The association between the 2015 Stoptober Challenge sign up rates and deprivation in the South West

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STOPTOBER

Stoptober is an annual campaign (held every October) to encourage and support smokers across England to quit smoking for good. Smokers are encouraged to sign up online to access support over 28 days.

BACKGROUND

• Since its launch in 2012, no local area analyses have been carried out to provide a clear understanding of sign up rates.
• This study explores geographic deprivation variations in sign up rates in order to effectively target vulnerable and hard-to-reach groups in subsequent social marketing campaigns.

METHODS

• A descriptive analysis of the sign up data from the 2015 Stoptober challenge in the South West of England.
• Two types of crude rates were calculated:
  • rates per 1,000 smokers where smoking prevalence data was available at local authorities level and above,
  • rates per 1,000 population where the estimated smoking population cannot be calculated at ward level.
• Statistical significance was assessed using the overlapping 95% confidence intervals method.
• Deprivation quintiles are national quintiles, calculated using the Index of Multiple Deprivation 2015 scores.

RESULTS

• 27 in every 1,000 smokers signed up to Stoptober 2015 in the South West, 19,732 participants.
• Sign up rates ranged from 35 per 1,000 smokers in North Somerset to 22 per 1,000 in Bath and North East Somerset.
• North Somerset, Bournemouth, Poole, Swindon, and South Gloucestershire had significantly higher sign up rates than England and the South West.
• There is almost twice the number of sign ups in the most deprived quintile of wards (23% of sign ups) compared to the least deprived quintile(12% of sign ups).

CONCLUSIONS

• This analysis can help commissioners identify areas and population groups who have lower rates of sign up the Stoptober challenge.
• Further local analyses could be carried out if more demographic information on participants was collected and data on whether a successful smoking quit outcome was achieved.

DISCUSSION

• The relationship between deprivation and Stoptober sign up rates appears complex and the associations shown might be simply explained by higher number of smokers in the most deprived wards.
• Ward level smoking prevalence data is required to further investigate the relationship between deprivation and sign up rates within wards.

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• Ward level smoking prevalence data is required to further investigate the relationship between deprivation and sign up rates within wards.
Does an asset-based community development project improve health and wellbeing?

Authors: Emily van de Venter¹,²,³ and Sabi Redwood¹,² (¹University of Bristol; ²NIHR CLAHRC West; ³South West Public Health Training Programme)

The Local Project: 1 year pilot working across four housing estates to:
- Increase connections amongst people living in the local area
- Improve the sustainability of existing groups and activities
- Promote what’s great about the local area and boost community pride

Community Builders – two paid community development workers recruited to engage with residents to promote existing community initiatives and develop new ones based on residents’ skills and interests. A Community Budget of £4,500 was available to be distributed as small grants (up to £250)

Results: Early impacts on health and well-being:
- Development of knowledge, skills and confidence

Results: The Residents Funding Panel distributed £4,500 to 22 initiatives each receiving £145 to £300.
Applying for funding was straightforward. Funding helped to harness the motivation of new volunteers and continued commitment of existing volunteers; residents felt their contributions were valued.
Community Builders supported residents to develop their ideas and make useful links within the community.

Supported initiatives included:
- Forest school
- Upcycling enterprise
- Gardening group
- Summer activity pilot
- Cookery demonstrations
- Community radio
- Photography exhibition
- Dance group
- Tea dance
- Craft group
- LGBT drop-in

Methods:
Views of 12 residents and 18 professionals were gathered using semi-structured interviews and focus groups.
- 8 Steering Group members, 2 Community builders & 2 managers
- 12 Residents:
  - 8 females / 4 males; aged 29-53
  - 9 funding applicants
  - 5 funding panel members (2 had applied for funding)

Thematic framework analysis was used to review the project structure, process and outputs and explore early impacts on health and wellbeing.

Background
Principle of Asset-based Community Development
Recognise and build on the strengths, including the skills, interests and passions of individuals and communities to inspire positive action for change Adapted from Matthie A and Cunningham G. (2002)

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Conclusions:
- Building on the skills and interests of residents was key to initiating and sustaining involvement.
- Community groups were supported to become more sustainable or to extend their offer to the community and new initiative were established
- The Community Budget helped volunteers to feel valued.
- Residents developed skills and confidence, a greater community role, and increased social contact.
- Taking an asset-based approach can help motivate residents and professionals to take action for positive change.
- Impacts on wellbeing included development of knowledge, skills and confidence. This can nurture feelings of self-efficacy (Bandura, 1977); a key component of models of health behaviour (Social Learning Theory, Bandura 1986; Health Belief Model, Rosenstock 1988; Theory of Planned Behaviour, Ajzen 1991; Trans-theoretical model, Prochaska and DiClemente 1994).
Recording and reporting of mobile phone involvement in road traffic collisions: survey of police officers

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2 Department of Research and Training, Public Health Perspective Nepal

INTRODUCTION
There is consistent evidence of an association between mobile phone use while driving and increased risk of a road traffic collision. However, the magnitude of this problem cannot be fully addressed until current investigation tactics are improved (McEvoy et al., 2005).

This study aimed to investigate how police forces investigate and record mobile phone involvement in road traffic collisions and to explore ways in which the investigation and recording of mobile phone involvement in road traffic collisions could be improved.

METHODS
Two linked literature reviews examined the magnitude of impact of mobile phone use on road traffic collisions and how the contribution of mobile phone use towards RTCs is recorded globally. We conducted an online survey of road traffic collision investigation officers in the UK. The survey was cascaded via the National Roads Policing Intelligence Forum to regional traffic officer leads and then individual collision investigation officers. Officers were asked a range of questions regarding their knowledge, attitudes and experiences of the role of mobile phones in RTCs, including issues of recording and reporting.

RESULTS
A total of 134 respondents participated in the survey. A vast majority of respondents were aware of the impact of mobile phone use on RTCs and on driving behaviour. 99% of respondents agreed/strongly agreed that using a mobile phone negatively impacts driving behaviour and performance.

Four out of five collision investigators surveyed indicated that there is an under-reporting of mobile phone involvement in non-fatal crashes while 50% believed that contribution of mobile phone use to fatal crashes is also under-reported (Figure 1).

Three quarters of officers were unsure of the total proportion of road collisions in their force area linked with mobile phone use (Figure 2). A similar proportion indicated that better mechanisms to analyse and investigate phone usage would most likely improve data collection (Figure 3).

Some officers expressed concerns that they did not have the authority to seize mobile phones at the crash scene. Among the responses from officers were:

“We are not encouraged/supported to seize and analyse mobile phones unless the driver is involved in a collision involving serious injury.”

“The law needs to be amended to give police officers the power to seize and examine a mobile phone at the roadside... also need to make a simple device that can be used at the roadside to download...”

DISCUSSION
Findings from this survey raise serious concerns about the under-reporting of mobile phone use in road traffic collisions. There is a need for more effective means of detecting and analysing mobile phone usage at the crash scene. In New York, discussions are ongoing about the introduction of a hand-held ‘textalyzer’ device, which allows officers to analyse mobile phone usage data at the roadside. Such technology offers the potential to improve enforcement and monitoring of the role of mobile phones in road traffic collisions. It is equally important to improve the way data on risk factors for RTCs are recorded. It has been previously reported that collision report forms are neither flexible nor detailed enough to record certain crash risk factors and that there are important gaps in collecting detailed contextual information (Ige et al., 2016; Pilkington et al., 2014).

RECOMMENDATIONS
• Support of police officers and road traffic investigators on how to carry out timely analysis of mobile phones.
• Explore technological options that can detect mobile phone usage and activity at the scene of RTC.
• Improve data collection forms to account for a wider range of risk factors surrounding a RTC.

ACKNOWLEDGEMENT
We thank the National Roads Policing Intelligence Forum for their support during this study.

REFERENCES
**INTRODUCTION**

Intimate partner violence (IPV) is a major public health concern, but few evidence-based prevention programmes have yet been implemented. This study explored the perceptions of local authority level professionals and decision-makers regarding the policy context, barriers, motivators, and solutions for IPV prevention, with the aim of bridging the gap between research and practice.

The literature review found evidence of effective interventions which successfully modify harmful IPV behaviours and associated risk factors. As such, this research supports improved understanding of the local policy context in which these interventions could be implemented.

**METHODS**

An explorative, qualitative approach was used, with participants purposively selected for focus group discussions. The 16 participants were professionals (frontline and managerial) and decision-makers (commissioners, strategic and political) from public health, health and social care, youth services, the police, voluntary sector, victim representative groups and local politics.

All participants worked involved IPV in a rural, local authority area of approximately 750,000 people in England. The focus group discussions were audio recorded, transcribed verbatim, and thematically analysed using a framework analysis. The framework used for analysis is as follows:

- **Reflections** – the current policy and decision-making context relating to IPV
- **Solutions** – ideas about potential solutions to prevent IPV
- **Barriers** – perceptions of the barriers to implementing IPV prevention
- **Motivators** – perceptions of factors that promote or encourage the implementation of preventative action.

**RESULTS**

**Reflections on existing policy context**

Exploratory discussions about existing provision for IPV found that services tend to be reactive and victim-focused, with a strong focus on statutory services. The group expressed anxiety about this ‘downstream’ response, social media and new technologies, violent pornography and video games, and a perceived rise in young men’s derogatory behaviour towards women and girls. There was a strong “desire for prevention” among all the participants.

“There is definitely a desire to prevent - the problem is that we keep seeing the same people and the same families, over and over again… But the reality is squeezed resources. So, it’s not a question of will within the police, as the desire to prevent is definitely there”

Charlotte, Police, FG3

**Barriers**

Participants were asked to discuss the barriers to implementing these solutions for the primary prevention of IPV:

- **Financial resources** – consensus within the groups that this was the most significant barrier, with participants perceiving a shift to statutory services with austerity.
- **Evidence** – in general, participants had a poor understanding of the evidence base for IPV primary prevention, perceiving it as a barrier to implementation.
- **Leadership** – participants felt there was no strong leadership on primary prevention to guide action.
- **‘Politics’ and ‘politics’** – participants felt that funding of IPV was heavily reliant on national politicians, and as such, had become a ‘political’ issue.

“If we look at the last 2 years. All the home office funding for IPV - which was the flavour of the month, is now disappearing out of the door for hate crime, regardless of how prevalent that actually is.”

Louise, NGO, FG2

**Solutions**

Participants were asked to suggest interventions that they thought would work to prevent IPV. The following three intervention-types were proposed:

- **Norm-building** – working with children, young people, schools and families to build anti-IPV social norms, through educational programmes teaching skills and values for healthy and resilient interpersonal relationships.
- **Social support** – working with individuals, families, and communities to promote positive and resilient relationships through programmes such as universal health visiting, school nursing, early help for mental health, depression and anxiety services.
- **Targeting perpetration** - identification and support for young men at risk of perpetration. Identification through youth services, substance misuse services, mental health services. Support through educational programmes promoting healthy, resilient relationships and positive bystander behaviour.

**DISCUSSION**

The study found that participant’s perceptions of the local policy context were supportive of the policy literature. The study adds qualitative data from local government level to a broad picture of policy inaction regarding IPV primary prevention.

Participants clearly perceived the benefits of primary prevention and felt anxiety and frustration at the existing downstream response, which was described as "picking up the pieces". Where preventative action did exist it was “on the side, in addition to the day job”.

However, participants also had anxieties about implementing primary IPV prevention. Notably, that shifting resources within a limited pot would reduce support for victims. As such, implementation of primary prevention would need to mitigate these anxieties.

The participant’s consensus on solutions was highly consistent with the evidence base, despite there being variable, but generally poor knowledge of the evidence within the groups. This suggests that the evidence base is supportive of participant’s beliefs and could be welcomed in this context.

**CONCLUSIONS**

This small, pilot study revealed new insights into the prevailing perceptions of IPV primary prevention in a local policy and practice context. The study found a high level of consensus and clear desire for IPV prevention among the participants suggesting that primary prevention would be welcomed within this setting. However, a perceived leadership and resource gap appears to hamper action. Mitigated effectively, this could provide an opportunity to implement IPV primary prevention.

**ACKNOWLEDGEMENTS**

Thank you to all the participants who took part in this research, and the local public health team and Director of Public Health for their guidance and facilitation.
Preventing Suicide Amongst Men Not In Contact With Mental Health Services. What Works? A Narrative Synthesis

Author: Clare Laker
Location: Bath and North East Somerset Council Public Health

INTRODUCTION

- Suicide is the biggest killer of men under 50 years.
- Over ¾ of deaths are amongst men not in contact with mental health services.
- National strategy (1) says use innovative ways to reach men with a focus on:
  - Raising awareness of the risk
  - Tackling stigma
  - Increasing help seeking behaviours

BUT DO WE KNOW WHAT WORKS? Much has been written on the social causes of male suicide, but little on how to prevent it.

METHODS

- Narrative synthesis: Bambra’s (2) model
- Mix methods to provide more substantive understanding of complex issues (3)
- Strict inclusion criteria applied
- Sources of evidence:
  - 12 electronic databases
  - 5 suicide prevention institute libraries
  - 6 suicide prevention charity / organisation websites
  - Grey literature, citations, correspondence

Inclusion Criteria

- Studies where preventing male suicide primary purpose. Data for men:
  - Aged over 18
  - Similar to UK cultural concepts of masculinity
  - No known mental health disorders

Exclusion Criteria

- Studies not meeting established quality criteria. Studies where prime focus:
  - Gay, bisexual, transgender men (only)
  - Prison, university based populations
  - Veterans

RESULTS

Of 1,800 initial citations only 6 met the inclusion and quality criteria

Figure 1 Education / workshop based studies

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Aimed at:</th>
<th>Location</th>
<th>Authors</th>
</tr>
</thead>
</table>

Figure 2 Multi media awareness campaigns

<table>
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<tr>
<th>Intervention</th>
<th>Summary</th>
<th>Location</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Prevention Week</td>
<td>Whole population</td>
<td>Canada</td>
<td>Daigle, M. et al. (2006)</td>
</tr>
<tr>
<td>Choose Life North Lanarkshire</td>
<td>Male settings</td>
<td>Scotland</td>
<td>Robinson, M., Braybrook D., and Robertson, S. (2014)</td>
</tr>
<tr>
<td>'Reasons to Love Life’</td>
<td>Public places</td>
<td>Austria</td>
<td>Till, B. et al. (2013)</td>
</tr>
</tbody>
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Summary of learning

- Some similarities but differences in:
  - Male age groups targeted
  - Duration and degree of exposure
  - Media format used
- Results varied in degree of success against primary outcomes.

DISCUSSION

Limitation of research included

- Considerable heterogeneity amongst included studies including intervention format, target group and research method
- Limited methodological quality of included evaluations and bias within studies
- The breadth of the research question itself

CONCLUSIONS

Careful consideration should be given to the value of media campaigns. Whilst they can increase public awareness of male suicide, insufficient funding and duration can result in a low exposure rate.

Investment is needed in evaluations of a high methodological quality that can provide greater confidence to policy makers.

Further research is needed to identify

- Messages are applicable
- Specific characteristics of an effective workshop approach including the value of workplace and leisure based provision
- Effectiveness of interventions that support men to develop skills to deal with crisis events
- Protective social factors against male suicide. This should include the role of women, families, employment and financial security

REFERENCES