

# A teaspoon of SALT

A promotional campaign, including six-foot high banners, leaflets, free blood pressure checks and other innovative ways of interacting with people in the workplace, is being used by Kent County Council Trading Standards to promote a salt reduction message. CHSS has been evaluating the preliminary designs.

The campaign, partly funded by the Food Standards Agency through KCC, aims to reduce the salt use of Kent employees.

Susan Kenyon and Jorge Rodriguez will find out whether the materials promote knowledge and increase skills and motivation to cut salt use.

Susan says 'The majority of participants didn't know too much salt was unhealthy. Everyone was surprised that a teaspoon is as much as is recommended. Most didn't know about salt hidden in bread, sauces, biscuits and breakfast cereals.'

'People said they had little control over what they ate, suggesting mothers, wives and girlfriends should ensure they ate healthy foods. This has implications for the design and content of the workplace displays.'

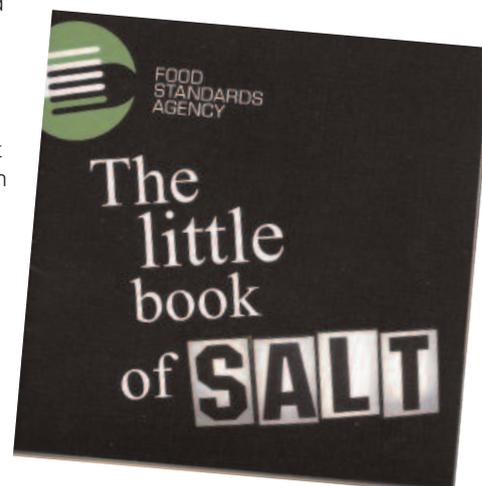


Anyone producing leaflets and flyers should note the reaction to the preliminary campaign designs: the professional look and feel of one of the leaflets was praised, with comments like 'if someone goes to the expense of producing a little glossy booklet like this, they've usually got something worth saying'.

Results of the next stage, when the campaign is introduced to six workplaces, will be produced at the end of 2007.

For further information contact Susan Kenyon on 01227 824908 or email [s.l.kenyon@kent.ac.uk](mailto:s.l.kenyon@kent.ac.uk)

The report on the preliminary campaign designs is available on the CHSS website.



<p><b>SALT</b></p> <p>Choose vegetable or chicken toppings on your pizza, instead of pepperoni, bacon or extra cheese</p> <p>Go for tinned veg and pulses without added salt</p>	<p>Go easy with ketchup, soy sauce, mustard, pickles and mayonnaise – these can be high in salt</p> <p>Try to get out of the habit of adding salt when you're cooking and at the table</p>	<p><b>Tips for cutting down on</b></p> <p>Choose a lower-salt sandwich filling such as chicken salad or poached salmon, instead of higher-salt fillings such as ham, or cheese and pickle</p> <p>Go easy on smoked foods – these can be high in salt</p>	<p>Use herbs, garlic and chilli to add flavour to cooking, instead of salt</p> <p>Eat plain popcorn as a snack instead of crisps</p> <p>Choose unsalted nuts instead of salted or dry-roasted</p>
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## Quality in hospice care

With comments like, 'marks out of 10 a mere 12!!!!' and 'I don't think it would be possible to improve on perfection,' undertaking a user satisfaction survey is not easy. But, the Healthcare Commission requires hospices to survey their patient's satisfaction with services annually and comments like these are very common. For the last two years CHSS has been helping to carry out the survey with Help the Hospices, the national charity for the hospice movement.

'It is good hospice users are extremely satisfied and full of praise for staff, but our survey still picks up on areas for improvement, which we feed back. Hospices have told us user comments are discussed at board meetings and by staff responsible for catering and transport and have prompted change said Linda Jenkins, of the CHSS Health and Social Survey Unit.

Linda said of the survey, 'It is not one of our big surveys, but it is still challenging. This year 53 hospices took part. To keep costs low enough to survey high numbers, the questionnaire is self completion. Hospices

are sent the questionnaires electronically so they can print them on coloured paper, or with their own logo and with tailored instructions. They can change it for people with visual impairments. To reduce bias, questionnaires were filled out at home and then, very importantly sent back to CHSS, not the hospice. This way, people were able to be more open about their opinions.'

This survey offers hospices the opportunity to monitor their progress over time, to be benchmarked and to compare themselves with other hospices, which they are unable to do if they carry out the survey independently. The next survey is planned for early in 2008 and it is hoped that even more hospices will take part.

CHSS has established a reputation for undertaking high quality health and social surveys. The hospice survey is one of the many surveys carried out by the Health and Social Survey Unit. The unit is a cost-effective solution for managers, professionals and researchers in health and social care. The unit can provide support for all stages of constructing surveys such as questionnaire design and mail out, analysing data with SPSS, SAS and other packages and interpreting the findings in written and illustrated reports.



For more information contact Linda Jenkins on 01227 824327 or email [l.m.jenkins@kent.ac.uk](mailto:l.m.jenkins@kent.ac.uk)

[www.kent.ac.uk/chss/capabilities/index.html](http://www.kent.ac.uk/chss/capabilities/index.html)  
[www.helpthehospices.org.uk/](http://www.helpthehospices.org.uk/)

## Dignity in continence care

Placing dignity and respect at the heart of caring for older people is official. The Department of Health launched a national campaign in 2006 with a ten point plan that lays out national expectations of a service that respects dignity. Jenny Billings was delighted when the Royal College of Physicians invited her to be part of a new project developing continence service standards for older people.

With a focus on bladder and bowel care, the new project aims to identify what constitutes dignified care, compare this with current practice, identify strengths and weaknesses and make recommendations to improve services.

Jenny says that 'I have already been involved in setting standards for continence services with the Royal College. The new project follows on from this and the national audit of continence care in older people. The college are doing a fantastic job. The audit showed that whilst there are areas in which the

service can be improved, clinicians think the service is maintaining privacy and dignity. But people are sceptical as to whether this view is correct and the project will give us the opportunity to find out what constitutes dignity in bladder and bowel care, how to measure it and whether services are dignified.'

The project is funded for two years by The Royal College of Physicians and the principle investigator is Dr Adrian Wagg.

To find out more about dignity and continence standards go the Royal College of Physicians website at: [www.rcplondon.ac.uk/college/ceeu/coop/](http://www.rcplondon.ac.uk/college/ceeu/coop/)

Or contact Tara Chapman on 01227 824342 or email [t.j.Chapman@kent.ac.uk](mailto:t.j.Chapman@kent.ac.uk)

The three reports of research to develop continence care standards are available from the CHSS website

## New appointment

Simon Coulton has accepted the post of Reader in Health Services Research at CHSS and is due to start on the 1st January 2008.

Simon has a psychology background and currently holds the post of senior research fellow at the Department of Health Sciences at the University of York. He has specialised in pragmatic randomized clinical trials and is currently responsible for a portfolio of studies with an annual income of £2 million. He has a substantial record of publication.



## CHSS supports councils with Local Area Agreements

The government is using Local Area Agreements to help deliver public services to be more effectively and CHSS has been helping their implementation and evaluation.

Education, employment, health, housing and crime have been targeted for improvement in twenty seven deprived areas of Brighton and Hove. David Nicholls, Healthier Communities and Older People's Services, Brighton & Hove City Council recently commissioned the Health and Social Survey Unit to survey health in two deprived wards.

People aged over 50 were surveyed to provide information to support healthy ageing through better integration of services for older people and increased focus on prevention, health promotion and support for independent living.

David Nicholls said; 'Both wards have problems, but they are different. In Hangleton and Knoll there are concerns about accessing health and related services. But in Queen's Park and Craven Vale, the problems are more associated with lack of facilities and housing. We wanted to know more precisely how concerns are reflected in the over 50's view of their health and the use of services'.

The survey covered health status, visits to GP, optician, pharmacist, dental health, cervical screening and mammography, smoking, alcohol, exercise, diet, the neighbourhood where people lived (Social Capital) and sociodemographics (age, sex, housing, ethnicity, occupation, etc).

This survey was developed from one carried out in 2003 to measure the health and lifestyle of people in East Sussex, Brighton & Hove.

For more information contact Linda Jenkins on 01227 824327 or email [l.m.jenkins@kent.ac.uk](mailto:l.m.jenkins@kent.ac.uk)

Kent New Opportunities for Work is a project led by the Supporting Independence Programme as part of Kent County Council's Local Public Service Agreement. It aims to help 250 long-term Incapacity Benefit claimants into work during the next two years (up to 2008). CHSS is finding out which aspects of the programme are working and why.

The project provides training and education, advice and guidance, work experience placements and voluntary work, job search skills and health and social care. Researchers Andy Alaszewski and Susan Kenyon will be providing a description of how clients and staff experience the interventions.

For more information contact Susan Kenyon (pictured right) on 01227 824908 or email [s.l.kenyon@kent.ac.uk](mailto:s.l.kenyon@kent.ac.uk)



## Involving users in assessing satisfaction with services

Ann Palmer and Linda Jenkins are working with a team led by Rachel Forrester-Jones from the Tizard Centre on a project for Turning Point, one of the UK's leading social care organisations. The project will give Turning Point, who support over 130,000 people in their daily lives, ways of involving users in assessing satisfaction with services to combat substance abuse, mental health problems and for people with learning disabilities.

Ann and Linda were asked to join the team because of their experience with large health scale surveys and with surveying vulnerable groups such as prisoners and young people.

The project will use focus groups and interviews to develop a survey which can be used across Turning Point's services.

Linda Jenkins who is advising on survey methods said; 'This questionnaire needs to be accessible on paper and online and must make sense to local services and those running the Turning Point's central office.'

Ann Palmer who is developing the survey tool format said; 'The questions need to reflect the concerns of users and to ensure the questionnaire is pertinent and user friendly.'

Project lead Rachel Forrester Jones said, 'Service users should be at the centre of service provision, including involvement in service design, delivery and evaluation. We have to make sure that services are what services users need and want.'

The team also includes Axel Klein from the Kent Institute of Health and Medical Sciences and Simon Hewson, a clinical psychologist working at the Tizard Centre.

For more information contact Linda Jenkins on 01227 824327 or email [l.m.jenkins@kent.ac.uk](mailto:l.m.jenkins@kent.ac.uk)

<http://www.turning-point.co.uk/>

## Why don't the over 50s work? Researching the pensions crisis

The Department of Work and Pensions Staff are funding the University of Kent to find out about the decisions made by older workers around retirement and pensions.

Jenny Billings and Patrick Brown are working with Sarah Vickerstaff and Lavinia Mitton in the School of Social Policy, Sociology and Social Research and colleagues at the University of Edinburgh.

Jenny's considerable expertise in qualitative research, especially involving older people, was applied in developing an instrument to unpick the complexity of the choices people make about the timing and financial aspects of labour market withdrawal.

Patrick has been conducting interviews in Thanet with the lowest earners which



described very different experiences and expectations of later life from those carried out in Nottingham and Edinburgh with middle to high-income groups.

CHSS has previously worked with the DWP Corporate Medical Group on an evaluation of four online learning modules for GPs.

The DWP hope to offer more effective incentives to encourage older people to carry on working well into their 60s and beyond and need a more thorough understanding of how such choices are made. There is in particular under-researched group of mainly female, middle-

income workers who have had a varied, mostly part-time employment history about which little is known.

In Thanet Patrick found day-to-day existence 'on the bread line' didn't allow for planning or saving. Lack of pension kept many working as long as physically possible. Others who had suffered long-periods of unemployment often due to ill health were frustrated at not being able to work. They hoped life on a state pension might be less stigmatised and slightly less of a struggle than on benefits.

Middle- to high-income earners were more flexible due to greater pension provision and home ownership. A minority were keen to carry on working past retirement age, often because they thoroughly enjoyed their job, but many could retire early or begin to scale down their working hours. Few, if any, were interested in deferring their pension to receive more later. Many held the fatalistic view that 'I could drop dead tomorrow, so I might as well take what I can while I can' which suggests that the DWP might have difficulties in encouraging people to work for longer.

For more information contact Jenny Billings on 01227 823876 or email [j.r.billings@kent.ac.uk](mailto:j.r.billings@kent.ac.uk)

## More sex education needed

Researchers want their findings to be used and decision-makers need research findings to solve problems. But researchers and decision-makers seem to operate in their own worlds and research findings can remain unused for decades. Active dissemination strategies are key to changing behaviour.

Jenny Billings is applying an active dissemination strategy to work with the Kent Teenage Pregnancy Partnership. The project, which started in 2004, has been surveying teenagers in Kent to find out their views on sex and relationships. Two key themes to emerge have been the importance of schools for providing information and the overwhelming need for confidentiality in all aspects of the topic.

'Throughout the project, in addition to publishing reports we have been making presentations to midwives, school health nurses, public health, outreach workers, managers and the Kent County Council Chamber,' said Jenny. 'During the three years of the project much has changed, with the reconfiguration of services and changes to budgets. It simply wouldn't work

for us to sit at the university and make recommendations from our findings.' As the project nears completion Jenny and Ruth Herron of the Kent Teenage Partnership are sending the final report to all concerned to help develop the recommendations. 'It's snowballing as people pass the report onto others for comment. I will bring together people's comments and the outcome should be much more positive as a result,' says Jenny.

But given the key importance of schools, the dissemination strategy is not stopping with a report. Jenny and Ruth will be undertaking a series of presentations to the Kent Headmasters Forum. 'We will have about an hour each time to get over the message that at the most basic level kids are not getting the right sex and relationships education at the right time and in the right way. Instead schools are sacrificing opportunities for subjects with government targets. Why then are we surprised that teenage pregnancy rates are so high?' says Jenny.

Presentations will use video evidence from teenagers and findings from the survey.



If you would like to find out more about the project contact Jenny Billings on 01227 823876, or email [j.r.billings@kent.ac.uk](mailto:j.r.billings@kent.ac.uk).

Reports from this project and an EU funded project to compare teenage sex and relationships in South East England and Northern France can be found on the CHSS website.

## Seminars in health and social care

CHSS holds an open seminar at the University of Kent each month during term time for researchers, local people and health and social care providers. The seminars, which last an hour and a half, are held on Wednesday mornings and are free and open to all.

The Autumn 2008 programme starts on October 10th with Julie Rowe from the Department of Psychology at the University of Kent. Julie will be presenting her work on factors influencing diabetes outcomes; the role of illness representations, coping and wider life beliefs.

Second up on November 14th are John Ladle and Nick Foxell of the charity Acting Up. Part of the Matchbox Theatre Trust, the charity has been working with people with communication difficulties since 1987, and has pioneered use of multimedia techniques, in particular Multimedia Profiling.

Multimedia Profiling is an alternative 'language' which enables people, through the use of video and computers, to gather and share information about their lives and the problems they face.

At the seminar, John Ladle and Nick Foxell will present Acting Up's iContact project, funded by the Big Lottery Fund, which aims to reduce isolation and increase opportunities for active citizenship.

Day service users, stroke survivors, users of homecare and advocacy services are using multimedia for themselves and with a wide range of service professionals, local organisations, carers and local school children.

The presentation will contrast the use of multimedia for personal expression – 'getting to Oxford Circus (first time in twenty years!)' – with its use for service change where older people have used

video to develop a dialogue with homecare service providers and commissioners, and made a DVD for recruiting and training care staff and care management teams.

On 12th December, Beth Kewell, Lecturer in Public Sector Management, The York Management School at the University of York will talk about Uncommon Problems of the Heart: Expert Talk of Risk in Paediatric Cardiothoracic Surgery. Dr Kewell's research interests are risk sociology and disaster analysis.

[www.acting-up.org.uk](http://www.acting-up.org.uk)

For more information on seminars go to: [www.kent.ac.uk/chss](http://www.kent.ac.uk/chss), to book a place contact Peta Hampshire on 01227 824057 or email [p.r.hampshire@kent.ac.uk](mailto:p.r.hampshire@kent.ac.uk)

## Mixed races explored

Fieldwork is nearing completion on the two-year ESRC funded project Ethnic Options of Mixed Race People in Britain. Since March 2006, over 400 18-25 year old students in further education colleges and universities in Britain have completed questionnaires and over 60 in-depth interviews carried out.

Whilst over 670,000 people chose to identify with the new category in the 2001 UK Census, relatively little is known about 'mixed race' people in Britain, and even less about how the experiences of disparate kinds of 'mixed' people may vary, especially in relation to the choices they perceive and make about their ethnic and racial identities. This research on the ethnic options that young adult 'mixed' people in Britain feel they possess has attracted much interest.

The datasets will be analysed over the next six months to provide systematic empirical evidence for how these mixed race young adults make choices about their self-identities across a variety of social contexts. It will examine what these choices mean in practice – in terms of friendship networks, membership in groups, and possible political and other affiliations – and will explore the kinds of strategies different

kinds of 'mixed' people adopt in their efforts to assert their desired identities. The relationship between these choices and contributory processes (such as class, sex, neighbourhood effects, etc.) will be explored using qualitative analyses of semi-structured interview data and innovative modelling methods.

Over the last year members of the team have been contributing to national meetings including:

Participation in and presentation to a series of meetings held by the Department of Communities and Local Government, Office for National Statistics, and Commission for Racial Equality on terminology and categorisations for the 'mixed race' group in the upcoming 2011 Census

Presentation to the University of Manchester's conference on 'Segregation or Integration' on 'The Future of Ethnicity Classifications'

Participation in meetings held by the Runnymede Trust, addressing why issues of mixedness and mixing are becoming increasingly visible in Britain, changing



attitudes to 'mixed' couples, people, and families, the notion of a 'mixed' group, and terminology for 'mixedness'

Contributions to the Commission for Racial Equality's 'E-Congress' on mixed race

Presentation to the People in Harmony annual conference on 'Mixed Race and Health'

For further information please contact Peter J Aspinall [P.J.Aspinall@kent.ac.uk](mailto:P.J.Aspinall@kent.ac.uk), Miri Song [A.M.Song@kent.ac.uk](mailto:A.M.Song@kent.ac.uk), or Ferhana Hashem [F.Hashem@kent.ac.uk](mailto:F.Hashem@kent.ac.uk)



## Dumbing down medical records

In his role as Clinical Lead on Records Standards for the Health Informatics Unit of the Royal College of Physicians, Iain Carpenter has been investigating medical record standards in collaboration with Connecting for Health.

High quality medical records are important – they are the most frequent factor in medical complaints, mistakes and litigation. Without common standards there is no continuity from general practice to hospital care, each entity clerks their patients in different ways and only half of hospitals use any structured admission clerking record.

From a patient perspective, the same information gets collected many times over. Imagine the confusion of the junior doctor as he moves around the country from job to job, with different forms and information required in different ways. Imagine the discomfort of the medic, who is never quite sure how well he is protected from litigation because of the variation in patient's notes. And finally, imagine the frustration of a Department of Health who cannot get any consistent reliable clinical information from systems because it is all done so differently.

But, a recent poll of over 100,000 doctors carried out by the Health Informatics Unit showed that despite these obvious failings, almost a quarter think that standard proformas for patient records would represent a 'dumbing down process' involving the use of tick boxes.

In response Iain Carpenter says, 'I wonder how much doctors understand about the importance of medical records. Do they really think there is an art to keeping

patients notes that would be eroded by a standard system that in return offers consistency, better care for patients, better protection from litigation and high quality data for planning purposes?'

To counter this lack of understanding the college is having to apply a robust communications strategy and work with each of the profession's 12 colleges to gain a consensus. 'Colleges are like trade unions for the medical profession. Each one has its own system for making approvals of this kind so we are approaching each in turn for their input and eventual approval. With the profession producing standards for the structure of electronic medical records, quality of patient care will be protected from the potential risks of technology standards created by IT professionals.'

Iain has a long track record of working with standardised assessment of older people and large datasets. He has worked on casemix systems for older people since 1990. For a bibliography of publications in this area search the publications section of the CHSS website with 'Carpenter'.

<http://hiu.rcplondon.ac.uk/>

For more information on the project contact Iain Carpenter on 01227 827760 or email [g.i.carpenter@kent.ac.uk](mailto:g.i.carpenter@kent.ac.uk)

## CHSS wins bid to train NHS professionals

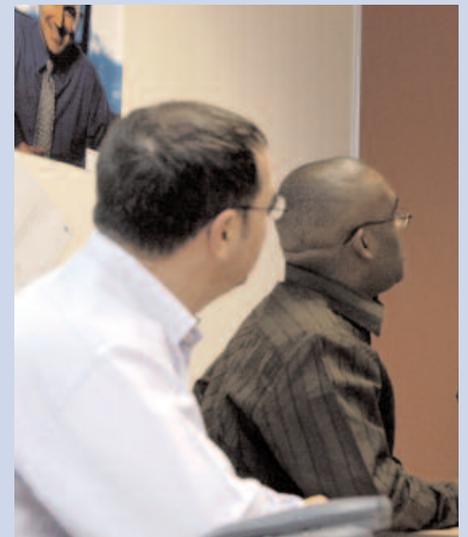
CHSS has successfully bid to provide training for NHS professionals undertaking clinical research studies. Jorge Rodriguez, who submitted the bid, will be responsible for providing both foundation and advanced level training in methods for research in clinical trials for the UK Clinical Research Network.

The UK Clinical Research Network is part of the new NHS strategy to develop and strengthen NHS infrastructure to support the delivery of clinical research in the UK. The strategy recognises that academic and other partners have a large part to play in developing health research and achieving the Government's ambition to raise the level of research and development to 2.5% of GDP by 2014. As part of the new strategy every patient in England will have access to clinical trials and have the opportunity to participate in studies involving cutting-edge medical therapies.

The courses are offered twice a year in Bristol, Leeds, London and Manchester.

Jorge says that the courses are mainly concerned with practical research methods, design, ethics and governance for trials. 'They are an important part of continuous professional development for NHS professionals and are currently being accredited for these purposes.'

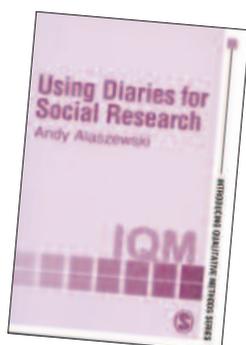
Information about the courses is available at: [www.ukcrn.org.uk/index/training.html](http://www.ukcrn.org.uk/index/training.html)



## Using Diaries for Social Research

The latest book by CHSS Director Andy Alaszewski has received favourable reviews:

'The book has no competitor; it summarises the development of the method, follows through all stages of research from accessing subjects through design to analysing diary information as data, and considers how the method can best be exploited and used. No other book comes remotely near doing this. I for one shall be using it gratefully as the single best text for diary research' – Professor Anthony P Macmillan Coxon, Honorary Professorial Fellow, University of Edinburgh



According to Shalva Weil of the Qualitative Social Research Forum, the book fills a gap in methodological writings. 'The book is unusual in that it provides a "holistic" approach to research methodology without distinguishing arbitrarily between quantitative and qualitative methodologies. "Using Diaries for Social Research" could be very useful for students, as well as for more seasoned researchers delving into this particular form of autobiographical or self-observing text. When I discovered a diary written by an Ethiopian Jew in Jerusalem after the First World War, I could have benefited from this lucid book, which explicates alternative strategies for analyzing diaries, delineates the key issues researchers should consider when – confronting diaries, and shows how one can analyze the structure of diaries. The book is an excellent beginning on a fascinating subject, illustrated by exercises and providing recommended reading.'

The book is available from Sage Publications.

<http://www.sagepub.com>

## Vital information missed for minor strokes

Research Associate Helen Alaszewski and Annette King, formerly of East Kent Hospitals Trust are currently analysing data and writing the final report from their study of information provision in stroke. This study was funded by East Kent Hospitals Trust donated funds. They interviewed 19 stroke survivors, 6 carers and various health professionals to find out what information needs stroke survivors and their families have, what sources they use to get such information and how they use it in their everyday lives.

The findings of the study provide a clear picture of the strengths and weakness of current practice in communicating information. Having a stroke is a frightening experience and stroke survivors and their relatives need information to plan and rebuild their lives. One group of patients who tend to get missed at the moment are those who have had a minor stroke or TIA

(transient ischaemic attack). If they are admitted into hospital they often only stay overnight, so there is limited opportunity to provide information and because they do not need physical care or intensive rehabilitation their information needs are often overlooked. Furthermore when they are discharged they do not necessarily receive community services but have to wait up to three months for a consultant appointment. This can be a period of considerable anxiety. Some participants in the study described feeling 'in limbo' during time. They were concerned about having another major stroke and wanted advice on what to do to prevent it happening and how to change their lifestyle, (for example, how strenuously they could exercise?).

The stimulus for this study came from earlier work on the stroke at CHSS funded by the Nunnery Field fund and the Stroke Association. Findings from these studies have been published and are available on the CHSS website.

For further information about the project contact Helen Alaszewski on 01227 827641 or email [h.p.alaszewski@kent.ac.uk](mailto:h.p.alaszewski@kent.ac.uk)

## Joseph Rowntree Foundation pilots comprehensive assessment instrument

Comprehensive assessment of residents in long term care homes is essential for effective care planning and individual care. Aggregated assessment data can produce information which is useful for care staff as well as facility management. A study funded by the Joseph Rowntree Foundation will look at the implementation process for the MDS-RAI, a comprehensive assessment instrument. The assessment instrument can identify the needs of the individual, assist in the formulation of holistic and comprehensive care plans and determine staffing levels and skill gaps.

It will examine specifically what reports can be produced from the MDS assessment and how they can improve practice for care staff and residents. Countries such as Canada, the United States and Finland have had great success in utilising MDS data, yet no best-practice implementation guidance for the assessment instrument currently exists.

This project will take an action research approach in which the researcher will work closely with care managers and nurses from two of the Joseph Rowntree care homes in York to develop the reports and identify their

practical uses. It will draw on international experiences to inform the implementation process.

The project is part of the Senectus programme of research to promote good practice in the assessment of older people to improve their care.

The Senectus team who have also been supporting Cheshire Health and Social Care Partners adopted the MDS assessment system throughout Cheshire.

Since its launch last April 700 staff know how to use the MDS - and 3000 assessments have been made. Alan Allman, the project team Senior Manager, explains: "Personal data is only recorded once and electronically accessed by agencies. We're developing links with the new social care client record system to allow information to be automatically transferred. And now we're piloting one visit, one assessment all logged instantly onto a hand held hi-tech 'tablet'.

For more information on the Cheshire project go to:

<http://www.cheshire.gov.uk/socialcareandhealth/adults/csap/csap-public.htm>

## Recent Publications

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Ridsdale, L., Clark, L.V., Dowson, A.J., Goldstein, L.H., Jenkins, L., McCrone, P., Morgan, M., Seed, P.T. (2007). "How do patients referred to neurologists for headache differ from those managed in primary care?" *British Journal of General Practice* 57: 388-395.

## Staff at CHSS

**Andy Alaszewski** Hon MFPH, BA, MA, PhD  
Director of CHSS and Professor of Health Studies

**Helen Alaszewski** RGN, BA  
Research Associate

**Peter Aspinall** BA, MA  
Senior Research Fellow

**Jenny Billings** BSc Hons, MSc, RGN,  
PGDipHV, DipN Research Fellow

**Patrick Brown** BA, MA Research Assistant

**Bridget Carpenter** BA, DipM ACIM  
Development Manager for Research & Development

**Iain Carpenter** MD, FRCP  
Associate Director (older people) at CHSS and Honorary Consultant Geriatrician

**Tara Chapman** BSc  
Administration Assistant

**Kirstie Coxon** RM, RGN, BSc, MA  
Research Associate

**Sylvia Francis** Communications and Support Officer for the Research and Development Support Unit

**Peta Hampshire** Administrator

**Ferhana Hashem** Research Fellow PhD

**Charlotte Hastie** BA, MA  
Research Associate

**Linda Jenkins** BSc, MSc Cstat  
Public Health Specialist

**Paula Loader** Secretarial Assistant

**Susan Kenyon** MA, PhD

**Mathew Mackenzie** BSc, PhD  
Research Associate

**Jan Macvarish** BA, Research Associate

**Helen McGregor** BA Secretarial Assistant

**Jackie Newton** Secretary to Professor Alaszewski

**Ann Palmer** Honorary Senior Research Fellow

**Tony Rees** Data Management Clerk

**Marion Scholes** SRN, BA  
Research Assistant

**Laura Stosz** MA Research Assistant

**Helen Wooldridge** Secretarial Assistant

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If you would like further information on any of the features in this newsletter please contact Peta Hampshire by telephone.

01227 824057 or International +44 1227 824057  
Fax: 01227 827868 or International +44 1227 827868  
email: [p.r.hampshire@kent.ac.uk](mailto:p.r.hampshire@kent.ac.uk)  
[www.kent.ac.uk/chss/](http://www.kent.ac.uk/chss/)

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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.

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