Although the chart acts as the main prompt to discussion, it is also prudent to have formulated a topic guide. Probes can relate to practical issues in the processes of care; clinical reasoning or knowledge; options considered and rejected; and critical environmental or system factors.
Analysis
To date, in the published health-related literature, grounded theory, content analysis and qualitative descriptive analysis have been used with CSR data. Depending on the research question, thematic, framework or narrative analysis may also be potentially appropriate.

What type of findings might you expect?
CSR can produce rich and detailed descriptions of complex clinical scenarios. Other important findings from CSR based qualitative studies include:
- The evolution of decisions over serial consultations
- Unrecorded issues of importance in clinical care, HCPs reasons for options not taken or lack of adherence to clinical guidelines
- HCPs’ educational needs
- Recommendations for service provision

Conclusion
Chart stimulated recall has been extensively applied in the arena of professional competence and medical education, but is rarely reported in published clinical research. The method is highly practical, feasible, and acceptable to clinicians. CSR represents a novel and accessible research method for those interested in understanding the broad determinants of clinical decisions to help improve the quality of patient care.

References available on request.

Dr Carol Sinnott, Academic Research Fellow in General Practice, University College Cork

Carol was awarded an Early Career Researcher prize for her qualitative work on multimorbidity using CSR at last year’s SSM conference in Oxford.

Do you use a method or approach you would like to share with the SSM community?

Please get in touch with us at socsocmed.news@gmail.com

We are currently interested in showcasing data collection and analysis methods that are
- quantitative,
- qualitative or
- mixed.

Alternatively, if you have a short narrative about an innovative way you used a more well-known method, we’d also like to hear from you, and share excellent research and practice with SSM members.
ECR’s Corner

Introducing your new ECR Subcommittee members!

At the end of last year we held an online election to recruit new members to the SSM ECR Subcommittee. We are delighted to announce that three new members have joined us; congratulations to Sarah Ronzi, Sadie Boniface and Sarah Gibney! Each member will serve a three-year term and will be responsible for individual roles as well as general Subcommittee duties. You can find out more about our new members in their short bios below.

The Chair responsibilities also hand-over at this time, so we would like to take this opportunity to say a huge thank you to Kathryn Oliver for her work as the ECR Subcommittee Chair over the past year. Kathryn has been a brilliant leader and has worked tirelessly to enable us to deliver new projects this year, including the ECR Welfare Statement. Luckily, it is not goodbye, as Kathryn will remain on the Subcommittee for the next year before her three-year term finishes in December. Dorina Cadar has now taken over as Chair and we look forward to another productive year with her at the helm.

Sara Ronzi
I am a PhD student in the Department of Public Health & Policy at the University of Liverpool, with a background in public health and health promotion. My current area of research is the evaluation of complex public health interventions for healthy ageing. My PhD research is related to the School of Public Health’s ‘Age-friendly cities and towns’ project and focuses on evaluation of interventions which promote respect and social inclusion of older people. As a member of the SSM ECR Subcommittee, I will bring enthusiasm for public health, and organisational and team working skills developed during in recent years studying in Italy and in the UK. As a current mentor for a fellow PhD student, I hope to inspire other ECRs to become involved in the SSM and its Mentoring scheme.

Sara is the Chair Elect and Mentoring Officer

Have your say

Earlier this month you probably received an email inviting you to take part in a short survey about SSM ECR views. We are interested to hear from you because we would like to know more about:

1. who you are and what you do
2. your involvement with SSM
3. how you think we can help you

If you are an ECR and have not yet responded to the survey, please follow this link:

https://opinio.ucl.ac.uk/s?s=35527

The responses will be anonymous, and we will use the information to tailor our support and future events to suit our members. If you did not receive the email please get in touch: ecr.ssm@gmail.com.
Sadie Boniface
I’m a Research Associate in the UCL Research Department of Epidemiology & Public Health. I work on a cross-disciplinary project aiming to develop tools to overcome barriers to walking amongst older people, where one of my responsibilities is questionnaire development. I did my PhD at UCL on measurement of alcohol consumption in surveys, and before that I was at UCL doing research on smoking. I’m involved with UCL ECR committees in the Institute of Epidemiology & Health Care and the Populations & Lifelong Health Domain. I became a member of the SSM ECR Subcommittee to build on this experience in ECR support, and hope to help the Subcommittee to identify and respond to the needs of ECRs.

Sadie is the Survey Officer

Sarah Gibney
I am a post-doctoral Research Associate in the FP7 European Diabetes Literacy Consortium, University College Dublin (UCD), Ireland. I am a quantitative social scientist who is passionate about health and wellbeing research. I am particularly interested in the life course approach to healthy ageing, the social determinants of health, socio-economic inequality, psychological wellbeing and health literacy. I have a collaborative mindset and my research involves working across disciplines in international contexts to advance social medicine. I strongly believe the SSM can provide a credible ECR mentoring programme that is worthwhile for mentors and empowers ECRs.

Sarah is the ASM Workshop Officer

Don’t forget to update your details!

The SSM is currently going through a Society-wide update renewal process where everyone is given the opportunity to update their details on the SSM member’s page (http://www.hg3.co.uk/ssm/members.aspx). As well as making any changes to your job title or institution, you can also select topics of interest and identify yourself as an ECR member.

It takes just a few short minutes so please log on and input your details, as this information will give us a better idea of how many ECRs are in the Society as well as enabling the possibility of developing research interest groups.

Don’t forget that abstract submission for the SSM ASM is open and that ECR members can apply for a free place to attend the ASM. Follow this link for more details: http://socsocmed.org.uk/2015/02/02/abstract-submission-for-asm-2015-dublin-now-open/
One Year Free SSM Membership for ECRs
SSM offers a free year’s membership to any early career researcher joining the Society. (Please note, that the free year will be granted in the second year of membership, and will require validation of ECR status by the Subcommittee Chair.) All enquiries regarding free membership should be addressed to Professor Mark Gilthorpe at m.s.gilthorpe@leeds.ac.uk.

Benefits of membership include:
- Reduced registration costs for the annual SSM conference, one day meetings and workshops
- Monthly email of SSM news, job opportunities, relevant conferences and training courses
- Quarterly newsletter consisting of articles on topical issues and events relating to social medicine
- Membership of the European Public Health Association, reduced registration costs for the annual EUPHA Conference and free access to the European Journal of Public Health
- Become part of a professional organisation and interact with a wide range of people with similar research and policy interests

Specific ECR benefits include:
- Support for early careers researchers through networking, mentoring, and academic opportunities
- Opportunities for research dissemination and networking through the ECR Gig Trail scheme
- Specific ECR news and announcements in a monthly ECR email and quarterly SSM newsletter
- Notification of relevant vacancies via the ECR jobs list email
- ECR specific events including the annual ECR pre-conference meeting and other one-day events throughout the year
- ECR networking opportunities and social events at the Annual Scientific Meeting

Changing Perspectives: 1st International Conference on Transport and Health
6th-8th July, London

Five free places are available at the 1st International Conference on Transport and Health for ECR members of the Society for Social Medicine (only those who were already a member on 1st September 2014 are eligible).

The grant covers conference fee/registration, standard accommodation, and standard class travel (up to a limit of £200). In return, successful applicants must provide a brief report on their experience/reflections on the meeting, which may then be used in summary form to go into the SSM Newsletter.

Applications are judged by members of the society’s committee on the basis of your statement about how you would benefit from the conference.

Please include the following information:
- Name, Present Position, Institution / Department, Current contact address, E-mail address, Contact telephone number,
- If you submitted an abstract for the conference or not, Reason for application - Please explain in 350 words your role, background and how you would benefit from the conference.

Enquiries should be addressed to Mark Kelson at communications@socsocmed.org.uk. Completed application forms should be emailed to communications@socsocmed.org.uk by Friday 6th March 2015 before 23:59 GMT.
Opportunities for developing researchers:

ESRC/DTC Collaborative PhD Studentship investigating written communication between hospital-based specialists, GPs and patients in the UK

This ESRC-funded collaborative PhD aims to identify issues and improve the effectiveness of communication between hospital-based specialists, GPs and patients. The project is a collaboration between the Centre for Applied Linguistics, Warwick Medical School and the NHS Clinical Commissioning Groups of Coventry and Rugby, and of South Warwickshire.

The successful candidate will be expected to start in October 2015, and can be based within the Centre for Applied Linguistics or the Medical School dependent on their experience and interests. Applications must be submitted by Friday 1st May 2015 and interviews will take place on Wednesday 20th May 2015.

For the full details see here: http://www2.warwick.ac.uk/fac/med/research/hscience/ssh/esrcdtc-studentship/.

Longitudinal Studies:
Maximising their Value for Ageing Research Conference

A limited number of bursaries are available for ECR SSM members to attend a new Wellcome Trust conference and will entitle them to 50% discount on their registration fees. The conference entitled “Longitudinal Studies: Maximising their Value for Ageing Research Conference” will take place on 21-23 July 2015 at the Wellcome Trust Genome Campus, Hinxton, UK. It will focus on the value of longitudinal studies in furthering knowledge about ageing: in particular functional change across life, its drivers and underlying pathways. The meeting is aimed at population researchers, epidemiologists and researchers involved in ageing research, longitudinal studies and other relevant fields. The submission of abstracts from all areas relevant to the main themes of the meeting is encouraged.

For more details on the meeting and on how to apply for a bursary, visit: https://registration.hinxton.wellcome.ac.uk/display_info.asp?id=479 , For any queries regarding the bursaries please contact Dr Treasa Creavin at: treasa.creavin@hinxton.wellcome.ac.uk

The deadline for bursary applications and abstract submissions is 30 April 2015.
Committee News: New Year, New Committee

With the New Year we have reviewed and reorganised some of our committee roles as well as managing the changes that the annual turnover of members bring.

In 2015 the Committee is as follows:

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<tr>
<th>Name</th>
<th>Role</th>
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<tr>
<td>Simon Capewell</td>
<td>President</td>
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<td>Aileen Clarke</td>
<td>President-elect</td>
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<td>Mark Gilthorpe</td>
<td>Honorary Treasurer</td>
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<tr>
<td>Michaela Benzeval</td>
<td>Honorary Secretary</td>
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<td>Mark Kelson</td>
<td>Communications Officer, Middle Career Researcher group</td>
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<td>Peter Tennant</td>
<td>Treasurer-elect, Middle Career Researcher group</td>
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<tr>
<td>Janis Baird</td>
<td>Handbook editor, training and capacity building co-ordinator</td>
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<tr>
<td>Dorina Cadar</td>
<td>ECR Chair</td>
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<tr>
<td>Ruth Dundas</td>
<td>Training and capacity building co-ordinator, Middle Career Researcher group</td>
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<td>Ellen Flint</td>
<td>ASM co-ordinator</td>
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<td>Rebecca Johnson</td>
<td>Newsletter Editor</td>
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<td>Cecily Kelleher</td>
<td>Local Organising Committee Chair, ASM Dublin</td>
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<td>Alastair Leyland</td>
<td>EUPHA Liaison role</td>
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<td>Emily Murray</td>
<td>Social Media co-ordinator, Middle Career Researcher group</td>
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<td>Steven Oliver</td>
<td>Local Organising Committee Chair, ASM York</td>
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<td>Sheena Ramsay</td>
<td>External Relations, Middle Career Researcher group</td>
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<td>Tony Robertson</td>
<td>Social media and membership officer</td>
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<td>Sara Ronzi</td>
<td>ECR Chair-elect</td>
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<tr>
<td>Kate Tilling</td>
<td>ASM abstract Moderator</td>
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<tr>
<td>Shelina Visram</td>
<td>Membership secretary</td>
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Committee News continued.....

In addition, a number of previous committee members have continue to lead on significant aspects of the Society’s work:

Elizabeth Breeze is kindly undertaking the evaluation of the ASM again this year Karen Rees is kindly continuing in her role of supporting and evaluating the ECR pilot mentor scheme.

In addition, Helen Bromley takes up her role representing SSM on the EUPHA Scientific Committee.

We are very ably supported on our committee, membership and conference activities by HG3, in particular we would like to thank Nicola Peel, Steph Brant, Marian Churchill and Joanne McBratney.

On a personal front, my day job will change later this year and I feel I cannot devote the necessary time to the Committee as is required in the Honorary Secretary’s role. I have therefore decided to step down at the end of the year and in the autumn we will hold an election to identify a new Honorary Secretary. It has been an exciting three years; under Martin White’s leadership, and taken on with enthusiasm by all committee members then and now, the approach and working of the Society have been modernised and changed for the better. I have been honoured to contribute a small part to this process. By working with the committee and through the Secretary’s activities with a wide range of other members, I am constantly reminded of the friendliness and commitment of Society members to working together to advance knowledge for population health. Do consider being the next Honorary Secretary, and I would be happy to discuss with anyone who is interested in finding out more about the role.
However, I have not gone yet, and look forward to working with you for the rest of 2015!

With best wishes, Michaela
# Dates for your Diary!

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<th>Month</th>
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<td><strong>International Health and Medicine Conference, ‘Improving Health and Health Services Through Research ’</strong>, Oxford, 25-7&lt;sup&gt;th&lt;/sup&gt; June 2015.</td>
<td>The conference chaired by Professor Angela Coulter of the Nuffield Department of Population Health provides a forum for acute, primary, global and cross-cutting health researchers and practitioners. A £500 prize will be awarded to the best presented abstract. <a href="http://www.lhcoxford2015.org">www.lhcoxford2015.org</a></td>
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<td><strong>Farr Institute International Conference 2015, 'Data Intensive Health Research and Care’</strong>, St Andrews 26-28&lt;sup&gt;th&lt;/sup&gt; August.</td>
<td><a href="http://farrinstandrews.org/">http://farrinstandrews.org/</a></td>
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<td>October</td>
<td><strong>EUPHA European Public Health Conference ‘Health in Europe - from global to local policies, methods and practices’</strong>, Milan, Italy, 14-17th October.</td>
<td><a href="http://ephconference.eu/">http://ephconference.eu/</a></td>
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**Society for Social Medicine ASM 2015**

It is time to start planning your SSM abstract again! This year’s Annual Scientific Meeting will be held in Dublin on the 2nd-4th September 2015. The key date to know is the deadline for abstract submission: midnight on Tuesday 3rd March 2015.

Details: [http://ssmconference.org.uk/](http://ssmconference.org.uk/)