Chair’s Welcome

Spring is here, and so is the first HPPHN newsletter of 2017!! I am delighted and honoured to take on the role of Chair of the Health Psychology in Public Health Network and I look forward to some promising and exciting times ahead.

I would like to take this opportunity to welcome our new members on to the committee and thank those who have stayed with us to continue this journey. I would also like to welcome our new Honorary Fellows; Professor Marie Johnston; Professor Chris Armitage; Professor Tony Cassidy; Professor Jane Ogden, Professor Falko Sniehotta and I look forward to working with them going forward. Finally, I would like to welcome and thank all our new and continued members, as without your support and belief in our vision, our network would not exist.

Over the next year, the HPPHN committee, our Honorary Fellows and I will be working hard to promote the integration of the two disciplines of health psychology and public health, beginning with a joint event with Public Health England and the Association for the Directors of Public Health on the topic of behavioural science. Keep an eye on our social media and website for more information and watch this space. In this Issue we have brought together articles on behaviour change inspired by our last workshop in February 2017, and details of our upcoming events.

We hope you enjoy!

Best wishes
Angel
HPPHN Chair
Change, University of Bedfordshire, Health, Wellbeing and Behaviour
Health Psychology and Behaviour

By trainees from the two disciplines, help-
from a good mix of professionals and
the country. We have had attendance
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first three years and our events have
Our Network has come a long way in our
population health and wellness.
health budget, and the need to address
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programmes, providing a protocol for
right up to population level interven-
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make a difference on the agenda in public health and other related
disciplines, health psychology is embrac-
ing the chance to shine.

One of the strengths of health psycholo-
gy lies in the science of behaviour change, from individual and community,
right up to population level interven-
tions. Using theoretically-driven and
evidence-based methodologies, health
psychologists are well equipped to de-
sign, deliver and evaluate public health
programmes, providing a protocol for
the replication of effective interventions
that can be rolled out to scale. This is
essential for an ever decreasing public
health budget, and the need to address
population health and wellness.

Our Network has come a long way in our
first three years and our events have
been a huge success, attracting notewor-
thy speakers and delegates from across
the country. We have had attendance
from a good mix of professionals and
trainees from the two disciplines, help-
ing to develop our understanding of the
challenges faced when bringing research
and practice in the two areas together. Health psychology, by nature, is scien-
tific and thus academic, often reflected
through detailed understanding of a top-
ic area, which in essence takes time, and,
therefore, can be resource-intensive. Public health in comparison, works on
much shorter timeframes, and must re-
act to the populations in which it serves,
with limited budget. More work is need-
ed to forge forward the practicalities of
bringing health psychology and public
health together to enhance the health of
the nation.

We hope that the Health Psychology in
Public Health Network can go some way
in facilitating this mission. Our founda-
tions continue to grow and we have be-
come a stakeholder in discussions with
both the British Psychological Society’s
Division of Health Psychology (DHP) and
Public Health England, a huge achieve-
ment for our third birthday!

In my welcome address at our annual
conference on the 20th February 2017,
we took a tour through the volume of
work in the area of behaviour change
over the last few decades. Here are a
few things to note:

2003 – The secondment of Health Psy-
chologists from the BPS Division of
Health Psychology to the UK Department
of Health’s Division of Public Health, de-
scribed in the Psychologist (Abraham &
Michie, 2005). This paper draws on
some core similarities of the competen-
cies in Health Psychology training and
the UK Voluntary Register for Public
Health Specialists – a conversation that
should perhaps be re-visited.

2004 - Health Psychology input into the
White paper ‘Choosing Health’, high-lighting
the need to consider the BioPsycho-
Social Approach to health promotion and
disease prevention.

2007 - NICE Guidance on Behaviour
Change: General Approaches [PH6], set-
ting the priorities in this area.

2007 – In the same year, we saw the
first funded places for Health Psychology
training (Stage 2) through the NHS Edu-
cation for Scotland (NES) and Health
Boards to meet NHS Scotland health im-
provement targets. This continues to
date.

2008 – Launch of the Improving Health:
Changing Behaviour: NHS Health Trainer
Handbook (Michie et al., 2008), a highly
recommended resource.

2010 – Development of the Health Be-
aviour Change Competency Framework
(Dixon & Johnston, 2010), highlighting
the competencies of those working in the
area of behaviour change.

2011 - House of Lords Science and Tech-
ology Select Committee report on Be-
avour Change (for which I contributed
to a response on behalf of the BPS DHP),
taking the importance of behaviour change
to Parliament.

2011 – Publication of the Behaviour
Change Wheel (Michie et al., 2011), a
highly recommended resource for the
design, delivery and evaluation of behav-
ior change interventions.

2013 - Public Health England created, an
organisation with behavioural insights at
the heart of public health campaigns.

2013-Health Psychology in Public
Health Network (HPPHN), founded by
members of the BPS Division of Health
Psychology (me) and Faculty of Public
Health (Prof Jim McManus) and those
working across both disciplines
(Michelle Constable) whom share the
same agenda – to improve the health of
the nation! Something I dreamed of in
my article in the Psychologist in 2011
(Florence & Chater, 2011).

The relationship between health psy-
chology and public health has come so
far since my initial training in 2000, and
there are some key drivers in this jour-
ney, as can be seen from the references
above. A significant next step is to devel-
oping an ontology through the Welcome
Trust funded Human Behaviour Change
Project. Led by Professor Susan Michie
(UCL), the vision is to develop an artifi-
cial intelligence system to answer the
frequently asked question; ‘What behav-
ior change interventions work, how
well, for whom, in what setting, for what
behaviours and why?’

An optimistic vision would be to see
Health Psychology Stage 2 places funded
within local authority and organisations
with a remit for public health. Scotland
have provided a fantastic example of
how this can work well, however, this is
no small feat. In my new role as Chair, I
hope to work alongside our Health Psy-
We’ve got here...so now what?

By Jim McManus, Director of Public Health for Hertfordshire, Past Chair, HPPHN

It’s three years since we founded the Health Psychology in Public Health Network. We came together to help researchers, practitioners, policymakers and commissioners identify and integrate insights from Public Health and Health Psychology into their work; with the aim of helping to improve and protect the health of our population. And I waxed lyrical at our recent AGM on the work we’ve done, how brilliantly I felt the people who have joined have supported each other, and how privileged I felt to be part of it. It’s evident we fill a need.

There is a real serious background to why we have come about. If, as the Chief Medical Officer Dame Sally Davies and others argued The Lancet that we need a new wave in public health improvement - which is about culture and behavioural change, then public health must be psychologically literate and psychology must understand and apply the public health population mindset. We need each other to address the multiple social, behavioural and structural challenges ahead.

Equally, there are many people in Public Health who think they "know" about psychology and behaviour change but need some guidance. What works in helping people change and sustain change in behaviour? What kinds of techniques help people recover from drug and alcohol use? How can self-management with long term conditions be improved? How do we get clinicians to become a force for prevention of avoidable ill-health? All of these things are concerns for both public health and psychology, as well as other social sciences. These challenges are not new, as I blogged about recently.

What we have added as a network is I believe the following: First, a place where people from different disciplines can share and learn in a safe environment. Secondly, a means of helping people navigate across and between disciplines, and third, Leadership. From events to awards, we have profiled the benefits and helped cross some of the barriers of interdisciplinarity. Our new Chair, Angel Chater, and committee both past and new are all committed to this. New Honorary Fellows and other plans for development will add to our work and presence. We are trying as a network to work in a way which shows we can be interdisciplinary in everything we do, including handing over from a Public Health Chair (me) to a Health Psychology Chair (Angel), and having several of our committee members who are clearly interdisciplinary in their focus as well as people who are more focused on one discipline.

As I write, HPPHN is an integral part of efforts to build a national strategic framework for behavioural and social sciences in Public Health. Quite an achievement for such a young organisation.

What started as an East of England network has now spread much more widely. But our gatherings, I hope, remain focused on quality input, useable direction, friendliness and time for networking and sharing that sets us apart from a number of other networks. You have made this happen, not me. And I think you’ve given us a model of where to go for the future.

I would like to see us continue to punch above our weight and size at national level, but never lose sight of the fact our key value is in supporting each other to achieve our ambitions for our populations and our work.

I’m proud to be a part of this.

References


1 http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62341-7/abstract
Optimising the use of health psychology theory and methods for behaviour change

By Prof. Marie Johnston, Aberdeen Health Psychology Group Institute of Applied Health Sciences College of Life Sciences and Medicine

Behaviours such as smoking, dietary intake, activity levels and alcohol use are risk factors for a wide range of diseases, deaths and disability, globally. Behaviour change is important for health and key to public health. The behaviour of people who are ill can influence their outcomes, e.g., by delay in seeking medical help, non-adherence to effective medical regimens; and the behaviours of healthcare professionals may also influence outcomes, e.g., by errors in prescribing, failure to implement evidence-based practice in conditions such as diabetes. It is, therefore, increasingly recognised, e.g., by NICE, the Academy of Medical Sciences as well as the Academy for Social Sciences, that behaviour change is important for health and key to public health.

Behaviour Change Theories

Health psychology has an enormous number of theories that explain behaviour change but the complexity and overlap makes them difficult to use in a public health context. Two approaches to making theories accessible are: the Theoretical Domains Framework which reduces the number of overlapping theoretical constructs to ‘domains’; and the COM-B model which identifies three main determinants of behaviour, Capability, Opportunity and Motivation. Both approaches are helpful in identifying factors influencing behaviour, but unlike full theories, do not describe the relationships between these factors. For example, both approaches include ‘capability’ without relating it to other constructs; by contrast theories such as Bandura’s Social Cognitive Theory or the Theory of Planned Behaviour emphasise the links between capability and motivational constructs in determining behaviour; in common sense terms, we wouldn’t do what we were capable of if we didn’t want to – and we wouldn’t do what we wanted to if we weren’t capable. The full theories can also lead to better explanations of key behaviours, e.g., showing that planning has an effect on clinicians’ management of diabetes due to the development of habits.

Behaviour Change Methods

In order to gain from the methods developed in health psychology, it is important to think of the behaviours that need to change as ‘behaviours’. If terms such as ‘lifestyle’ or ‘quality of life’ are used, the wealth of health psychology and behavioural science may be missed. If different health-related behaviours are kept in strictly separate silos, for example as ‘topics’ in public health departments, then the gains in understanding from evidence about other behaviours may be ignored. And healthcare staff trained to deliver behaviour change for one behaviour may be prevented from working on other behaviours, despite having many of the required competences. The Health Behaviour Change Competency Framework (HBCCF) developed for Scottish government identities and competencies that cross all behaviours. The third competency domain, Behaviour Change Techniques (BCTs) identifies some techniques that are common across behaviours, but also some likely to be specific for different behaviours or situations.

Linking Behaviour Change Theories and Methods

Having identified the theoretical determinants of the behaviour one wishes to change, one needs to identify appropriate BCTs. The HBCCF proposes the ‘MAP’, three routes to behaviour change with different techniques used: to address Motivation; to enable Action in those who are motivated; and to Prompt behaviour without having to engage in thinking. More recently the Theories and Techniques project has systematically investigated how theory and techniques a) have been linked in published studies and b) are linked in expert consensus.

Conclusion

Health Psychology has developed theories and methods which can contribute to the behaviour changes necessary to improve global health. This process may be optimised by using recent developments in simplifying theory, clarifying techniques and competences, and in linking theory and techniques.

References


The current state of Health Psychology in Public Health - HPPHN conference review

By Dora Kukucska

The recent HPPHN Behaviour change in practice Conference that was held in London on the 20th February 2017 brought a range of speakers with thought provoking and exciting content. We also had the opportunity during the AGM to cheer for the new Chair, Dr

Behaviour change theories and techniques are increasingly recognized as an effective asset to Interventions targeting current public health issues such as diet, obesity, smoking, medication adherence, doctor-patient communication and physical activity. However behaviour change is not confined to health related issues alone; “behaviour change is in everything” – using Professor Marie Johnston’s words, the keynote speaker of the event from the University of Aberdeen. Professor Johnston addressed many current short comings of Health Psychology including problems with intervention design, methodology and reporting, problems with theoretical constructs and the language of behaviour change science.

Professor Johnston emphasised the importance of targeting behaviours that are in more direct relation with the desired health outcome as closely as possible. Large number of health behaviour change interventions is more successful in modifying some elements of behaviour or cognitions, without significantly affecting the desired health behaviour. However research methodology also requires some revision; between persons design is an often used in health behaviour interventions, which is effective in revealing the differences between groups of people (who to change), this design is however limited in detecting the variance within persons (how to change).

Health Psychological research has generated a large volume of research evidence and developed a number of BCTs and other theoretical constructs. However these constructs are significantly overlapping and often indistinguishable; for example, perceived self-efficacy and behavioural control. Moreover BCTs are still lacking common sense elements, such as “telling the person to do it”. These issues imply the need for an ontology in Behaviour change science; an organized system of the volume of evidence and taxonomies with and agreed consensus on labels and terminologies – essentially the own language of Health Psychology and behaviour change science.

The second presentation introduced us to behavioural insights, behavioural economics in theory and practice within Public Health by Amanda Bunten, Sarah Golding, and Harriet Rowthorn. Humans do not consistently make logical decisions, we are all emotional and time dependent therefore we tend apply mental shortcuts (heuristics). Therefore creating a built in environment to influence health behaviours is of crucial importance; in which framing of health messages play a fundamental role. Thus behaviour change interventions in Public Health need to take these characteristics into account, by making interventions Easy, Attractive, Social, and Timely (EAST), to facilitate the appropriate physical and social opportunity, and automatic motivation.

As part of the conference lunch, all attendees were invited for a group walk from Old Street – the conference venue to Finsbury Square gardens. This was a simple approach to practicing what we promote to the public to improve their health via purposefully designed health messages and interventions. Many attendees joined the walk; the cool February air and mild physical activity revived


12 https://www.uky.edu/~eush2/Bandura/Bandura1999AJSP.pdf

13 http://people.umass.edu/aizen/tpb.html


17 https://www.ucl.ac.uk/behaviour-change-techniques/pdfs/UKSBM_slides.pdf
Finally, a communication skills training workshop was delivered by Dr Wendy Lawrence, a Health Psychologist in Medicine. The workshop included role-play based exercises and demonstration of a variety of consultation styles that clearly illustrated the importance of how health professionals communicate with patients. These workshop exercises may have had some team building effect on the audience.

The recent HPPHN conference cited many current issues within the discipline, moreover discussed promising current research activity that may solve those issues, for example the required ontology which is being currently developed by the Human Behaviour-Change project led by Dr Susan Michie at UCL. It has been very refreshing and reassuring for a trainee Health Psychologist like myself to see such professional honesty and such healthy criticism of the discipline. I believe Health Psychology being a young discipline may be an advantage after all; its advocates still feel the need to "clean up their act" - using Professor Johnston’s words. After this event, I believe Health Psychology is on the right track to influence and collaborate more frequently with public health.

We would also like to congratulate

At our AGM in February all members were asked to make a pledge ‘I pledge to embed behaviour change into my work by...’ Our winners for the best pledges were:

Lindsay Bottoms
Tiffany Palmer
Eleanor Chatburn

Who each received book related to behaviour change.

We would like to thank

A big thank you to Professor Susan Michie, Dr Fiona Spotswood and Dr Angel Chater for donating their books as prizes.

CBC Summer School: Behaviour Change - Principles and Practice

UCL Centre of Behaviour Change invites researchers, practitioners, intervention designers, managers and policy makers to a five day course, which is aimed to introduce the principles of behaviour change and its application to practical problems.

The summer school has been developed and led by Professor Susan Michie and Professor Robert West

For more information, please visit: http://www.ucl.ac.uk/lifelarning/courses/cbc-summer-school-behaviour-change
Applying Health Psychology to a Public Health Threat: Encouraging the Responsible Use of Antbiotics

By Sarah E. Golding, PhD Student and Trainee Health Psychologist, University of Surrey.

The threat from AMR

Antimicrobial resistance (AMR) is a growing threat to public health, with the potential for devastating health and social consequences. Both mortality and morbidity are predicted to rise as rates of AMR increase. In time, the risks of life-threatening complications from drug-resistant infections could outweigh the benefits of routine medical interventions, such as surgery or chemotherapy.

The economic impact of AMR is also potentially catastrophic. It is estimated that AMR currently costs the EU approximately €1.5 billion each year, and forecasts suggest that AMR could cost the global economy US$100 trillion by 2050 if current trends continue.

What causes AMR?

AMR occurs when microorganisms (e.g. bacteria, viruses, fungi) develop resistance to previously effective drug treatments. AMR is a natural evolutionary process that cannot be reversed, but increases in resistance can be limited by responsibly using antimicrobials. Although drug-resistance in all microorganisms is concerning, efforts are especially focused on tackling the problem of antibiotic resistance in bacteria. The threat to human health from antibiotic resistance is driven by inappropriate antibiotic use in both humans and animals. It is estimated that antibiotic use in the UK is split equally between humans and animals. Use of critically important antibiotics is rising in animals, despite falling in humans. Nonetheless, rates of antibiotics prescribed to humans have been rising in recent years, despite previous reductions in prescriptions.

How can we slow AMR?

Tackling this crisis will involve coordinated efforts across all levels of society. International organizations and national governments will need to coordinate research and policy efforts. In both human and veterinary medicine, public health officials, researchers, and healthcare professionals will need to ensure that best practice is implemented as widely as possible. The public also have their part to play, in their roles as patients, parents, farmers, and pet owners.

The One Health approach is based upon the principle that human, animal, and environmental health are intertwined. This is especially true in the case of AMR, as resistance can (and does) develop in bacteria that infect both humans and animals.

What can Health Psychology offer?

One area that health psychologists investigate is how the beliefs that individuals hold can influence their behaviour. Misconceptions about when antibiotics should be used are common amongst the public, leading to inappropriate use by some. Amongst doctors and vets, prescribing decisions are based on both clinical factors, such as symptoms and disease severity, and non-clinical factors, such as beliefs about the expectations of the other person.

Health psychologists also develop and test theory-based interventions that assist people in changing their behaviour. Health psychologists are already involved in cross-disciplinary work with human and veterinary medical professionals to develop behaviour change interventions aiming to improve antibiotic prescribing.

In Sum

Society needs to recognise the value of antibiotics and use them sparingly. To achieve this, we need attitudinal and behavioural change at multiple levels. Health psychology theories can inform targeted interventions with clinicians and patients, as well as population-level educational campaigns, to encourage the responsible use of antibiotics.

Additional Resources:

Review on AMR: www.amr-review.org
Antibiotic Guardian Campaign: http://antibioticguardian.com

The Centre for Behaviour Change, led by Susan Michie, Professor of Health Psychology at UCL, has launched a new MSc in Behaviour Change.

Available as full-time, part-time, or flexible modes of study from September 2017 and taught by world-leading experts in behaviour change at UCL’s central London campus. This innovative and exciting programme offers the opportunity for graduates from all disciplines to learn about cutting-edge research and the principles behind successfully changing behaviour to address global problems.

For more information, please see http://www.ucl.ac.uk/pals/study/masters/TMSBCHSING01 or contact Dr Leslie Gutman, Programme Director, l.gutman@ucl.ac.uk
Psychological Interventions to improve adherence to oral hygiene instructions in adults.

By Tara Taheri Dental Hygienist and MSc Health Psychology in City University

Gum Disease (periodontitis) is a major public health problem affecting quality of life. More than 45% of UK adults are affected. It is known links to other serious conditions). Gum disease is preventable and treatable if caught early. Oral health is critically dependent on behaviour. In order to maintain healthy teeth and gums individuals need to undertake regular effective oral hygiene behaviours. Including tooth brushing with a fluoride toothpaste, interdental cleaning, regular dental attendance and reducing sugar intake. In particular tooth brushing and interdental cleaning are key to avoiding periodontal disease.

There is tentative evidence that psychological approaches to behaviour management can improve oral hygiene related behaviours. Psychologists have identified oral hygiene behaviour as an interesting target for behaviour change given its near universality and the central role of behaviour in maintaining oral health. There are several possible targets for interventions, distinguishing between situations where individuals lack the motivation to change their oral hygiene behaviour (lack of motivation) and those who are motivational but require support in planning and maintaining behaviour change (lack of volition).

Improvement in a patient’s oral hygiene is often accomplished through the cooperative interaction between the patient and the dental professional. The topic that I chose for my thesis was ‘Psychological interventions to improve adherence to oral hygiene instructions in adults’.

The aim of this study to evaluate an individually tailored Oral Health Psychological Programme (ITOHP) on periodontal health compared with a Standard Oral Health Educational Programme (SOHP).

Methods

This study was conducted in two private dental practices in central London. Twenty five participants aged 18-65 years were randomly selected and allocated to an ITOHP (Experimental Group). A further twenty five participants (aged 18-65 years) were randomly selected and allocated to a SOHP (Control Group).

The Experimental group received an additional 15 minutes ITOHP based on Cognitive behavioural principles and the individual tailoring for each participant is based on participant’s thoughts, beliefs, capacity, barriers, goals with subsequent guidance towards appropriate and effective oral hygiene habits.

The Health Belief Models (HBM) and Motivational interviewing (MI) was used for the Experimental Group which were suitable for addressing problem behaviours that evoke health concerns – in this case high risk of gingivitis and periodontal disease.

Results

An ITOHP approach significantly changes the patient’s behaviour to adherence and compliance in maintaining good oral hygiene, resulting in reduced plaque score and gingival bleeding for patients in the experimental group.

Conclusion

This study showed evidence that psychological approaches to behaviour management can improve oral hygiene related behaviours. The limitation of the study was the short duration of the trial: the effect of the behavioural change was only assessed during a period of 3-4 months. Ideally, a period of 12 months is required to further investigate the effectiveness of an ITOHP approach in improving long term oral hygiene behaviours.

Participants needed!

Have you been invited to cardiac rehabilitation in the past 6 months? Did you decide it wasn’t for you? Then we would like to talk to you...

Researchers at the University of West of England are seeking volunteers who have declined cardiac rehabilitation to share their experiences.

What are the benefits of being involved?

Approx. 50% of people decide not to attend cardiac rehab but little is known about what happens to them. The findings of this study will help us to understand how to improve current services and develop new ways of supporting people following a cardiac event.

What is involved in taking part?

A researcher will talk to you about your experiences of recovering from a cardiac event and the journey you have been through since.

You may be eligible if:

- You are over 18 years old
- You have had a cardiac event in the past six months (heart attack, stent or by-pass)
- You may be eligible if: Have you been invited to cardiac rehabilitation but declined to attend cardiac rehab but little is known about what happens to them. The findings of this study will help us to understand how to improve current services and develop new ways of supporting people following a cardiac event.

For more information please contact:

Michelle Constable Tel.01438845922 Email: michelle.constable@hertfordshire.gov.uk

UWE Bristol
National Institute for Health Research

Hertfordshire Community NHS Trust
**THE NEXT HPPHN EVENT**

**Topic:** Improving Dietary Quality in Public Health

**Date**
Thursday, 8th June 2017

**Time**
9.30am - 4pm

**Location**
Room A161, Lindop Building, College Lane Campus, University of Hertfordshire, Hatfield AL10 9AB.

**Poster Competition**

Abstract submission is now open for posters to be presented at an extended networking lunch on the day – prizes will be provided for the top three posters. Help us build the conference by submitting a poster summarising on-going or completed work relevant to the combination of Health Psychology and Public Health. Posters are particularly welcome that focus on topics consistent with the conference theme such as improving dietary quality, food security, or nutrition. This could include intervention design or evaluation, current service provision, research relevant to public health, or exploring methodological approaches. The deadline for poster submission is 8th May 2017. All presenters are required to register as a delegate by 30th May 2017.

Your abstract submission should contain a title, all author names and affiliations, and a structured abstract of no more than 250 words. For completed research the structure should be – Background, Method, Results, Discussion. For ongoing research it should be – Purpose, Background, Method, Discussion. Posters on the day should be size A1 or A0. Please email abstract submissions to events@hpphn.org.uk

**Speakers**

Information to follow soon

**Additional information**

Refreshments and lunch will be provided.

Please note that this event will be filmed and photos may be taken. By taking part in this event you grant the organisers full rights to use the images from any photos and video recordings to be used for publicity. This includes (but not limited to) printed and online publicity, newsletters and video recordings on this website. If you do not wish to be photographed please inform us at the registration desk for this event on arrival.
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