

WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 61: 28 AUGUST 2024

In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students throughout August.

FROM OUR DIRECTOR

Dear Colleagues

Welcome back to everyone returning from summer holidays, and I hope you have all taken the opportunity to rest and recharge.

Among the wealth of good news in today's newsletter, I'd like to draw your attention to the final story - announcing our new Doctoral Training Centre for Integrated Care, funded by the Alzheimer's Society. We are delighted that Nathan Davies and Claudia Cooper have been successful in gaining this award, which will enable us to develop capacity in this important research area.

I also want to say good luck to everyone heading off to conferences around the country and overseas - wishing you all every success, and new collaborations.

Finally, do look out for details of Professor Deborah Swinglehurst's Inaugural Lecture on 11 September (see Forthcoming Events below). Everyone is very welcome to attend.

With best wishes

Fiona



MEET WIPH

MEET – KATIE MYERS SMITH (Centre for Public Health and Policy)

How would you describe your roles and responsibilities?

I have a varied and exciting job, setting up and running the Health and Lifestyle Research Unit's clinical trials. We conduct research into smoking cessation, and particularly how e-cigarettes can help support smokers to quit. We also have a special interest in weight management, and currently run the weight clinics for the London Borough of Tower Hamlets.

What has been your greatest professional achievement?

I am the Chief Investigator for a large HTA NIHR clinical trial looking at whether e-cigarettes help smokers quit when not accompanied by intensive behavioural support. It has been a great learning curve to have this responsibility, and I have thoroughly enjoyed the challenge. We have now completed recruitment, and are in the 1yr follow up period for our participants. We hope to have the results written up by next summer - so still some work to do!

What aspects of your role do you enjoy the most?

I have always enjoyed meeting and talking to the people we support. Being able to help and advise them is very rewarding. Since COVID, a lot of the client work I do is via phone calls, but I find you can still build a strong rapport with someone without actually seeing them in person.

What would be your second choice as a profession?

I would love to be a chef! I love cooking, and own a very large collection of cookery books.

What do you enjoy doing outside work?

Spending time with my three young children, and travelling to new and exciting places. We have been on a lot of adventure holidays over the years, including to Zambia, Malawi, Zanzibar, India, Mexico, and Thailand.

Something most people don't know about you?

My first position at the Health and Lifestyle research unit was as the unit administrator which I took up just after completing my MSc in Health Psychology. I loved this role, as it gave such an insight into the workings of the whole unit. I then began to work more on the research projects, and built my career up from there.



Global Health Governance (2nd Ed)

1 August (Andreas Papamichail. Centre for Public Health & Policy)

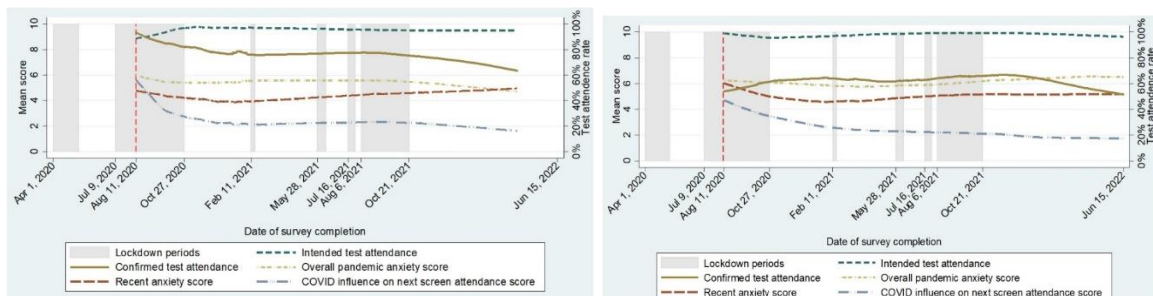
In the 2nd edition of Global Health Governance, Andreas Papamichail and co-author Sophie Harman (QMUL School of Politics and International Relations) explore the politics of global health governance. COVID-19 made apparent the tensions, contestations, and complexity of governing health threats. To understand what could and should have worked during the pandemic, the three parts of this book examine the *actors* who participate in global health governance, the different *approaches* to global health governance, and different *issues*, and how the actors and their approaches have addressed health emergencies and everyday health inequities.



Cervical screening attendance during the pandemic in Australia

5 August (Jo Waller. Centre for Cancer Screening, Prevention and Early Diagnosis)

Using data from the Compass-PLUS study, researchers investigating factors associated with intention to attend and actual attendance for cervical screening compared younger (25-39y) and older ($\geq 40y$) cohorts during the pandemic in Australia. Positive intention to attend screening was more likely among those with a family history of cancer. Increased attendance was associated with increasing age, prior regular cervical screening history, and part-time employment or retirement v full-time employment. Authors conclude that reduced priority of screening and heightened recent anxiety may partly explain indications of lower than expected cervical screening rates during the pandemic.



Intended and actual cervical screen attendance rates, and mean anxiety related scores by date of COVID-19 survey completion in the (A) older and (B) younger cohorts

Assessment and management of self-harm and suicide risk in young people

5 August (Dennis Ougrin. Centre for Psychiatry and Mental Health)

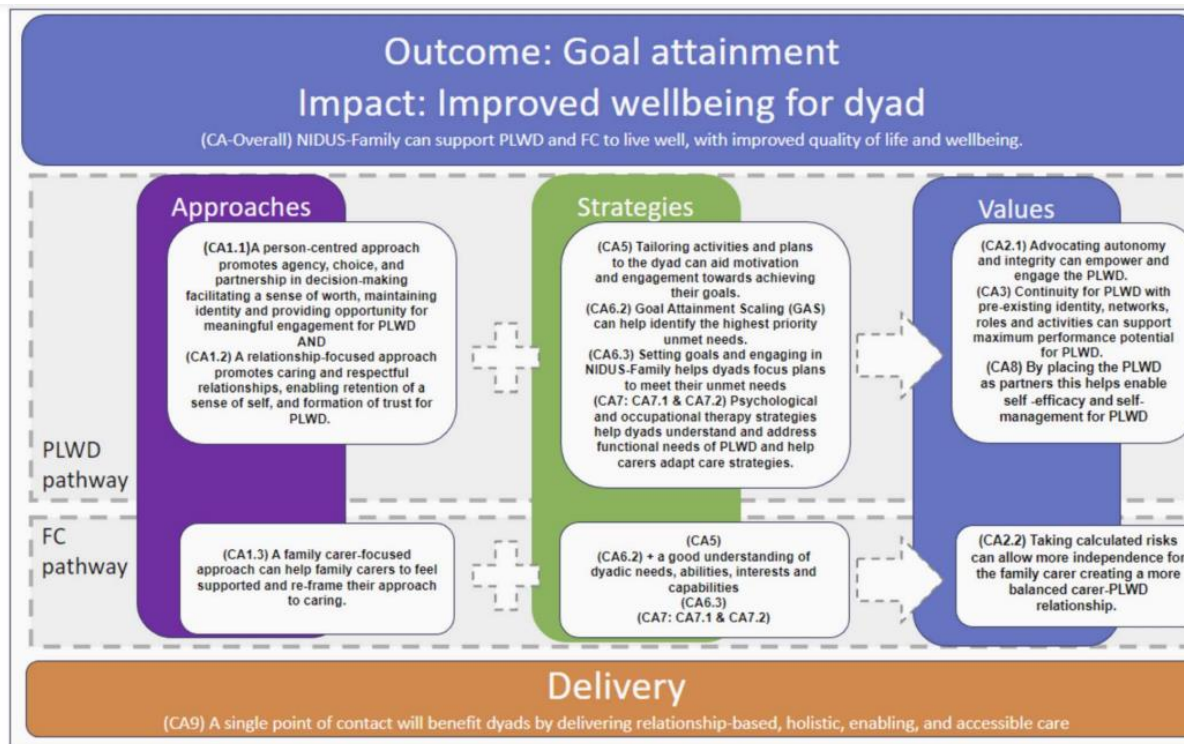


The frontline settings of general practice and emergency care allow for early identification and intervention of young people presenting with self-harm or suicidal thoughts, and managing these issues in young people is a daily reality for many GPs and non-mental health clinicians. Using an approach informed by the 2022 NICE guideline for managing self-harm, this [Practice Pointer](#) outlines how these clinicians can assess and manage young people aged 12-25 after self-harm or suicidal thoughts.

Effectiveness of NIDUS-Family v usual care

6 August (Jessica Budgett, Sara Banks, Claudia Cooper. Centre for Psychiatry and Mental Health)

Using Goal Attainment Scaling (GAS) within an RCT, researchers assess how the New Interventions for Independence in Dementia Study (NIDUS)-Family psychosocial intervention was effective relative to usual care over 1yr. Analysis of data from an acceptability questionnaire, qualitative interviews, and observational recordings identified the causal pathway mechanisms as a respectful, trusting and impartial relationship with the facilitator, supporting the development of meaningful goals, and support to find manageable solutions. Core factors were module delivery from a consistent facilitator across regular sessions, dyadic participation and an understanding of abilities.



Visit by Professor Jennifer Moodley (University of Cape Town)

12-15 August (Fiona Walter, Suzanne Scott. Centres for Cancer Screening, Prevention and Early Diagnosis)



Fiona Walter and Suzanne Scott were delighted to host Visiting Professor Jennifer Moodley (U. Cape Town, South Africa) at WIPH in the week 12-15 August. Jennifer and Fiona co-lead the AWACAN-ED (African aWAreness of CANcer & Early Diagnosis) programme, an NIHR-funded Global Health Research Group focussing on advancing early diagnosis of cancer in Southern Africa. The visit enabled work on synthesising findings from large multi-country studies undertaken over the last 2yrs, including cross-sectional surveys, health facility audits, qualitative studies and clinician and community workshops with consumer involvement. In September the team will host 3rd annual residential AWACAN-ED Southern African School for Cancer Research, this time in Cape Town after a wonderful week in Harare in 2023.

Addressing polypharmacy through storytelling-based co-design

13 August (Alison Thomson, Nina Fudge, Esca Van Blarikom, Deborah Swinglehurst. Centres for Preventive Neurology/Primary Care)

UK health policy to tackle problematic polypharmacy hinges on medication reviews, but deprescribing is uncommon. In the APOLLO-MM study, a *Storytelling Group* of 7 story creators aged 65+ with experience of polypharmacy and an interest in finding ways to safely reduce medications participated in workshops to reimagine the medication review. The group created fictional narratives, featuring protagonists affected by polypharmacy and medication reviews involving new & different professionals, roles and contexts, which resulted in a prototype collection of 7 fictional short stories ('Let's Talk *Differently* About Medicines'). Authors say the design-led methodology may be adapted for application in healthcare improvement when the phenomenon being addressed is complex and escapes easy articulation or resolution.



APOLLO Podcast

14 August (Apollo Social Science Team. Centre for Primary Care)



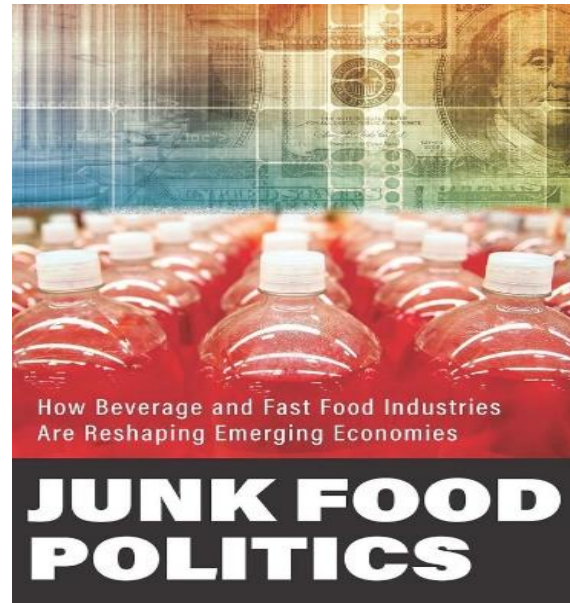
In a new episode of the APOLLO team's *Thinking In Between* podcast, anthropologist and former CPC PhD student Esca van Blarikom shares three ideas that have influenced her research and thinking: Death without weeping, Extimacy, and Biopolitics. Esca is now working as a postdoc researcher at Cornell, on a project to understand biopolitics in the post-Covid19 era.



Book Review: Junk Food Politics

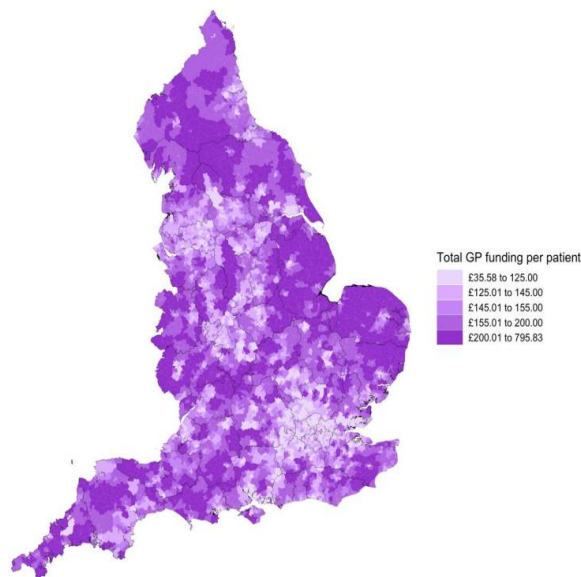
19 August (Aida Hassan. Centre for Public Health and Policy)

PhD student Aida Hassan has reviewed a book, *Junk Food Politics: How Beverage and Fast Food Industries are Reshaping Emerging Economies* by Eduardo J. Gomez, for the LSE Review of Books. The book's author considers how junk food industries, in collusion with states, shape public policy in developing countries to expand their markets, while regulations such as 'sugar taxes' begin to restrict growth in developed countries. Aida says the book offers a groundbreaking perspective on commercial determinants of health, which is needed to capture the complexities and tensions inherent in junk food policy.



Adjusting primary-care funding by deprivation

19 August (Ian Holdroyd, Cameron Appel, John Ford. Centre for Primary Care)



Addressing the potential effects of adjusting UK primary care funding for deprivation, an analysis in *BJGP* assesses (i) how accurately the current Carr Hill capitation model (used for around half of GP funding) and total GP funding predicts clinical need, and (ii) whether adjusting by the Index of Multiple Deprivation score (IMD) improves accuracy. The cross-sectional analysis of 32,844 Lower-Super-Output-Areas in England shows that adjusting capitation or total-funding by IMD would increase funding efficiency, especially for long term outcomes, such as mortality, but adjusting for IMD without age could have unwanted consequences.

School health education programme effective for public salt reduction in China

20 August (Feng He, Changqiong Wang. Centre for Public Health and Policy)

An evaluation of a school education programme (EduSaltS) to reduce salt intake among children and their families finds that the programme is scalable and effective for reduction of public salt consumption in China. Researchers found 100% participation in targeted classes of 208 enrolled primary schools, with a 97.7% registration rate among the children's 54,435 families. A completion rate of 84.9% for each lesson, and significant improvement in salt reduction knowledge and behaviours scores from 75% to 80.9% was observed. Course completion rates were

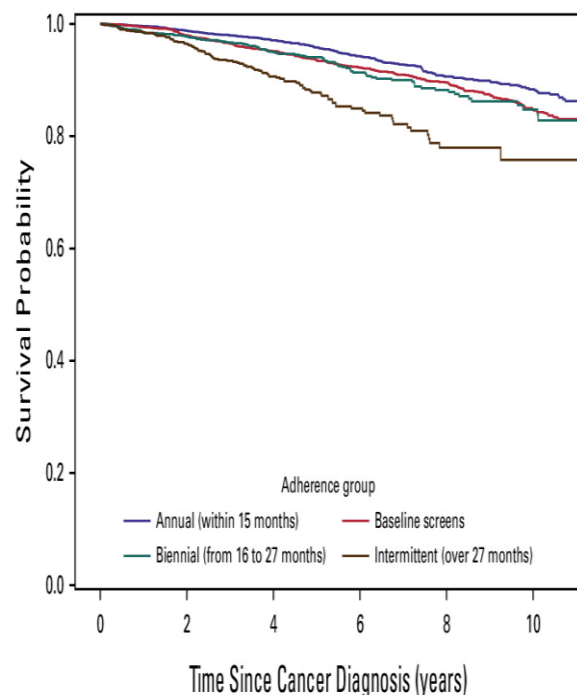
stable (79.4%-93.4%) over 1yr. Scalability was evident through the programme's integration into existing health education, engagement of local governments and adaptation across various mobile devices. Authors say the results demonstrate the programme's potential for broader application in public health initiatives aimed at reducing dietary salt intake in China.



Breast Cancer Screening Interval, Late-Stage Disease and Overall Survival

21 August (Stephen Duffy. Centre for Cancer Screening, Prevention and Early Diagnosis)

Investigating whether mammographic screening frequency affects stage at diagnosis and overall survival (OS), researchers studied >8000 patients with breast cancer who had pre-diagnosis screening. The percentage of late-stage cancers diagnosed increased significantly with screening interval (9%, 14%, and 19% late stages for annual, biennial, and intermittent screening), a trend that persisted regardless of age, race, and menopausal status. Biennial and intermittent groups had substantially worse OS than the annual screened group. Annual mammographic screening was associated with lower risk of late-stage cancer and better OS across clinical and demographic subgroups. Authors say the results suggest benefit of annual screening for women ≥ 40 yrs.

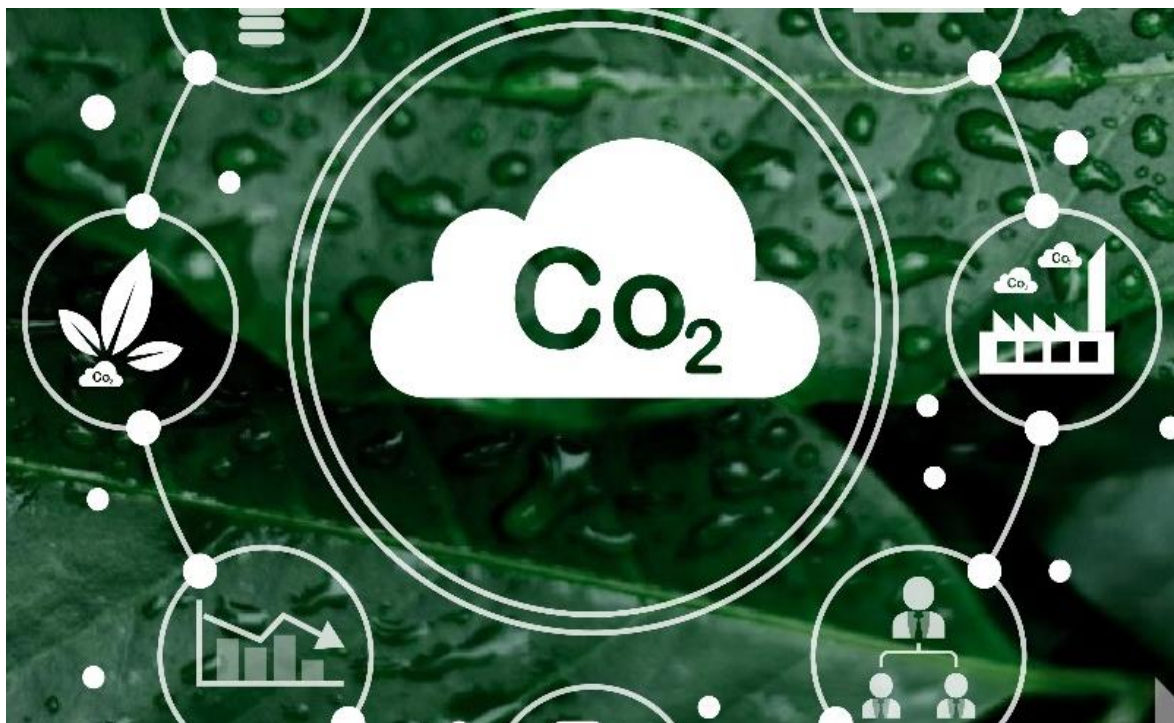


Addressing the environmental impact of haematology care

22 August (Stephen Hibbs. Centre for Primary Care)

A *Lancet Haematology* analysis calls for greater understanding of greenhouse gas emissions to inform practice in haematology care. Using Life Cycle Assessment (LCA) methodology to address environmentally unsustainable practices would be

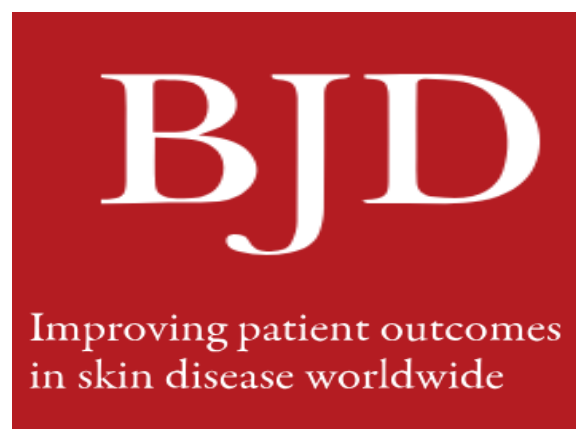
clinically valuable to reduce low-value practices (unrestricted thrombophilia screening or red cell transfusions in patients with chronic iron deficiency who could instead receive intravenous iron), incentivise high-value practices (iron deficiency screening in pregnancy may offer environmental co-benefits by avoiding downstream health complications), and make informed choices when clinically equivalent options exist. Trials of new treatments and strategies should also measure cradle-to-grave environmental impact. By embedding environmental assessment from the start, mitigation can be incentivised in planning new medical practices: *If the goal of medicine is the promotion of health, we are obliged to optimise individual care while reducing inadvertent harms to others through the emissions we produce.*



‘Psycholag’: the delay between physical and psychological healing

22 August (Ruth Taylor. Centre for Psychiatry and Mental Health)

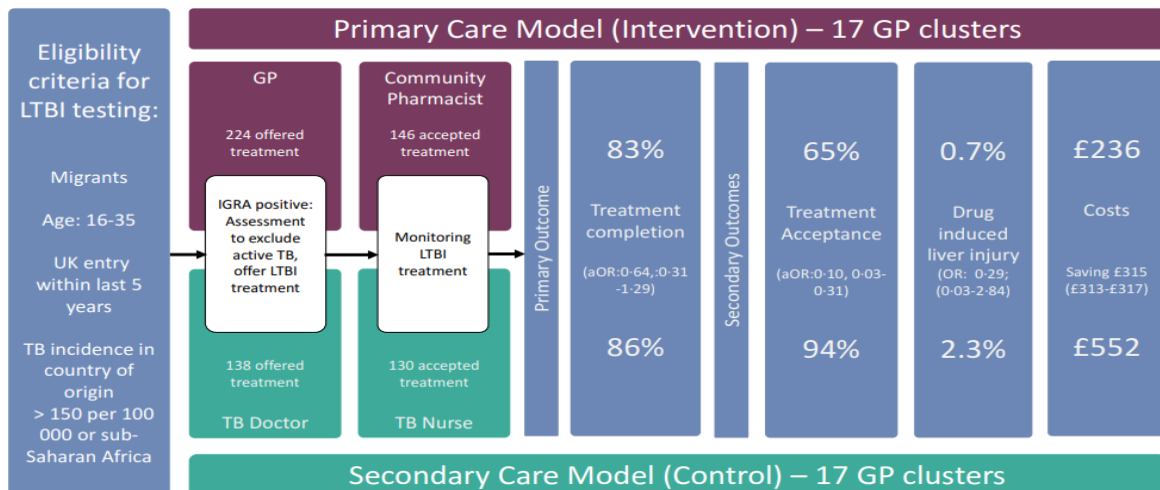
Researchers have coined a name, ‘Psycholag’, for the phenomenon in which an individual experiences rapid physical resolution of a disease, but a period of delay occurs before psychological symptoms improve. Focusing on the treatment of skin disease and associated psychological morbidities as an example, they use the concept of jet lag, when the body takes time to ‘catch up’ to the destination time zone, to explain their theory.



Treatment of latent TB in migrants in primary v secondary care

22 August (Dominik Zenner, Chris Griffiths. Centres for Public Health and Policy/Primary Care)

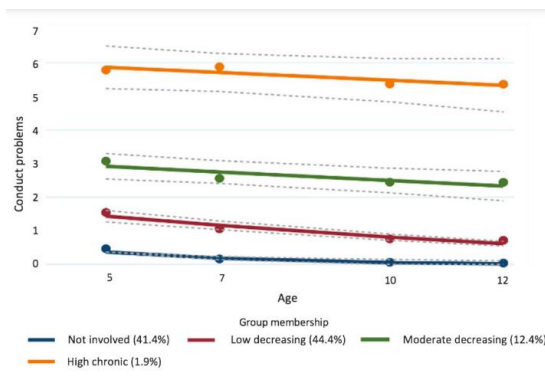
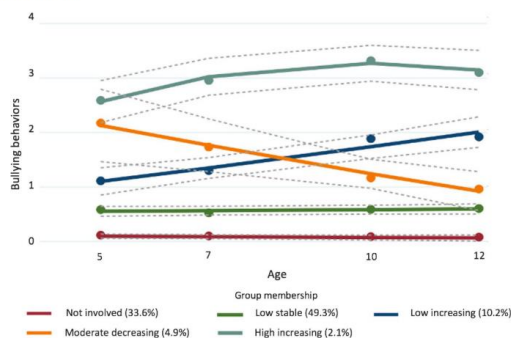
A trial conducted in 34 general practices in London tests whether a novel model of care for latent tuberculosis infection (LTBI) treatment in recent migrants, based entirely within primary care, is effective and safe compared with secondary care. Of 362 recent migrants with LTBI who were offered treatment, 276 accepted. In primary v secondary care, treatment acceptance was lower (65.2% v 94.2%), but treatment completion was similar (82.6% v 86%). Estimated cost per patient completing treatment was lower in primary care, with an incremental saving of £315.



Cognitive function and childhood bullying behaviours and conduct problems
22 August (Sania Shakoor. Centre for Psychiatry and Mental Health)

Bullying behaviours and conduct problems (BB/CP) frequently co-occur in childhood. In a study of 2232 children, researchers examine the developmental trajectories of BB/CP, test their interrelations across childhood, and assess associations with children's early cognitive function. Using parent and teacher reports of children's BB/CP at ages 5, 7, 10, & 12, the study found that the developmental course of both behaviours was interrelated most strongly among those with high levels. A subgroup of children was likely to transition from CP to BB with age. Lower IQ was associated with both trajectories, but lower theory of mind was only associated with CP trajectories. Interventions targeting BB/CP could benefit from more integration and should consider children's cognitive functioning.

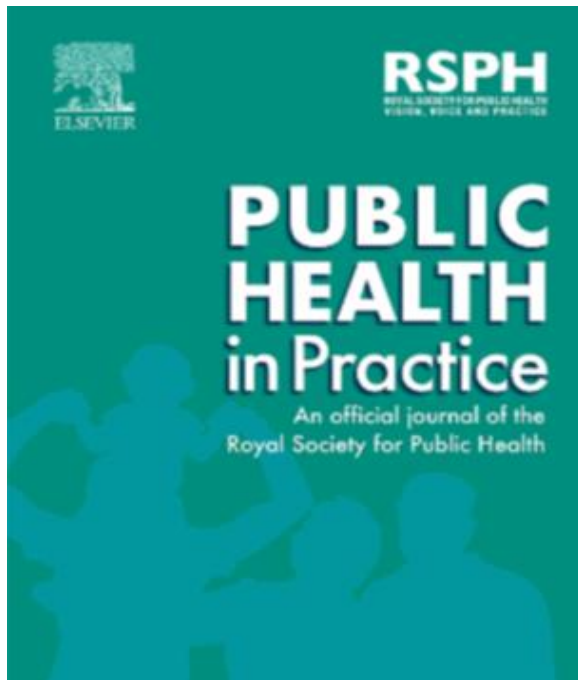
Figure 1
Dual Group-Based Trajectory Modeling for Children's Bullying Behaviors and Conduct Problems in Childhood



Note. Dotted lines: 95% confidence intervals. See the online article for the color version of this figure.

'We need a wealth of people doing public health'

23 August (John Ford. Centre for Primary Care)



In an editorial in Public Health in Practice, authors assert that the wider workforce in public health need recognition for their contribution, and should be supported through an inclusive UK-wide public health workforce strategy. They call for accessible and sustainable routes into formal public health training, alongside a healthy workplace culture. Noting that the wider workforce provides an opportunity to embed public health into areas that might not be specifically focussed on improving health and wellbeing, this [article](#) asserts that the wider public health workforce make impactful contributions to our health, and it is now our turn to support them: *To improve the health of the nation we need a wealth of people doing public health.*

Cancer Prevention and Screening Blog

23 August (Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)

The Cancer Prevention and Screening blog has published an [interview](#) with Ranjit Manchanda, about how genetic testing could help identify those who are most at risk and how to manage that risk. The research by Ranjit and his team has been translated into clinical practice through the recent publication of the NICE guidelines for ovarian cancer.



Faith-Placed Bowel Cancer Screening Education

24 August (Dharani Yerrakalva, Tom Duffy, Sammy Quaife, Stephen Duffy. Centres for Cancer Screening, Prevention and Early Diagnosis/Evaluation and Methods)



To address the problem of low participant rates in bowel cancer screening using faecal immunochemical testing among ethnic minorities in the UK, researchers delivered a presentation on bowel cancer screening to 204 Muslims in 7 mosques in East London. Participants (and non-participants) then completed a questionnaire on attitudes, perceptions and knowledge of bowel cancer screening. The intervention group showed greater willingness to do the test (90 v 67%) and recommend it to others (96% v 74%), ability to complete the test by themselves (94 v 56%) and confidence in noticing symptoms (78 v 32%). Authors conclude that a culture-sensitive, faith-placed education intervention delivered in mosques can substantially improve knowledge and increase intention to participate in screening.

Venous thromboembolism and neoadjuvant chemotherapy for ovarian cancer

24 August (Sam Oxley, Michail Sideris, Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)

A multicentre analysis across 14 UK gynaecological cancer centres shows that 1 in 9 patients were diagnosed with venous thromboembolism from commencing neoadjuvant chemotherapy through to discharge after cytoreductive surgery. There was no significant variation across centres. Authors conclude that this unacceptably high incidence of a potentially avoidable and life-threatening complication justifies the consideration of universal thromboprophylaxis in this patient group.

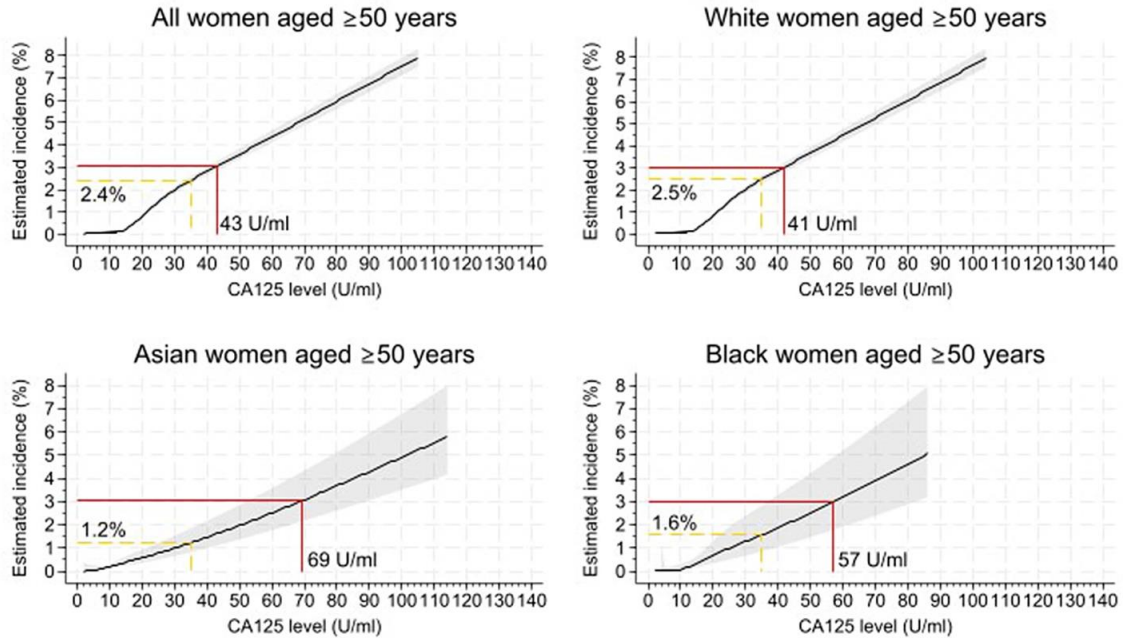


CA-125 for detecting ovarian cancer in women from different ethnic groups

26 August (Garth Funston. Centre for Cancer Screening, Prevention and Early Diagnosis)

Investigating the performance of CA-125 in ovarian cancer detection for patients from different ethnic groups, researchers use English primary care data to model ovarian cancer incidence by CA-125 level. In an unadjusted analysis, predicted CA-125 levels for Asian and Black women were higher than for White women at corresponding probabilities of ovarian cancer. The higher positive predictive values

(PPVs) for White women v Asian or Black women were eliminated by inclusion of covariates. Authors conclude that introducing ethnicity-specific thresholds may increase the specificity and PPVs of CA-125 in ovarian cancer detection at the expense of sensitivity, particularly for Asian and Black women, and so use of ethnicity-specific thresholds for CA-125 cannot be recommended.



Open Access Government highlights recent RASO research

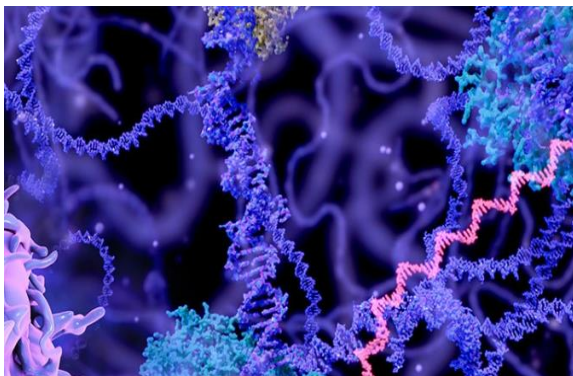
27 August (Monique Tan, Kawther Hashem, Sonia Pombo, Hoa Pham. Centre for Public Health and Policy)

A recent [study](#) from the Research and Action on Salt and Obesity Unit team is the subject of an [article](#) on the Open Access Government website. The article asserts that, as diet-related diseases like obesity, diabetes, and heart disease skyrocket globally, the need for transparency in the out-of-home (OOH) food sector has never been more urgent: *'This critical research lays the groundwork for progress, making recommendations that forward-thinking companies, policymakers, and investors can implement. One key recommendation is that companies adopt a robust and standardised approach for informing consumers about the healthiness of their products, clearly indicating how they stack up in terms of calories, fat, sugar, and salt. As the health crisis linked to poor diets worsens, the eating out industry must take responsibility for the food it serves. The insights from this new research provide the tools to do just that.'*



Intention to have blood-based multi-cancer early detection screening

27 August (Ninian Schmeising-Barnes, Jo Waller, Laura Marlow. Centre for Cancer Screening, Prevention and Early Diagnosis)

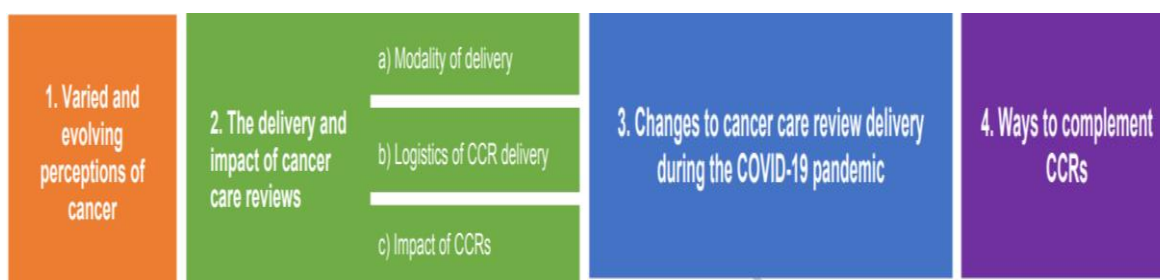


In anticipation of the introduction of multi-cancer early detection (MCED) testing, researchers conducted an online survey of 958 adults to determine intention to be screened, and potential barriers and facilitators to uptake. [Results](#) showed that MCED screening intention was high (93.8% of participants said they would definitely or probably have screening), and significantly associated with previous screening participation and general cancer attitudes, but not with socio-demographic factors. Authors say the lack of socio-demographic variation suggests equitable interest in this type of screening.

Primary care practitioners' experiences of cancer care reviews

27 August (Dipesh Gopal, Steph Taylor. Centre for Primary Care)

Exploring the experiences of primary care staff in England in delivering cancer care reviews (CCRs), an interview study identifies 4 themes (see figure). Staff reported that CCR delivery was affected by patients' (including those from ethnic minority backgrounds) perception of cancer. Cancer care involved acknowledging the challenge of a cancer diagnosis, helping decode jargon, and addressing unmet care needs. The pandemic resulted in remote CCR delivery for some practices. Staff suggested community cancer teams to provide cancer care alongside existing services. Authors say clinical staff may benefit from better training on cancer as a long-term condition and on how cancer is perceived by people from diverse ethnic backgrounds.



New Doctoral Training Centre funded by Alzheimer's Society

28 August (Nathan Davies, Claudia Cooper. Centre for Psychiatry and Mental Health)

The Alzheimer's Society has awarded £3.1million to fund a Doctoral Training Centre based at WIPH and co-led by Professors Nathan Davies and Claudia Cooper. The Alzheimer's Society DTC for Integrated Care will host 29 students, who will explore how to deliver joined up care from diagnosis to end of life to ensure independence, autonomy and choice, and which reaches people in under-served populations. The centre will focus on understanding how providing joined up care across primary, secondary and social care ensures that people with dementia receive care that is holistic and easy to navigate. Affiliated institutions include UCL, U. Plymouth, Leeds Beckett, and the LSE. The award is part of a £9 million grant to fund 3 new DTCs led by QMUL, Manchester and Newcastle Universities.



FORTHCOMING EVENTS

Inaugural Lecture

11 September (Deborah Swinglehurst. Centre for Primary Care)

All are warmly invited to register to attend the inaugural lecture of Professor of Primary Care, Deborah Swinglehurst, in the Clark Kennedy Lecture Theatre, Whitechapel Campus at 5pm on Wednesday 11 September. Deborah's lecture title is *On being a Professional Stranger: People, Paradox and valuing the Particular*. Eventbrite registration link [here](#).



Many thanks to all who so enthusiastically contribute. Please send any news items for the next newsletter to j.a.mackie@qmul.ac.uk