ScHARR PGR
Conference 2017

Conference Programme

Pemberton Lecture Theatre

Tuesday 30th May
9am – 5pm

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ScHARR PGR Conference 2017

Schedule

9.00 – 9.30  Registration
9.30 – 9.40  Introductions
9.40 – 10.40 Session One
10.40 – 11.00 Coffee
11.00 – 12.00 Session Two
12.00 – 1.10  Lunch
1.10 – 1.30  Gone in 60 Seconds
1.30 – 2.30  Session 3
2.30 – 2.45  Coffee
2.45 – 3.40  Session 4
3.40 – 4.40  Guest Speaker
4.40 – 5.00  Prizes and Closing
Maëlle de Seze - Definition of public problems in global health: the construction of hepatitis as a global health priority

Rebecca Simpson - An Investigation of the Factors which Influence Children with Asthma Having Unscheduled Medical Contacts around the Start of the New School Year – A Mixed Methods Study

Viola Cassetti - What is known about asset-based programmes for promoting health in communities? Preliminary results from a review of the literature

Edet Otu - Geographical access to healthcare services in Cross River State, Nigeria

Laura Flight - The use of adaptive designs and health economic analyses in health technology assessments.

Rachel Winter - Life sustained by rice: the social, cultural and gendered significance of rice in the Philippines
Chu-Chang Ku - The influence of socioeconomic status on the tuberculosis care pathway in Taiwan

Alicia Vedio - Identifying factors influencing practitioner role in access to care for hepatitis B in Chinese populations

Eiman Alkhezi - The Promotion of Physical Activity among Older Adults: A Qualitative Study Exploring Perceptions of Physical Activity among Kuwaiti Older Adults

Abisola Balogun - Nigerian HIV positive men who have sex with men (MSM): experiences of stigma and discrimination

Daniel Gladwell - How does poor health in adolescence impact the formation of inherently valuable abilities?

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Posters

Joanne Rothwell - Quantifying Effect Sizes in Clinical Trials

Carolyn Auma – What do Ugandan women eat? A snapshot of the rural and urban dietary landscape

Serena Vicario - The narrative exploration: a pilot study for qualitative PhD research

Jane Candlish - Analysis methods for partially nested randomised controlled trials

Sophie Reale – The feasibility and acceptability of two methods of portion control: Snack Replacement vs Snack Reduction

Fiona Graham – Developing a complex intervention to encourage sustainable food choice

Syed Salleh - Simulation based Resource Modelling in Health Technology Assessment

Hannah Penton - An investigation of the validity, acceptability and internal reliability of the ONS-4 Personal Wellbeing Questions in older people
“Beyond the PhD: How will you shape the future of health?”

Dr Winter will share some of his experience in business and the health sector, and the strange career paths that can open up in front of a PhD graduate. He will look at what it is a PhD has taught you and what it has not and how to sell yourself in the future jobs market.

Chris will then explore some of his thoughts and observations, based on his experiences both as a Chief Technologist in the IT Sector and an Investor in novel medical technologies, about what we can expect in terms of the way that health care will change over the next 50 years (the working life of a PhD graduating in 2017). The future will certainly not be like the present but be shaped by a combination of predictable forces and the unpredictable leadership and creativity of those just starting their careers.
Definition of public problems in global health: the construction of hepatitis as a global health priority

Maëlle de Seze

How are public problems defined at the transnational level? Who are the key actors and what are the primary factors involved in the process? Why do certain problems become global priorities over others? Studying health issues and their trajectories as public problems at the global level implies to consider both problem definition (the construction of health conditions as public problems) and agenda setting (the competition between problems to access the political agenda). The case of viral hepatitis, an old disease that was recently considered as a global health problem by the World Health Organization (WHO), illustrates the challenges to apply concepts used in political science and sociology to study agendas and social problems for supra-national agendas and global health problems.

In this qualitative research I use documentary analysis, in-depth semi-structures interviews with key informants and observations of specific events linked to hepatitis. My preliminary results show that the definition of viral hepatitis as a singular and not five different diseases played a major role in the recent mobilisation. The framing of the issue also played an important role in the success of the World Hepatitis Alliance to become a major actor in the fight against viral hepatitis.

Finally, I will try to explain why hepatitis can be considered to be on the Global Health agenda despite the lack of clear definition in the literature of what is the Global Health agenda and which criteria should be used to consider that an issue became a priority.
An Investigation of the Factors which Influence Children with Asthma Having Unscheduled Medical Contacts around the Start of the New School Year – A Mixed Methods Study

Rebecca M Simpson, Steven A Julious and Wendy O Baird

It is proposed that the reported increase in the number of unscheduled medical contacts in September among school-aged children is caused by a viral challenge at the start of the school year. It is also hypothesised that this challenge is compounded by children not taking their medication over the summer holiday.

The aim of this research is to identify factors that predict which children are more likely to have an unscheduled medical contact in September.

A mixed methods approach was used to investigate data from the ‘PLEASANT’ (Preventing and Lessening Exacerbations of Asthma in School-age children Associated with a New Term) intervention study. This informed the development of a two stage qualitative study, before and after the school summer holidays.

The first stage was used to identify subgroups that could be explored in the quantitative analysis to develop theories about the increase in contacts in September. The second study was used to expand further on original theories and to explore whether quantitative analysis on these subgroups could be used to predict which children are more likely to be hospitalised in September. From the results of the analyses, it is thought that exercise could play a key role in the September increase as some children with asthma may not exercise over the summer break. This sub-population of children could be at a higher risk.

These findings could lead to a change in the original PLEASANT intervention, or a possible new intervention, which could be aimed at these higher risk children.
What is known about asset-based programmes for promoting health in communities? Preliminary results from a review of the literature

Viola Cassetti

In recent years, asset-based approaches (ABAs) have become increasingly popular in the area of public health, both for developing local interventions and informing public health policy. Researchers and policy-makers have been calling for the development of an evidence base to support the adoption of ABAs in public health practice. However, evidence on how these can improve health in communities is limited.

A scoping review was conducted to identify mechanisms through which ABAs might improve health. Four database were searched iteratively (Medline, PsycINFO, CINAHL, ASSIA) with terms related to the assets model, and a citation search was performed through Google scholar. Papers were included which provided descriptions of an asset-based intervention to promote community health and excluded if limited to asset mapping. Data were extracted on the target population, how assets are being used, expected outcomes, and evaluation methods. A second phase of the review will explore the relationship between mechanisms underpinning assets approaches in health to support the development of a logic model.

Twenty-seven papers were included full text. A framework synthesizing the key characteristics of asset-based community health promotion is being developed. Three approaches to ABAs were visible in the literature: connecting, raising awareness of, and activating assets. Outcomes included a range of changes in health and in its social determinants, ranging from health behavior and mental health to community cohesion and changes in service delivery.

These preliminary findings suggest that the literature on the implementation of asset-based programmes lack thorough theorization of how the approach can improve health.
Distance to health service is an important component of healthcare delivery though it is often overlooked by planners in many countries. Health care providers all over the world are often concerned with the prescription of treatments without considering the accessibility of the health facility. Adequate information on patients’ journey to healthcare would take healthcare delivery from the mere treatment of diseases to the thoughts of geographical accessibility of health facilities. Geographical access is concerned with the ease of reaching a destination (the health facility). Studies have shown that locations with poorer geographical access to healthcare were also likely to have higher severity of health outcomes, hospital admissions and mortality rate.

This study is concerned is with geographical access to healthcare in Cross River State of Nigeria. Population access to health facilities was estimated by Euclidean distance, walking time, drive time and road distance. The study also measured seasonal changes in population access to health care. Access to health care was measured at the community level but results were aggregated and presented at senatorial districts and state level. Preliminary results show poorer access to health care in the Northern Senatorial District (NSD) and better access in the Southern Senatorial District. It was also found that hospitals attracted the longest journey in all travel scenarios while the shortest distance was experienced in access to primary care. In the seasonal analysis, it was found that population access to health care was poorer in the wet season compared to the dry season. The findings imply that there is an inequity of access to healthcare and seasonal changes have a significant impact on population access to health care in Cross River State.
In the UK there are limited resources for healthcare technologies and research. The National Institute for Health and Care Excellence (NICE) decide whether a technology should be funded on the National Health Service (NHS). NICE need to know that the technology improves health - it is **clinically effective** - and that it is going to be value for money – it is **cost-effective**. Funding bodies such as the National Institute for Health Research (NIHR) also only want to fund research that is value for money. We only want to pay for health technologies and research that give the biggest improvements in health for the amount of money spent. The methods of health economics, such as cost-effectiveness analysis and value of information analysis facilitate these decisions.

An adaptive design is a type of clinical trial that allows early examinations of the data at pre-specified time points. This information can be used to make modifications to the trial, such as stopping early. The use of adaptive designs is increasing in health research; however the changes made are often motivated by showing how well a treatment works. Evidence of value for money is not usually a priority.

Little is known about how an adaptive design might impact on health economic analyses. The aims of this research are to:

- Make sure the methods used to assess value for money when an adaptive design is used are correct.
- Explore opportunities to include health economics as part of the adaptive design itself.
Rice is a staple food in the Philippines. Participants in this research consumed it for breakfast, lunch, dinner and as a snack in between meals. Yet it was more than just a side dish; it held social and cultural significance. In this talk I will discuss the importance that this one food had to the men and their families who I researched.

Data were collected using ethnography and autophotography. A participatory approach was adopted for the ethnography, whereby I ate and spent time with families in the local community in Makati, Manila. Autophotography involved giving men cameras to photograph their meal or every time they ate. I also conducted in situ and informal interviews. Participants were primarily men from a low-middle socioeconomic background.

The results showed the multiple roles that rice played in people’s lives. It provided nutrients and energy for them to perform daily activities. Masculinities and gender could be seen through the quantities that participants consumed. Gendered divisions of labour were visible through who purchased, prepared and cooked this food. Rice represented social values of inclusion, eating together and sharing resources in the family.

Rice was visible, always eaten and always significant to the participants in this study.
Abstracts – Session Three

The influence of socioeconomic status on the tuberculosis care pathway in Taiwan

Chu-Chang Ku

Highlighting upstream socioeconomic determinants of tuberculosis (TB), the 2015 WHO End TB Strategy corresponds to the UN sustainable development goals. Socioeconomic status is believed to affect personal healthcare access of TB patients as well as TB diagnosis by clinical workers in terms of awareness. However, quantitative impacts of these socioeconomic determinants on care-seeking process were not estimated.

We analysed the healthcare visit records and demographic factors in a representative sample of the Taiwan National Health Insurance Research Database from 2003 to 2010 and identified 5,120 patients with total 5,757 pathways. The records were reformed as care pathways based on diagnostic patterns and temporal statistics.

The median of delay from first care visit to first TB suspicion (SD) was 42 days while the delay up to first prescription of anti-TB drugs (TD) was 32 days. The socioeconomic group was correlated to the frequency of visits but not to the SD and TD. The patients in kaohsiung or with comorbidity of chronic lung diseases were more likely to experience misdiagnosis during care seeking. There were 2,987 (51.9%) pathways started as high TB suspicion and 71.3% of them had previous TB-related care experience. Treatment failure were higher in patients older than 65 years old and not living in city centres.

Our results suggest clinical workers should consider the socioeconomic status and residential area of TB patients during their healthcare visits to improve early diagnosis.
Identifying factors influencing practitioner role in access to care for hepatitis B in Chinese populations

Alicia Beatriz Vedio

Chronic hepatitis B (CHB) is a treatable and preventable serious infection affecting migrant Chinese. There is evidence that access to health services is poor in these groups. Health care practitioners are well placed to identify people at risk to facilitate access to health care.

**Aim:** To identify practitioner related barriers to access to health services.

I used qualitative semi-structured interviews of front-line healthcare practitioners to examine roles, attitudes and practices in relation to CHB and Chinese populations. Dixon-Woods access to health care “Candidacy framework” was used to frame modifiable factors in the clinical encounter in primary and secondary care.

1 - Practitioners have key roles in relation with CHB. Providing diagnosis (adjudication) and access to health services (offer), public health and educational roles; and commissioning and informing policy in the UK.

2 – Barriers: understanding and communication issues relating to intercultural communication, including difficulties with interpreters and understanding patient expectations and satisfaction with services. Institutional and organizational issues such as increasing workload and financial limitations act adversely in the correct identification and referral of patients.

3 - Practitioners struggle to understand appropriate management of CHB mainly due to the low priority of this condition in the UK population health.

**Conclusion:** Practitioners balance numerous demands that may conflict at the decision making process, affecting access to care for silent conditions and for undemanding populations. Addressing individual needs and understanding differences in verbal and non-verbal language could be addressed by cultural sensitivity and communication training and by increasing awareness among health practitioners.
The Promotion of Physical Activity among Older Adults: A Qualitative Study Exploring Perceptions of Physical Activity among Kuwaiti Older Adults

Eiman Alkhezi

**Background:** Physical inactivity is one of the major public health problems of the 21st century, being fourth leading cause of death worldwide. The prevalence of inactivity increases with age. The high prevalence of non-communicable diseases in Kuwait and the anticipated increase in such diseases amongst older adults are likely to result in a greater healthcare burden. Moreover, research targeting the health of older adults is limited in the Arab world. Most research into physical activity (PA) has been conducted in Western countries. Currently the reasons of high prevalence of inactivity among older adults in Arab countries are unknown, and such knowledge could inform the development of effective interventions.

**Aims:** The aim of this study is to explore the perceptions and attitudes of older Kuwaiti adults and significant people in their lives (family members, friends, community leaders, health professionals) surrounding PA and gain their suggestions for increasing PA among this population.

**Methods:** A qualitative research design using a grounded theory approach was adopted; data was collected using face to face- semi-structured interviews. Twenty-four interviews were conducted with 32 Kuwaitis. All interviews were audio taped, transcribed, translated and thematic analysis was undertaken.

**Findings:** Preliminary findings showed that culture (religion, traditions, norms, gender and age expectations), lifestyle and environment are some key barriers and/or motivators to physical activity among older adults in Kuwait.

**Conclusion:** As the older population is increasing globally, more attention should be given to promoting physical activity among this group to improve their health and quality of life.
Nigerian HIV positive men who have sex with men (MSM): experiences of stigma and discrimination

Balogun, A., Bissell, P., Saddiq, M.

This study set out to research the experiences of HIV positive MSM living in Nigeria, including accounts about their ability to manage their condition, access formal healthcare services and use anti-retroviral treatment. This topic is particularly important given that same-sex relationships (both male and female) are criminalised in Nigeria. The study reported here, used qualitative interviews and focus groups with Nigerian MSM who were HIV positive, living in Lagos and Abuja. Participants were purposively sampled from three non-governmental organisations, with a total of 21 in-depth interviews and 4 FGDs conducted in 2017. Participants reported a very high level of stigma, discrimination and everyday violence when sexual practices and HIV status became known by others. This encompassed what participants referred to as ‘Kito’ or stigma and discrimination instigated by other MSM in their immediate communities. Not surprisingly, many participants sought to conceal their HIV status and their sexual orientation, but found this extremely difficult in their interactions with health service providers. Crucially, participants reported very low awareness about the possibility of HIV transmission through anal sex with other men. Here, we reflect on the relevance of the literature pertaining to stigma and abjection and discuss what an effective public health intervention might consist of for this population group.
The literature indicates that poor health impairs adolescents’ ability to flourish during adolescence. If an adolescent has a health difficulty they are more likely to struggle with school attendance and experience social isolation. A different body of literature suggests that cognitive and socioemotional skills developed earlier in life influence the ongoing formation of these skills over time. The implication of these two streams of research is that a health difficulty in adolescence may have a persisting impact on an individuals’ longer term well-being by impairing the formation of valued abilities. Given the complexity of the phenomena of interest I combine both qualitative and quantitative methods to investigate the pathways through which poor health impacts the formation of these inherently valuable abilities over time. The findings of the mixed methods research support the hypothesis that a health difficulty in adolescence has a persisting impact on the formation of valued abilities. Poor health in the period prior to GCSE examinations has a persisting impact on individuals’ ability to access education and employment opportunities. It is also associated with an increased risk of having a small friendship network in early adulthood. Diminished friendship networks and employment opportunities are of course predictive of lower life satisfaction. The accounts those interviewed with health difficulties indicate they actively sought to overcome the constraints imposed by their health condition. However, their poor experienced health and the increased precautions they consequently needed to take often led to a negative sense of “difference” – undermining their positive sense of self.
How Cognitive Behavioural Therapy (CBT) is used in Physiotherapy Management for Chronic Low Back Pain (CLBP): A Gap to Be Addressed Using Grounded Theory Approach.

Latifa Alenezi, Liz Croot, Janet Harris

Chronic Low Back Pain (CLBP) is one of the most common and recurrent musculoskeletal problems that causes patients to frequently access healthcare services. The Bio-psychosocial model emphasises that psychological, behavioural and social factors contribute to the development and persistence of CLBP. Cognitive behavioural therapy (CBT) is a psychological pain management strategy that can be used by physiotherapists treating chronic low back pain. However, evidence of the effectiveness of CBT for CLBP varies between different studies. The proposed study was preceded by a mixed methods systematic review that found that CBT has a beneficial effect for CLBP patients when compared to waiting list or other treatments; however, there is variation in effectiveness across different settings. None of the studies explored how CBT is effective for CLBP or why there is variation in CBT effectiveness. Little is known about how CBT is applied by physiotherapists in physiotherapy settings. The interest of this study is directed towards generating an explanation and understanding of why, when, and how some physiotherapists make decisions and choose to apply CBT for CLBP patients, whereas others do not. Also, how and for what type of CLBP patients does CBT work, and for whom might CBT not work? Therefore, the study will take a qualitative approach to explore CLBP patients’, physiotherapists’ and managers’ perceptions of CBT and how it is used in physiotherapy to enable a deeper understanding and richer explanation of CBT effectiveness and help to inform research and practice. The study will use grounded theory approach to generate an explanatory theory of the clinical application of CBT for CLBP in physiotherapy settings. Physiotherapists, patients and mangers of physiotherapy services will be interviewed. Grounded theory techniques will be used to analyse the data. The presentation will describe findings form the interviews and the emerging theory. This research will help to further inform RCTs about the effectiveness of CBT for CLBP in physiotherapy.
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