

newsreview



Senectus Centre Director Dr Iain Carpenter, Pfizer's Julie Ann Dooley, Professor David Melville, Vice-Chancellor of UKC and Senectus Research Associate William Anderson celebrate the award

New Centre for Healthy Ageing

CHSS has been awarded a £185,000 grant by Pfizer, the global pharmaceutical company with headquarters in Kent. The grant will help establish a centre to improve the standards of care received by older people in the UK.

The grant holder Dr Iain Carpenter, Associate Director of CHSS, will use the funding to set up the Senectus Centre to help health care and social services organisations meet new government requirements for assessment of the care given to older people.

Dr Iain Carpenter said: 'I am very excited about having support for this Centre which we have named after the Roman god of old age. This is a major opportunity to enhance the quality of services provided for older people. It is a very complex area that needs empirical research and I am looking forward to undertaking the programme'.

Under the Single Assessment Process, NHS bodies and local councils will work together to ensure older people receive appropriate,

effective and timely responses to their health and social care needs.

Initially, the grant will support a pilot project in Shepway that will complement – and eventually evaluate Kent Social Services and East Kent Health Authority services.

Professor Andy Alaszewski, Director of CHSS welcomed the funding: "This grant is a huge boost to the implementation of the Single Assessment Process in Kent. To have Pfizer's support is extremely important for the development of evidence-based services for Kent's older people."

Pfizer's Julie Ann Dooley, Outcomes Research & Evidence Based Medicine Team Leader, said: "Pfizer is delighted to be

involved with this and fully supports and encourages the best health care for the aged community."

One of the key aims of the project is to develop the Senectus database which is maintained by CHSS. This is an archive of assessment and service performance data derived from assessments of older people. Senectus also links with an international database of millions of records generated from assessments carried out in the United States, Italy, Canada, Japan and other European countries. Senectus will act as an essential resource for health services research in services of older people

Getting research into practice: preventing falls in older people

Implementing research findings is the holy grail for healthcare research. Here, Colin Cryer, Senior Research Fellow at CHSS and member of the NICE Guidelines Development Group for the assessment and prevention of falls in older people reflects on what has and what hasn't worked in the efforts of he and his collaborators to get research into practice.

Key stage one: The size, scope and importance of the problem

When falls were identified as a priority for prevention almost ten years ago, I was a member of the team which was commissioned to carry out a systematic review which formed the basis of an Effective Health Care Bulletin. Systematic reviews evaluate the available primary evidence, by bringing together the results of many research projects, and indicate the effectiveness of particular interventions.

The Department of Health subsequently asked me to identify goals for the prevention of unintentional injury for older people and at the same time, commissioned a study of the association between deprivation and the rates of injury death and hospitalisation in older people. I also worked with the University of Newcastle on a literature review for the DTI, to describe the problem of falls across the age groups and to identify preventive strategies. Output: Sowden A, Sheldon T, Pehl L, et al. Preventing falls and subsequent injury in older people. *Effective Health Care* 1996;2:1-16.

Key stage two: Data to support interventions

Once we had the basic evidence in place we undertook a local general practice project to investigate the effectiveness of exercise in the prevention of falls. For two years, people who had fallen aged over 65 and living independently in Canterbury, completed a diary recording falls. This study generated a rich source of data to investigate key falls-related research questions. Output: Allen A, Simpson JM. A primary care based fall prevention programme. *Physiotherapy Theory and Practice* 1999;15:121-133.



Dr Colin Cryer

Key stage three: Networking and dissemination

Dissemination is a hugely important part of getting research into practice and I made many presentations to accident prevention groups around the country, including several regional meetings of the Royal Society for the Prevention of Accidents (RoSPA). It is critical that research findings are discussed and refined with the people who will be implementing them.

Key stage four: Developing guidelines

As a result of this networking the DoH invited myself and Gene Feder, Queen Mary School of Medicine and Dentistry, London, to develop guidelines for the prevention of falls in older people. Output: Feder G, Cryer C, Donovan S, et al. Guidelines for the prevention of falls in people over 65. *BMJ* 2000;321:1007-11.

Key stage five: Guideline effectiveness

The next logical step would be to evaluate the effectiveness of guidelines. We secured DoH funding to develop a trial to evaluate the implementation of the falls prevention guidelines at the PCT level, and PPP Foundation funding for a pilot study. Unfortunately the trial became unviable due to the impact of the National Service Framework for older people. This generated local prevention activity meaning that the comparisons planned in our trial would have been contaminated by the new activity and the trial had to be shelved. Output: Carter Y, Cryer C, Crown J, et al. *Implementation of multi-disciplinary guidelines for the prevention of falls in older people: a pilot study*. London: Queen Mary's School of Medicine and Dentistry, Barts and The London, 2002.

Key stage six: Prevention strategies

The next stage after evaluating guidelines, is to look forward and develop prevention strategies. Both *Saving Lives: Our Healthier Nation* and the National Service Framework for older people created a need for strategies for falls and fracture prevention and in response, the Alliance for Better Bone Health commissioned myself and Consultant Rheumatologist, Dr Sanjeev Patel (St George's Hospital, London) to develop a strategy. Output: Cryer C, Patel S. *Falls, fragility and fractures. National Service Framework for Older People. The case for and strategies to implement a joint Health Improvement and Modernisation Plan for falls and osteoporosis*. London: Proctor and Gamble, 2001.



The cycle continues and currently the Health Development Agency (HDA) is developing an evidence base for prevention. Colin was commissioned to report on what works to prevent unintentional injury amongst older people as well as strategies for prevention for the Accidental Injury Task Force. A new area is a collaboration with East Kent Community NHS Trust on compliance with the use of hip protectors to prevent injury amongst older people living in residential care homes.

The future: Implementation issues

Beyond getting research into practice through systematic reviews, goals and guidelines is risk assessment. Colin has recently been working on a falls risk assessment tool.

For a full list of references to the many more reports and publications produced as a result of this work please go the CHSS website at: www.ukc.ac/chss/resd.htm

CHSS reviews supportive care needs



Hilary Bungay, Declan O'Neill and Tolulope Ojo of CHSS are working on a new project for the Kent Cancer Network. This study is particularly concerned to investigate the scientific and 'grey' literature in the following terms:

- the appropriate management of patients, their families and their carers in terms of dignity, respect and general holistic care of the individual
- the empowerment of cancer patients in the decision making processes concerning their care and treatment
- modalities and levels of information on cancer supportive care, as well as the availability of and access to that information

The study will conduct an inventory of existing cancer supportive care information through a survey of Kent Cancer Network personnel and interviews with key personnel. It will explore perceptions of unmet need for cancer supportive care information.

The project is due for completion in January 2003. Copies of the report will be available from: Dr Declan O'Neill by email: D.F.O'Neill@ukc.ac.uk

New recruit to CHSS

New recruit to CHSS, Jenny Billings, is an experienced researcher and lecturer in health care with a special interest in public health and older people. A nurse and health visitor, Jenny was formerly Lecturer in Community Nursing, King's College London, School of Nursing and Midwifery.

Jenny is a well-respected contributor to numerous national working parties on public health and community nursing issues. Her current research interests focus on evaluation of new services, specifically in relation to intermediate care and consumer involvement.

Jenny has a joint appointment between East Kent NHS Hospitals Trust and CHSS. Her responsibilities include:

- increasing the quality and quantity of research activity in the NHS in Kent and Surrey
- developing multi-agency collaborative projects to evaluate new services
- developing and implementing the R&D strategy for older people in East Kent
- initiating, supervising and monitoring multi-disciplinary projects
- taking forward consumer involvement
- developing and undertaking research and critical appraisal skills training

One of Jenny's key responsibilities is the EU funded PROCARE project. Here she explains more:

PROCARE Comparing care across Europe

"Because much of my research involves older people I am well aware of the figures for their anticipated increase in the future. What did surprise me though, was that the number of Europeans aged 20-29 will have fallen by 20% by the year 2020".

This shrinking workforce means fewer people working and paying taxes to support the care of older people. The European Union's 5th framework programme recognizes this challenge and promotes research "that improves the quality, efficiency and user friendliness of care and welfare provisions."



Jenny Billings

The PROCARE project is example of this approach. This project, involves nine partner countries comparing and evaluating different models of service delivery across Europe, focusing on integrated care. While health services remain a national responsibility, the EU is using research to share experience and encourage best practice for high quality health and long term care.

The two year project starts with the compilation of national reports detailing current policy and service provision. As Jenny explains, "It will be fascinating to see how the partner countries of Austria, Holland, Finland, Denmark, Greece, Italy, France, Germany and the UK meet the challenge of providing elderly care services. Every country shares the same burden of limited resources, but there are differences in taxation rates, numbers of women in work and other cultural factors which affect care services. I am sure each partner will learn about new approaches not previously tried."

CHSS is leading the research phase of the project to evaluate care services and create performance measures for use in planning and policy making. The team includes Andy Alaszewski, Kirsty Coxon, John Baldock and Julia Twigg.

The final phase will be consultation on and dissemination of policy recommendations both within East Kent and at a national level.

If you are interested in being involved in the consultation process, please contact Jenny on 01227 823876 or by email: J.R.Billings@ukc.ac.uk

Reconstructing life after stroke

Stroke happens fast and unexpectedly, like a lightning bolt. Robert McCrum was a 42-year-old newly-wed and Faber & Faber's editor-in-chief when he was hit by a stroke. Writing afterwards, he said "the cruel fact is that this former self is irretrievably shattered into a thousand pieces, and try as one may to glue those pieces back together again, the reconstituted version will never be better than a cracked, imperfect assembly, a constant mockery of one's former, successful individuality."¹

While quite a lot of research has been done on how to prevent and treat stroke, comparatively little has been undertaken on the ways in which people respond and how they reconstruct and manage their everyday lives afterwards.

CHSS is undertaking a project designed to rectify this imbalance by providing an understanding of how people who have experienced stroke manage their lives, the coping mechanisms they and their carers develop and the ways in which professional intervention can support such strategies.

Lead researcher Helen Alaszewski explains that "some studies have examined the impact of stroke in terms of the experience of hospital, discharge, service provision at home and the ways people adapted after their stroke. However, they tend to miss the strategies by which people and their carers reconstitute and normalise their every day lives by creating mechanisms to manage its uncertainties."

Helen's review of the literature indicates that uncertainty is a key theme affecting the stroke survivors view of the world and influencing how they go about coping with the future. Through focus groups and diaries Helen will explore these issues with people who have been affected by stroke.

¹ McCrum R, (1998) *My Year Off: Rediscovering Life After a Stroke*, Picador



Helen Alaszewski



Training needed on economic, social and physical influences on health

Many organisations have responsibility for Kent's health: social services, community development services, housing, voluntary organisations, as well as the NHS. All contribute to delivering the Health Improvement Plan. Public health training and advice is important for those working to improve health, but while NHS staff will have appropriate qualifications or access, this is less likely to be the case for non-NHS staff.

In 2001 CHSS carried out a survey, commissioned by the Kent Education and Training Consortium, targeting non-NHS staff to assess their knowledge of public health and their training needs.

Members of Partnership, Joint Planning and Health Improvement Plan (HImP) Policy Boards, as well as Health Action Teams were completed a postal questionnaire developed by Sylvia Beacham, the Consortium's Public Health Education Co-ordinator.

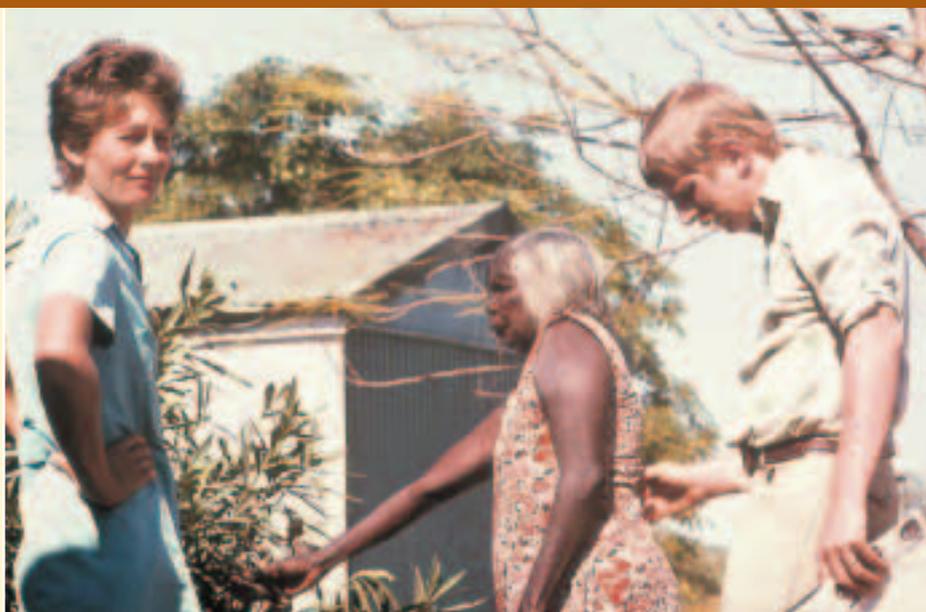
The survey asked about people's perception of public health and their relevant knowledge and skills. While aiming to identify training needs, the survey also aimed to raise awareness of public health and the range of techniques used.

The survey gave a snap shot of the perceptions and needs of senior staff, a group not often surveyed (and an area in which there is little existing research).

Although respondents had quite limited understanding of public health, they rated highly the key responsibilities of the discipline. About half of respondents had no or only basic knowledge in the surveyed areas.

The survey found support for training in economic, social and physical influences on health. According to Sylvia Beacham: "it seems that those involved in health improvement programmes would benefit from raised awareness of the methods and terminology of public health. These findings confirm the Chief Medical Officer's views that these skills are in short supply and pose a challenge to educators." A programme of awareness raising is planned for Spring 2003.

The full report entitled *Public Health Training in Kent – understanding the needs of non-NHS staff with responsibility for health improvement*. Linda Jenkins, Fiona Meade and Sylvia Beacham, CHSS April 2002 can be obtained from Sylvia Beacham at CHSS. Please email Sylvia at: s.beacham@ukc.ac.uk



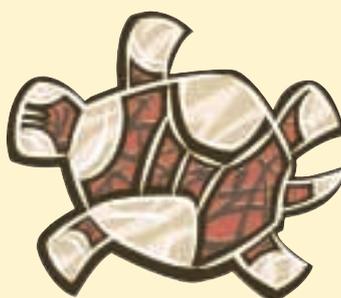
Dr Declan O'Neill in the outback – where the strange became the mundane

Declan O'Neill is Associate Director (Public Health Research) in CHSS, a clinical senior lecturer at the University, and also holds an honorary consultant post in the NHS.

Declan specialises in the evaluation of health and health care in all its guises and is particularly interested in multi methodological approaches to complex issues. Recent work includes the East Kent Inequalities in Hospital Use Study, evaluation of the National Pilot project into Knowledge Mobilisation which has been set up within the Kent and Medway Public Health Network, an evaluation of Patient and Carer Information Use for Supportive Care with the Kent Cancer Network, and the ongoing provision of Rapid Reviews in Innovation (SIBR3) in conjunction with the Directorate of Health and Social Care, South.

Declan, you were a community physician in the early eighties, in the Northern-most region of Western Australia. What was the set up like?

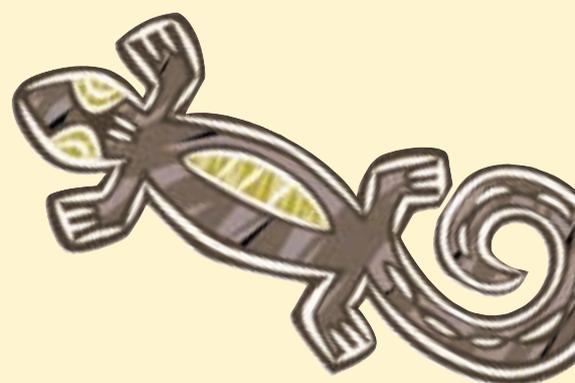
It was in a very 'one-horse' town, on the banks on a magnificent river, in the Kimberley area. There were eleven nurses, five health workers, a dentist and another doctor, (part time with a Cessna based in the next town, 200 miles up the road), and a thirteen bed hospital. We served a predominantly aboriginal population of around 2000 people, providing everything from health surveillance



to acute care. The 'patch' covered an area half the size of Belgium. One cattle station, was a million acres, about the size of East Sussex.

You came from a background of hospital and general practice training in Ireland and the UK, was the medicine very different in the outback?

It was hard but always very rewarding. The work was intense and varied, with a remarkable volume of need and 'pathology'. I developed some of the oddest skills, such as how to manage a seriously confused patient in a small aeroplane when flying through a tropical storm, or delivering a baby on the back of truck. The strange eventually becomes mundane and doing flying doctor clinics in cattle station sheds at 50 degrees centigrade, or running a 'dog dipping' campaign to rid the community of endemic scorbatic mange, became natural parts of the work. Being specially licensed to put down sick animals in the absence of a vet was however an uncomfortable role.



You changed roles after a few years, why was this?

I had arrived in the area with a very clinical focus, but after working in the field with such a fascinating community I started to think more and more about the broader picture and the wider determinants of health. I then qualified as a Fellow of the Australasian Faculty of Public Health Medicine and also studied for a Fellowship of the Royal Australian College of Medical Administrators.

What do you think academic input to public health offers?

I joined the former South East Thames RHA in 1992, as a Consultant in Public Health Medicine, at a time when health services research in this field was gaining momentum. I see my role in CHSS as an opportunity to provide academic support and input to public health which is vital if public health is to develop and keep pushing at the boundaries of knowledge and understanding.

Thank you Declan



Dr Declan O'Neill

Health and social care surveys get a boost

CHSS has created a new Health and Social Survey Unit as a cost-effective solution for managers, professionals and researchers in health and social care.

CHSS has an established reputation for undertaking quick and efficient health and social surveys. In addition to specialist bespoke surveys such as carer's perceptions of hospital support, CHSS has also undertaken large scale surveys including the Kent and Medway Lifestyle survey 2001, a population survey of 16,000 people for the Kent Strategic Health Authority.

The unit provides support for all stages of constructing and conducting surveys including:

- Scoping research questions and selecting designs
- Obtaining sampling frames
- Costing surveys
- Questionnaire design
- Undertaking postal surveys, including organising mailshots and reminders
- Cleaning and inputting data
- Analysing data with SPSS, SAS and other packages
- Interpreting the findings in written and illustrated reports

The survey unit can assist with mandatory surveys, such as the patient surveys required by the NHS plan.

CHSS is currently developing the Lifestyle Survey Electronic Toolkit to support surveys of population health and lifestyle. This web-based resource has been commissioned by the South East Public Health Observatory and is currently under construction.

For further information on the unit please contact Barbara Wall on Telephone 01227 823680 or by email: B.Wall@ukc.ac.uk

✉ New discussion group – Message (HTML) - □ X

FROM: Michael.Brand@medway.nhs.uk

TO: RDHEALTH-TALK@JISCMail.AC.UK

CC:

SUBJECT: IP policy development

Hi everybody in R&D land.

I am Michael Brand, R&D Facilitator for Medway NHS Trust charged with developing and encouraging R&D (hurrah!) as well as implementing research governance (boo, hiss!).

Likes: Cricket, Charlton Athletic Football Club. Oh, and lots of good quality research of course.

I am currently drafting the Trust's Intellectual Property policy and would be grateful if my colleagues out there could give me some idea what their formulae are for the division of royalties are. I would be grateful to any response because some degree of convergence is surely the sensible way forward.

> -----Original Message-----
 > From: b.mercier [mailto:Barbara.Mercier@MTW-TR.NHS.UK]
 > Sent: 1st October 2002 09:22
 > To: RDHEALTH-TALK@JISCMail.AC.UK
 > Subject: IP policy development

Maidstone and Tunbridge Wells NHS Trust have set up an intellectual property sub committee to discuss aspects of creating a comprehensive IP policy for the Trust. The sub-committee would like to open these meetings to other R&D managers/IP leads.

The next meeting is on Monday October 14th. If you are interested in attending, could you please let me know by via this link. Best wishes,
 Barbara Mercier

This is one of the first conversations on CHSS's new email discussion list for R&D leads in Kent and Surrey called RDHealth-Talk.

Electronic discussion lists enable members to share ideas, collaborate on projects, announce events, seek advice and generally keep up-to-date. This can prevent duplication of effort, reduce a sense of isolation and add a feeling of immediacy and excitement in the generation of new ideas.

RDHealth-Talk is a private, moderated list for the community working in research and

development management and governance and the academic R&D Support Unit in Kent and Surrey.

The list works by acting as a central site to which you can send email messages, which are sent to all members of the list. A moderator decides whether or not to forward messages in order to block junk mail or inappropriate messages.

If you would like to join the list please contact [Bridget Carpenter](mailto:b.carpenter@ukc.ac.uk) by email at: b.carpenter@ukc.ac.uk

Staff news

CHSS welcomes the following new staff:

Charlotte Hastie – Research Assistant
 Tolulope Ojo – Research Assistant
 Ros Bass – Information Manager / Librarian

Awards

Professor Andy Alaszewski was made an Honorary Member of the Faculty of Public Health Medicine at the 2002 Annual Conference.

He was also appointed a research assessor for the Royal College of General Practitioners Primary Care Research Team Assessment in May and a 'co-opted academic member' of the National Co-ordinating Centre of the DoH Service Development and Organisation programme.

Congratulations to Yvonne Cornish on achieving her PhD.

Open seminars provide a think tank

CHSS holds an open seminar at the University of Kent each month during term time. Seminars are followed by a question and answer session that often provokes considerable discussion. The audience is a mix of local people and health services professionals, so the debate draws on a variety of backgrounds and can be very wide ranging. For researchers presenting new or interim results, this is often a very constructive form of "peer review".

The October seminar by Drs Declan O'Neill and Sandro Limentani (Canterbury and Coastal PCT), presented for the first time, an examination of the social and geographic variations in hospital experience in East Kent.

The study was concerned to find out whether an individual's socio economic group affected their treatment in hospital. It also explored the significance of the patient's geographical location. Taking a basket of 21 conditions and the DETR index of deprivation, the authors looked at hospital experience and grouped the findings into four categories:

- Responsiveness to need
- Potentially avoidable conditions
- Service accessibility
- Indicators of overuse and under use

The seminar demonstrated how the quite well

known relationships between socio economic group and health could be examined in a local situation and the results used to stimulate health improvements through a variety of strategies.

Future sessions, to which you are warmly invited include:

9 January 2003

Prof Nigel Malin, Professor of Health Services Research, University of Sunderland

Interprofessionalism and partnership in a local SURE START provision

6 February 2003

Dr Hilary Pinnock, Principal in General Practice, Whitstable Health Centre (and GPIAG Clinical Research Fellow, Dept. of General Practice and Primary Care, University of Aberdeen)

It's good to talk. Modern communications: facilitating patient care and underpinning a virtual research community

6 March 2003

Bob Hudson, Principal Research Fellow in Health and Social Care, Nuffield Institute, University of Leeds

Health-social care partnerships: can they be mandated?

If you would like to attend, please contact Linda McDonnell on (01227) 823940

Can PCTs become public health organisations?

With the end of health authorities, public health professionals have been dispersed to PCTs and strategic health authorities. The question is whether PCTs have the skills base to undertake the work.

The CHSS MA in Health Studies is one way for NHS professionals to research questions such as this.

A recent example of using the MA in this way was provided by Claire Martin, Public Health Advisor with Canterbury and Coastal Primary Care Trust. Claire used the requirement to submit a dissertation for the MA to examine whether primary care trusts have the potential to become public health organisations.

The Government has very active policies to prevent and reduce smoking in teenagers - but are they working? MA student Dionysios Pettas carried out an evaluation of government policies in this area for his dissertation.

The MA in Health Studies brochure is available from Jackie Newton by telephone on 01227 827851 or by email at J.R.Newton@ukc.ac.uk

New CHSS knowledge management centre

Substantial changes have been made to the internal layout of CHSS in order to create a new "knowledge management centre". The centre has six new computers and workstations, lockable storage cabinets and access to the most recent health services journals and publications. It is open to all CHSS honorary members and other NHS staff by negotiation, who might wish to use it for study and research purposes. Dr Colin Cryer is available to NHS staff to help with developing research proposals and statistical analysis.

It is intended to officially launch the centre when we meet in January, however, in the meantime, if you would like to start using it to work in or if you would like to come up and see the new facilities, you will be made most welcome.

If this stimulates you to thinking anew about the possibilities for research activity, you might also like to sign up for our email

funding news bulletins, which we produce for CHSS and NHS researchers. If this is the case, please contact Bridget Carpenter by email at: b.carpenter@ukc.ac.uk



This review is published by CHSS, George Allen Wing, Cornwallis Building, University of Kent at Canterbury, Canterbury, Kent CT2 7NF, United Kingdom

If you would like further information on any of the features in this newsletter please contact Linda McDonnell on:

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About CHSS

Centre for Health Services Studies is an interdisciplinary research centre of the University of Kent which has a programme of national and international health services research. The Centre draws together a wide range of research and disciplinary expertise, including health and social policy, medical sociology, public health and epidemiology, geriatric medicine, health economics, primary care, physiotherapy, statistical and information analysis.

Recent Publications of Interest

Carpenter, I and Perry, M. *Nursing Hours. Identifying the Level of Registered Nursing Care Provided to UK Nursing Home Residents*. Joseph Rowntree Foundation, 2002 (ISBN 1-84263-100-4).

Carpenter, I., Francis S., Roberts, S. and Wayman, C. *interRAI UK MDS Home Care Assessment Instrument for Community Care*. User's manual. InterRAI UK: 2002 (ISBN 1904236-06-5).

Stanley N, Alaszewski H and Riordan D. *The Mental Health Needs of looked after children in the South Humber Region*. Department of Social Work, The University of Hull, Hull: 2002 (ISBN: 1-904176-03-8).

Partridge, C. *Neurological Physiotherapy. Bases of Evidence for Practice*. Whurr Publishers, London: 2002.

Alaszewski, A. and Harvey, I. 'Health Technology and Knowledge' in: B. Davey, A. Grey and C. Seale (eds) *Health and Disease: A Reader*, 3rd Edition, Open University Press. Buckingham, pp. 302-307.

Alaszewski, A. 'Risk and Dangerousness' in: Bytheway, B, Bacigalupo, V., Bornat, J., Johnson, J and Spurr, S (eds) *Understanding care, welfare and community: a reader*, London, Routledge, 2002, pp. 183-191.

Cryer, C, Patel, S. *Falls, fragility and fractures. National Service Framework for Older People*. London: Proctor and Gamble, 2001.



Journals 2002

Alaszewski A. The impact of the Bristol Royal Infirmary disaster and inquiry on public services in the UK. *Journal of Interprofessional Care*, 2002; 16, (4), 385-392.

Alaszewski, A. and Alaszewski, H. Towards the Creative Management of Risk: Perceptions, Practices and Policies. *British Journal of Learning Disabilities*, 2002; 29, 56-65. ISSN: 1354-4187.

Aspinall, P.J. & Anionwu, E. The Role of Ethnic Monitoring in Mainstreaming Race Equality and the Modernization of the NHS: a Neglected Agenda? *Critical Public Health* 2002; 12(1): 1-15.

Carpenter, I., Gladman, J.R.F., Parker, S.G., and Potter, J. Clinical and Research Challenges of Intermediate Care. *Age and Ageing*. 2002; 31, 97-100. ISSN: 0002 0729.

Cryer C, Langley JD, Stephenson SCR, Jarvis SN, Edwards P. Measure for measure: the quest for valid indicators of non-fatal injury incidence. *Public Health* 2002; 116(5): 257-262.

Cryer C, Knox A, Martin D and Barlow J on behalf of the Canterbury Hip Protector Project Team. Hip Protector Compliance Among Older People Living in Residential Care Homes. *Injury Prevention* 2002; 8, 202-206.

Legood, R., Scuffham, P., Cryer, C. Are We Blind to Injuries in the Visually Impaired? A Review of the Literature. *Injury Prevention* 2002; 8: 155-160.

MacDonald, A.J.D., Carpenter, G.I., Box, O., Roberts, A., and Sahu, S. Dementia and use of psychotropic medication in non-'Elderly Mentally Infirm' nursing homes in South East England. *Age and Ageing* 2002; 31, 58-64. ISSN: 0002 0729.

Aspinall, P. J. Suicide amongst Irish migrants to Britain: A review of the identity and integration hypothesis. *International Journal of Social Psychiatry* 2002; 48 (4): 299-313.

Aspinall, P. J. Collective Terminology to describe the Minority Ethnic Population: The Persistence of Confusion and Ambiguity in Usage. *Sociology* 2002; 36 (4): 803-816.

For a full list of publications please see www.ukc.ac.uk/chss/publications.htm

Staff at CHSS

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Research Associate

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Peter Aspinall BA, MA Research Fellow

Rosalyn Bass Information Manager / Librarian

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Rose Cappello BSc Research Assistant

Bridget Carpenter BA, DipM ACIM
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Iain Carpenter MD, FRCP

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Mathew Mackenzie BSc, PhD Research Associate

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FRACMA Associate Director (Public Health Research)

Tony Rees Data Management Clerk

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Barbara Wall BA Research Officer