THE PUBLIC HEALTH PARADIGM

Engaging adolescents in changing behaviour

Empowering women to make life changes
As the National Institute for Health Research (NIHR) Clinical Research Network (CRN) Wessex, we provide the infrastructure that allows high-quality health and social care research to take place within our area. We help to increase the opportunities for people to take part in research and ensure that studies are carried out efficiently.

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“Dr. Helen Walters – Consultant in Public Health Medicine & Consultant Adviser to the NIHR

“The potential of public health research to impact on all our futures, and the future of the NHS, is huge. Alongside embedding the importance of public health with the public, it needs to be embedded within the organisations who make decisions that will impact upon the population.”
The potential of public health research to impact on all our futures, and the future of the NHS, is huge.

The NIHR’s public health research programme spends approximately £12m per year on public health research. This is a fraction of what is invested in medical research and yet we know that the influence on population health from public health research is far more powerful. The power to prevent, rather than cure, through solid evidence and proof is what drives me to champion public health research.

I want to fill the evidence gap so that non-NHS organisations, like local government and the third sector, can make informed decisions that will benefit the population for the long-term.

BUILDING BLOCKS TO BETTER FUTURES

Non-NHS public health research is incredibly relevant to many of the long-term chronic diseases that we’re seeing more and more of. Obesity, diabetes, the impact of smoking – all of these can be prevented if they’re dealt with early enough at a population level by mitigating the causes.

In my role, I advise on which public health research the NIHR should fund, and all of this is done with the goal of making it as relevant as possible to public health themes and needs.

There is a misconception, I think, that public health research should be focussed on educating individuals and trying to encourage decision-making changes. Of course, this is an element of it, but at the heart of the problem is that it is the environment that needs to change, which in turn will change the people.

We need to create better road systems, healthier housing estates, greater community bonds where the healthier option is the easier option. And this is a difficult task – we don’t want to take away people’s autonomy to make decisions for themselves, but we recognise the importance of the place they live and the impact it can have.

The smoking ban in public places, for example, people accept because they understand the health implications. So it’s about making healthier choices safer and more acceptable for people and getting them to understand what it will do for their futures. For instance, we need to design streets for people rather than cars, making walking and bike routes safer. When we focus on people first, we will inevitably make their futures better.

In Cambridge, we looked at the impact a new guided bus lane and cycle path had on the population. We noticed a significant increase in physical activity levels, both through people using the cycle path and walking to and from the bus stops.

EMBEDDING PUBLIC HEALTH

Alongside embedding the importance of public health with the public, it needs to be embedded within the organisations who make decisions that will impact upon the population.

I encourage academics and researchers to embed themselves within local government so that they are aware of changes and developments. In this way, we can nurture an environment of learning and evidence, which is often missing within local governments’ decision-making when it comes to public health.

My role is to fill the evidence gap, to make sure that academics and researchers are connected to the work that’s happening throughout the UK and providing solid evidence to public health professionals.

We funded a study on street lighting and whether turning them off earlier would impact crime, accidents and the environment. What it showed was no increase in crime, no increased risk of accidents to the public but a drop in environmental impact. It’s studies like these that will allow local authorities to make informed decisions that make a difference to all of our futures.

“We NEED TO CREATE BETTER ROAD SYSTEMS, HEALTHIER HOUSING ESTATES, GREATER COMMUNITY BONDS WHERE THE HEALTHIER OPTION IS THE EASIER OPTION”

Not only will it help to create healthier futures and reduce environmental impact, but it also means that money can be allocated and used in the right way. At a time when local government cuts are becoming harder, this has the potential to make sure that money goes to places where it will make a positive difference.

In my opinion, public health research is as important as medical research – it has the power to prevent so many health issues, funding problems and environmental damage. Moving forward we need to be conscious of the funding portions that we allocate to medical and public health research. It must move towards a more even balance if we are to see a worthwhile impact.

Without the evidence gained from it, we can’t make informed decisions. And without informed decisions we won’t see any meaningful impact. I’m excited to see the changes and remit expansion into public health by the NIHR and I would encourage academics and researchers to reach out to public health teams in local government. Go and have coffee, find out what problems they are facing and discover how they work.

Once we do all of that, we can join the dots and really start pushing towards seeing meaningful change in public health.
Dental care has often been an overlooked part of the bigger public health picture. Until recently, there wasn’t a lot of information available to people about the impact of neglecting your teeth and gums beyond the message that you simply have bad teeth and gums.

We know an awful lot more now about how it affects individual health in the long-term. There’s strong research evidence that your oral health profile under the age of two can impact on your future health profile. Conditions like diabetes, heart disease and obesity are all linked strongly to dental health. For me, it’s so important. The mouth is the gateway to the body – the food you put in it, how you smile, your confidence and the pain you can experience when something is not right. It’s easy for people to ignore issues with their dental health, or think that maintaining good oral hygiene isn’t important, because they just see them as teeth. But the link to the rest of the body is hugely important in helping us establish good levels of general health.

TOOTH BRUSHING FOR CHILDREN

We wanted to explore the link between early interventions to improve tooth brushing in young children, and the potential to significantly impact on overall healthy behaviours for themselves and their families. We know that 30% of children have tooth decay by the time they are five years old and the majority of this can be solved by brushing teeth effectively. In addition to that, only 58.5% of children in England are being seen by an NHS dentist each year. The potential to prevent serious health conditions later on in life and improve dental health significantly is huge.

The University of Portsmouth Dental Academy has been doing outreach community work since 2010, but we wanted to take our work a step further and evaluate the impact that we could have on changing behaviours and expanding knowledge about oral hygiene in disadvantaged communities. The tooth brushing study took ten underprivileged schools in Portsmouth where we examined them at the beginning of the academic year and then, after 12 months of tooth brushing and advice in school, we began to collect data around the children’s tooth brushing habits and knowledge of dental care. We’re currently still collecting that data, and hope it will be ready in early 2019. In the future, we also hope to do a clinical evaluation on the children who have taken part in the study, so we can see whether there has been a significant improvement in their dental and general health as well as an improvement in their knowledge.

CHANGING HABITS

Our initial research and data collection before the trial began pointed to significant knowledge gaps in more deprived communities around dental hygiene. There was a lack of understanding around when teeth should be brushed, how they should be brushed, when parents needed to take their children to the dentist and from what age. We could also see the ripple effect from parents who were scared to attend the dentist, and the impact this was subsequently having on their children.

From our wider research we knew that there were apps available for timing tooth brushing for children but nothing that offered advice on techniques to help them brush effectively. Knowing that we needed to be able to communicate messages around these issues, we wanted to explore how we could do that. We asked a group of disadvantaged mothers in Portsmouth for their biggest barriers to getting advice on health issues and they commonly told us that the lack of time health professionals had was a real problem.

Building on the tooth brushing in school, the next phase of our research is to work with stakeholders in the region to begin to look at the creation of videos with families so that we can disseminate informative advice on tooth brushing easily and make it accessible. By providing this additional advice to their contact with health professionals, we hope that it will give families the power to look after their dental health from a very early stage.

It’s also important for me that we encourage the message around prevention and this is also reflected in how we train dental professionals. For me, it’s so important. The mouth becomes as much about prevention and giving advice as it is about correcting things when they need it. We’re doing a lot of work at the University of Portsmouth Dental Academy to ensure that when our dental professionals are trained, they are exploring their communication skills. We are trialling the use of virtual reality to simulate how some vulnerable patients feel at the dentist as we want to place as much emphasis on soft skills, like communication and empathy, as we do on their clinical skills and physiological training.

Investigating community health promotion by Portsmouth Dental Academy is funded by the Oral and Dental Research Trust and sponsored by the University of Portsmouth.

Developing and evaluating an animated oral health promotion video in concert with disadvantaged families in Portsmouth is funded by Public Health England and sponsored by University of Portsmouth. This study has been included on the NIHR portfolio following the changes to the eligibility criteria to support research in non-NHS settings. For more information, see www.nihr.ac.uk/ funding-and-support/
EMPOWERING WOMEN TO MAKE LIFE CHANGES

As breast cancer numbers rise, prevention and awareness is becoming paramount in helping women all over the world manage their own risk factors and reduce impact upon health services.

The World Health Organisation (WHO) believes that sufficient knowledge of risk factors and prevention is enough to avoid between 30-50% of cancers across the globe.

We wanted to focus our attention on increasing awareness among women of alcohol as a risk factor in breast cancer and get them to consider the impact their consumption might have on their long-term health prospects. Through our initial research it was clear that most women were unaware that alcohol is the second most modifiable factor in breast cancer and were equally unaware of the level of alcohol they consumed on a weekly basis. It was clear to us that we weren’t maximising our opportunity to communicate these messages effectively to women, and health workers with knowledge gaps, in a way that would be easy for them to consume and free from judgement.

The common view among women who we surveyed was that they did drink, but not at a level they considered to be problematic so there was a barrier already in place to change the way they looked at their consumption pattern. A lot of the women involved assumed it was binge drinking that was a risk factor, not smaller consumption over a longer period of time.

Through seed funding from BUPA and Cancer Research UK we developed a web-based app that women could access via a tablet while they were in symptomatic breast clinic waiting areas. Alongside asking questions about how much alcohol they consume, and delivering them with a personalised assessment of how many units they are drinking per week, it also tells them their risk level, information on the links between alcohol consumption and breast cancer and a guide on how many calories it adds up to by comparing it to food items.

There were three stages to the app prototype: 77% women approached in clinics agreed to participate • 95% participants submitted data and received personalised feedback • 50% spent over 6 minutes reading additional information pages • Overall, participants rated the intervention 4.4 out of 5

A DIFFERENT APPROACH

One of the most fascinating things about this intervention is that it focuses on people skills and fine-tuning messages to deliver health information, rather than involving any medical intervention at all. We noticed subtle differences in what people would and wouldn’t click on, just by changing a few words here and there and changing imagery. Essentially, what we’re trying to affect is self-reflection upon habits and a gradual shift towards modifying these behaviours around alcohol consumption in women, without a dictatorial or pushy approach. We know that around one in eight people will make a change to their behaviour based on these sorts of ‘brief’ interventions, so the next stage for us with this study is to pilot the intervention and follow up the women who took part and find out if the intervention nudged them towards reducing the level of alcohol they drink.

The study will continue to change graphics and words to determine the level of impact that they have on participation levels and we’ll also be randomising the intervention with the alcohol part of the survey removed so that we can see clearly what the effective components are. At the moment the study is only in Southampton at the breast screening and breast clinic, but we hope that it will soon be trialled in Manchester as part of the next phase. Ultimately, what we want to achieve is to reduce the number of breast cancer cases where alcohol is a contributing factor. But we also want to empower women to have control over their risk factors and be able to see what is best for themselves. We want them to have a clear and informed picture from a trusted source, without the need for conflicting advice when they have to consult multiple sources.

Abreast of Health is funded by the Medical Research Council, sponsored by University Hospital Southampton NHS Foundation Trust and delivered with the support of the NIHR.
Engaging adolescents in changing behaviour

INTERVENTIONS TO EMPOWER change

When we look to the future of the NHS, there are some alarming statistics that show how much impact poor diet and a lack of exercise is having. It currently costs the NHS £7 billion a year and causes far too many premature deaths.

We know that conditions like diabetes, obesity and infertility can all be helped through healthy lifestyle and that bringing them under control will reduce the impact on the NHS in the future.

We wanted to create an intervention that would help prevent adolescents from falling into bad habits which would have a negative impact on their future health.

There is a lot of research that tells us how habits formed as teenagers tend to last, so we knew that this group of people were important to target. We consider them to have a triple benefit – they can change their own, their future and the future of the next generation through their influence.

We also know that teenagers are highly influenced themselves and are going through a stage of trying new things, growing and rebelling against the status quo – so they have the potential to be a powerful tool for change.

LifeLab

Led by Mary Barker, professor of psychology and behavioural sciences at the University of Southampton, the Engaging Adolescents in Changing Behaviour (EACh-B) intervention is an extension of our LifeLab initiative that has been running since 2007. School students get to spend one day of their academic year working in the purpose-built lab, experimenting and discovering many different aspects of their bodies and their lifestyle to see how it impacts them and how they can make changes for the better.

LifeLab feeds into the science curriculum, with students learning about the issues before their trip to the LifeLab where they get to do final exploration, experiments and share their findings. We have 200 scientists that spend time with the students on the day and help them to explore the health messages around what they are discovering. After the LifeLab visit, the students work on their own research project to embed the learning.

The best thing about LifeLab is that it’s all done through fun. We have all sorts of experiments and tests they can do – from giant Jenga that has health risk factors on it to grip strength tests and DNA extraction processes. The most important part is that they come away understanding their individual health risk factors and that they make a pledge to do something to help alleviate any risks that they’ve identified.

EACh-B has been designed to help catch adolescents before their habits become habits for life. LifeLab is an essential part of this, but there are also two other vital strands to its approach.

The second strand is to train teachers to offer greater support to their pupils and help them make better choices around their diet and how they exercise. The third is the development of an app which will enable the students to log and track their pledges, discover what their triggers are for changing certain behaviours and see the rewards of the changes they are making.

The teacher training will focus around healthy conversation skills. We want students to be encouraged to find answers for themselves and discover the benefits of making changes to their lifestyle, so teachers will be equipped with skills that will develop enquiring minds around health and lifestyle.

The app is in development with Glasgow Caledonian University. The app will support the students as they log and track their pledges and allow them to update where they are and what they’re doing. It will have game elements incorporated to engage the students, which we hope will act as a trigger to help nudge them towards healthy lifestyle choices and reward them through achievements on the app.

“WHEN WE LOOK TO THE FUTURE OF THE NHS, THERE ARE SOME ALARMING STATISTICS THAT SHOW HOW MUCH IMPACT POOR DIET AND A LACK OF EXERCISE IS HAVING”

EACh-B will be beginning its pilot phase in January 2019 for four months. This will then shape and fine-tune the main trial in October 2019, which will be done over the course of three years. The £2 million of funding we’ve received from the NIHR means that we will be able to reach more adolescents and continue to reach them once they’ve completed their experience with LifeLab.

This intervention is a culmination of the work I have been doing for years. I know how important it is to have healthy habits and I want to do something that will make an impact and really make a difference to people’s lives. I hope that through EACh-B we will achieve that and can help a generation of people to lead happier and healthier lives.

EACh-B is funded by the NIHR Central Commissioning Facility (CCF) and sponsored by University Hospital Southampton NHS Foundation Trust.
An NIHR funded trial, sponsored by St George’s University Hospitals NHS Foundation Trust and being delivered with the support of Poole Hospital NHS Foundation Trust, is helping to progress developments for a potential vaccine which could help eradicate GBS in the future. Research midwife, Susara Blunden, is part of the team helping to lead the delivery of the study, known as iGBS, at Poole Hospital.

“Researchers are trying to develop a vaccine for a number of reasons. Firstly, identifying women and babies at risk can be difficult and it is not clear which is the best way to do this in the UK. Secondly, antibiotics in labour don’t always work and only prevent infections that occur in babies’ first seven days. GBS infections in babies older than this aren’t prevented by giving antibiotics, and are more likely to cause meningitis that can lead to developmental problems. If we can provide a vaccine it will protect mums and babies during pregnancy, birth and the postnatal period. The body is really clever; giving a pregnant woman a vaccine results in her producing antibodies which she will pass onto her unborn baby. That’s two people protected from just one vaccine.”

“The Paediatric Infectious Diseases Research Group at St George’s, University of London, is hoping that a GBS vaccine will be licensed in the near future but what they need to know, and the aim of the iGBS study, is the level of antibodies a pregnant woman needs to produce in order to provide protection for herself and her baby against GBS. Some women are colonised with GBS around the time of birth but previous sensitising events have produced enough antibodies to protect themselves and their baby against GBS. “There are several maternity-based studies running at Poole so people are used to research and are really receptive to hearing about it. We’ve tried hard to make our research studies visible by using bright colours and bold posters to make them stand out! Even some of the women who have been pregnant in the past don’t know about these studies. We often don’t know about these women because they are not symptomatic and the transient nature of GBS means it hasn’t been present in any samples they have provided in pregnancy. It’s currently not practical to test labouring women for GBS as it takes days to get results back and so the opportunity to give antibiotics will have passed.”

“We’re asking all mothers if they are happy to donate up to a teaspoon of cord blood after the cord has been cut. It doesn’t affect women having delayed cord clamping or delivering their placenta physiologically. From this blood sample, the research team can measure the level of antibodies mothers have passed onto their babies.”

“The majority of women we talk to are really happy to be involved in the study and so far we’ve recruited 600 women since mid-July. We spend most of the morning on the wards, talking to and screening women for eligibility. If they’re interested, we give them an information sheet and time to consider the study. We go back later to see if they’d like to be involved. “There are several maternity-based studies running at Poole so people are used to research and are really receptive to hearing about it. We’ve tried hard to make our research studies visible by using bright colours and bold posters to make them stand out! Even some of the women who decline to take part in one particular study are always interested in hearing about other research we’re doing.”

“Everyone is so helpful when it comes to promoting research; we couldn’t ask for better backing. The midwives who work in our birthing suite and labour ward are amazing at notifying us of anyone who might be suitable, and with this approach finding participants is easier. They are also supporting us by collecting samples after a birth. Biochemistry and microbiology help process samples and flag up cases of GBS. We then approach affected families to see if they are happy to provide additional samples. With this study in particular, everyone is very aware of the impact of GBS and is happy to play their part.”

“A VACCINE IS A WHILE IN THE FUTURE BUT WE’RE DEFINITELY AT THE BEGINNING OF SOMETHING THAT’S GOT A LOT OF POTENTIAL.”

“We’re currently the only hospital outside the M25 area to take part in this feasibility study and we are proud of this. We are also the highest recruiting hospital! Dr Latha Vinayakarao, our principal investigator at Poole, and myself, attended a steering committee meeting at St George’s in October. We appraised data collected so far and analysed how to improve recruitment and data integrity for a national study, which we hope that Poole and other local hospitals will be part of. “A vaccine is a while in the future but we’re definitely at the beginning of something that’s got a lot of potential. In the UK, we’re privileged to have the NHS, with healthcare professionals, antibiotics, IV equipment and labs where we can test for GBS. GBS can be devastating even with all of this and worse in countries without nearby, affordable healthcare or access to antibiotics.”

“Research is so important. It’s making the future happen in a safer and better way. It’s safeguarding the health and happiness of your family and future generations. If we can do research well, we can reduce not only the health burden of the nation but reduce the costs within the NHS because a healthier population has less long-term health needs. If you’re poorly, you’d want someone to make sure they knew everything they possibly could about your condition. That’s what research does. Within the next couple of years, I hope that the importance of this research is widely recognised and that more funding is available. By doing research, we’re safeguarding the future.”

iGBS feasibility study is funded by the NIHR Evaluation, Trials and Studies Coordinating Centre and sponsored by St George’s University Hospitals NHS Foundation Trust.

L-R: STEPH GRIGSBY (RESEARCH MIDWIFE), LOUISE MELSON (CONSULTANT OBSTETRICIAN/GYNAECOLOGIST), LATHA VINAYAKARAO (CONSULTANT OBSTETRICIAN), SUSARA BLUNDEN (RESEARCH MIDWIFE)
INVESTING IN PREVENTION

There is a concern to meet the needs of 18-24 year olds who are involved in recurrent crime in the UK. Often, young adults will be in and out of the justice system and dealing with numerous health and social problems during their childhood and adolescence. We know that this age group are vulnerable but we also know that they are open to change. We were keen to explore the impact that intervention could have on their future health, wellbeing and prospects.

Alongside No Limits and Hampton Trust charities in Southampton, Hampshire Police were looking to establish the GATEWAY intervention. GATEWAY aims to improve life chances by tackling the wider determinants of offending such as employment, housing and health including mental health and substance misuse. It also trains individuals in improving empathy. The NIHR had put out a call for community-based projects and we were keen to get involved with GATEWAY to see if we could help to fill the evidence gap and determine whether this intervention would have a positive impact on the future health and wellbeing of those involved.

HOPE FOR HEALTHY FUTURES

There is a lot of evidence that points to 18-24 years olds’ mental and biological processes being more receptive and open to change. Everyone involved in GATEWAY shares the same outlook; if we can address the wider social and health determinants that impact on involvement in criminal behaviour, it may improve their lives in the long-term. 334 participants are being recruited to the trial, half of which will be part of the 16-week GATEWAY programme in Southampton. Eligible participants will be chosen by Hampshire Police from strict criteria that reflect those involved in recurrent crime in the UK. Often, young adults will be involved with a health and social care background will work with the participants to assess their needs and discover the areas they need help with. They might identify additional support needs such as attending a GP, counselling or other assistance.

• LINX workshops, run by the Hampton Trust, are intended to help the participants develop resilience and empathy. Participants attend two workshops and discover their individual risk factors related to offending while they are attending.

• Restorative justice – If there has been a victim of their crime, then a facilitated meeting with the victim, where willing, may help them to draw on their newly learned skills such as empathy, sympathy and reflecting on how their actions impact others.

After their 16 weeks on the programme is complete, we will follow up their progress over the course of two years. In conjunction with York Trials Unit, we will be gathering evidence through face-to-face interviews at various stages on their journey.

A control group, who will be offered the usual care available, will ensure we can assess robustly the effectiveness of the programme.

COLLABORATING FOR SUCCESS

The GATEWAY intervention is a shining example of what can be achieved when people work together for a common goal. Improving the health and wellbeing of young adults doesn’t just impact the now, it impacts the future and pressure on all sorts of health and public resources – not just the NHS.

Alongside Hampshire Police, No Limits and Hampton Trust, we’re also working with Southampton City Council, the Department of Criminology at the University of Southampton, Health Economists, the NIHR CLAHRC Wessex, York Trials Unit, and other third sector bodies.

By examining the cost effectiveness of improving health and life experiences for young adults, we will be able to predict the long-term impact on services and budgets across the NHS, local councils, the justice system and charities that offer support services. We are all united by a passion to prevent rather than deal with the consequences of a lack of knowledge or intervention. We want to see if we can affect the life chances of people who are disadvantaged and give them a chance to lead a healthy and fulfilling life – something that is often denied to them due to their circumstances or early life experiences beyond their control.

By establishing an intervention like GATEWAY, we are hoping to find out if initiatives like this work and are worth the investment for the long-term.
Chris Skelly is head of programmes for research and intelligence at Public Health Dorset. In this role, he has been involved in a number of groundbreaking projects within the field of public health.

Public Health Dorset is focused on creating a healthier future for those living in the Dorset region, but they also participate in an international public health initiative. As the NIHR looks to increase its portfolio of public health research, Chris has been supporting CRN Wessex, explaining the role of Public Health Dorset, some of its more innovative projects and his vision for future collaborations.

**Partnerships for Positive Change**

"Public Health Dorset is a shared service amongst three councils which makes it slightly different from the average local Public Health Unit. Working as part of Bournemouth Borough Council, Dorset County Council and the Borough of Poole, we want to achieve prevention at scale – helping as many people as possible stay healthier for longer."

"We try to make a difference to the population's health in three ways. The first, and most important, is that we strategically influence decision-making within the local environment so that it considers the potential population health impacts and benefits. The second is that we commission public health services in areas including drugs and alcohol treatment, smoking cessation, health checks, sexual health, health visitors and school nursing. Finally, we're once again a service provider for behaviour change, as we recently brought LiveWell Dorset in-house."

"We form partnerships with academic and research groups, for example we have a formal partnership with Bournemouth University's Faculty of Media and Communication. It's a working partnership where we're trying to improve the capability and the capacity for people working within our integrated care system to develop clear public health narratives. Another partnership we've developed is with the European Centre for the Environment and Human Health, University of Exeter in Truro. We have a number of projects in the area of population accessibility to green space and they've been helping us to move these forward."

**Exploring Green Spaces**

"We know from the literature available that green space is absolutely essential to the health and wellbeing of all populations, but particularly urban populations. We've looked at some of the research that has happened in the last couple of decades, WHO have shown that you really need to be within 300 metres of a green space half a hectare or bigger to see the benefits."

"We asked our colleagues in Truro to bring all available data together in a geographic information system so that we can tell, right down to postcode area, who is within walking distance to a green space considered to be good for health and wellbeing. We've started to model these, so we know what proportion of our population have that kind of access and, more importantly, who doesn't have that level of accessibility. This has given us a tool, which allows us to ask all sorts of questions and the ultimate question is: if you only have a limited amount of money, and everybody's resources are limited, where would you invest in green space to have the maximum impact on population health and wellbeing? It's sort of the golden chalice of green space and health."

"There's a related project to this, which is about environmental microbiomes. I'm the international programme director for a consortium of people working on something called the Healthy Urban Microbiome Initiative (HUMI). They're trying to determine how we expose people to biodiverse urban green spaces (BUGS) and what plants and animals are needed in that space so that people will breathe in a healthy collection of..."
microbes. They’re working towards trying to get funding for a very large international study so it’s a really fascinating addition to the green space work and it’s pretty cutting edge. There are four HUMI pilot cities involved in the study at the moment and Bournemouth is one of them. The other three are Delhi, India; Haikou, China; and Adelaide, Australia. HUMI have just partnered with the Secretariat for the Conservation of Biological Diversity, to launch a global BUGS initiative at UN CBD COP-14 event in Sharm El Sheikh this November."

THE FUTURE

“We have really good relationships with researchers, but we are working hard to move away from ‘one off’ engagements where we are asked for a single contribution, but never have any further engagement on the project. What I would like in the future, is to develop fewer but more meaningful longer-term relationships with research groups to minimise our transaction costs and maximise utility. We also need to move into a position of being able to bid for research funding, directly, with academic and research partners. We want to be able to more fully shape the questions that are important to us so that research translation and implementation are built into the process from the start.

“However, it’s not just about funding, it’s also about talent and because we’re small, we’re very limited in the scope of projects we can undertake. Working with Public Health England, academics, and other national organisations to co-develop studies is the way forward. I see that as potentially very synergistic in terms of boosting research relevance. To be able to implement the research and intelligence required to underpin an integrated care system approach based upon your ability to solve problems is essential.

“IF WE WANT TO MAKE BETTER DECISIONS, WE REALLY NEED TO RESEARCH THE CAUSAL PATHWAY AND ASK THE RIGHT QUESTIONS”

“I think far too often we work only at the numbers end of the intelligence process. We’re preoccupied with developing and cleaning data. I don’t believe that having those numbers, without a good understanding of the causal pathway, is going to make a huge difference in the decision-making process. It’s not helping us affect changes in our communities that will improve the wider determinates that underpin population health. If we want to make better decisions, we really need to research the causal pathway and ask the right questions. We are putting our analysts through systems thinking training and development so that we can ask better question and importantly help our partners ask better questions.”

For more information, visit: www.publichealthdorset.org.uk and www.humi.site

1. The law requiring car drivers and front seat passengers in the UK to wear a seat belt was introduced in 1983.
   (i) What proportion of car drivers in the UK wore seat belts before the law was introduced?
   a) 10%
   b) 40%
   c) 70%
   (ii) What proportion of car drivers in the UK now wear seat belts?
   a) 75%
   b) 85%
   c) 95%

2. Rates of which vaccine preventable infection have been rising in the UK, whilst falling in developing countries?
   a) Measles
   b) Polio
   c) Tuberculosis

3. The ban on smoking in enclosed public places in England came into effect on 1 July of which year?
   a) 2004
   b) 2007
   c) 2009

4. According to recent research, which one of the following may be good for your liver?
   a) Sugar
   b) Fat
   c) Alcohol
   d) Energy drinks
   e) Coffee

5. Approximately how long would it take to run off the 228 calories in one large glass (250ml) of red wine?
   a) 17 minutes
   b) 23 minutes
   c) 31 minutes

6. Which local authority in England and Wales has the longest male life expectancy?
   a) Kensington and Chelsea
   b) Reigate and Banstead
   c) Blackpool

Answers

Q1. (i) b (ii) c
Q2. a
Q3. b
Q4. e
Q5. b
Q6. a
WE KNOW THAT 30% OF CHILDREN HAVE TOOTH DECAY BY THE TIME THEY ARE 5 YEARS OLD AND THE MAJORITY OF THIS CAN BE SOLVED BY BRUSHING TEETH EFFECTIVELY