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**PHI** | Public  
Health  
Institute  
LIVERPOOL JOHN MOORES UNIVERSITY



# PUBLIC HEALTH INSTITUTE Annual Report

## **Cheshire & Merseyside**

CHAMPS Intelligence & Evidence Service

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## **Education**

Guest Feature: Michael A. Pascucilla

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## **Impact across the UK**

Prevalence of Opiate and/or Crack Cocaine Use

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## **International**

ERAMUS + Project

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## Contents

3	Foreword
4	<b>CHESHIRE AND MERSEYSIDE</b>
6	CHAMPS Intelligence & Evidence Service
7	Drug Related Deaths Monitoring across Merseyside
8	Building family health, wellbeing and resilience The Youth Connect 5 (YC5) Programme
10	Drink Less Enjoy More: a multi-component approach to addressing the sale of alcohol to drunks
12	Sexual Health Quarterly Bulletin
13	Wirral air pollution project
14	<b>EDUCATION</b>
16	Guest Feature: Michael A. Pascucilla (SCSU)
18	Graduation
19	National Student Survey Success for BSc Environmental Health
20	Reflections from the 2nd International Conference on Disability and Disaster Risk Management, Dhaka, Bangladesh
21	A. S. Watson Health and Safety Scenario Day
22	<b>IMPACT ACROSS THE UK</b>
24	Exploring perspectives on provision and accessibility of Pre-exposure prophylaxis (PrEP) in North England and the West Midlands
25	Prevalence of Opiate and/or Crack Cocaine Use
26	<b>INTERNATIONAL</b>
28	Violence Prevention Information System
30	Promoting Accessible HIV Prevention and Care for Women Prisoners in Zimbabwe and Malawi
32	ERASMUS + Project
34	Prevention and management of HIV, diabetes and hypertension in Tanzania and Uganda
35	Selection of successful research bids

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# Foreword



Welcome to the Public Health Institute Annual Report 2017/18 where you can read about some of our successes from the last academic year.

2017/18 has been an important year for PHI. We have seen our local research and civic engagement make a positive contribution to Cheshire and Merseyside, conducted high impact national research and developed new and exciting international research. In addition to this we have expanded our education provision and improved on our already high National Student Survey results from last year.

We have now moved into our new accommodation in Exchange Station and are looking forward to the new academic year.

This report provides examples of local, national and international research projects in addition to news about our education programmes. We have given particular focus to the ongoing commitment that we have to working with local stakeholders and the important work we do with our Cheshire and Merseyside partners.

Best wishes,

*Jim*





# Cheshire & Merseyside







## CHAMPS Intelligence & Evidence Service

by Lisa Jones

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The Public Health Institute (PHI) works with the Champs Public Health Collaborative to deliver intelligence and evidence to support local public health priorities in Cheshire and Merseyside.

Directors of Public Health representing the nine local authority public health teams across the areas of Cheshire and Merseyside work together through the Champs Public Health Collaborative. Within Champs, the Intelligence Network aims to manage collaborative intelligence and to support priority work areas. To support these aims the network has commissioned an Intelligence & Evidence Service from PHI to provide high quality research in response to collaborative priorities. PHI has held a continuous contract to undertake this work in its current form since 2015. The model provides a pathway for the Directors of Public Health to quickly commission research on identified priorities. The research team at PHI provide a flexible and responsive service with quick production

of outputs in response to emerging priorities and needs. Co-development of project plans between Champs and the PHI research team aims to ensure outcomes are evidence-based, practical and valuable for local authorities and their partners.

In September 2017, PHI carried out an impact review of the Intelligence & Evidence Service, focusing on outputs delivered during 2015/16. Impact was defined as the extent to which reports were used to inform priority setting, service development and service delivery. The reports produced over the period were viewed as being both informative and useful. Stakeholders provided a number of examples where reports had informed a wide variety of commissioning documents, service reports, presentations and events. All reports were deemed to contain high quality and relevant evidence. People who received the reports had circulated these on to a wide range of colleagues, which had improved the communication

of evidence and raised the profile of the Champs Collaborative. Within the last contracting year (17/18), the PHI research team have been working with Champs and the Cheshire and Merseyside Fire and Rescue Services (FRS) to evaluate a new model of community health promotion, the Safe and Well visit, which builds on the national FRS role in delivering home fire safety advice to householders across the region.

Matthew Ashton, Director of Public Health for Knowsley and commissioner of the project said: "we greatly value the partnership arrangement we have with Public Health Institute, as it allows us to develop independent evidence products that support key CHAMPS priorities, and promote greater partnership working."

<https://www.ljmu.ac.uk/research/centres-and-institutes/public-health-institute/case-studies>



## Drug Related Deaths Monitoring across Merseyside

by Mark Whitfield

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PHI has provided drug related death (DRD) monitoring to local authorities across Merseyside in various forms since 2008, the most recent iteration beginning in 2015 following a piece of work commissioned by Sefton Council Public Health looking at the number of drug related deaths which had taken place across the borough. This comes at a time when DRDs are at their highest level since records began both across England and the combined nine Cheshire and Merseyside Local Authority areas. In response, PHI have developed a monitoring system which pulls together deaths reported through both the treatment system and coroner records – the information is then collated and combined with other data sources such as the individual's needle exchange activity (reported through PHI's Integrated Monitoring System), their contact with the criminal justice system and contact with social services. Panels chaired by a member of staff from PHI then meet quarterly

to examine deaths on a case by case basis in order to look at common themes and learning opportunities which can be shared.

The panels have representation from treatment providers, support services, local public health leads and those responsible for commissioning services across the region, and follow PHE recommendations of good practice in several areas. These include reviewing all drug and alcohol related deaths of individuals in treatment, not just those officially classified as drug related death, having a third party led system responsible for reporting to local groups, engaging non-treatment agencies in the review process and engagement of the coroner to capture information on deaths occurring outside of the treatment system. PHE also recommends running the system in collaboration with several local authorities ensuring better opportunities for learning and economies of

scale, and the DRD monitoring has now been rolled out to 6 of the 9 Local Authorities across Cheshire and Merseyside as an extension of the IMS contract provided by PHI, with interest expressed by a further two.

Guests have been invited to panels specialising in areas such as respiratory care, reflecting the high prevalence of COPD among people who use drugs, mortality and incident review, and palliative end of life care. Head of commissioning from Liverpool City Council's Public Health department Sue O'Looney said of the system: "The DRD panels have been instrumental in helping us understand the issues around drug related deaths in Liverpool including those that we have in common with other areas. Looking at both individuals within the treatment system and those outside of it ensures we get accurate intelligence on the whole picture which allows us as a group to reflect and learn."





# Building family health, wellbeing and resilience The Youth Connect 5 (YC5) Programme

by Beccy Harrison

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## Background

YC5 is a train-the-trainer programme funded by Champs Public Health Collaborative (Champs) through Health Education England and delivered by Merseyside Youth Association (MYA).

It was piloted over 18 months across nine local authorities: Cheshire East, Cheshire West and Chester, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington and Wirral; and targeted parents and carers of those aged 8-18 years. YC5 works with parents to provide them with the knowledge and skills to support the wellbeing and resilience of their children.

The programme aims to improve children and young people's emotional health and wellbeing and to give families the tools to build positive emotional health for their children.

## The Research

PHI were commissioned by Champs to undertake an evaluation of the YC5 Programme, which aimed to explore the delivery of the programme and its impacts upon children, young people and their families.

This included: analysis of secondary quantitative data; focus groups (n=2) with the YC5 steering group; interviews with the professionals who developed YC5 (n=2); an online survey with Public Health Leads, Trainers and Managers (n=39); and interviews with parents and carers (n=20).

Some of the key findings around the delivery and impacts of the Youth Connect 5 programme focussed around:

- Improvements in the wellbeing of parents and children: Parents reported

improvements in their health and wellbeing, as well as increased knowledge and confidence. This resulted in systemic change in their children's health and wellbeing, improved family relationships and strengthened family resilience.

- Attendance and engagement with the Programme: 249 professionals (trainers) were trained by MYA and went on to deliver 103 programmes to 696 parents. A targeted rather than universal approach was taken in local areas due to local resources, capacity and delivery. Parents attended the programme to access information and gain support. Barriers included stigma from other parents and attending sessions around employment.





- Positive benefits of peer support: Parents reported that they benefited greatly from sharing their experiences and learning from other parents in the group and it improved their confidence in their parenting skills.
- Changes in Knowledge, Techniques and Strategies: Parents reported learning new techniques and strategies from the programme and from other parents. Parents gave many examples of strategies and positive approaches that they had effectively tried and embedded.
- Delivery of YC5: barriers and facilitators to delivery and engagement with YC5, including role of the trainers, course content, recruitment and collaborative working are all discussed in detail in the main report.

Learning from the pilot Cheshire and Merseyside demonstrated commitment to supporting the emotional health and wellbeing of children and young people and their

parents/carers. The train the trainer model allows for a large number of professionals to receive training to deliver the programme; and this investment in supporting parents to improve their parenting confidence and own wellbeing has shown to be an effective model in promoting resilience for children and families. Peer support is also a key element of the programme success, bring parents together to provide mutual support.

Going forward, a number of recommendations were made that focussed upon the importance of parent engagement and peer involvement; communication around role remits to enhance understanding; identification of local capacity for the co-ordination and administration of YC5; sustained workforce investment; and consistent monitoring and data collection.

<https://phi.ljmu.ac.uk/wp-content/uploads/2018/08/Evaluation-of-YC5-final-report.pdf>



## Drink Less Enjoy More: a multi-component approach to addressing the sale of alcohol to drunks

by Nadia Butler

The sale of alcohol to drunk people is illegal in the UK. Despite this, drunkenness is a common feature of nightlife settings, while public awareness of the law and bar staff compliance with it appears to be low. In recent years efforts to address cultures of drunkenness by increasing public awareness of the law around the service of alcohol to drunks and supporting bar staff compliance with legislation have been made by local partners across Liverpool. In 2013, a pilot study conducted by the Public Health Institute found that 84% of alcohol purchase attempts in Liverpool nightlife venues by pseudo-intoxicated actors were successful. Following presentation of these findings to local partners, the pilot Say No to Drunks (SNTD) intervention was developed and implemented in 2014 by Liverpool City Council. The positive findings from this initial pilot intervention and recommendations for further development, led to local partners rebranding the intervention to Drink Less Enjoy More (DLEM; see Box 1), and making it a core activity as part of their attempts to address nightlife drunkenness by running the intervention on a yearly basis.

The Public Health Institute have now evaluated the SNTD/DLEM intervention annually over the past three years. A range of methods were used including surveys with nightlife patrons, door and bar staff, nightlife observations, and analyses of secondary data sources (e.g. police-recorded crime data). Over this time, findings from the intervention evaluations showed a sustained impact of the intervention on bar server propensity to refuse alcohol service to pseudo-intoxicated actors. Critically, that the proportion of test purchase attempts which resulted in the sale of alcohol to a pseudo-intoxicated actor was significantly lower in both post-intervention tests (post DLEM 2015, 26%; post DLEM 2016, 36%) than in the pre-intervention test (pre SNTD 2013, 84%). Further, each post-intervention wave of evaluation showed significant increases in nightlife user knowledge of the law around the sale of alcohol to (post SNTD 2014, 60.2%; post DLEM 2015, 65.5%; post DLEM 2016, 70.6%), and the purchase of alcohol for (post SNTD 2014, 42.7%; post DLEM 2015, 55.0%; post DLEM 2016, 61.1) drunks compared to pre-intervention (2014 sale, 45.1%; purchase, 32.9%).

The DLEM intervention is one of the first of its kind in England which aims to address the over service of alcohol to drunks following an evidenced multi-component approach. Importantly, this work is helping to create safer and healthier nightlife environments in Liverpool. The success of the intervention has encouraged other areas to adapt similar approaches and the Public Health Institute has also evaluated the expansion of DLEM to the wider Cheshire and Merseyside area, in addition to Wrexham in Wales as part of a broader EU commissioned project to tackle drinking among young people (<http://stadineurope.eu/>). Further, in 2018, PHI and colleagues published an article in the Addiction journal, providing findings from early evaluation of Liverpool's DLEM intervention (<https://onlinelibrary.wiley.com/doi/abs/10.1111/add.14223>).





### Box 1: The Drink Less Enjoy More (DLEM) intervention

A community based multi-component intervention involving the collective implementation of three core components:

- Community mobilisation and awareness raising: creation of a multi-agency intervention steering group and implementation of a range of awareness raising activities (i.e. on alcohol legislation) targeted towards different audiences, particularly the local alcohol trade and public.
- Responsible bar server training: free provision of 30 minute face-to-face training programme for bar staff on preventing sales of alcohol to drunks, including information on: alcohol legislation and implications of flouting the legislation, and service refusal and conflict management techniques.
- Strengthened law enforcement: intensified engagement and enforcement activity by police and other partners focusing on sales of alcohol to drunks.

Implemented in Liverpool City Centre nightlife over two phases:

- Pilot Say No to Drunks: 5 weeks (2014) across ~38 on-licensed premises in one area of Liverpool's nightlife.
- Drink Less Enjoy More: ongoing since 2015 across ~250 on-licensed premises across the full nightlife environment.



## Sexual Health Quarterly Bulletin

The sexual health quarterly bulletin has been published by PHI (formerly CPH) for over 10 years and continues to inform health professionals about all types of sexual health news. It was the first newsletter to be set up by any of the teams within the Centre and was originally a tool to pull together sexual health information for the local region. However, the focus of the SHQB has widened over the years and is now linked in with the Department of Health nationally.

Articles come from various collaborators including the Sexual Health Networks, Public Health England North West, the

Department of Health, HIV and Sexual Health Commissioners Group for England and voluntary organisations.

Sahir House (voluntary organisation), who offer HIV support plus training and information within the North West, regularly contribute to the bulletin and we support them by highlighting their World AIDS Day activities in the December issue and by holding a cake sale on WAD on their behalf.

Other guest articles come from various local projects each quarter.

The bulletin is distributed to sexual health professionals, academics, commissioners and third sector staff and is always well received as an informative and important source of information. This has resulted in requests to share the bulletin to a wider audience, including Public Health England South West.

For a number of years the sourcing and editing for the SHQB has been the responsibility of Ann Lincoln, who is part of PHI's Intelligence and Surveillance team and we would like to thank Ann for her continued commitment to the publication.





## Wirral air pollution project

by Melissa Parnell

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PHI postgraduate researcher Melissa Parnell has been involved in a local project measuring air quality around schools. Melissa's PhD research focusses on the effect of second-hand smoke on children's fitness and involves working closely with Merseyside primary schools to recruit 9-11 year old children and their families. This seemed to be a perfect fit when Gareth Hill (Public Health Manager at Wirral Council) approached PHI's Dr Ivan Gee looking for his expertise regarding air quality monitoring. Wirral wanted to look at the air particulate matter around schools, getting the children

and teachers involved. Melissa used the Dylos particulate monitors that she is using for her PhD to test the perimeters of the schools in order to determine how pollution differs at different school locations. The children got to use the monitors and GPS equipment and became environmental scientists for the day before Melissa took the data away and produced a heat-map of pollution around the school. After this initial work, Wirral Council decided to extend the project to involve as many schools as possible and invited Eco Schools and Environmental Health from Wirral Council to collaborate. Later in the project

Mersey Forest became involved and started to plant hedges around the perimeter of the schools with the help of the participating children. It is hoped that the hedges will form a green barrier between the road pollution and the schools and it has also been great for the children to see and be involved with the full process, from data collection to the positive impact of hedge planting. There are around 60 schools involved in project which will culminate with an Eco Event and Air Quality day where it is hoped that the children involved will lead the presentation.



# Education







## Guest Feature

by Michael A. Pascucilla, M.P.H., REHS, Southern Connecticut University

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As I write this LJMU newsletter article on a flight from Rome to New York, I feel compelled to share a few fun facts with you. I am traveling at an altitude of 32,008 feet over the Atlantic Ocean, A.K.A "The Pond" at 503 mph with an outside air temperature of -68 degrees Fahrenheit – just saying... On a serious note, over the last several years of my professional life, I must admit, I have had several amazing public health opportunities, in fact, I would consider them career milestones.

In May 2016, I had the privilege to travel to England to conduct research on food allergies as I was the recipient of the National Environmental Health Association's (NEHA) Professional Sabbatical Award. This public health research afforded me the opportunity to live in England for a month as I traveled throughout the country interviewing our United Kingdom colleagues/ counterparts in government, academia and private industry sector while studying their food allergy educational policies/regulations. Upon returning home, I compared the UK food allergen safety system to that of the United States and completed my public health research report entitled "Food Allergies - U.S vs U.K. Comparison". To date, I have had the privilege to present this research locally in my hometown shoreline community, throughout several Connecticut public health venues, at the Food & Drug Administration's Regional Conference in North

Hampton, MA and NEHA's National Annual Meeting in San Antonio, TX.

Food Allergan research continues to be a focus of my public health career, not just professionally, but on a personal level as this significant and emerging public health concern also impacts my immediate family. Given my passion for this subject, another unexpected opportunity arose and allowed me to present my food allergy research on an international stage at the Seventh International Conference on Food Studies where I was selected as one of a handful of Emerging Scholars Recipients by the Common Ground Research Networks. Hence, why I was traveling from Rome, Italy where I truly felt honored and humbled to have presented my food allergy research to my international public health colleagues.

While the State of Connecticut just adopted the US Food & Drug Administration (FDA) Code, the national food code for food safety/food allergen's needs to be revised to reflect best practices as with similar developed countries like England and its European Union partners. The next step in my journey towards a safer food allergy dining system in the US will be at the US Conference of Food Protection (CFP) in April 2018. Every two years, the US FDA, its States and business partners hold a national meeting with all stakeholders to review/revise food safety improvements to the US Food &

Drug Administration Food Code, as all regulatory changes must be vetted through the CFP Council.

I am currently working with a few colleagues and several other partners on a proposal to revise the FDA Food Code to require all restaurants/ take-out eateries to provide all customers with a list of regulated food allergen ingredients of menu items upon request. I plan to attend the CFP in April to provide both oral and written food allergy testimony based my public health research that will be review and hopefully "approval for consideration" as all regulatory code revisions must go to a vote of all fifty states. Below is the heart and summary of my food allergy testimony, which I wholehearted believe should be every restaurant customers right - Wish me luck...

"Since every Country is impacted by food allergies as it is a significant public health concern and global burden that affect every social culture, now is the time to make recommend food safety code enhancements to the FDA Food Code. Other developed countries, such as the United Kingdom and all its European Nations (EU), require every Food Service Operation (FSO) to list/disclosure all the regulated food allergens on their menu products to their customers/consumers. The EU requires each FSO to know what the ingredients are in the food products they are selling, and the food safety laws do



not allow servers and/or chefs to say they do not know what regulated food allergens are in their food menu products, nor are they allowed to say that all their food products contains an allergen. Simply put, ignorance is no excuse for food allergen safety, especially in a world of enhanced food product labeling and full consumer disclosure. Like any other industry, restaurant and take-out eateries must know the food ingredients of their products and disclose what regulated food allergens are in their menu products when asked by the consumer”.

I would like to take the opportunity to express a warm-hearted “thank you” to the National Environmental Health Association (NEHA) and Underwriters Laboratories, INC (UL) for the Professional Sabbatical in the United Kingdom. It truly was both a professional and personal experience of a lifetime, and I am forever humbled and grateful to have been afforded the opportunity to represent the United States Public Health Community. I also need to thank my employers; the East Shore District Health Department staff and Board of Directors, as well as Southern Connecticut State University from their support.

To my many friends and colleagues in England, your warm-hearted welcome and invaluable advice, support and guidance made my sabbatical an invaluable professional experience that I will always treasure. A warmhearted thanks to Graeme Mitchell and Mark McRiley from Liverpool John Moores University from their hospitality, and to Peter Wright who served as my ambassador and friend in the UK.







## Graduation

by Jennifer Lovelady

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The PHI graduation in July was preceded by a celebration event for our Environmental Health BSc graduates. The event, which took place in LJMU's John Foster Building, was organised by programme leader Graeme Mitchell and was well attended by the graduates and their friends and families.



In addition to our undergraduate student's success, we also had three PhD graduations at the summer ceremony with Simon Russell, Amanda Atkinson and Kim Ozano all receiving their doctorates.



Pictured left (from left):  
Dr Simon Russell  
Prof Harry Sumnall  
Dr Amanda Atkinson

Further PhD completions this year include Jennifer Germain, Lucy Wallis, and Jane Evely.





# National Student Survey Success for BSc Environmental Health

by Jennifer Lovelady



The National Student Survey is aimed at final-year undergraduates and gathers opinions from students about all aspects of their time studying. The survey is broken down into eight aspects of student experience and students also have the opportunity to make positive or

negative comments in an open ended question.

The Public Health Institute has scored consistently well in the survey but were particularly proud of this year's results which built on the success of last year. We would like to congratulate all those teaching

on BSc Environmental Health programme, and especially programme leader Graeme Mitchell, for their commitment to making the student experience excellent for all PHI students. Results are broken down in the table below.

NSS areas	LJMU	Faculty	PHI (2018)	PHI (2017)	PHI gain
The teaching on my course	82.9	85.4	96.4	88	+8.4
Learning opportunities	83.3	88.1	95.2	75	+20.2
Assessment and feedback	74.6	79.0	95.2	100	-4.8
Academic support	81.3	85.4	95.2	90	+5.2
Organisation and management	76.6	78.2	96.8	88	+8.8
Learning resources	89.8	92.3	96.8	80	+16.8
Learning community	78.2	85.6	95.2	90	+5.2
Student Voice	67.3	74.2	85.7	70	+15.7
Overall satisfaction	84.1	86.8	95.2	90	+5.2





## Reflections from the 2nd International Conference on Disability and Disaster Risk Management, Dhaka, Bangladesh

by Sapana Basnet Bista



Sapana Basnet Bista, a PhD researcher at Public Health Institute, LJMU was invited to present her paper titled 'Nepal's Response to Earthquake 2015: Disability Inclusive Humanitarian Actions and Lessons Learned' at the 2nd International Conference on Disability and Disaster Risk Management, Dhaka. The conference was organised by the Ministry of Disaster Management and Relief, Bangladesh during May 15-17, 2018.

The conference was held with the aim of giving policy makers, activists, experts, persons with disabilities and different stakeholders an opportunity to share progress and experiences on disability inclusive implementation of the Sendai Framework, the GPDRR outcome documents, SFDRR's associated regional plans, the Dhaka Declaration - 2015 and to reflect on future priority actions for implementation of these frameworks and plans. It brought together around 800 participants, including

110 world-leading experts from 32 countries and 89 international organisations including UN agencies to community groups. The three-day conference included 5 plenary sessions, 14 concurrent sessions and 3 special events under the theme of 'Disability Inclusive Disaster Risk Management – Today and Tomorrow'.

Sapana presented her paper along with Professor Abdul Mannan, Bangladesh Institute of Development Studies; Mohammad Arifur Raham, Young Power in Social Action; and Dr. Alta Jalil, Professor, Centre for Trade and Investment, University of Dhaka. Dr. A.S. M. Maksud Kamal, Dean, Faculty of Earth and Environmental Sciences, University of Dhaka presided over the session with the chief guest Md. Mazibul Hoque, Minister for Railways, Bangladesh.

Sapana's presentation, along with Public Health Institute, Liverpool John Moores

University, was also featured on the conference bulletin publication. Sapana reflects the conference as "one of the greatest opportunity for a researcher to be able to present my study at such huge international conference amongst leading experts in the disability and disaster preparedness field."

Sapana was also invited to the consultation workshop for drafting and finalising of Dhaka Declaration 2018. Sapana reports opportunity, "being the part of policy formulation was a great insight for a researcher into how the evidence research like mine has created can influence policies at an international level."

Her presentation can be watched online at:

<http://dkconf18.modmr.gov.bd/index.php/event/concurrent-5-research-surveys-and-study-findings-on-disability-inclusive-drm-humanitarian-actions/>



## A. S. Watson Health and Safety Scenario Day

by Dennis Harpin

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Two of the key values for LJMU are partnership and community and for the Public Health Institute these have come together in the form of a health and safety scenario day held at AS Watson's Distribution Centre in Pontefract on the 18th April 2018. The event, which is now in its 4th year, sees Environmental Health students from LJMU join with staff and managers from the Superdrug and Savers Distribution Centres to jointly work through a health and safety scenario. The scenario requires the attendees to try and resolve a number of realistic health and safety issues in a fictional Distribution Centre and such an event allows the students and retailers to understand how each other perceives and deals with Health and safety. For the students it gives them a "real life" experience which looks to support their professional development and contributes to the student experience. It also

shows just how LJMU can build upon its tradition of excellence in research and scholastic activity and then take it forward in a meaningful and practical way that can make a significant contribution in key fields, such as health and safety that affect us all.

Jim McVeigh, Director for the Public Health Institute at LJMU, praised the event for being in line with the University's core vision to be recognised as a modern civic university delivering solutions to the challenges of the 21st century. "These events show how committed LJMU are to not only providing an excellent student experience but ensuring it has real practical value. It also means that we are producing graduates with an understanding of the problems that affect the business community, the challenges that these problems present and how partnership

working can look to resolve them" he observed.

Regional Health and Safety Manager at A. S. Watson, Dennis Harpin, said the event re-enforced the importance of health and safety to both retailers and EHPs. He added, "This was by far the best scenario to date, with great interaction between the two groups and it really stimulated a number of debates – the scenario was designed to throw a number of spanners into the works and it really did that! I know for sure that our team got quite a lot from the day and walked away with a lot more awareness of the role of the EHP and their approach as I am sure the EHP's did from distribution managers. It was really a pleasure to work in partnership with yourselves to deliver these events. The fact that this event is in its 4th year shows how valued both us as retailers and the University".







# Impact across the UK







# Exploring perspectives on provision and accessibility of Pre-exposure prophylaxis (PrEP) in North England and the West Midlands

by Marie Claire Van Hout

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The United Kingdom (UK) has a concentrated HIV epidemic, with an estimated 101,200 people living with HIV in 2015. A decrease in diagnoses among men who have sex with men (MSM), the group most affected by HIV transmission, has recently been observed, and is probably due to increased frequency of testing (3 monthly) among those at greatest risk and rapid treatment for those testing positive. Pre-exposure prophylaxis (PrEP) is an evidence based biomedical HIV prevention strategy which involves HIV negative individuals taking antiretroviral drugs to reduce probability of infection if exposed. The UK PROUD study found PrEP reduced HIV infection risk by 86% among MSM. PrEP is available on the NHS in Wales

and Scotland. In October 2017, the IMPACT trial commenced in England, with PrEP being rolled out to 10,000 eligible people.

This project will explore and describe MSM, health professional and commissioner perspectives in relation to provision and availability of PrEP to MSM communities using qualitative interviews in three Northern cities (Liverpool, Manchester and Sheffield) and one city in the West Midlands (Birmingham) where PrEP is available through the IMPACT trial. Interviews with a purposive sample of participants (8-12 MSM and 4-8 health professionals per city) will also take place.

The project will examine key issues in terms of PrEP awareness, social and

structural barriers to access, online sourcing, understanding of PrEP eligibility and adherence, impacts on sexual risk taking and HIV testing patterns, hepatitis C and other sexually transmitted infections; and optimal service provision so as to inform future policy, practice and professional training.

PHI's Prof Marie Claire Van Hout will lead the project aided by Mr Jim McVeigh, Prof Viv Hope and Mrs Jennifer Germain. Results from the project will be used to develop a set of recommendations to inform policy, practice and health professional training around PrEP delivery to MSM in the North of England and the West Midlands, and in the UK.



## Prevalence of Opiate and/or Crack Cocaine Use

by Gordon Hay

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Public Health England have commissioned PHI to produce annual estimates of the prevalence of opiate and/or crack cocaine use, and drug injecting for each local authority in England, along with national estimates. Having completed this work for PHE for previous years, we have been recommissioned to produce reports for years 2016/17, 2017/18, & 2018/19. The project is led by Dr Gordon Hay.

Information about the number of people who use illicit drugs such as heroin, other opiates or crack cocaine is a key element of the evidence base used to formulate policy and inform service provision and provides a context in which

to understand the population impact of interventions to reduce drug related harm. To direct resources effectively, it is desirable to know about the prevalence of drug use at the local level. To determine the extent to which treatment may reduce harm to communities, it is necessary to know what proportion of the number of drug users in any given area is engaging with treatment. Direct enumeration of those engaged in a largely covert activity such as the use of heroin is not possible and large, household surveys such as the Crime Survey for England and Wales tend to underestimate numbers of those individuals whose drug use is the most problematic and whose lives are often the most chaotic.

However, indirect techniques, such as the capture-recapture method and the multiple indicator method can be applied to provide estimates of drug use prevalence.

The information produced will be used by Public Health England to help fulfil their ambition to transform the health expectations of all people in England, regardless of where they live and their circumstances. We are pleased to be able to contribute to this ambition through the application of research, knowledge and skills and would like to thank Dr Hay and the team for their continued contribution to this ongoing project.





# International





# Violence Prevention Information System

by Nadia Butler

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Scientific information on interpersonal violence – which includes child maltreatment, youth violence, intimate partner violence, elder abuse, sexual violence, multiple types of violence victimization and homicide – is scattered across a myriad of websites, statistical databases, technical reports, and often difficult-to-access academic journals. Often, these information sources only address one violence type, such as intimate partner violence. Furthermore, many existing databases have restricted coverage of interventions or prevalence of violence in one country or region of the world. The available information is also often difficult for non-academics to make sense of, and rarely is it presented in a concise, readable or visual format. Thus, at present, there is no single, authoritative, and comprehensive website which synthesises in a highly accessible form information on violence and its prevention.

In collaboration with the World Health Organization and other partners<sup>1</sup>, the Public Health Institute received funding from the UBS Optimus Foundation to fill this gap with the development of the Violence Prevention Information System (Violence Info). Violence Info aims to improve access to scientific information about all types of interpersonal violence, including findings on prevalence rates, risk factors, consequences, and prevention and response strategies, through creating a data repository and

displaying the information in a user-friendly format on a website.

Development of Violence Info was conducted in three phases over a two year period. As the vision for Violence Info was to provide an overview on all aspects of several different forms of violence, traditional meta-analytical techniques for searching, extracting and synthesising data had to be adapted and refined to cope with the scale of the literature which met the criteria for inclusion in the data repository. The first phase of Violence Info development sought to systematically search and collate evidence from the meta-analyses and systematic reviews on each violence type and aspect. Single study data extracted from the systematic review, rather than the original single study, were used in this phase to populate the data repository. The exception to this strategy was homicide, which used data from the WHO Global Health Estimates. The second phase focused on filling gaps in data available in Violence Info (identified following Phase 1), through systematically searching and synthesizing evidence from single studies or large national surveys. To date this has been completed for child maltreatment, and systematic searches for the other violence types have also been developed and will be added to Violence Info as they become available (funding dependent). During the third phase, experts in the field of each violence type were

contacted to suggest studies to fill identified gaps in the data. This continues to be an ongoing phase of Violence Info with experts and users being able to suggest appropriate studies.

In addition to the sheer scale of the data to be synthesised, Violence Info also aimed to present these summary estimates visually in an interactive website. The design and development of the web application took place concurrently with data extraction and methodological development. The Violence Info website is organised along two dimensions:

- 1.** Type of interpersonal violence, i.e. child maltreatment, youth violence, intimate partner violence, elder abuse and crosscutting categories such as sexual violence, violence against children, violence against women and homicide.
- 2.** The aspects of the public health approach to violence, i.e. prevalence, consequences, risk factors, prevention and response strategies.

Each violence type page presents a definition of the violence type and a summary global prevalence figure. Information on the prevalence, consequences, risk factors, and effectiveness of prevention and response strategies is extracted from published scientific studies and presented



in different visualisations. All visualisations can be downloaded, shared, or embedded in other websites. There is also a help tool for each visualisation to facilitate interpretation of the data and understanding of the statistics used. Each violence type page also provides examples of interventions with some evidence for effectiveness. Key survey instruments used to gather information on the violence type are also summarised.

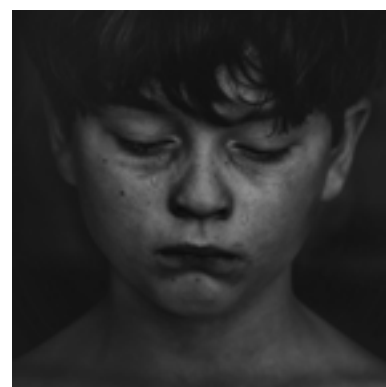
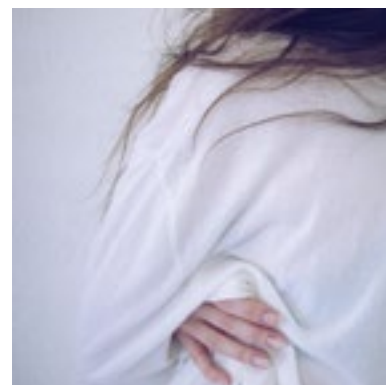
A studies section collates data from the different violence types and allows the user to explore the studies and their findings in depth, with options to filter the visualisations by a number of criteria. The user can also download the data repository tables in this

section. These files collate information from all violence types and contain all extracted data, providing the user with more study detail than available on the website visualisations. The countries section allows the user to explore country-level data, including homicide estimates, and information on violence prevention including measures such as policies, laws, prevention programmes and victim services.

Violence Info is an ambitious project and literature reviewing and data synthesising on this scale has rarely been done before. The data repository currently contains almost 13,000 individual data points, from over 3,587 single studies. Violence Info currently holds summary estimates for more than 120 different risk factors

at four ecological levels and for 45 different consequences across the different types of violence. It includes prevalence estimates across the various types (e.g. child maltreatment) and sub-types (e.g. sexual abuse) of violence for 95 countries around the world, including 59 low- and middle-income countries. Finally, summary estimates are also provided for the effectiveness of more than 38 different intervention strategies for preventing and responding to violence. The aim is to continue to update and maintain the Violence Info website and data repository, making it a one-stop shop for global violence prevention information.

<sup>1</sup> Public Health Wales, University of Bristol and Interactive Things.









## Promoting Accessible HIV Prevention and Care for Women Prisoners in Zimbabwe and Malawi

by Marie Claire Van Hout

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The Public Health Institute (PHI) and were awarded the AHRC-MRC Global Public Health Partnership grant entitled 'Promoting positive sexual and reproductive health and accessible HIV prevention, treatment, care and support services for women prisoners in Zimbabwe and Malawi'.

The project is led by Professor Marie Claire Van Hout from PHI and includes partners from the Faculty of Arts, Professional and Social Studies, LJMU; the University of Zimbabwe; the University of Malawi; Batanai HIV and AIDS Service Organisation (BHASO), Zimbabwe; and the Centre for Human Rights Education Advice Assistance (CHREAA) Malawi.

The rationale for the new partnership is grounded in the recent UNODC evaluation which strongly recommended the implementation of human rights based research, policy reform and targeted services provisions focus on women prisoner sexual and reproductive health (SRH)



needs in Zimbabwean and Malawian prisons.

This unique partnership hopes to challenge and address the SRH inequalities of women prisoners, who are a vulnerable HIV/AIDS population in Zimbabwe and Malawi. Both countries are compromised by a lack of robust gender sensitive monitoring systems for HIV/AIDs in prisons, and little strategic information available around women prisoner's experiences and their SRH needs. It will set the scene for a strong international collaborative effort to monitor, investigate, understand and promote women prisoner's human rights and SRH needs. The issue of HIV/AIDS in prisons is both a human rights and public health issue, which requires a strategic approach with shared goals to prevent HIV transmission and improve health for all, whilst at the same time ensuring the respect of human rights and dignity of those infected and requiring treatment.

The partnership represents a form of international sustainable development work which will create a first step in both countries towards addressing female prisoner SRH disparity, and ensure that their views are utilized to contribute to the reframing of gender sensitive and human rights based prison responses and prison health policies, and enhance their access to high-quality and stigma-free SRH and HIV PTC&S prison services when needed.

The inception meeting for the project took place in March 2018 in Harare, Zimbabwe with all project partners in attendance, and a number of the African partners visited Liverpool in August for further project discussions.



## ERAMUS + Project

by Amanda Atkinson

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DELTS is an international collaborative project (2018 – 2020) funded under the ERASMUS + scheme that brings together a diverse team of academics, health care providers and anti-doping workers to explore the use of e-learning programmes in the prevention of Performance and Image Enhancing Drugs (PIED). It will develop e-learning programmes and visual materials for health care providers and those working in the fitness industry across the EU, with the aim of increasing their understanding regarding the use and harms of PIED use among amateur/recreational athletes. Working with a number of partners (Dopinglinkki, A-Clinic Foundation (Finland),

Folkhalsan Utbildning (Finland) Anti-Doping Agency of Lithuania (Lithuania), The Mainline Foundation (the Netherlands), The Aristotle University of Thessaloniki (Greece), the project will employ a standardised methodology (i.e. questionnaire, interviews) to explore the acceptability, utility, and implementation of the e-learning programmes across the participating countries. A project website will also be developed to provide access to a range of learning resources for those working in the area of PIED prevention across Europe. PHI is represented on the project by Jim McVeigh, Amanda Atkinson, and Harry Sumnall. Our particular responsibility is the adaptation

of the learning programmes for use across partner countries and development of the evaluation methodology for understanding of the acceptability and utility of the programmes in target groups. In the UK, the pilot e-learning programme will be undertaken with healthcare providers, primarily GPs, and this is proceeding with the support of the Substance Misuse Management Good Practice (SMMGP) professional body. The project will culminate in an international dissemination conference to be held in Finland in 2020, with the expected participation of international experts and European policy makers.









# Prevention and management of HIV, diabetes and hypertension in Tanzania and Uganda

by Marie Claire Van Hout

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PHI and partners have recently received funding to conduct the INTE-AFRICA Integrating and decentralising diabetes and hypertension services in Africa project.

INTE-AFRICA will integrate and scale up services for diabetes and hypertension in clinics in Tanzania and Uganda, either as standalone or integrated with HIV-infection. This builds on pilot studies that the partners are conducting, funded by UK NIHR, on the prevention and management of HIV, diabetes and hypertension in Africa. The aim of INTE-AFRICA is to assess the effectiveness and feasibility of large-scale scale up. Research evidence is needed by African health services to scale-up and sustain the screening and management of diabetes and hypertension in different settings. The objectives of INTE-AFRICA include: to re-organise primary health care services so that diabetes and hypertension can be

diagnosed and treated in dedicated chronic care clinics in two large regions, one in Tanzania and one in Uganda; to decentralise care from health facilities to the community in order to reduce patient load at clinics and reduce reliance on (scarce) clinical staff; to evaluate these approaches in terms of acceptability (by patients and the community), numbers of patients treated and retained in care, patient clinical outcomes (blood pressure control, blood glucose control), costs of delivering integrated care for the health service and cost-effectiveness (compared to current standard care); to use the data generated to contribute evidence to the development of clinical guidelines; to develop the sustainable partnerships needed between researchers, government policy makers, public-private partnerships on an ethos of openness and equality so as to facilitate the expansion of the scale-up nationally. The majority

of individuals with either hypertension or diabetes are identified after they develop complications, which leads to their poor outcomes, and to catastrophic costs to both the health service and the patient. Scaling up services for these patients would prevent clinical complications in patients and could result in immense cost savings for patients and the health service.

Project partners are: Shabbar, J (Liverpool School of Tropical Medicine, UK) (PI); Van Hout, MC (Co Applicant/ Work Package Lead) (Liverpool John Moores University; Cullen, W (University College Dublin, Ireland); Lazarus, J (ISGLOBAL, Spain); Bachmann, M (University of East Anglia, UK); Hinderaker, S (University of Bergen, Norway); Birungi, J (Medical Research Council, Uganda); Mghamba, J (National Institute of Medical Research, Tanzania).







## Selection of successful research bids for PHI

Selection of successful research bids for PHI	
Cheshire and Merseyside Local Authorities	Integrated Monitoring System
Champs	Intelligence & Evaluation Service
Public Health England	OCU Prevalence Estimates
STIRF	Exploring perspectives on provision and accessibility of Pre-exposure prophylaxis (PrEP)
AHRC-MRC	Promoting sexual health and accessible HIV Prevention, Treatment, Care and Support services for women prisoners in Zimbabwe and Malawi
ERASMUS+	Towards quality anti-doping education in recreational sport
Wirral Council	Community Connector Evaluation
NIHR	PALS Project About Loneliness and Social networks
Public Health Wales	Image & Performance Enhancing Drugs Research
EC Horizon 2020	Integrating and delivering diabetes and hypertension services in Africa: INTE-AFRICA
Health Systems Global	Capturing Discussions/Debates Around PHC and Private Sector During Global Symposia on Health Systems Research 2018
Liverpool City Council	Research to inform and evaluate an intervention designed to reduce student alcohol consumption
Cumbria County Council	Avoidable Mortality in Cumbria



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