UK Prevention Research Partnership Information and Networking Event

18th May 2017
30 Euston Square, Kings Cross, London NW1
Venue Information

30 Euston Square (Kings Cross, London NW1) is centrally located in London, with the nearest train/tube station being London Euston (Northern and Victoria lines).
Ashley Adamson is a NIHR Research Professor, Director of Fuse, UKCRC Centre for Translational Research in Public Health and National Director for the NIHR School for Public Health Research. Fuse has a wide network of partners working in public health practice and policy, including Local Authorities, third sector organisations and business (e.g. community pharmacies and housing organisations). Ashley’s personal research interests focus on the complex relationships between the food environment and food choice, socio demographic and wider upstream determinants of health with a particular focus on prevention of obesity and associated disease.

Key challenges in prevention research include implementation and evaluation of system, or population wide, interventions for reduction of inequalities and prevention of chronic disease for better and fairer health across the life course. This requires a multidisciplinary approach which is grounded in practice and presents complex methodological challenges such as measures of wider economic impact and return of investment.

I am representing one of the funding partners of the UK Prevention Research Partnership: Health and Social Care Research & Development Division, Public Health Agency, Northern Ireland. As Programme Manager, I will be encouraging and supporting Northern Ireland researchers to respond in partnership with all relevant stakeholders, including research users to this research call.
| **Professor Louise Arseneault**  
King’s College London  
Louise.arseneault@kcl.ac.uk |
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<td>My research focuses on the study of harmful behaviours such as violence and substance dependence, their developmental origins, their inter-connections with mental health, and their consequences for victims. I examined harmful behaviours as a developmental outcome, primarily in adolescents and in adults. Over time, the focus of my research broadened to include harmful behaviours as causes of mental health problems. I have taken a developmental approach to investigate how the consequences of violence begin in childhood and persist to mild-life, by studying bullying victimisation and child maltreatment. My research aims are to answer questions relevant to psychology and psychiatry by harnessing and combining 3 different research approaches: developmental research, epidemiological methods and genetically-sensitive designs. My work incorporates social as well as biological measurements.</td>
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| **Dr Dimitrinka Atanasova**  
Lancaster University  
d.atanasova@lancaster.ac.uk |
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<td>I am a Lecturer in Intercultural Communication (Department of Linguistics and English Language, Lancaster University). I research: 1) how individuals use digital platforms (blogs and apps) to manage chronic diseases, access and provide peer support; 2) how chronic diseases are represented in mainstream and newer media outlets (specifically, those in the ‘constructive journalism’ field); 3) how individuals use social media (Twitter) to raise awareness about stigmatized chronic diseases. I focus on obesity and mental health. Science and technology researchers have developed apps for chronic disease management and many studies have evaluated their effectiveness. Research also needs to examine how chronic disease sufferers manage their (online) identities to engage in discourse on stigmatized conditions and how they use multimodal environments to produce online illness narratives (a relatively novel practice for chronic disease management). I am keen to contribute to this end with my knowledge of applied linguistics and media analysis.</td>
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**Professor Clare Bambra**  
Newcastle University  
clare.bambra@ncl.ac.uk

My research examines how to reduce health inequalities. I am the Associate Director of Fuse: UKCRC Centre for Translational Research in Public Health and member of the NIHR School for Public Health Research Executive. I am also co-Director of the PHE funded Equal North research and practice network. I have worked with a range of research users on collaborative research projects including NHS, PHE, DWP, local authorities, large and small charities.

One of the key challenges of preventive research is how to effectively reduce health inequalities across the life course by tackling the social determinants particularly by reducing worklessness and improving workplace health. New population health research could engage with innovative initiatives such as the living wage, employee involvement in businesses, or examining the effects of local procurement policies. Further, the devolution deals across England offer the opportunity for natural experiments in terms of shaping the social determinants of health inequalities.

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**Dr Mary Barker**  
University of Southampton  
meb@mrc.soton.ac.uk

My interest is in the design and prosecution of early life health improvement interventions to prevent long-term NCD risk in this generation and the next. The two key challenges in prevention research are (1) to engage the public in changes in behaviour, which necessitates (2) the development of effective population-level, sustainable, low-cost, and usually complex interventions.

In Southampton, we have established the NIHR BRC Centre for Participatory Medicine, which uses our expertise in participatory methods to generate research questions, co-create interventions, disseminate and implement, focusing on locally-defined priorities and perspectives.

Designing and testing novel complex interventions requires the development of new methods of evaluation that reflect the complexity of the systems in which we are intervening. Novel approaches to intervention and the application of novel designs to the evaluation of complex public health interventions needs expertise from across statistics, behavioural science, medicine and health science.
### Professor Chris Baber
University of Birmingham  
c.baber@bham.ac.uk

My main research area concerns Cognitive Ergonomics, specifically in terms of the ways in which people make sense of complex or incomplete information. This work has been conducted, for example, with the emergency services and with forensic scientists. A recent book describes some of the work with the Police (Baber and McMaster, 2017, Grasping the Moment, CRC Press), in which we explore sensemaking in challenging sociotechnical contexts. I am also interested in the ways in which people interact with technology, having worked for many years with wearable computers and on-body sensors for activity recognition.

### Professor Rosa Barciela
Met Office and University of Exeter Medical School  
rosa.barciela@metoffice.gov.uk

Professor Barciela has over 15 years of experience developing, running and evaluating weather and climate models for public/private sectors. Her research interests include communicable and non-communicable disease epidemiology linked to weather and climate, the environment, big data, and socio-economic benefits. Her role includes pulling-through relevant research into products/services that support health professionals, policy and decision-makers. Her research work includes partnerships with the National Institute for Health Research (NIHR) Health Protection Research Unit in Environmental Change and Health, the European Centre for Environment and Human Health, Public Health England, and the World Health Organisation.

Challenges:
- Coordinating end-to-end, impact-based research bridging the gap between the provision and interpretation of large amounts of multi-disciplinary information and the needs of health professionals and the public.
- Sharing the “knowledge pool” (e.g. tools, data, past experiences)
- Clear delineation of activities designed to address short-term crisis intervention versus longer-term underlying problems.
- Improved monitoring/surveillance.
**Dr Jo Bibby**  
The Health Foundation  
Jo.Bibby@health.org.uk

I am responsible for the Health Foundation’s strategic objective to support healthier lives for everyone in the UK through action on the wider determinants of health. We do this through building evidence, building capability, supporting the testing and demonstrating of innovative interventions and influencing those with the potential to effect wider change.

The Health Foundation is particularly interested in building evidence of how to effect change in complex adaptive systems and support the implementation and transferability of innovations. This requires drawing on a wide range of disciplines including social sciences, political sciences, marketing, design, ethnography and anthropology amongst others.

**Professor Karen Bloor**  
University of York  
Karen.bloor@york.ac.uk

I am the University of York’s Research Champion for Health and Wellbeing, a role which involves leading and facilitating interdisciplinary research to address real world health problems. My own expertise is in the application of economics to health policy, including the use of quasi-experimental methods and routine data to inform and evaluate policy level interventions. I work closely with research users, particularly policy makers, including co-leading (with the King’s Fund) a fast-response analytical programme for the DH policy research programme. I have worked with health professionals, with Public Health England and as non-executive director of a Primary Care Trust. From a research viewpoint, prevention is challenging as change often cannot be evaluated using the established approach of clinical trials and meta-analysis. My skills, and those of other health economists and health services researchers at York with whom I work, are transferable from policy to prevention interventions particularly those at population level. Rigorous multidisciplinary research is essential to maximise value from prevention programmes.
**Professor Chris Bonell**  
London School of Hygiene & Tropical Medicine  
Chris.bonell@lshtm.ac.uk

**Research interests**
- Evaluating complex intervention processes and outcomes.
- Adolescent health and in particular how schools influence this.

**Working with users**
- I have worked with DH and DfE on evaluating government programmes as well as with the NHS (e.g. UCLH), voluntary (e.g. National Children’s Bureau, NSPCC) and private sectors (e.g. Tribal Consulting).

**Key challenges and responses**
- Addressing influences on health beyond merely those operating at the level of the individual. Such interventions need to be informed by social sciences and social epidemiology. They need to target tractable aspects of environments and institutions (for example from my own work, school management and organisation).
- Evaluating what works but also for whom and under what conditions. Such evaluations should combine realist approaches (informed by social science) with rigorous estimation of outcomes (using RCTs or other designs minimising bias).

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**Dr Christopher Boyko**  
Lancaster University  
c.boyko@lancaster.ac.uk

Christopher is interested in how designers and the design of places, products, processes and services can play a positive role in the prevention and accommodation of non-communicable diseases in urban environments. He is currently examining the relationship between wellbeing and built environment factors, including urban density, deprivation and walkability, as part of the EPSRC-funded Liveable Cities project. This research builds on previous work concerning how decisions are made about urban density (Urban Futures) and how to map sustainable urban design decision-making processes (VivaCity2020). In all projects, involving businesses (e.g., architecture firms, developers) alongside local authorities, the voluntary sector and residents to understand local contexts has been crucial. A key challenge in prevention research is to understand the diverse needs of collaborative partners, particularly at the planning stage, to ensure sustainability of the partnership. The disciplines needed to address the challenges include architecture, epidemiology, environmental studies, design, healthcare, ICT and psychology.
Mark Brangwyn
Health – Connected
mark@health-connected.com

Health Connected works with NHS and social care providers in the business of residential and home care to offer tech applications to support people with dementia and their carers. Our tools collate meta data on the interests and health and well being of older people with long term conditions. We are keen to use data to assess what works and have practical experience of working with this cohort to engage them in research design, analysis and outcomes. We seek to engage providers in the social care and support to safeguard older people and develop the use of tech to secure timely and appropriate health care, aid choice and prevent repeat admissions to hospital.

Rob Buckle
Medical Research Council
Robin.Buckle@headoffice.mrc.ac.uk

Dr Rob Buckle is Chief Science Officer at the Medical Research Council. MRC is the main Government agency responsible for UK biomedical research and in 2015/16 it spent close to £1b on world-class research across the biomedical spectrum and with the mission to improve human health and enhance the economic competitiveness of the UK. Prevention is a strategic priority for the MRC so Rob is delighted that MRC is a key partner in the UK Prevention Research Partnership. He is looking forward to hearing about exciting new ideas at this event on ways to improve population health and wellbeing, and reduce inequalities, by modifying the risk factors and common determinants of non-communicable diseases and conditions.
Josefien Breedvelt  
Mental Health Foundation  
jbreedvelt@mentalhealth.org.uk

My research interests lie in the prevention of mental health problems across the life course. The key issues are that we need a joined-up effort to focus on at risk groups and integration of research streams and practice. More multidisciplinary working is necessary to ensure we gather the best known from psychiatry, public health, health economics, big data, behavioural change and implementation science.

Most importantly is that we involve people who we are trying to develop prevention initiatives for and the people who work with them. In addition, we need to get better at ensuring public mental health keeps up with the most recent technologies and bolsters these for improved access and early intervention. Co-producing these solutions with stakeholders from above described disciplines is pivotal.

I will be able to contribute expertise on key areas needed for change such as implementation science, digital mental health developments and co-production.

Professor John Britton  
University of Nottingham  
j.britton@outlook.com

I am a clinical academic at the University of Nottingham, and Director of the UK Centre for Tobacco and Alcohol Studies, a UK Public Health Research Centre of Excellence established by the UKCRC in 2008. Our Centre is a network of senior researchers and their research teams from 13 UK and 1 New Zealand Universities. Our research includes population-level interventions and policies to reduce the prevalence of smoking and prevent harmful use of alcohol. We work closely with government departments and with NHS and non-governmental organisations to develop and implement our findings.

Preventing smoking and harmful use of alcohol requires work across a spectrum of research and implementation disciplines, including medicine, economics, behavioural science, ethics and understanding industry strategies to undermine tobacco and alcohol policy implementation. The UKPRP call is a welcome new opportunity to build new collaborations to address these major drivers of chronic disease in the UK.
| **Professor Sinead Brophy**  
| Swansea University  
| s.brophy@swansea.ac.uk |

I am Professor of Public Health Informatics in the FARR Institute with expertise in analysing electronic data such as linked health, education and traditional cohort studies. My research also involves evaluating interventions in schools and working in partnership with the local council, activity and health providers (commercial and charities) and public health and the NHS. For example, I am PI on a British Heart Foundation funded RCT to examine activity vouchers for teenagers in terms of changing their area, social networks and activity levels. This study is in partnership with the council and local schools and also involves linking the RCT to health and education records to give a longitudinal view before and after the trial. The key challenges I believe is the constantly changing funding for interventions resulting in many short term local interventions with no evaluation or plan for sustainability.

| **Professor Rona Campbell**  
| University of Bristol  
| rona.campbell@bris.ac.uk |

My research aims to develop the evidence base for what works to improve the health of children and young people, particularly within the context of schools and other educational settings.

Key challenges for prevention research in finding solutions to the ‘wicked problems’ we face include more emphasis on the D in R & D and providing sufficient resource for truly innovative interventions that allow those most affected to be fully engaged in finding solutions. We need more research on the public as part of the systems we seek to change, to better understand how new social movements bring about change, and how we might harness the power of citizen science. With an ageing population another challenge is not forgetting the importance of the health of our children and adolescents and thereby the generation that they will give birth to. The social science disciplines will be key to meeting these challenges.
| **Michael Chang**  
Town and Country Planning Association (TCPA)  
Michael.chang@tcpa.org.uk | The TCPA is a policy research and practice charity with the Garden Cities legacy of building in health in the places people live and work. It’s Reuniting Health with Planning initiative’s series of activities to collate evidence about the environmental determinants to ill-health, with a particular focus on tackling obesity to help establish a clear practical framework for a systematic consideration of these determinants through the local government processes and structures.

The key challenges are multi-disciplinary working and the ability to translate and communicate research into practical outputs and tools for end users and policy makers. Addressing these challenges have been the strengths of the TCPA. Therefore the TCPA has been considered a leading agent in this field through taking a multi-sectoral and activity perspective to combine incremental initiatives and strategic place-based interventions to be effective in ultimately eliminating the obesogenic environment. |
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| **Yolanda Clewlow**  
Met Office  
Yolanda.clewlow@metoffice.gov.uk | As strategic lead for health-related research and services, I oversee and coordinate research activity that relates to health, weather & climate. We work in partnership with key organisations in public health, academia, and government (nationally and internationally) to ensure the Met Office plays a key role in delivering science with impact. Weather and climate impacts form part of the picture in relation to NCDs, in particular cardiovascular disease, musculoskeletal disorders, respiratory disease, and mental health. This event offers an opportunity to explore how existing Met Office capabilities in science, modelling, data, forecasting etc could support wider research in this area. We have experience in modelling and forecasting impacts as well as research in areas such as heat/cold impacts (CVD; Resp conditions); air quality (incl pollen) and asthma; COPD; S.A.D. |
### Professor John Coggon  
**University of Bristol**  
John.Coggon@bristol.ac.uk

I am Professor of Law at the University of Bristol. My research interests are in public health ethics and law broadly conceived. I am author of *What Makes Health Public?* (CUP, 2012), and, with Keith Syrett and A.M. Viens, *Public Health Law* (Routledge, 2017). My work is based in political, moral, and legal theory. I have particular research interests in the characterisation and regulation of unhealthy behaviours and products. I am an Honorary Member of the UK’s Faculty of Public Health (FPH), and engage with public health trainees, practitioners, and leaders at local, national, and international levels. This has included engagement with FPH, Public Health England, and the World Health Organization. I am interested to address regulatory challenges that arise given concerns about political legitimacy (e.g. claims of ‘nanny-statism’), questions of the roles of different public and private actors, and the prioritisation in policy of values other than health.

### Professor Lady Rachel Cooper OBE  
**Lancaster University**  
r.cooper@lancaster.ac.uk

Rachel Cooper OBE is Distinguished Professor of Design Management and Policy at Lancaster University. She was founding Director of ImaginationLancaster, an open and exploratory design-led research centre conducting applied and theoretical research into people, products, places and their interactions. Professor Cooper’s research interests cover: design thinking; design management; design policy; and across all sectors of industry, with specific interest in design for wellbeing and socially responsible design. She has published extensively on these topics, including books 'Designing Sustainable Cities' and 'The Handbook of Wellbeing and the Environment'. She is also series editor of the Ashgate series Design for Social Responsibility covering topics such as designing for sustainability, inclusivity, service design, sport, health, transport and policy. A founding editor of The Design Journal and also founding President of the European Academy of Design, she is advisor to a number of government and non-government initiatives, a Lead Expert for the UK Government Foresight programme on the Future of Cities, and is on the Academy of Medical Sciences Working group addressing ‘the health of the public 2040’ and the Expert Steering Group for the Partnership for Preventative Sciences.
**Professor Jeff Collin**  
*University of Edinburgh*  
jeff.collin@ed.ac.uk

A political scientist by background, my work has focused on addressing the impacts of unhealthy commodity industries on health and public policy; my expertise in analysing industry engagement and conflict of interest in tobacco control policy is increasingly being applied in the contexts of alcohol and nutrition policy. I work extensively with health agencies and with charities and civil society organisations at national and international levels. The key challenges in prevention research are to find new interdisciplinary approaches to address industrial epidemics, regulating unhealthy commodity producers as upstream determinants of ill health to more effectively promote health equity. This will require moving beyond traditional research and policy silos focused on individual risk factors, more extensive engagement across social sciences and public health, and a focus on developing modes of health governance that can effectively manage conflict of interests across sectors and identify possible synergies.

**Dr Anna Cox**  
*University College London*  
anna.cox@ucl.ac.uk

**Expertise:** Human-Computer Interaction, Cognitive Science

**Working together:** I work in multi-disciplinary teams consisting of social scientists, computer scientists, health professionals and health service users

**Research Interests:**
- designing effective technology for health and wellbeing (e.g. serious games, behaviour change apps, health and fitness trackers that are usable, useful & used)
- incorporating behaviour change theories in persuasive technology (e.g. what role can technology based on habit theory play in helping people to remember to take daily medication?)
- understanding the use of technology that aims to support personal health management (e.g. what do people do with fitness trackers and why?)

**Relevant projects:**
- GetAMoveOn Network+: Leveraging Technology to Enable Mobility & Transform Health  
  https://getamoveon.ac.uk/
- ECLIPSE: Exploring the Current Landscape of Intravenous Infusion Practices & Errors  
  http://www.eclipse.ac.uk/
- CHI+MED: Making Medical Devices Safer  
  http://www.chi-med.ac.uk/
### Dr Peter Craig
University of Glasgow
Peter.craig@glasgow.ac.uk

I lead a programme of research entitled ‘Informing Healthy Public Policy’ which seeks to use natural experimental and other methods to evaluate the health impact of interventions across all sectors of social and economic policy. Before that, I worked as a research manager in the UK and Scottish Governments, commissioning, managing and conducting research on social security and public health, and providing research-based advice to Ministers and policy-makers. The key challenge facing research on prevention is to find efficient and robust methods for evaluating interventions whose effects at the individual level are small or take a long time to emerge. The solutions are likely to lie in the use of routinely collected data on exposures and outcomes, and the application of research designs that allow causal inference from observational data, coupled with modelling approaches that allow effect estimates to be mapped onto the kinds of decision problems that policy-makers face.

### Professor Steven Cummins
London School of Hygiene & Tropical Medicine
Steven.cummins@lshtm.ac.uk

**Interests:** Environmental determinants of diet, physical activity and mental health; environmental interventions; complex systems thinking; public health evaluation, big-data/data science approaches

**Collaboration:** worked with local (London Boroughs, GLA) and national (DH, PHE, NICE) government bodies; commercial sector (Jamie’s Italian restaurants, UK supermarket sector).

**Challenges:** better use of natural experiments to generate evidence; improving causal inference, complex systems thinking to improve intervention development/change public health practice; harnessing non-routine secondary data (ie commercial and social data) for evaluation purposes; changing environments/systems to maximise health gain; designing the prevention system, understanding the commercial determinants of health.

**Disciplines:** epidemiology, social sciences (geography, psychology, economics, political science) engineering (geomatic), physics; behaviour-centred design; urban informatics; architects/planning; environmental/ecosystem science
| **Dr Mary De Silva**  
Wellcome  
m.desilva@wellcome.ac.uk | The Wellcome Trust is a key funding partner of the UKPRP. We passionately believe that a new research landscape is required to generate knowledge on sustainable and cost-effective ways of addressing complex environmental upstream determinants of NCDs and thus improving public health. Multidisciplinary teams and approaches will be vital to fully engage with these complex systems and we are delighted to be part of this exciting new funding initiative. |
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| **Dr Elaine Douglas**  
University of Stirling  
Elaine.douglas@stir.ac.uk | I am a public health researcher with specific interests in ageing populations, health inequalities, health behaviours, including engagement with preventative health services (e.g. cancer screening). A key challenge in prevention research is addressing causality. Which factors lead to which outcomes, in whose population and at what time? Longitudinal studies offer the means to address causality which is why I am delighted to work on the Healthy Ageing In Scotland (HAGIS) study, Scotland’s first longitudinal study of ageing and sister to other global ageing studies including the English Longitudinal Study of Ageing (ELSA). This research is truly multidisciplinary as we collect data on people’s social, economic and health circumstances (cognitive ageing, retirement planning, financial literacy) and make these data available to researchers via the UK Data Service. Our aim is to make researchers, relevant charities and policymakers aware of HAGIS so that it supports both research and policy debate. |
| **Dr Christos Efstratiou**  
University of Kent  
c.efstratiou@kent.ac.uk | My research lays in the areas of mobile and wearable sensing technologies and data analytics. My recent work involves the use of wrist mounted sensing devices for detecting epileptic seizures of people suffering from epilepsy, analysis of online activity data to detect changes of the psychological state of users, and the use of mobile phone data to capture and analyse the social behaviour of people. Prevention research requires novel techniques for capturing and understanding the lifestyle patterns of individuals, understanding of risk factors in the daily lives of people, and appropriate interventions that are tailored around each individual person. Targeting these challenges requires an interdisciplinary approach, involving researchers from ICT to develop technologies to capture and analyse lifestyle patterns, health experts to identify risk factors and appropriate interventions, and social scientists to explore the appropriate methodology for the successful adoption of lifestyle changes. |
| Dr Lucy Frith  
University of Liverpool  
frith@liverpool.ac.uk | I am a Reader in Bioethics and Social Science and my research focuses on social and ethical aspects of healthcare decision-making, policy and regulation and combines social science methods with bioethical analysis. I have experience with involving users in health research. I am strategic lead for public involvement for the NW NIHR Research Design Service and I have worked with social enterprises and third sector organisations on projects through my work with the Heseltine Public Policy Institute. Key challenges for prevention research are understanding the social context of conditions and strategies to improve health, to develop better methodologies for researching and assessing these complex interventions, to ensure the production of ethically acceptable interventions and policies. To do this we need genuine multi-disciplinary teams that include social science (qualitative) researchers and humanities perspectives (such as bioethics), to adequately understand and theorise how health is understood and how interventions are experienced. |
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| Dr Erica Gadsby  
University of Kent  
E.Gadsby@kent.ac.uk | I am a social scientist with public health training and experience in UK and abroad. I specialise in health systems and policy research, and development and evaluation of complex public health interventions. I spent three years examining the implications of the health and social care reforms for the public health system on behalf of the Department of Health. I currently evaluate a community-based obesity prevention programme in London. I manage a public health collaboration with Medway Council and am supporting them to develop a local whole systems approach to obesity. I always straddle research and practice, working closely with research users mainly in public and voluntary sector organisations. Key challenges include the lack of systems perspectives which are required to see how many different interventions can knit together as a whole systems approach to ‘wicked’ problems such as obesity. Social science expertise is essential, as is systems thinking. |
### Professor Simon Gilbody
University of York  
Simon.gilbody@york.ac.uk

Depression is the most common mental disorder and is the second leading cause of global disability amongst all NCDs. Much depression goes untreated or unrecognised and there are significant population impacts on health resource use and economic productivity. Strategies to address depression have hitherto involved the expansion of treatment services or the increased prescription of antidepressants, but there is emerging interest in the prevention of depression. Prevention might be applied at a population level by addressing risk factors (which are reasonably well understood) or by intervening amongst populations at particular risk. My group have recently led the first UK (NIHR-funded) trial of a preventative strategy aimed at risk older adults, many of whom had long term physical health problems (CASPER Trial JAMA 2017 doi:10.1001/jama.2017.0130). This attracted significant international interest, and is the largest preventative trial to date. Simple, low intensity interventions based on behavioural principles are a promising avenue to pursue in the prevention of common mental disorders. The design and delivery of interventions and their evaluation in large scale trials is challenging, and requires a multi-disciplinary approach. The economic benefits of preventative strategies are likely to be substantial. I am keen to extend this approach and seek funding and collaboration.

### Professor Anna Gilmore
University of Bath  
a.gilmore@bath.ac.uk

Key research interests: the influence of corporations on health and health policy; evaluation of policy change on health; and developing innovative evidence for policy. I have significant experience working with research users including intermediate (eg media, NGOs, professional organisations) and end-users (eg civil servants, politicians, inter-governmental organisations).

Challenges: much of prevention depends on timely and effective policy change and while we often know the policies needed, they are not even being considered yet alone enacted or are enacted only in weakened form after significant delay. Consequently there is a need to understand and address influences on the policy process. This must consider not just down-stream policies but the up-stream policy architecture and environment within which policy decisions are made. We must join the ‘research silos’ (eg alcohol, food, tobacco) and combine skills in economics, politics, public health, sociology, psychology, anthropology etc.
| **Professor Elizabeth Goyder**  
University of Sheffield  
e.goyder@sheffield.ac.uk | Interests: economics of prevention; understanding and tackling inequalities; effectiveness and cost-effectiveness of policy interventions at national, regional and local levels.  

Work with research users: research co-production with South Yorkshire local authorities, national government bodies, NHS and social care commissioners and providers, leisure industry; focus on developing and evaluating complex interventions.  

Key current challenges: knowledge mobilisation to ensure research evidence can be used to inform decision making in all sectors which have a major impact on health, wellbeing and inequalities including industry, transport infrastructure, housing, health and social care; making best use of existing data to develop, monitor and evaluate policies in all sectors which impact on health and wellbeing.  

Relevant disciplines/expertise: health economics; using commercial data, routine data, research data and emerging forms of data such as smart phone, app and social media generated data; adaptive systems modelling; evaluation of complex policy interventions using broad-based system approaches. |
| **Professor Martin Gulliford**  
King’s College London  
Martin.gulliford@kcl.ac.uk | Martin Gulliford is Professor of Public Health at King's College London. His current research focuses on the use of electronic health records to evaluate public health interventions. The main areas of application are in obesity, chronic disease prevention, ageing and antimicrobial utilisation. Recently, we worked for the NPRI on the cost-effectiveness of brief lifestyle interventions in primary care; for NIHR on obesity management in primary care; and for Dunhill Medical Trust on cardiovascular risk management in people aged more than 80 years. |
| **Professor Peter Hajek**  
Barts and The London School of Medicine, QMUL  
p.hajek@qmul.ac.uk | Research interest and experience: Tobacco dependence, smoking cessation, weight management, health behaviours.  
Work with research users: Training doctors, contributions to NICE and other guidelines, Cochrane reviews.  
Challenges in prevention research: In fields of smoking cessation and weight management, the main challenge is to develop interventions that are not only effective, but also attractive to users. |
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| **Professor Seeromanie Harding**  
King’s College London  
Seeromanie.harding @kcl.ac.uk | Seeromanie Harding is Professor of Social Epidemiology at King’s College London. Her current research focuses on social and ethnic inequalities in health, child & adolescent health, implementation science and global health. She is the Principal Investigator of the Determinants of Adolescents Social well-being and Health study, which involves extensive collaboration with local communities and local Public Health; and of the CONTACT study in South America and the Caribbean which is evaluating the integration of places of worship into the primary care system to prevent and control non-communicable diseases, in collaboration with the Ministries of Health and Pan American Health Organisation. Key challenges in prevention research include sustainability of public health interventions due to unstable local government budgets, & under-recognition of the intersection of key predictors of ill health (e.g. gender, religion, ethnicity, deprivation) which threatens sustainable development. Input from New Technologies and Social Justice could be beneficial. |
### Professor Graham Hart

**University College London**

g.hart@ucl.ac.uk

My research interests include sexual risk behaviour and the prevention of HIV and STIs, combining structural, behavioural and biomedical approaches to prevention. I have worked with a wide range of populations at risk of HIV and STIs, nationally and internationally. My major contributions are to health policy, and I have worked with policy ‘customers’ and health professionals who deliver services, but not so far with business.

Prevention research requires engagement with the core population health sciences (including epidemiology, health social sciences, biostatistics and trials) but will increasingly rely on health informatics, big data, engineering and the built environment, as well as those with ethical and legal expertise.

We need to move rapidly beyond seeking to change individual behaviours, and look increasingly to community, societal (including fiscal and legislative approaches) and system-wide transformation if we are to secure health gain and reductions in health inequality in the 21st century.

### Dr Jamie Hartmann-Boyce

**University of Oxford**

Jamie.hartmann-boyce@phc.ox.ac.uk

I am a senior researcher with the Health Behaviours team, based within the Nuffield Department of Primary Care Health Sciences, University of Oxford. Our research focusses on weight management and smoking cessation; as part of this we conduct randomized controlled trials, systematic reviews, observational studies and qualitative work which ultimately aims to develop interventions to change people’s behaviour and the culture to prevent serious disease. We have extensive experience of collaborating with research users, including health professionals, policy makers, the public, and weight management industries, and also collaborate with researchers from other disciplines. We view a key challenge of prevention research to be how to extend and/or re-purpose individual-level interventions to achieve population impact and are committed to working with a range of stakeholders to improve understanding of the many diverse factors which contribute to NCDs and ways in which to prevent disease through ‘upstream’ behaviour change interventions.
**Professor Andrew Hayward**  
University College London  
a.hayward@ucl.ac.uk

I am Director of the UCL Institute of Epidemiology and Healthcare - one of the largest concentrations of multidisciplinary population health researchers internationally, within a multi-faculty University. We have a world-class record in life-course epidemiology, broader determinants of health and social inequalities. I have also established a Public Health Data Science group at the UCL Institute of Health Informatics using data linkage for needs assessment and evaluation with a focus on disadvantaged groups. A key challenge is modifying wider determinants such as poverty, transport infrastructure, obesogenic environments and housing in a way that enables evaluation. Broadly the field needs population health scientists with quantitative data skills, qualitative expertise, and public engagement skills to work closely with communities, local and national government and industry to identify and evaluate interventions. Teams also need to involve disciplines such as geography, engineering, built environment, computer science and education.

**Dr Sophie Hawkesworth**  
Wellcome  
S.hawkesworth@wellcome.ac.uk

The Wellcome Trust is a key funding partner of the UKPRP. We passionately believe that a new research landscape is required to generate knowledge on sustainable and cost-effective ways of addressing complex environmental upstream determinants of NCDs and thus improving public health. Multidisciplinary teams and approaches will be vital to fully engage with these complex systems and we are delighted to be part of this exciting new funding initiative.
**Susan Hird**  
Sheffield City Council  
susan.hird@sheffield.gcsx.gov.uk

My Expression of Interest is on behalf of the Public Health team in Sheffield City Council. Our research interests include the economics of prevention; politics of health in all policies; determinants of the determinants; and big data to support this. For example, we need research to answer questions such as how to maximise our current levels of investment in parks/green spaces, and the relative benefits of this type of policy approach compared with more ‘traditional’ public health interventions aimed at individuals such as weight management programmes. As a team we have extensive experience of working with research users. First and foremost we are generators and users of research ourselves. All our work with MPs, local councillors, council officers, NHS professionals, the voluntary sector and business aims to increase understanding and use of research to inform development of healthy public policies and services. We have close links with several universities within the region, in particular the two Sheffield universities. We believe the key challenges in prevention research are (i) quantifying and then achieving the (cashable) health return on investment (ii) building a realistic (rather than hypothetical) case in the context of competing priorities and continued austerity and budget cuts to local authorities; and (iii) silos (consequently the realist evaluation approach could be helpful – especially in terms of understanding the politics of implementing a health in all policies approach). To address these challenges we need more collaboration and input from geographers (all types), psychology (especially behavioural) and health economists.

**Dr John Holmes**  
University of Sheffield  
John.holmes@sheffield.ac.uk

My primary research interests are in studying trends, inequalities, epidemiology and policies relating to alcohol and its intersection with other health-related behaviours. My current interests particularly focus on the heterogeneous nature of alcohol consumption ‘occasions’, alcohol’s impact on those around the drinker and the dramatic decline in youth drinking. In my previous research, I have worked extensively with research users including national and regional advocacy groups and policy makers. The key challenges for future prevention research are to (1) move beyond overly individualised approaches to intervention and incorporate detailed understanding of the immediate and wider contextual of behaviour and (2) understand the role of prevention research and policy in a context where many problems (e.g. alcohol use) are declining. In addition to existing public health and behavioural science specialists, greater emphasis on sociological and geographic perspectives on the one hand and complex systems analysts on the other is required.
| **Dr Siobhan Hugh-Jones**  
University of Leeds  
s.hugh-jones@leeds.ac.uk | My research focuses on the promotion of good mental health in adolescents. I lead an MRC PHIND grant developing and testing a digital information prescription intervention for UK secondary schools. This project is user-led by teenagers, parents, schools and mental health professionals, and in collaboration with a digital health innovation company and a clinical commissioning group. I was PI on an ESRC Knowledge Exchange programme examining preventive mental health interventions for schools involving extensive consultation with users and stakeholders about the form, delivery and evaluation of public mental health interventions for young people. I work with clinical commissioning groups, clinical psychologists, city councils and Headstart across a number of prevention projects. Key challenges in the prevention of poor mental health are tailoring intervention platforms in a way that engages young people and tackles stigma. Multidisciplinary work is essential for effective research; I would contribute expertise in user-led and digital public health intervention development. |
|---|---|
| **Professor Hazel Inskip**  
MRC Lifecourse Epidemiology Unit, University of Southampton  
hmi@mrc.soton.ac.uk | My research interests focus on aiming to reduce NCD risks originating in early life, specifically before and during pregnancy. A strong strand of that work involves behaviour change interventions in women and adolescents. We engage at the individual level, with health and education providers (City/County Councils, schools, health care providers, and charities), and with industry in relation to the food environment. There is a serious need for strong methodological development for complex intervention trials for which the standard RCT model does not work well. Enabling behaviour change at individual level is challenging, and we also need to engage the food industry to enable healthier food options to be more widely available and accessible. Almost any discipline could contribute to prevention research, far wider than traditional medical and social science researchers and methodologists, including political scientists, law specialists, urban planners, and those in the arts and humanities. |
| **Professor Russ Jago**  
| University of Bristol  
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<tr>
<td>I am Head of the Centre for Exercise, Nutrition &amp; Health Sciences at the University of Bristol. My research focusses on the physical activity and diet of young people and their families. I am the lead for Public Health in CLAHRC West, the lead for diet, physical activity and obesity in DECIPHer and Editor in Chief of the International Journal of Behavioural Nutrition &amp; Physical Activity. I have extensive experience of working with stakeholders to design and evaluate public health interventions in partnership with school, community, local authority (e.g., environment, planning, &amp; public health teams), IT professionals and the third sector. Based within a wider School for Policy Studies, we engage with policy makers to change national and international health policy. I would bring these skills with an open and inquisitive mind to work collaboratively with a wide range of professionals to find new solutions to population prevention research challenges.</td>
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| **Dr Ruth Jepson**  
| University of Edinburgh  
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<th><a href="mailto:Ruth.jepson@ed.ac.uk">Ruth.jepson@ed.ac.uk</a></th>
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<td>My research interests are co-production of research with policy makers, practitioners or the public. Specifically in the development, or evaluation, of interventions aimed at improving population health. I believe in developing interventions for people, with people, with the aim of creating relevant, sustainable interventions. Additionally, I believe that the innovation needed to change the health of the populations is based with the people who are already delivering interventions. As researchers we have a role in evaluation those interventions that have t potential to deliver change, rather then developing new ones. At the moment I am working with call centre staff; care home staff; homeless people; policy makers; and city councils. The key challenges are the systems (e.g. educational, health, transport) that need to adapt to deliver and integrate sustainable, acceptable and effective public health interventions. Changing the cultures that exist within these systems is challenging, but achievable with meaningful engagement.</td>
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| **Professor Dame Anne Johnson**  
| University College London  
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<th><a href="mailto:Anne.johnson@ucl.ac.uk">Anne.johnson@ucl.ac.uk</a></th>
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<td>I am Professor of Infectious Disease Epidemiology, Chair of the AMS Working Group on health of the Public 2040, a Wellcome Trust Governor and member of the PRP Advisory group. I am an invited speaker at the meeting.</td>
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| **Professor Frank Kee**  
| Queens University Belfast  
| f.kee@qub.ac.uk |

Research interests – Understanding the mechanisms for the effects public health interventions; the interface between public health and personalised medicine; novel and mixed methodologies for evaluating policy; n-of-1 behavioural trials; social network science. Key challenges in prevention research: designing complex interventions to change social norms; understanding how to better evaluate interventions in complex systems; better measurement of their effects; better understanding of the mechanisms of action of population and individual interventions’ effects (including those that are mediated by social networks). Finding traction on these challenges will require: statisticians, computer scientists, behavioural economists, psychologists, trialists, public health scientists. Currently I direct the UKCRC Centre of Excellence for Public Health Research (NI) and am Deputy Director for the Centre of Public Health in Queen’s University Belfast. The Centre of Excellence, one of five in the UK, is multidisciplinary and spans three Faculties in the University and a range of external stakeholders. Its research scope embraces determinants of public health from molecules to populations, as well as public health interventions. It was set up deliberately with a outward looking vision to connect academics to the practitioner and policy making communities. Its partners, represented in the management Executive and Board include the DHSSPSNI, the Public Health Agency, the Public Health Institute for Ireland and the Community Development and Health Network.

| **Professor Frank Kelly**  
| King’s College London  
| Frank.kelly@kcl.ac.uk |

My research spans all aspects of air pollution from toxicology to science policy. I have led studies of the urban airshed within London including the impact of the Congestion Charging Zone and Low Emission Zone. I co-lead a longitudinal cohort study (EXHALE) examining the impact of urban air pollution and traffic management schemes on the respiratory health of 8-9 year old children attending schools within Tower Hamlets and Hackney as well as the TRAFFIC study, a project funded under the NERC/MRC Living with Environmental Change Environment and Health programme. My team’s research is utilised by the GLA and TfL in London and we work in partnership with many of London Boroughs and Business’s on air pollution projects. In addition we work with Drayson Industries (https://draysontechnologies.com/cleanspace.html) and Airlabs (http://www.airlabs.com). Key challenge: minimising exposure to poor air quality in urban centres with smartphone apps such as citiair (https://www.cityoflondon.gov.uk/business/environmental-health/environmental-protection/air-quality/Pages/New-CityAir-App.aspx).
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<th>Dr Jeremy Kendal</th>
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<tr>
<td>Durham University</td>
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<td><a href="mailto:jeremy.kendal@durham.ac.uk">jeremy.kendal@durham.ac.uk</a></td>
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I am an anthropologist who uses behavioural experiments and mathematical or simulation models to explore the effects of cultural transmission, such as conformist or prestige bias, on population-level incidence of behaviours, such as drinking to excess, high-risk gambling and non-suicidal self-injury. A key challenge in prevention research is to understand the relation between influences on individual-level social behaviour and population-level dynamics of normative attitudes and practices. As I am new to working with research users and empiricists in the field of non-communicable disease, I am keen to establish cross-disciplinary collaborations so that these models can be developed further and tested against real data, for example using Approximate Bayesian Computation (a technique I have already applied in non-health contexts). I enjoy working across disciplinary boundaries and look forward to contributing my expertise within a broad multidisciplinary project.

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<th>Paul Lincoln OBE</th>
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<td>UK Health Forum</td>
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<td><a href="mailto:Paul.lincoln@ukhealthforum.org.uk">Paul.lincoln@ukhealthforum.org.uk</a></td>
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Research interests:
- High impact and enduring measures for NCD prevention
- Policy informing research and development
- NCD epidemiological and economic modelling and forecasting
- Developing the public health sciences
- Market shaping measures for protecting and improving the publics’ health
- Monitoring and surveillance of NCD’s
- Evidence based advocacy
- Preventing conflicts with the public interest
**Dr Miranda Loh**  
Institute of Occupational Medicine  
Miranda.loh@iom-world.org

I am an environmental health scientist interested in how the built environment (indoor and outdoor) affects health, and how people’s behaviours affect their environmental exposure. My research includes work on personal air pollution exposures and health and their impact on cardiovascular and respiratory health, including the impacts of interventions. I also work on the use of smart technologies in assessing the exposome - the totality of our environmental exposures to multiple chemicals and hazards. My work has included communication of environmental health risks with local communities and government stakeholders, particularly in areas with high levels of contamination. We know relatively little about environmental causes of disease. Research will require environmental, exposure, social, clinical and toxicological scientists to work together. Such knowledge can help us design and evaluate short term interventions, which may happen on an individual or local level, and longer-term changes, which may occur on a larger scale. My research interests and any

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**Professor Dame Sally Macintyre**  
University of Glasgow (Emeritus)  
Sally.Macintyre@glasgow.ac.uk

I have been Chair of the Expert Steering Group of the UK Prevention Research Partnership since early 2016. Before my retirement, I was Director of the Institute of Health and Wellbeing at the University of Glasgow, and Director of the MRC/CSO Social and Public Health Sciences Unit. A sociologist by training, my long-term research interests have been in the social determinants of health; inequalities in health by gender, socio-economic status, and area of residence; and evidence-based policy making. I am keen to see the Partnership fund ambitious programmes of research which will produce new, robust, information about cost-effective ways to reduce NCDs, and inequalities in these, in the UK and elsewhere, focusing in particular on relatively upstream and environmental determinants.
**Professor Theresa M. Marteau**  
University of Cambridge  
tm388@cam.ac.uk

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<th>Research Interests</th>
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<tr>
<td><em>i.</em> development and evaluation of interventions to change behaviour (principally diet, physical activity, tobacco and alcohol consumption) to improve population health and reduce health inequalities, with a particular focus on targeting non conscious processes</td>
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<td><em>ii.</em> risk perception and communication particular of biomarker-derived risks, and their weak links with behaviour change</td>
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<td><em>iii.</em> acceptability to publics and policy makers of government intervention to change behavior.</td>
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**Experience of working with research users**

I have extensive experience of working with policy makers at supranational, national and local levels, formally and informally.  
I work with businesses (e.g. supermarkets, bars and restaurants) not as research users but rather as collaborators. That said my experience is that they use the research but not necessarily in ways that improve population health.

**What are the key challenges in prevention research?**

- Absence of robust evidence with poor methods for ascertaining the gaps in research that merit filling to improve population health.  
- The setting up of the UK Strategic Coordinating Body for Health of the Public Research (SCHOPR) as per Recommendation 1 of the Academy of Medical Sciences Report Improving the Health of the Public by 2040 could provide a vital framework for identifying such gaps.

**Which disciplines are needed to address them?**

- Far more than currently self-identifying as population science researchers. These include architects, engineers and lawyers. See Academy of Medical Sciences Report Improving the Health of the Public by 2040 *Recommendation 4*  
- We also need to increase capacity in core disciplines which include behavioural scientists and data scientists.
| **Joseph McArdle**  
| University of Chester  
| j.mcardle@chester.ac.uk  
| ![Joseph McArdle](image)  
| Key research interests include population based support through neighborhood assets and self-managing teams – pilots in rural areas. Using wearable technology in out of hospital settings and sleep dysfunction in nursing home settings. Working with and through AHSN & Local Enterprise Partnerships.  
| Key challenges in post Brexit/Industrial Strategy World going forward, are strengthening the links between SMEs and public sector/academic partners. Releasing the devolved assets from council enterprise. Need greater focus on postgraduate apprenticeships and exposure of future students into public sector productivity challenges and population acceptance of self-determination.  
| Future research and clinical workforce will need to maximize use of public sector levy to design portfolio research careers that work across SME/academic interface.  
| **Dr Lisa McDaid**  
| University of Glasgow  
| Lisa.mcdaid@glasgow.ac.uk  
| ![Dr Lisa McDaid](image)  
| I lead the MRC/CSO Social and Public Health Sciences Unit’s programme of research on Social Relationships and Health Improvement. My programme examines the influence of social relationships and networks on health and behaviors across the life course, and aims to translate these understandings into interventions to improve population health. My recent research has explored health inequalities among sexual and gender minorities, some of the communities most vulnerable to physical and mental ill health. I am experienced in engaging ‘hard to reach’ communities at high risk of poor health and wellbeing in prevention research and in developing community participative research methods, work reflected in my role as the Unit’s lead for Public Engagement. A key challenge for prevention research, is how to affect change and improve health at the community level, one that my multi-disciplinary work in developing and engaging users in methods of co-production in intervention development could address. In less
| Dr Elizabeth McDermott  
Lancaster University  
e.mcdermott@lancaster.ac.uk |
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<td>My research expertise centres on mental health inequalities in marginalised population groups. I am concerned with the social determinants of mental health inequality especially the ways socio-economic status, sexual orientation, age and gender impact on mental health. I am a social scientist working in Public Health. I have secured funding from the ESRC, British Academy, EHRC and the Dept. Health to investigate lesbian, gay, bisexual and transgender adolescent mental health. Consequently, I have worked with a range of research users including mental health professionals, third sector LGBT organisations (e.g. Stonewall) and mental health organisations (e.g. Mind). The key challenge to preventing poor mental health is to move away from defining mental health as individual pathology with a recognisable aetiological pathway. If we are to develop understanding of the deeply complex influences on population mental health we must utilize other disciplines such as sociology, social psychology and cultural studies.</td>
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| Dr Chris McGinley  
Royal College of Art  
chris.mcginley@network.rca.ac.uk |
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<td>My research interests focus on design ethnography and empathy towards research-driven people-centred design. I have worked in the field of inclusive design for over a decade, on industry and academic projects such as the highly successful, high-profile collaborative project 'Design Bugs Out Commode' sponsored by the Department of Health to redesign hospital commodes. I am currently a Research Fellow at the Helen Hamlyn Centre for Design, where I lead the Age and Diversity research space. New thinking needs to be added to the mix to address challenges such as community empowerment; communication; stigma; behavioural interventions etc. Design could contribute greatly to this conversation. I have worked collaboratively with a broad range of disciplines (e.g. engineers, sociologists, anthropologists, clinicians, medical staff, policy makers and crucially end users). Design is a bridging discipline, it strives to understand lived life, and identify creative approaches that could be used to improve live.</td>
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| Joe McNamara  
Medical Research Council  
Joe.McNamara@headoffice.mrc.ac.uk |
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<td>Dr Joe McNamara is Head of Population Health at the Medical Research Council. MRC is the main Government agency responsible for UK biomedical research. In 2015/16 the MRC spent close to £1b on world-class research across the biomedical spectrum and with the mission to improve human health and enhance the economic competitiveness of the UK. Joe has responsibility for developing and implementing MRC strategy and policy for population health research and leads MRC's contribution to the UK Prevention Research Partnership (UKPRP) and has been closely involved in its development.</td>
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<td>Dr Jennifer Mindell</td>
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<td>University College London</td>
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| Professor Laurence Moore | Experienced in leading large scale evaluations and trials of complex public health interventions, and working with policy makers and professionals at all stages of research design, implementation and dissemination. Former Director of DECIPHer and now Director of SPHSU, both of which are social science-led and emphasise nonacademic engagement and real-world impact. Key challenges are: (1) improved understanding of mechanisms of change and how they can be implemented in interventions and policies that are effective, reach populations most at need, and are adoptable and sustainable in real world conditions; (2) better understanding and modelling of context, through a complex systems approach; (3) stronger engagement of decision makers and professionals in the design and evaluation of interventions and policies; (4) engaging multiple sectors and capturing multiple outcomes of population-level interventions. Disciplines: social sciences, design, systems modellers, interdisciplinary team scientists. |
| University of Glasgow | Laurence.moore@glasgow.ac.uk |
| Dr Karyn Morrissey  
University of Exeter Medical School  
k.morrissey@exeter.ac.uk | I am a Senior Lecturer in the multidisciplinary European Centre for Environment and Human Health whose research focuses on understanding the impact of socio-economic and environmental inequalities on NCD using Big Data. My research on health inequalities in NCD has been funded by the ESRC, the British Council (Newton-Omar) and I have worked with in partnership with East Kent Hospitals Trust, the Devon and Cornwall Police and clinicians in Liverpool and Kuala Lumpur, Malaysia. Socio-economic inequalities in NCD outcomes across the general population are the key challenge in preventative medicine. Broad-brush preventative strategies have not worked to date. I believe that Big Data has the potential to build detailed spatio-temporal snap shots of the individual’s environment and their behaviours. This information may be used to understand the social and environmental pathways that underpin individual health outcomes and allow the development of tailor made rather than generic preventative strategies. |
|---|---|
| Professor Kenneth Muir  
University of Manchester  
Kenneth.muir@manchester.ac.uk | My research group are exploring a range of approaches aimed at widening the approach of risk assessment and risk reduction strategies for behavioural change interventions. Strategies aimed at providing individuals with a prediction of their future risk of a single disease have to date only had modest impact in changing health behaviours and thereby preventing disease. Such approaches only tend to work in health conscious people. Adding in markers of individual genetic predisposition have also not shown dramatic effects in terms of changing lifestyles but do seem to increase people's wish for greater health monitoring. Risk assessment and risk reduction strategies aimed at multiple diseases underpinned by biological profiling offers a vision for “future public health”. Such an approach offers a broader deal to end users, many of which have not been so far motivated by current measures of reducing future disease “risk” alone. |
### Professor Simon Murphy
**DECIPHer, Cardiff University**
Murphys7@cf.ac.uk

Director Of DECIPHer, a UKCRC centre of public health research excellence with a focus on children and young people. Established history of bringing together researchers, policy, practice and public to co-produce interventions, generate rigorous pragmatic evidence and promote evidence based practice. Lead for the Public Health Improvement Research Network since 2003 and the national Schools Health Research Network since 2013. These are transdisciplinary partnerships bringing together key policy/practice/public/academic stakeholders for prevention research.

Key challenges are: developing systems level approaches to address complex problems, developing complexity science, facilitating transdisciplinary capacity development and scalability and sustainability for partnership development.

### Lynn Naven
**Glasgow Centre for Population Health**
Lynn.Naven@glasgow.ac.uk

I mainly work on programmes concerned with poverty, disadvantage and the economy. Key initiatives have included (a) the Healthier, Wealthier Children (HWC) project, a partnership between NHS Greater Glasgow and Clyde, local authorities, and third sector money advice services to develop referral pathways between early years health staff and money advice for pregnant women and families at risk of, or experiencing poverty. This involved extensive collaboration with research users (i.e. policy-makers, national third sector organisations) (b) the Cost of the School Day project, supported by GCPH and delivered by Glasgow City Council education services and the Child Poverty Action Group.

Despite extensive evidence to support anti-poverty action, there is a reluctance at policy level to adopt wide-reaching strategies to tackle the underlying structural determinants of poverty and inequalities. Involving policy-makers in the research from the outset offers a better chance of influencing future decisions.
| **Professor Ronan O’Carroll**  
University of Stirling  
reo1@stir.ac.uk |
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<td>Ronan O’Carroll is a Clinical and Health Psychologist who is broadly interested in behaviour, health, disease and medicine. He is past President of the UK Society for Behavioural Medicine. He is the British Psychological Society Representative on the Executive Committee of the Scottish Intercollegiate Guideline Network (SIGN) (2009-date). He is a member of UK National Institute of Health Research (NIHR) Health Services &amp; Research Delivery Research Grants Board (2011-date) and the UK NIHR Programme Grants Board for Applied Research (2011-2014). The key challenges include evaluating and implementing behaviour change initiatives, with maintenance of sustained behaviour change as the key primary outcome. We urgently need to move away from pharmaceutical and surgical solutions to behavioural problems.</td>
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| **Professor Martin O’Flaherty**  
University of Liverpool  
moflaher@liverpool.ac.uk |
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<td>My research focus on the prevention of non-communicable disease by interventions targeting their shared determinants (focusing mainly on diet), in terms of effectiveness, cost-effectiveness and equity impact of different policy typologies using simulation modelling approaches (IMPACT model family). My previous and current work has been focused on explaining past trends in cardiovascular disease, the impact of preventative policies on disease burden and equity, mainly focus on CVD and recently on dementia and some cancers. There is a need to explore the views of key stakeholders at all levels in developing these analyses to make them more transparent and relevant for real world decision makers. Thus, close collaboration with social scientists and co-production of research approaches with stakeholders, (government, third sector, research charities and practitioners) can enhance the quality and the policy impact of research. Modelling approaches are ideally suited to inform this approach.</td>
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**Professor Patrick Olivier**  
Newcastle University  
patrick.olivier@newcastle.ac.uk

I am Director of Open Lab and lead the EPSRC Centre for Doctoral Training in Digital Civics and Digital Economy Research Centre (http://digitalcivics.io). A primary goal of digital civics is the development of new relational models of public health that frame citizens as knowledge producers and active participants in the wellbeing of their communities. As such I see moving beyond traditional transactional models of public health as a key challenge, and for this we need to reframe digital health in terms of the promotion of communication, collaboration, trust-building and the sharing of knowledge and resources. I am an expert in interaction design and ubiquitous computing and also have a keen interest in digital tools, having led the development of the Open Movement physical activity sensor (recently used by UK Biobank in the largest study of physical activity ever conducted) and INTAKE24, the only large-scale multilingual online 24hr dietary recall platform (with Emma Foster).

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**Professor Christopher Owen**  
St George’s, University of London  
cowen@sgul.ac.uk

My principal research interest is in the development and testing of strategies to increase physical activity levels in the general population, using a combination of research designs including observational studies, natural experiments and clinical trials. I am currently Principal Investigator of the Examining Neighbourhood Activities in Built Living Environments in London (ENABLE London), a natural experimental investigation which is examining the influence of the built environment on physical activity in East Village (formerly the London 2012 Olympics Athletes’ Village). This study (funded by the UK Medical Research Council National Prevention Research Initiative and the NIHR Public Health Programme) involves working with research users including the planners, designers and managers of large-scale housing developments and is strongly inter-disciplinary. In my view, the key challenges lie in the design, conduct and analysis of studies providing robust evidence on upstream interventions to improve population health.
### Sanna Read
Personal Social Services Research Unit, London School of Economics
s.read@lse.ac.uk

I recently carried out a review on midlife risk factors on dementia for Public Health England. Part of this work we also interviewed a number of health commissioners about their views of facilitators and barriers of midlife prevention and feasibility of a tool to calculate the return of investment of the potential interventions on later life dementia.

We are currently developing a research proposal partly based on these results, focusing especially on socioeconomic inequalities, e.g. educational level. We are very interested in the role of the intermediate risk factors (health-related behaviours and associated metabolic risks such as obesity and diabetes). The major challenges in terms of dementia prevention is the long time lapse between midlife health changes and developing dementia. Changes in the risk factors at the population level need to be taken into account when projecting the future. Networking event would give us an excellent opportunity to share ideas, get feedback and widen the network relevant for our work.

### Sarah Rodgers
Swansea University
s.e.rodgers@swansea.ac.uk

Expert using data linkage to create retrospective natural experiments investigating the influence of the built and natural environment on NCD health outcomes. Leading studies on:

- Air pollution impact on children’s educational attainment for those with and without asthma and hayfever;
- The Housing Regeneration and Health Study;
- Access to alcohol outlets and alcohol related harm: extending to system-wide (harmful facilities and health services);
- Impact of green and blue spaces on wellbeing and mental health;
- Impact of charity-led home modifications on falls and move to care home.

Key challenges include bringing together silos of outcome and exposure data to enable sufficiently long follow up to investigate impacts on substantial health and social outcomes. Need visionary methodologists working with quantitative social scientists (geographers, economists, planners) and clinical data scientists who can analyse big data and translate results via data visualisations for policymakers and practitioners.
Dr Andrew Russell
Durham University
a.j.russell@durham.ac.uk

I am a social medical anthropologist who has worked extensively in prevention research on tobacco and tobacco-related respiratory diseases (e.g. NPRI funded projects in Phases I & 2, a Leverhulme Research Fellowship and latterly collaboration on the Wellcome Trust funded ‘Life of Breath’ programme (which is interested in occupational and environmental health issues as well as smoking). I work closely with Fresh, the UK’s first tobacco control office and sit on the Making Smoking History in the NE Partnership as well as my local Smokefree Alliance. A key challenge to prevention research is operationalising knowledge about corporate harm through policy initiatives at local, regional, national and international levels. At the international level I have been conducting ethnographic research on the FCTC as it shifts from guideline development to implementation. I enjoy interdisciplinary working with people from a wide range of disciplines, including the medical humanities, clinicians and population scientists.

Professor m.c. schraefel
University of Southampton
mc@ecs.soton.ac.uk

I’m a professor of computer science and human performance; I’m also a certified strength and conditioning coach, nutritionist, and publish (on the performance side) on addressing pain in the workplace and (on the computer science side) how to design interactive systems that do what can't be done any other way to support health. My practice works with athletes often coming back from injury, and with knowledge workers dealing with pain. If we want people to be less sedentary, we can burn the chairs. In other words, we look at where batteries are actually required to bring a unique benefit? Two related videos in this page https://inbodiedinteraction.tumblr.com

For general "prevention" Key Challenges -and the focus of our lab is
(1) #makeBetterNormal (or make normal better) - when normal is better change is not required and "change" across demographics is high viscosity
(2) how use technology to support better opportunities to build knowledge, skills and practice around owning a body - how to have a healthy body when normal is so unhealthy.
(3) Broaden spectrum from prevention to performance. Athletes know they can perform better and desire to do this and most get this is multifactor (eat, move, etc) - this is a more proactive and positive model than "prevention" - do this not to get sick(er), don't you think?
https://ecs.soton.ac.uk/~mc
http://youtube.com/begin2dig
http://tinyurl.com/wellthieee
http://tinyurl.com/sitstandwalk
| Dr Nicholas Timpson  
University of Bristol  
n.j.timpson@bris.ac.uk | Key areas of interest/challenges are (i) identification/analysis of causal risk factors; (ii) early life antecedents of later life health, (iii) efficient use of detailed phenotypic measurement in the pursuit of modifiable risk. These are focal points of our work at the MRC Integrative Epidemiology Unit (IEU).

Current roles requiring work with research users:

I am currently the PI for the Avon Longitudinal Study of Parents and Children - a prospective cohort study with unprecedented scope and detail of information on thousands of people from before birth to adulthood, on their parents and their children.

I am a Wellcome Trust Investigator focusing on understanding body mass index as a risk factor, lead an MRC programme on Recall by Genotype (RbG) studies, co-lead work applying RbG to questions of cancer risk and progression in the CRUK Integrative Cancer Epidemiology Programme and am part of the cardiovascular and translational work streams in the Bristol Biomedical Research Centre (NIHR). |
| --- | --- |
| Professor Ian Tomlinson  
University of Oxford  
iant@well.ox.ac.uk | I have a longstanding interest in cancer genetics, especially colorectal cancer, and am working to apply the genetic data to improving bowel cancer screening, working with colleagues in health economics, health behaviour and machine learning methods. The key challenges in this area include persuading funders that stratified medicine is not solely about treatment and obtaining funding for the development of targeted prevention agents that have a long period of development and uncertain investment payback before they are off-patent. In addition, for stratified screening to be effective, methods must be developed to acquire molecular genetic and other data rapidly and effectively alongside the usual activities of the screening programmes. |
<table>
<thead>
<tr>
<th>Dr Emmanuel Tsekleves</th>
<th>Emmanuel leads research at the intersection of design, health, wellbeing and technology at the Imagination@Lancaster research lab at Lancaster University. He is the editor of the design for health book and conducts multidisciplinary research in the design of health interventions and services, which are created by service-users and are aimed at promoting wellbeing. Emmanuel also researches preventative interventions and services that encourage healthier behaviours through the use of playfulness and interactive playful objects. Emmanuel’s Research Mission is: working with communities to develop new ways about health, wellbeing and technology to create a “culture for health” that is knitted into everyday community life. One key challenge in prevention research is the (re)design and shifting of services from chronic into public health. Furthermore redesigning the built environment to support wellbeing as opposed to ill-health forms another key challenge that requires a multidisciplinary approach. This forms a key reason for attending this event.</th>
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<tbody>
<tr>
<td>Dr Marcella Ucci</td>
<td>A Senior Lecturer in Environmental and Healthy Buildings at University College London, researching the interactions/tensions between sustainable building design/operation and occupant health and wellbeing. My expertise includes building monitoring and modelling, focusing on health impacts and behavioural aspects, especially air quality, and design for physical activity/sedentary behaviour. As Chair of the UK Indoor Environments Group – a multidisciplinary network for academia, industry and policy – I have several links with research users, particularly in the building industry. Since people in the UK spend the majority of their time in buildings - especially housing, offices and schools – their role in preventing (and ameliorating) non-communicable diseases should not be underestimated. One of the main challenges in this field is developing effective cross-disciplinary and trans-disciplinary approaches to the design, management and regulation of buildings – incorporating sound principles of population health and building science, but also social sciences and an understanding of policy and market drivers.</td>
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| **Dr Esther van Sluijs**  
| University of Cambridge  
| Esther.vansluijs@mrc-epid.cam.ac.uk |

I lead the Behavioural Epidemiology Programme at the MRC Epidemiology Unit and Centre for Diet and Activity Research at the University of Cambridge. The research programme focuses on understanding and changing young people’s dietary and physical activity behaviours, particularly in school and family settings. In our research, we work closely with relevant stakeholders (including young people) both in informing the work we do, and how it is conducted, interpreted and disseminated. Key challenges in prevention research include the development of true interdisciplinary research, and the implementation of the knowledge that behaviour change is likely to be behaviour and context-specific and that a combination of a diverse set of intervention approaches may be needed to achieve overall behaviour change.

| **David Walsh**  
| Glasgow Centre for Population Health  
| david.walsh.2@glasgow.ac.uk |

I lead a number of different research programmes within the Centre. Recently this has included a large body of work aimed at understanding Scotland’s (and Glasgow’s) high levels of ‘excess’ mortality, studies of deindustrialisation and health across European regions, and a range of other topics relevant to health inequalities and their determinants in Scotland and the UK.

The key challenges are around policy influence. There is a wealth of evidence regarding – for example – effective policies to narrow health inequalities (targeted at the fundamental causes of health inequalities i.e. inequalities in income, wealth and power): what is lacking is political will, and effective means of changing public perceptions that might influence that political will.
**Professor Martin White**  
University of Cambridge  
martin.white@mrc-epid.cam.ac.uk

I am interested in understanding how we can intervene at population level to achieve equitable health improvement. My work focusses on dietary public health and the role of food systems.

I have extensive experience of working with research users, including the public, advocacy groups, policy makers in national and local government, clinicians and NHS managers, and public health practitioners. I have some experience of working with the commercial sector as a user of research evidence.

Key challenges in prevention research include:  
(1) working out how to achieve impact at scale for conditions and their risk factors contributing most to the burden of disease (e.g. NCDs).  
(2) establishing how best to change the complex adaptive systems that determine these conditions  
(3) Determining best methods to evaluate population level interventions, including in the context of complex adaptive systems  
We need epidemiologists, environmental, systems, data and social scientists, economists and statisticians among others.

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**Dr Sarah Wigham**  
Newcastle University  
Sarah.wigham@ncl.ac.uk

I am interested in how systems-level characteristics of health/social care organisations may be barriers or facilitators to well-being. For example how the organisation of autism services around childhood affects diagnosis rates (and thus mental health) in adults; or how systems level alcohol brief interventions affect consumption. Key challenges in prevention research include the development of reliable and valid outcome measures for demonstrating effectiveness of preventative interventions upstream of clinical services, and securing funds for their implementation. To influence structural level factors it is also vital that population prevention researchers work strategically with multidisciplinary key stakeholders/commissioners who can implement changes at a macro level. I am a social scientist/health researcher at Newcastle University with a particular interest in mental health and outcome measures. Recent work around alcohol involved collaboration with an NHS Trust, and consultation with national governmental public health, local social care and third sector organisations.
**Raphael Wittenberg**  
London School of Economics  
r.wittenberg@lse.ac.uk

I am an economist senior researcher on health and social care in research units at the London School of Economics and at Oxford University. For many years I worked part-time as an academic researcher and part-time as a Department of Health economist providing economic advice to users of research (Ministers and senior officials, including clinicians). I have worked on a range of studies, including studies on long-term care, financing of adult social care, personalisation, social care workforce and emergency hospital care. I recently worked on a study for Public Health England on prevention of dementia and contributed to a study on the Well London public health programme. A challenge in research on prevention is that outcomes may need to be assessed over many years requiring long-term follow up of research participants. Research on prevention requires a multi-disciplinary team, including clinicians, other health and care professionals, economists and statisticians.

**Professor Katrina Wyatt**  
University of Exeter Medical School  
k.m.wyatt@ex.ac.uk

My research covers the development and evaluation of complex system based programmes to create the conditions for health and address health inequalities, supporting patients, service users, carers and communities to be active partners in all aspects of the research and implementation.

We have undertaken a series of case studies of barriers and facilitators to transformational change in health and social care which led to the development of the Connecting Communities Programme (C2). C2 works with residents, service providers and voluntary organisations in very low income neighbourhoods to identify the issues each neighbourhood faces and to create resident–led partnerships to address these issues. Complexity theory underpins the programme and, to date, over 20 C2 partnerships have been developed across the UK.

Key challenges: developing context specific, adaptive programmes to create the conditions for health which communities want to engage with, are sustainable and which address, rather than widen, health inequalities

I work in a transdisciplinary way using complexity theory as a methodological and ontological framework.
## UK Prevention Research Partnership Information and Networking Event,
### 18 May 2017

Full Attendee List – last updated 9 May 2017

*Alphabetical by surname*

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<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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<tr>
<td>Ashley Adamson</td>
<td>Newcastle University</td>
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<tr>
<td>Nicola Armstrong</td>
<td>Public Health Agency (Northern Ireland)</td>
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<td>Louise Arsenault</td>
<td>Kings College London</td>
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<td>Dimitrinka Atanasova</td>
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<td>Christopher Baber</td>
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<td>Clare Bambra</td>
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<td>Mauricio Barahona</td>
<td>Imperial College London</td>
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<td>Rosa Barciela</td>
<td>Met Office/University of Exeter Medical School</td>
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<td>Mark Barker</td>
<td>University of Southampton</td>
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<td>Tom Barlow</td>
<td>Chief Scientist Office</td>
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<td>Jane Barrett</td>
<td>Department of Health</td>
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<td>Linda Bauld</td>
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<td>Jo Bibby</td>
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<td>Karen Bloor</td>
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<td>Chris Bonell</td>
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<td>Michael Bowdery</td>
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<td>Josefien Breedvelt</td>
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<td>Sinead Brophy</td>
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