

# newsreview



## Risk, health, politicians, scientists and public opinion

**Professor Andy Alaszewski's was commissioned by the Economic and Social Research Council and the Medical Research Council to review health risk management. The report was published in March and subsequently featured on five radio stations during NHS week.**

According to Andy, the media interest was generated because of the link between the report and public perception of topical risks such as the MMR. 'The roots of the crisis in public trust lie in the style of contemporary government, the role of the mass media and the ways in which individuals perceive and respond to risks'. He says.

Professor Alaszewski who worked on the project with Tom Horlick-Jones of Cardiff University adds: 'In the past, information

about the dangers of smoking or unprotected sex for example, was quite successful. Currently however, high risk individuals and groups appear to be less responsive to information about risks'.

He points out: 'due to their lack of trust, parents are unwilling to accept the advice of politicians and experts that the MMR vaccine is safe. Vaccination rates are falling, creating the conditions for a measles epidemic'.

Restoring trust is likely to be a very complex process. Individuals take risks because it makes sense to do so within the context of their everyday lives. Therefore unless information about risks is made relevant and useable within the context of everyday life they will disregard it.

Professor Alaszewski notes that 'it is easier to explain why this crisis in trust has occurred

than to identify ways of resolving it'. While the government is committed post-BSE to more openness, parents' response to the MMR campaign indicate they are not convinced that a real change has taken place.

The current crisis is threatening to undermine the Government's effort to improve the health of the nation.'

The full report, by Andy Alaszewski and Tom Horlick-Jones: *Risk and Health: Review of Current Research and Identification of Areas for Further Research*, CHSS, University of Kent at Canterbury, Canterbury, 2002 is available price £5.00 from Linda MacDonnell, The Centre for Health Services Studies telephone 01227 823960 or by email on [L.F.MacDonnell@ukc.ac.uk](mailto:L.F.MacDonnell@ukc.ac.uk)

## Recent activity at CHSS

### Reviewing the evidence for local development

CHSS is contributing to the modernisation of the NHS through its Rapid Review Service provided by Dr Declan O'Neill and the CHSS team at Tunbridge Wells. Their rapid review service is being used by the NHS Executive South to provide an expert view on rapid changes and innovations occurring at a regional level. The reports recommend the most useful strategic approaches to evaluation.

### Review of hospital provision for children

Changes in medicine and increased specialization, combined with restrictions on doctor's working hours are greatly increasing the size of populations required to support a full range of services and a sufficient case load for clinicians to maintain their skills. The optimal population for paediatric surgery and trauma centres is estimated to be around 1.5 million, but currently, 60% of hospitals serve a population of 300,000 or less. The traditional response has been to centralize hospitals, which politically and socially is very unpopular.

Dr Declan O'Neill was commissioned by the NHS Executive South to investigate the population required to support services for children requiring admission to hospitals.

Using acute paediatric services in Brighton as an example, Dr O'Neill investigated the population of children aged 0-16 and looked forward to the number of admissions expected in 2006. He researched the principles determined for quality child care strategies and examined established models of training and accreditation for children's services, the requirements for paediatric intensive care and services for adolescents.

### Four reports are currently available:

#### Report 1

The Separation of Elective and Emergency Surgery.

#### Report 2

The Re-provision of Learning Disability Services.

#### Report 3

The Planning Population for childhood illnesses potentially requiring admission.

#### Report 4

What evidence is there to demonstrate the effectiveness of health and social care interventions in reducing pressures on the acute hospital system?

A further ten reports have been commissioned for the coming year. Copies of the reports are available on [www.ukc.ac.uk/chss](http://www.ukc.ac.uk/chss).

### Does Pop Larkin still live in Kent?



Honorary research fellow Ann Palmer of West Kent Health Authority recently pondered the question "Does Pop Larkin still live in Kent?"

The Darling Buds Of May was one of the most popular comedy drama programmes on UK television in the early 1990s and was filmed in Kent. It was based on H.E. Bates' novels about the unflappable Larkin family living in the ever-sunny 1950s. Bates got his inspiration after seeing a real life Larkin family outside a shop eating ice cream and crisps.

How does Kent's current lifestyle compare with the 1950s and what are the health and social care implications? The answers are currently being sought in the "Kent and Medway Lifestyle Survey", which was funded by the South East Public Health Observatory and co-ordinated by Dr Palmer. In June, all households in Kent were asked 74 questions about diet, health and access to health services and the dentist.

Agreeing to send out 16,000 postal questionnaires is not a decision to be taken lightly, but in March 2001, the CHSS administration team got stuck in and worked their way through designing, laying out, printing and sending out the questionnaires. By December 2001 all one and a half million results were entered into the department's computers. The results of the survey will be used to help plan Kent's public health policies.

### Kent's elderly in European comparison

A combination of a Mediterranean diet, mild winters, no major environmental problems, and a high standard of living makes Monaco the healthiest place in the world to live. Monaco has one of the longest life expectancies at 78.58 years. In contrast, life expectancy dropped in Russia recently to 67.34 years. Big differences can occur too between life expectancies for men and women. In Belarus for example, women live 12 years longer than men.

These figures, raise questions about how inequalities can be tackled, particularly through welfare systems. To date, research on healthcare services has mainly addressed the care of in-patients or patients living in long term care institutions.

The ADHOC (Aged in Homecare) project will establish the characteristics of older people receiving community care, examining



the setting, financial and management structures and the range and organisation of services in 11 countries. It will also follow how older people use hospitals, general practice, day care, respite care home nursing and social care, over one year.

According to Dr Carpenter, 'this is a really exciting project. When we have measured the same things in each country, we will end up with fascinating data. Despite what is commonly thought about Europe becoming more homogenous, when you start to examine the detail of older peoples' lives and the provision for care, especially outside hospitals, there are still very significant differences. Studying these differences will result in a cross-national database on which to base future healthcare policy'.

This two-year project is funded by the European Union's 5th Framework scheme. The UK study involves volunteers from the Ashford and Maidstone areas who are aged over 65.



## New findings

### Free nursing care in England?

A simple series of questions on key aspects of an older person's health status could be used to form the basis of a re-imbursement system for registered nurse care time in long term care. This is good news because the Department of Health has stated that: 'In the future, the NHS will meet the costs of registered nurse time spent on providing, delegating or supervising care in any setting.....Therefore people identified as needing nursing home care will no longer have to meet any of the costs for the registered nurses involved in their care, or for the specialist equipment used by these nurses'. But how to calculate such payments?

Dr Iain Carpenter has found that the RUG-III system identified clear differences in the amount of care time provided by registered nurses in different types of nursing home resident. In a recent study, RGNs were found to spend longer caring for residents with more complex medical and nursing conditions than to those with less complex conditions.

Iain Carpenter reckons that use of the RUG-III system for this purpose is straightforward and does not require an understanding of its complexities.

The study was funded by the Joseph Rowntree Foundation and the results can be seen on their website at <http://www.jrf.org.uk/housingtrust/mds/default.asp>

### Is access to cancer services fair?

Peter Aspinall and Elizabeth Anionwu are currently working with the South West London Cancer Network to find out how factors such as age, gender, ethnic group, social class, comorbidity, distance/travel time to hospital, and referrer, affect access to cancer services. The study uses statistical databases of cancer registrations and admitted patients in a modelling approach. In addition, questionnaire surveys of hospital medical and nursing staff are being undertaken to provide further insight into patient and nurse/physician factors affecting equity of access.

## Recent grants

### Drug treatment in prisons



Drugs use in prisons is not considered primarily harmful because of health hazards, or the behaviour of prisoners, or even because drug use is illegal. The main problem is the culture of violence, intimidation and corruption surrounding their supply and use as currency.

Two new researchers Sarah Appleton and Rose Capello were recruited in November, to undertake a project evaluating the effectiveness of drug misuse treatments in male prisons in Kent, East Surrey and Sussex.

The aim of study is to identify health, social and offending risks of prisoners who misuse drugs in prisons and the range of services currently provided to them. It will evaluate the effectiveness of services in improving the health of prisoners and the ability to reduce long-term drug use and re-offending. Focus groups will be conducted with staff and prisoners to gain an insight into treatment successes and failures and staff understanding of the treatment they are delivering. The project is funded by the West and East Kent Health Authorities and Kent Council on Drugs and will run until December 2002.



### Electronic lifestyle survey toolkit

In December the South East Regional Public Health Observatory agreed to fund CHSS to develop what has been called an "electronic lifestyle survey toolkit". The objectives of this work include collecting all lifestyle surveys carried out in the South East over the past 10 years and setting up a database of frequently used questions in a format which can be downloaded and analysed by users and to use the results of the analyses to produce guidelines. The project will be managed by Linda Jenkins.

### Carers' experiences of hospital support

Hastings and Rother NHS Trust recently funded CHSS to examine carers' experience of the care and support provided by the Trust and advise on ways in which services can be improved and developed. The project is being undertaken by Dr Hilary Bungay.

### Review of sickle cell disease and thalassaemia data

The NHS Haemoglobinopathy Screening Programme has funded Peter Aspinall to undertake two projects. The first with Terence Bates and Dr Allison Streetly will examine the management of the haemoglobinopathies (sickle cell disease and thalassaemia) in NHS hospital in-patient settings through the analysis of hospital episode statistics (HES). This will inform the NHS Haemoglobinopathy Screening Programme. The second, which is with Dr Simon Dyson and Professor Elizabeth Anionwu will provide evidence of the effectiveness of an 'ethnic' question as an option for the screening within an antenatal screening programme for the haemoglobinopathies.

## New Director's

**Professor Andy Alaszewski BA, MA, PhD(Cantab)** took over from **Professor Mike Calnan** as the **Professor of Health Studies and Director of the Centre** in January 2001. Prof Alaszewski was formerly the **Professor of Health Studies and Director of the Institute of Health Studies at the University of Hull**. He admits that 'moving to Canterbury felt rather like coming home. I was originally from London, but we spent many holidays on the North Kent coast. As I drive around the area long lost and happy memories resurface. We had especially happy times at some of the seaside resorts. I recently went back to Leysdown and was amazed to see that it was still thriving.'



*Professor Alaszewski on holiday in Leysdown*

**Andy is an applied social scientist with interests in the development of health policy and health services, the development of services for vulnerable individuals, especially older people and people with learning disabilities and the analysis and management of risk in health and welfare agencies. While some of his research has centred on the review of services in Hull, he has also participated in knowledge transfer to Nigeria and to Poland. He is editor of the international journal, *Health, Risk and Society*.**

## nostalgic memories of Kent



Andy recently answered some questions from staff about his move to Kent and his vision for CHSS in the future:

### **So Andy why did you move from Hull?**

I had been at Hull nearly 25 years and appreciated the opportunities which the University had given me but I felt that I had achieved all I was going to so it was time for new challenges.

### **Very diplomatic – and we thought it was for the staff in CHSS and the weather in Kent. Moving on, in your career to date, what are you most proud of?**

The most challenging project I have undertaken is the recently completed review of risk and health commissioned by ESRC and MRC. Not only did we have to make sense of substantial range of research, a Medline search which identified over 400,000 references, but we also had to make our findings accessible. We needed to explain the relevance of some complex social science to doctors and research funders.

### **OK, now flatter us – in a word, what is the feature or attribute that you most admire in the people you work with?**

Imagination and innovation.

### **Two words, that tells us something. Next, what do you hope to achieve in CHSS?**

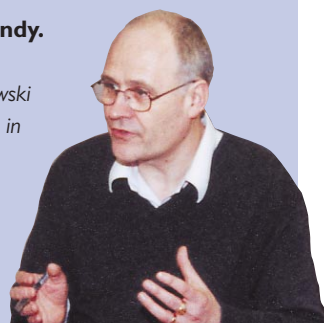
CHSS is a well-grounded research centre with an excellent reputation for health services research. Its contribution to the 5\* research rating for social policy was very important. We have the opportunity to develop our national and international reputation and to be in the forefront of research and service development in health and social care.

### **Sounds good to us, finally what do you like best about being at the University of Kent?**

I have found UKC a very supportive and stimulating environment. It is a challenge to collaborate with colleagues who are working at the cutting edge of their disciplines. However the university is no ivory tower, there is a strong commitment to widening access to and making available the knowledge which it generates. We have a close and positive relationship with our partners in health and social services.

### **Thank you Andy.**

*Professor Alaszewski  
teaching the MA in  
Health Studies*



## NHS Research and Development Support

Five Research and Development Support Units (RDSUs) are funded by the NHS Executive to support research and the implementation of research findings into NHS clinical practice in the South East Region. CHSS supports research in Kent and Surrey. Here are some requests for help that CHSS has dealt with in the last few months.

**Q** *I am a consultant paediatrician and I have completed many audits of my department's practice. We have a lot of data on the results of service innovations which could be compared to existing practice. How can I get started with a research project and would there be any funding to help me?*

**A** Firstly, CHSS provides a series of workshops and seminars on research methods and selected research topics, which are delivered by specialist speakers. There are three, one day basic introductory sessions which are aimed at people starting to develop a research interest. The "Introduction to Research Methods" day offers an overview of basic steps in research. The second, "Using Quantitative Research Methods" covers deciding on the right methodology, and "Using Qualitative Research Methods" covers choosing the right qualitative methodology. If you were a beginner and attended these, you would have a good impression of the methodology best suited to answer your research question.

Next, CHSS offers advice and support in designing research protocols. This service is by appointment and you can book in at CHSS in Tunbridge Wells or at Canterbury. We can also help with finding academic and other partners for projects.

As far as funding is concerned, we produce a monthly summary of research funding which is disseminated through email funding bulletins. You should speak to the Lead Research and Development Officer or R&D Co-ordinator in your Trust and ask to be put onto the mailing or email list for the bulletin.

## Research and Development Support Unit for Kent and Surrey *continued*

**Q** I am from a learning disabilities background and would like to increase my department's research activity. Can you help me to find like minded partners?

Yes, the RDSU will help to foster research through supporting research networks. We have started to assist with a research network for research in mental health and learning disabilities in Surrey and have facilitated meetings.

**Q** I want to conduct a research project where I compare the outcome of a treatment with another group of patients who do not receive the treatment. How do I work out how many people to include in the study?

**A** There are two ways we can help here. A medical statistician from CHSS is available for consultation at four hospitals in Kent and Surrey and at CHSS in Tunbridge Wells or at Canterbury. Advice is provided free and appointments can be booked. Alternatively, if your query is less specific, you could learn more through our "Sample Size Calculations" seminar, which introduces statistical methods for calculating the sample size for comparing two independent groups of subjects or comparing paired observations. We also run a session on "Controlling Bias in Studies".

If you would like to find out more about any of the above, please contact Barbara Wall on 01227 823680 Email: [B.Wall@ukc.ac.uk](mailto:B.Wall@ukc.ac.uk)

## MA in Health Studies



**'The MA gave me new knowledge, new language and has acted as a catalyst for change...'**

CHSS offer an MA in Health Studies, an advanced course of study in health services research and management. The MA attracts students from a wide variety of local and international backgrounds. Course administrator Jackie Newton says that 'We have had students from as far away as South America and the Far East, which has been very interesting'.

Dr Simon Wharfe, who is a full time GP at Chartham and Medical Director of the CANDOC deputizing service, took a year off to take the MA in Health Studies. He recently took time to explain how he had benefited from the course. 'I suppose, in a way I was facing burn out. The MA gave me space and in the end acted as a catalyst for change.' Dr Wharfe said he found the MA very challenging. 'Since the age of 16, I have chosen scientific subjects and haven't written an essay for years. Because the MA is based in the social sciences, I had to think differently and express myself in new ways.'

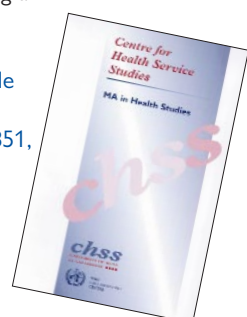
Simon described one of the most valuable aspects of the course as the research methods module, particularly qualitative methodologies saying, 'having spent three years conducting randomized controlled trials of new drugs, I was fascinated to learn how qualitative techniques can expand understanding. CANDOC routinely uses qualitative techniques to measure patient satisfaction and I am now much more discerning about the questionnaires we use.'

The theologians who taught the medical ethics module gave Simon a totally new perspective. 'Having learned ethics by osmosis, usually around issues of consent, this formal training was excellent and has challenged my practice.'

'The MA gave me new knowledge, new language and has acted as a catalyst for change. East Kent Community Trust were looking for an Associate Medical Director with a wider and more recent understanding of the NHS and the MA gave me the confidence and the knowledge to apply for the post. We are finding the process of information sharing between general practice and community services hugely beneficial.'

The MA in Health Studies is a flexible programme which can be taken on a full or part-time basis and includes a large element of independent study. The entry requirement is a good honours degree in a relevant subject. We also consider applicants with relevant professional qualifications such as medical degrees or nursing and PAM qualifications.

The MA brochure available from Jackie Newton by telephone on 01227 827851, or by email at [j.r.newton@ukc.ac.uk](mailto:j.r.newton@ukc.ac.uk)



## Open Seminar Programme

CHSS holds an open seminar at the University of Kent each month during term time. Topics are selected to be of interest to local people and healthcare providers. In December, Dr Yvonne Challoner and research assistant Kirstie Coxon presented the interim results of an evaluation of intermediate care services in Kent in a very well received seminar.

Intermediate care aims to *'increase the number of older people maintaining independent living at home, improve efficiency and effectiveness of health and social care systems and make more effective use of acute, continuing care and long term care capacity with emphasis on user and carer involvement'*.

Dr Challoner explained how her study was using both qualitative and quantitative methodologies. The audience were fascinated by the results of the qualitative work. Using quotes from patients who had experienced recuperative care, Dr Challoner was able to show how it works. One lady for example explained, 'After the pacemaker I seemed a lot better but I wasn't my true self. ...I thought I can never go home... I said to two people in the hospital that I didn't feel quite myself yet and they helped me get into the Dorothy Lucy Centre and I've never done such a good thing in my life. I mean that. I had 5 weeks in there and I was different altogether when I came out. And it is a wonderful place.' And, 'I thought I would be finished but I'm not...it was a turning point for me. I thought I'd have to give everything up. Yes I thought I was going to lose it and I didn't actually know anything about these pacemakers. I thought – "Oh well I shan't be able to do anything now." but I have.....'.

The study began in September 2000 and will be completed in April 2002. Follow up will continue for one year and should end in April 2003. The project is funded by East Kent Health Authority and Social Services.

Dr Yvonne Challoner is an Honorary Senior Lecturer in CHSS and Consultant Geriatrician at the Queen Elizabeth the Queen Mother Hospital in Margate.

For more information on the open seminar programme go to: [www.ukc.ac.uk/chss/](http://www.ukc.ac.uk/chss/)

## New New New...

### Website

Dr Mathew Mackenzie has created a new website for the ICON research project, which is based at CHSS. "ICON" stands for "Intermediate Care, Organisation and Normalisation", a name which reflects not only the area of healthcare under scrutiny, but which also contains two words key to the project ethos. Rather than consider the merits of each type of service separately, the ICON team are taking a holistic approach, enabling changes to one service to be considered in terms of effects throughout a healthcare system, hence fundamentally looking at "organisation". Secondly, and key to the project's success, is the need to assess health status in a standardised way.

The website will be used to publicise findings of the project during the third quarter of 2002.

The website can be found at:  
<http://www.ukc.ac.uk/chss-local/icon/>

### Publications

#### They deserve better

According to Dr Iain Carpenter, Reader at CHSS on the behalf of the commission, older people in Birmingham deserve better. This was the conclusion of an Independent Commission of Enquiry set up to analyse the causes of chronic bed blocking in Birmingham.



The commission was chaired by MP Terry Davis and membership included Martin Shreeve, Programme Director of Better Government for Older People.

Delayed hospital discharges came to a head last year causing an unprecedented level of public and governmental concern. The press cuttings a made bleak reading and nearly £7 million was diverted from Birmingham City Council and Health Authority schemes to address the situation.

The Commission interviewed over fifty professionals and members of the public and concluded that Birmingham's problems were based on a national under funding of social services – especially services for older people.

The report identified major difficulties between Health and Social Services exacerbated by under funding. It said that the injection of funds was 'little more than a sticking plaster' when radical treatment was required. The Commission concluded that, 'the number of people waiting to leave hospital is less important than the time for which a patient has waited. In other words, it is much worse for one person to have waited two months than for 50 people to have waited for one day'.

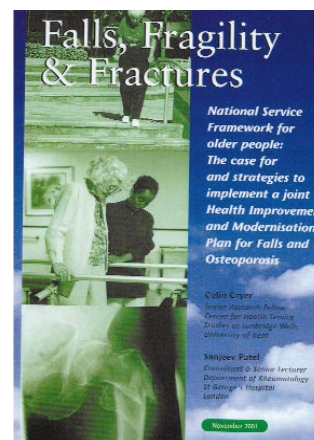
The report is available from The Centre for Health Services Studies.

#### Jack and Jill still falling down

Like the old nursery rhyme, Jack is still falling down and Jill is still tumbling after. Falls are now the principal cause of injury leading to hospital admission and death among over-65s. One in three people aged 65 and over experience a fall at least once a year – rising to one in two among 80-year-olds and over. Every year 135,000 falls occur among those aged 75 years and older. (In economic terms, it is not crowns which are being broken, older people's hip fractures alone cost the NHS £1.7 billion per annum.)

In the Spring, Dr Colin Cryer was commissioned by the Health Development Agency to perform an amalgamation of reviews and guidelines on the prevention of accidental injury amongst older people. This informed the Accidental Injury Task Force and its Working Group on Older People.

For further information on the report entitled *Falls, Fragility and Fractures* contact Colin Cryer, [p.c.cryer@ukc.ac.uk](mailto:p.c.cryer@ukc.ac.uk)



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l.f.macdonnell@ukc.ac.uk

## New New New... continued

### Development manager

Bridget Carpenter BA joined the Centre in November in a new post of Development Manager for R&D Support. Her role is to identify ways in which CHSS can support the development of research and development in the NHS, establish and maintain relationships with key research stakeholders and develop more effective ways of providing information about the support provided.

Bridget has been a research manager in an acute trust, a communications manager for the NHS Executive and the R&D Manager for the Kent and Canterbury Hospital. More recently, she was Development Officer with the European Institute of Social Services at UKC.

### Research assistants

Both Sarah Appleton and Rose Cappello completed BSc (Hons) degrees in Psychology in 2001. They are now working on the Evaluation of Effectiveness of Drug Misuse Treatments in Prisons project.

Helen Alaszewski is currently working with Dr Iain Carpenter on the ADHOC (Aged in Homecare) project. Helen is a registered nurse who specialises in the care of older people. Her particular research interest is risk and older people, especially where it has a practical application and can help practitioners reflect on their decisions. Her previous research has included examining the ways in which nurses working in community setting manage risk, the mental health needs of looked after children in Lincolnshire for Social Services and health needs assessment in the Bridlington area.

Marion Scholes is a State Registered Nurse and a part time research assistant working on the ADHOC (Aged in Homecare) project and developing a training programme for nurses and healthcare workers using the MDS RAI and MDS HC assessment

instruments for older people. She completed a BSc in Social Policy at the University of Kent in 2001.

Kirstie Coxon was an adult nurse who completed her degree in midwifery in 1996. Until very recently a practising midwife, she has now embarked on the MA in Health Studies and a post with CHSS as a research assistant and the Intermediate Care Project.

### PhDs awarded

PhDs have been awarded to Hilary Bungay and Eve Pringle, both of whom were awarded NHS Executive research training fellowships in 1997 and were supervised at CHSS.

Hilary is a radiographer, who worked at the Kent and Canterbury Hospital. She completed the MA in Health Studies in 1994 and became a research radiographer. Hilary completed her PhD in Social Policy and Administration through an exploration of pathways in the diagnosis and treatment of women with breast problems in a hospital setting.

Eve was a physiotherapist who worked for East Kent Community Trust. Like Hilary, she completed the MA in Health Studies. Eve's PhD was gained through examining how occupational therapy, physiotherapy and speech and language therapy use research findings in their everyday practice. Eve is now a lecturer at Canterbury Christ Church University College.

## Staff at CHSS

**Professor Andy Alaszewski**  
BA, MA, PhD

Director of CHSS and Professor of Health Studies

**Helen Alaszewski RGN, BA**

Research Associate

**Sarah Appleton BSc** Research Assistant

**Peter Aspinall BA, MA** Research Fellow

**Hilary Bungay HDCR, MA, PhD**

Research Associate

**Rosaria Cappello BSc** Research Assistant

**Bridget Carpenter Dip CIM, BA**

Development Manager for Research & Development

**Iain Carpenter MD, FRCP**

Associate Director and Reader in Health Care of the Elderly. (Joint with King's College School of Medicine & Dentistry)

**Adam Cook BA** Information Analyst

**Yvonne Cornish BA, MSc, HonMFPHM**  
Lecturer in Public Health

**Kirstie Coxon BA** Research Assistant

**Dr Colin Cryer BSc, PhD, CStat,**

**HonMFPHM** Senior Research Fellow

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**Barbara Wall BA** Research Officer

