

# WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 73: 4 April 2025

**In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students in the second half of March and into early April.**

## FROM OUR DIRECTOR

Dear Colleagues

This sunny Spring weather is bringing so many early flowering plants into bloom. Do look out for the fabulous magnolias in Charterhouse Square.

In this edition of our newsletter, we are delighted you will meet Dr Afia Ali, Clinical Reader in Intellectual Disability Psychiatry (CPMH) and our Institute's co-director of Graduate Studies with Jamie Ross (CPC). Read on, and you will see recognition of the work of Jo Waller, who received the UKSBM Distinguished Scientist Award at their recent annual scientific meeting, and Rohini Mathur, selected by Women in Data's 'Twenty in Data & Technology' list for showing real-life impact with her work. Congratulations to you both! There is plenty more to read about a wide range of our work, which is having an impact on policy and engaging with the public.

I have one major bit of news to share: From 1 May Chris Griffiths will take up a substantive post as Professor of Primary Care at the Nuffield Department of Primary Care at Oxford. We wish him every success and thank him for all his leadership and academic activities over the years, particularly of the NIHR School for Primary Care Research.



Below is a photo of Chris and his team recently at the House of Commons launching the new Centre for Applied Respiratory Research Innovation and Impact (CARRii) with colleagues from Oxford and Edinburgh. Congratulations!

We are delighted that Chris has chosen to carry on some of his work with us here at QMUL, and he will continue to lead and collaborate on these projects with colleagues in our Centre for Primary Care.

With best wishes

Fiona



## MEET WIPH

### MEET - AFIA ALI (Clinical Reader in Intellectual Disability Psychiatry - CPMH)

#### How would you describe your roles and responsibilities?

I am an academic clinician. I work as a consultant psychiatrist in Bedford for a community learning disability team, which is part of the East London NHS Foundation Trust. In my WIPH role, I am Chief Investigator for the ICONIC study, which is an NIHR funded programme grant that aims to adapt and evaluate DIALOG+ (a solution focused approach to improving quality of life) in people with learning (intellectual) disability. I supervise a team of researchers at QMUL and collaborate with colleagues from the NHS, voluntary organisations, and other higher institutions across the UK. At WIPH, I am Co-director of Graduate Studies, where I am responsible for overseeing all things related to PhD students.

#### What has been your greatest professional achievement?

Getting my first major grant has been the pinnacle of my career so far. It has opened the door to other opportunities for collaborations, and I hope it will be a stepping stone to a future promotion.

#### What aspects of your role do you enjoy the most?

Working with people with learning disabilities and their families is a great joy and pleasure, and is immensely rewarding. As a clinician, I often advocate for my patients to ensure that they receive equitable care from NHS services; as a researcher, I have enjoyed and learnt a lot from working with service users and carers in patient and public engagement work, which has helped to shape my research projects.

#### What would be your second choice as a profession?

I would do something that involves being creative, such as working as an interior designer or writing novels in the genre of historical fiction or comedy.

### What do you enjoy doing outside work?

I have two sons who are both fanatical about playing and watching football, so we spend quality time watching matches as a family, and enjoy playing sports like tennis and badminton together. My husband and I have just purchased a new house, and are about to embark on a major renovation project, which will keep us occupied for the next year - and I will get to practise my interior design skills.

### Something most people don't know about you?

People usually think that I look younger than my actual age and it can be embarrassing sometimes - I have been mistaken as a work experience pupil, and my husband's colleagues thought that I was his daughter (to be fair, this happened during a zoom call so I will put this down to poor camera resolution). I guess I should appreciate looking youthful while it lasts!



## GENERAL INSTITUTE NEWS

### Records need to reflect who treated the patient

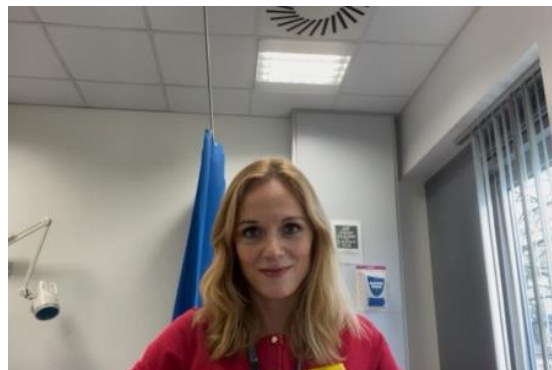
20 March (Victoria Tzortziou Brown. Centre for Primary Care)

In a PULSE opinion piece, Victoria Tzortziou Brown notes that general practice computer systems do not capture the roles of healthcare professionals in patient records, with many practices unable to track who is involved in patient care, and how. The issue also affects hospital records and the NHS app, where patients often cannot ascertain who has contributed to their record. To ensure that patients understand who is involved in their care, and that multidisciplinary teams can communicate seamlessly, clear role identification is essential. She concludes that relying on administrative processes from already overstretched GP teams is not efficient or sustainable, but by automating the process, practices can reduce their administrative burden and

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# PULSE

At the heart of general practice since 1960

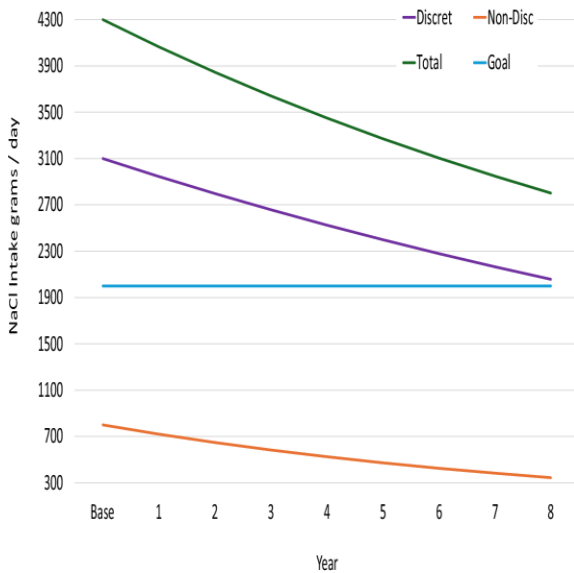


ensure accuracy and consistency in patient records.

**Dr Victoria Tzortziou**  
**Brown: Patient records**  
**need to reflect who treated**  
**them**

## World Hypertension League calls for action on limiting salt intakes

21 March (Feng He, Graham MacGregor. Centre for Public Health and Policy)



Making an urgent call for action on limiting salt intakes, a perspective article highlights factors underlying the growing time-dependent benefits of limiting salt consumption on blood pressure and cardiovascular disease events globally, and encourages policy and public health initiatives in the next decade to limit consumption to <2000mg daily, as recommended by WHO. Authors from the World Hypertension League say the time has come for a rational balance of benefits, risks, and competing interests to coalesce around a multinational initiative to attain and sustain sodium consumption at the WHO recommended target.

## Annual MS Trust Conference

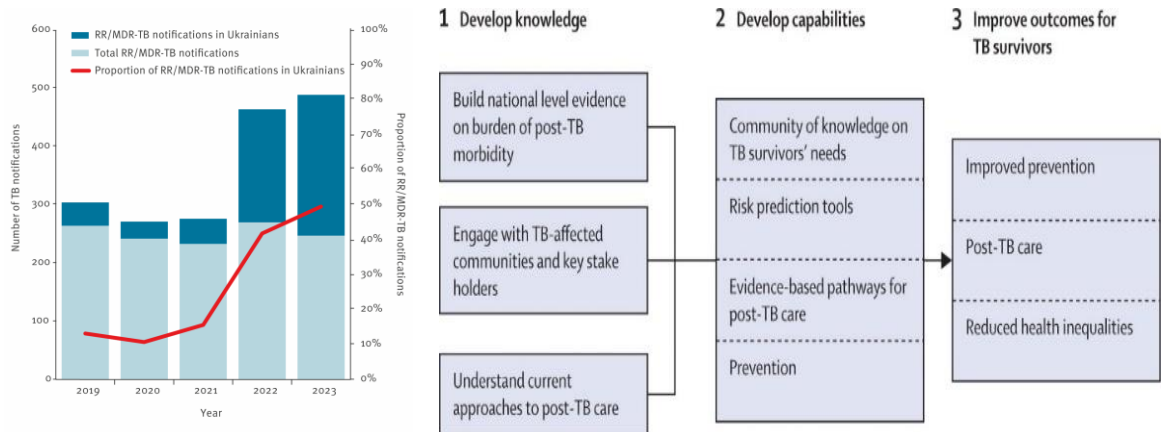
23-25 March (Hannah Scott, Alison Thomson, Emily Tregaskis-Daniels, Thamanna Begum. Centre for Preventive Neurology)

A CPN team manned an exhibition stand and presented their work on Digesting Science and the UK MS Pregnancy Register at the Annual Multiple Sclerosis Trust Conference. Hannah and Alison showcased Digesting Science, a free educational event to teach children with a parent with MS about different aspects of the disease in a fun and interactive way. Hannah also presented a poster on a thematic analysis of the free text open-ended questions from post-event evaluation forms to understand the impact of attending an event for families, and the exhibition stand received considerable interest from professionals interested in running events for families. Sharing the exhibition stand, Emily and Thamanna represented the UK MS Pregnancy Register, promoting recruitment to the register to healthcare professionals. Emily also presented a poster on data from the register.



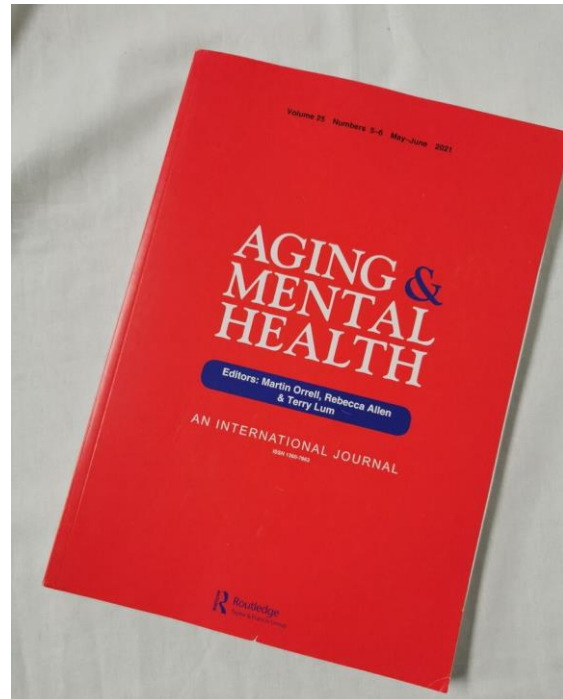
**Recognising WIPH Tuberculosis research on World TB Day**  
 Monday 24 March (Dominik Zenner. Centre for Public Health and Policy)

To mark World TB Day (24 March), QMUL has highlighted the body of WIPH research by Dominik Zenner, contributing to the fight against what the WHO calls the world’s deadliest infectious disease: ‘Dr Dominik Zenner is at the forefront of TB research, publishing studies examining the incidence, treatment, and longer-term impacts of TB infections on different populations around the world.’ Dominik’s recent publications include a study of the geographical and drug resistance trends, of TB in Europe, where almost 1/3 of people with TB were born in or have citizenship from a country outside the EU/ EEA, and an opinion piece in *The Lancet Respiratory Medicine* examining post-TB health and morbidity in high income countries. The news story also noted that WIPH offers the only UK postgrad specialist course in TB.



**Pharmacists’ experiences in providing care to people with dementia**  
 24 March (Abi Woodward, Victoria Vickerstaff, Nathan Davies. Centres for Psychiatry and Mental Health/Evaluation and Methods)

The potential contribution of clinical pharmacists to enhancing person-centred and inclusive care for people with dementia is largely unexplored. An analysis of semi-structured interviews with primary care clinical pharmacists in England identifies 2 main themes: involving patients in decision-making to ensure person-centred care, and the prevalence and impact of health inequalities on patient care. Authors note that pharmacists engaging with patients and carers in decision-making can empower people (particularly those from minoritised or disadvantaged groups) to take an active role in their care, help with medication adherence, and build trust, potentially leading to better quality and more equitable care.



### **Low-dose CT lung cancer screening in a high-risk population (SUMMIT)**

25 March (Sammy Quaipe. Centre for Cancer Screening, Prevention and Early Diagnosis)

To inform policies for implementation of national lung cancer screening programmes, a longitudinal cohort study assesses low-dose CT for lung cancer screening in a high-risk population. Smokers from primary care practices in London were invited to a lung health check, with participants undergoing non-contrast, thin collimation low-dose CT screening. Of 12773 participants, 2% were diagnosed with lung cancer: 163 with screen-detected lung cancer and 98 with delayed (after a 3 or 6 month nodule follow-up CT) screen-detected lung cancer. A further 2.2% of participants were diagnosed with any intrathoracic malignancy after a positive baseline screen. Of 261 individuals with prevalent screen-detected lung cancer, 79.3% were diagnosed at stage I or II, with surgical resection the primary treatment. One death occurred within 90 days of surgery. Among participants 57.6% were male and 83.5% were White. Specificity was 95.2% and false-positive rate was 4.8%. The study concludes that large-scale lung cancer screening is effective and can be delivered efficiently to an ethnically and socioeconomically diverse population.



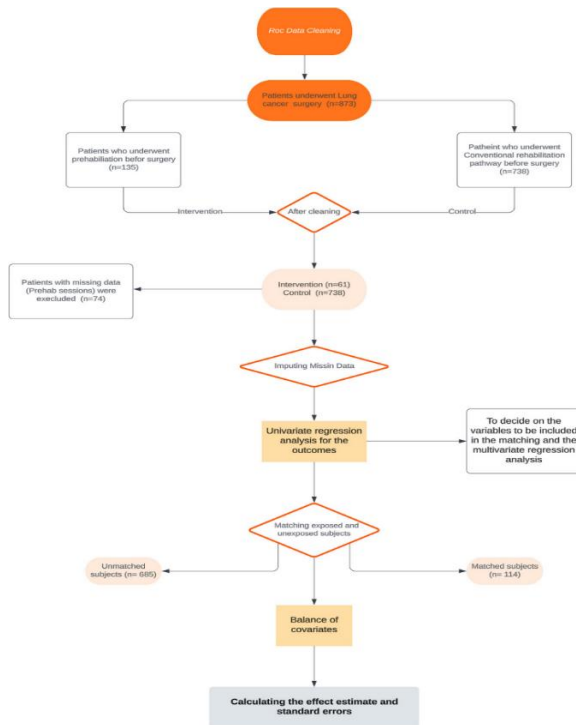
**THE SUMMIT STUDY**

**THE LANCET**  
Oncology

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### **Effect of pulmonary rehabilitation on lung cancer surgery outcomes**

25 March (Rajnikant Mehta. Centre for Evaluation and Methods)



To determine the effect of pulmonary rehabilitation (PR) programmes on lung cancer surgery outcomes, researchers compared surgical and patient reported results from 57 patients receiving PR, both pre- and post-surgery, and a matched control group of 57 patients on standard treatment. **Results** show a reduction in length of stay of 0.2-1.8 days, and a reduction of 60% in postoperative pulmonary complications rate in the PR v the usual care group. An improvement in quality of life (especially in physical functioning) was observed at 6 weeks and 6 months after surgery in the PR group compared with usual care patients. Authors say PR seems to yield improved results post-lung cancer surgery, but note that access to PR may be a significant challenge.

## UK Society for Behavioural Medicine Annual Scientific Meeting

25-26 March (Jo Waller, Lucy Mitchinson, Ruth Evans, Emma Lidington. Centre for Cancer Screening, Prevention and Early Diagnosis)

A team from CCSPED delivered presentations and displayed posters at the 20<sup>th</sup> Annual Scientific Meeting of the UKSBM in Bristol. Congratulations to Jo Waller, who was awarded the UKSBM Distinguished Scientist Award. Jo presented on the role of cancer expectations throughout the diagnostic pathway among people with a cancer signal detected in the NHS-Galleri Trial, and Lucy Mitchinson spoke on the challenges to engaging with lung cancer care in urban and rural settings. Ruth Evans chaired a session on 'Behavioural medicine in Secondary Care' and co-chaired the UKSBM Cancer SIG sponsored symposium 'Breaking barriers, building bridges: understanding ethnic minority and geographic inequities in the cancer care pathway'. Emma Lidington presented a poster on public views on collecting data to monitor inclusivity in research in the DISTINCT study.



## Centering Black voices in health equity

26 March (Sara Papparini, Vanessa Apea, Vimbai Mandaza, Megan Clinch, Rosalie Hayes, Rebecca Mbewe, Rachel Stredwick. Centre for Public Health and Policy)

The *Centering Black voices in health equity* report, launched on 26 March at the Black Health Inequalities summit, forms part of a project led by Sara Papparini in the SHARE collaborative. The report from the Partnership for Black People's Health project highlights the role of community engagement in improving health outcomes for Black communities and tackling health inequalities in marginalised groups in the UK. Over the last 2yrs the team have worked to build partnerships among healthcare professionals, academics, and community groups to address these issues. The project is funded by the NIHR Programme Development Grants - Developing Innovative, Inclusive and Diverse Public Partnerships stream.

## The Partnership for Black People's Health: Centering Black voices in health equity.

March 2025



### The importance of Lived Experience: Value of PPI in Health Research

26 March (Heather Mah, Ruth Dobson, Alison Thomson. Centre for Preventive Neurology)



A review examining how involving patients and the public benefits both them and researchers shows how their input can shape research. Analysis of 107 studies (most from the UK in the last decade) identified 3 main benefits of involving patients and the public: their unique experiences add value, the importance of building relationships, and the way institutions do research matters. Authors say their results emphasise the importance of building good relationships between researchers and those with lived experiences, but also shows how institutional pressures can make this difficult.

### Public engagement event at Barts Pathology Museum

26 March (Natalia Concha, Marta Wilk, Meredith Hawking, Carol Dezateux, Anna Billington. Centre for Primary Care)

At a public engagement event at Barts Pathology Museum, CEG researchers Natalia Concha and Marta Wilk presented their research on school food and the effect of

household overcrowding on mental health. The event organised by Steve Moore (Museum Learning Resources and Facilities Manager) featured interactive talks using Mentimeter, which encouraged public participation. The presenters were joined after the talks by CEG colleagues who were able to speak informally with attendees about their findings and sharing thoughts on how academic research can have an impact on real-world issues affecting people's daily lives.



### **WIPH professors attend investiture at Buckingham Palace**

27 March (Jack Cuzick, Peter Sasieni. Centre for Cancer Screening, Prevention and Early Diagnosis)

Congratulations to Professors Sir Jack Cuzick and Peter Sasieni, on their investiture at Buckingham Palace. The presentations were made by the Princess Royal on behalf of HM King Charles III. Jack received a Knighthood for services to cancer prevention, and Peter was awarded a CBE for services to cancer early detection and prevention in the 2025 New Year Honours list.



### **World Theatre Day: People with psychosis take the stage**

27 March (Victoria Bird. Centre for Psychiatry and Mental Health)

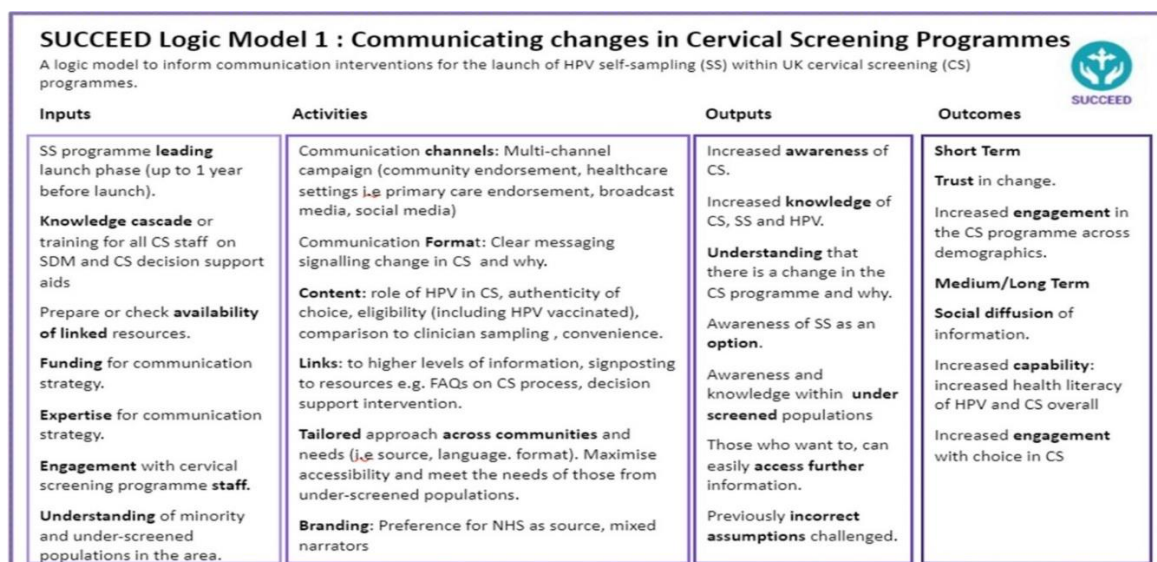
To mark World Theatre Day, we highlight work being led by the Unit for Social and Community Psychiatry on the NIHR-funded PIECEs (Improving Community-based Care of People Living with Psychosis in India and Pakistan) project, in which people with lived experience of psychosis in Chennai and Karachi are using theatre to challenge stigma, educate communities, and reclaim their narratives: 'I once believed my life had ended after my illness. Theatre helped me break that belief and gave me a voice' said one participant. PI at PIECEs, Victoria Bird, said: 'What began as a method for community engagement in the research programme has grown to have a life of its own, giving people meaning and purpose, a sense of belonging and crucially, it has provided a bridge to inclusion in the wider community'.



## Comms strategy to support informed decisions on choice in cervical screening

27 March (Jo Waller. Centre for Cancer Screening, Prevention and Early Diagnosis)

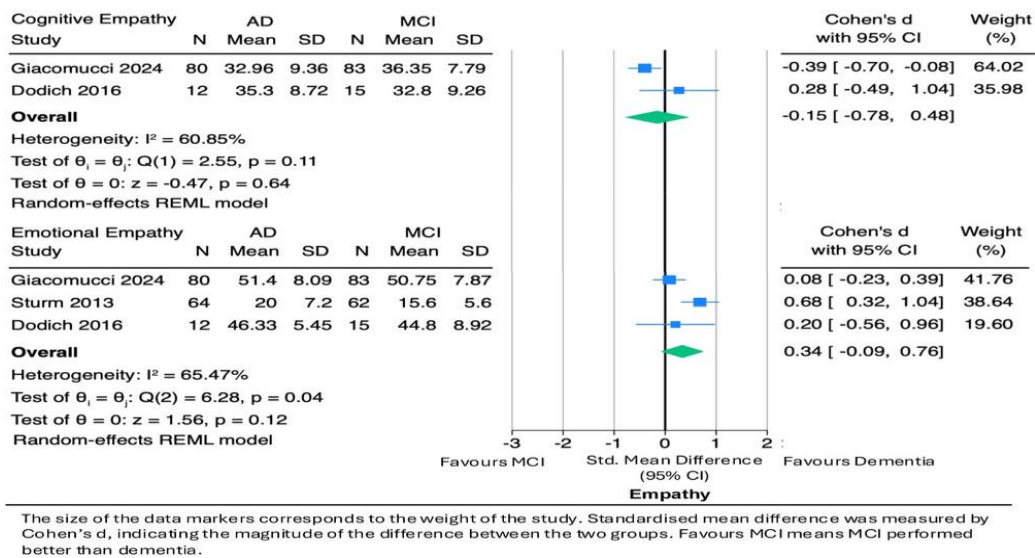
The UK cervical screening-eligible population could soon have a choice between clinician taken- or self-sampling. From interviews with diverse screening eligible individuals and stakeholders, researchers explored communication preferences and decision-support needs when presented with cervical screening mode choices, with a goal to develop recommendations for a communication strategy. From four main themes identified (misunderstanding of clinician screening, attitudes towards choice, communication launch preferences, and decision-support needs), logic models to inform a communication strategy for a potential launch were developed. Authors say their study sets out the pathway for the creation of a communication campaign for supporting preference-based cervical screening decisions.



## Social cognition in mild cognitive impairment and dementia

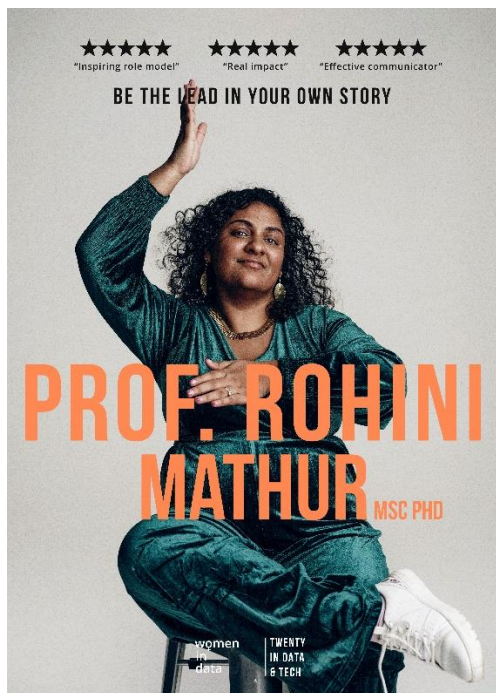
27 March (Hannah Chapman. Centre for Psychiatry and Mental Health)

In the first systematic review and meta-analysis comparing social cognition between mild cognitive impairment (MCI) and dementia subtypes, researchers analyse results from 28 studies with 2409 participants, and find that people with MCI outperform those with Alzheimer's disease (AD) and frontotemporal dementia (FTD) in emotion recognition and theory of mind. Results suggest that as empathy appears intact in AD dementia, this cognitive domain is preserved throughout disease progression. Authors say that evaluation of social cognition may hold diagnostic value and so should be built into dementia assessment.



## Women in Data 'Twenty in Data & Technology' list

27 March (Rohini Mathur. Centre for Primary Care)



An annual initiative by Women in Data to celebrate inspirational, trailblazing and dedicated women has selected Rohini Mathur in their 'Twenty in Data and Technology' list. Rohini is recognised for her work studying globally diverse health datasets to understand ethnic inequalities, and building a global network to address the gap left by historic under-representation of ethnically diverse populations in health research. She also co-leads a Quality Improvement programme in Thailand aiming to prevent thousands of early deaths from diabetes and chronic kidney disease, and leads vital research to improve equitable care for pregnant women and their children. Judges said Rohini 'shows real-life impact in Data4Good by simplifying the explanation of complex data problems with the aim to improve the lives of

people impacted by environmental factors that contribute to health inequalities’.

### **RCPsych Faculty of Old Age Psychiatry Annual Conference**

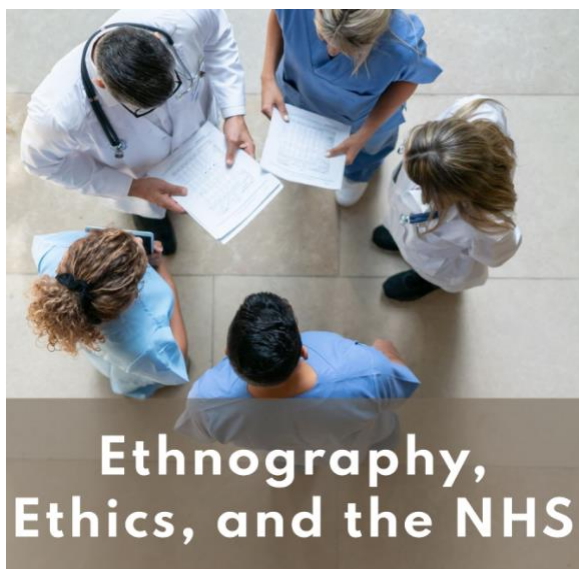
27-28 March (Claudia Cooper, Ollie Kelsey. Centre for Psychiatry and Mental Health)

Results from the national survey of dementia diagnosis and care in English memory services were shared by Claudia Cooper and Ollie Kelsey at the Royal College of Psychiatrists Faculty of Old Age Psychiatry Annual Conference in Liverpool. Claudia and Ollie (NIHR Policy Research Unit in Dementia and Neurodegeneration, DeNPRU-QM) delivered presentations in a session on secondary and tertiary prevention in memory clinics, chaired by Jeremy Isaacs (National Clinical Director for Dementia and Older People’s Mental Health at NHS England). The theme of this year’s conference was ‘Future challenges for old age psychiatry’.



### **Ethics and ethnographic research in NHS settings**

27-28 March (Stephen Hibbs, Deborah Swinglehurst, Georgia Black. Centres for Primary Care/Cancer Screening, Prevention and Early Diagnosis)



At a national symposium on ‘Ethics and ethnographic research in NHS settings: Better ethics - Better research’ at Green Templeton, Oxford, Stephen Hibbs spoke on navigating research processes as a novice clinician ethnographer, describing challenges in explaining ethnography to potential funders and ethics committees. The following day, a smaller group from several universities (including Deborah Swinglehurst, Georgia Black and Stephen Hibbs, representing QMUL) discussed and developed actions to take forward to improve research processes for future ethnography.

## Congrès de la Médecine Générale France

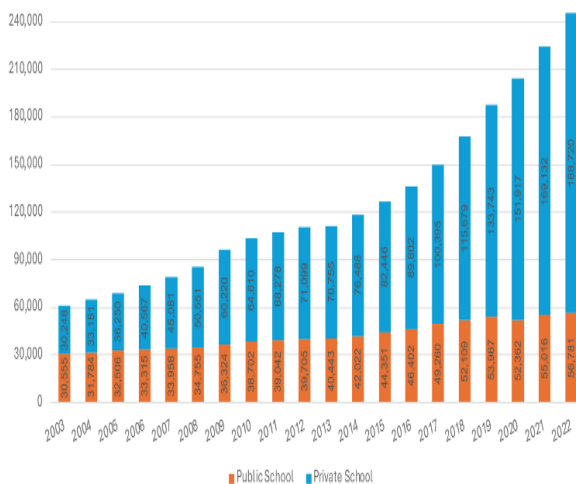
27-29 March (Victoria Tzortziou Brown, John Ford. Centre for Primary Care)

At the 18th Congrès de la Médecine Générale France (CMFG) in Paris, Victoria Tzortziou Brown and John Ford delivered a workshop on the workforce challenges in UK general practice. They discussed GP retention, workforce data, the variations in different areas, and the associations with levels of deprivation, and also presented possible solutions, and discussed the need for a clear vision that recognises the role of general practice.



## Brazil's education experiment to expand its medical workforce

28 March (Giuliano Russo. Centre for Public Health and Policy)

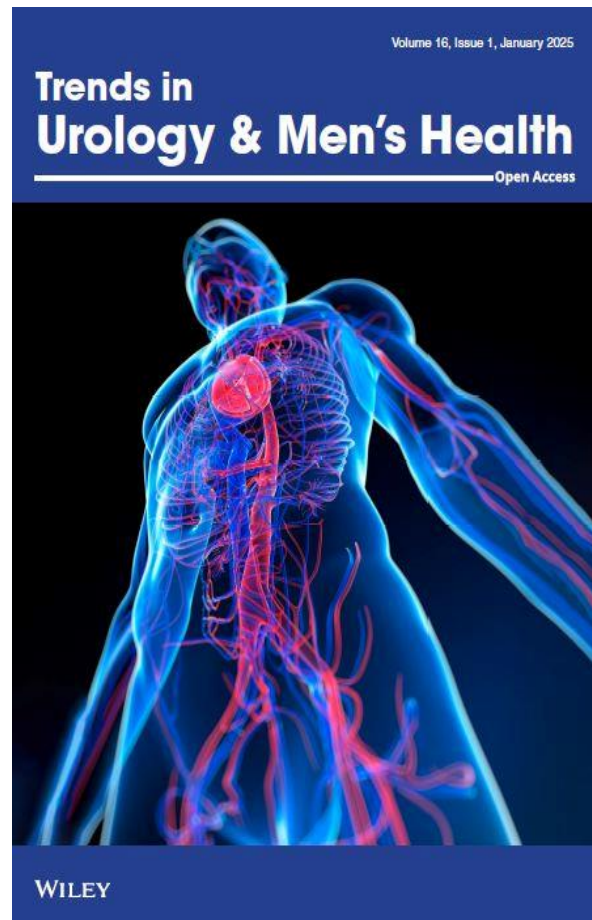


The 2013 Mais Médicos (More Doctors) Legislation (MML) to address the doctor shortage in Brazil aimed to liberalise the medical education market, boost deployment to rural areas, and bring in quotas in public universities to improve physician diversity. Results showed a large increase in the medical workforce. The growth has benefited poorer, remote states, but the bulk of new doctors and students are still located in Brazil's richer regions. The diversity of medical students increased significantly, with more female (61.4 v 55.5% in 2013), and mixed-race enrolments (25.5 v 19.4%), but medical students are still predominantly white (68.7 v 71.6%), and from fee-paying secondary schools (68.1 v 75.8%). Authors say the policy has delivered a substantial overhaul of the medical workforce, but their analysis shows it does little to address inequalities, and casts doubt on the quality of the training offered.

## Barriers to early detection of prostate cancer for black men in the UK

28 March (Sara Papanini. Centre for Public Health and Policy)

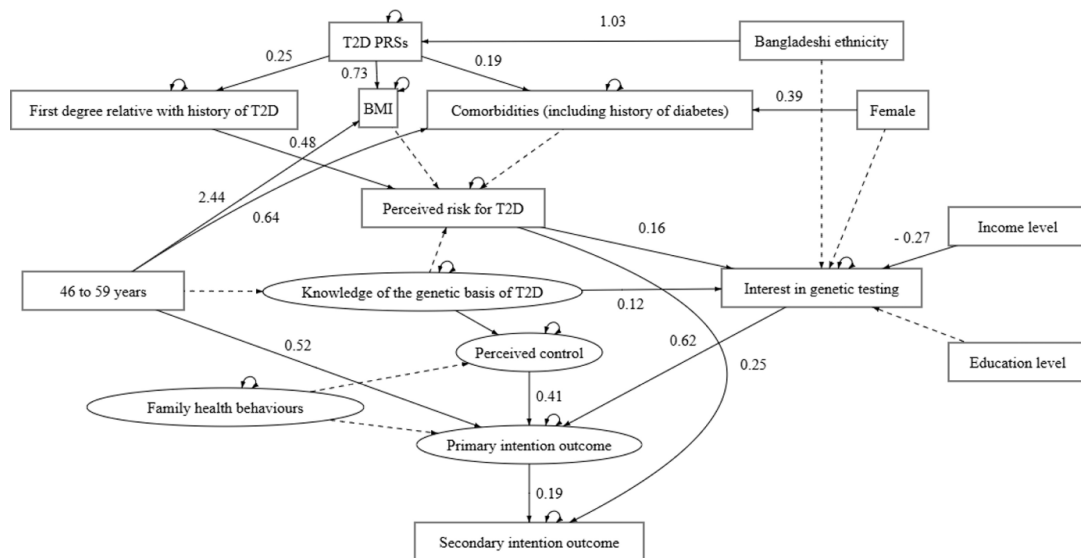
Black men face higher incidence and mortality rates of prostate cancer (PC) than White men, with genetic and societal factors contributing to these disparities, but the exact causes remain unclear. A perspective article reports that current screening guidelines do not address ethnic differences in outcomes. Barriers to early detection for Black men include medical mistrust, cultural stigmas, and lack of awareness. Coordinated and strategic efforts will be needed to address these barriers, focusing on generating high-quality evidence for early detection, rebuilding trust and expanding access to diagnostic services. Authors say that whilst some progress has been made in eliminating barriers to early PC detection among Black men, more work is urgently needed; they call for a coordinated strategic effort through collaboration between NHS, Universities, research funders, charities, community groups, social enterprises and other organisations.



### **Perceived risk of type 2 diabetes in British South Asians**

31 March (Jing Hui Law, Daniel Stow, Sam Hodgson, Sarah Finer. Centre for Primary Care)

Exploring genetic risk perceptions surrounding type 2 diabetes (T2D) among British Bangladeshi and British Pakistani volunteers from the Genes & Health study, researchers combined questionnaire data and genomic and clinical information to identify the characteristics of individuals who are likely to act on genetic risk information, and then integrated responses with participants' genomic and clinical data to construct a model characterising the mediating relationships in informing participant intentions. Results from 626 questionnaire respondents showed that older age, greater perceived control over health, and interest in genetic testing were predictive of adopting preventive health behaviours in response to genetic risk information about T2D. Authors say the findings should raise awareness about potential challenges to equitable delivery and management of genetic risk tools, and strengthen calls for wider family- and system-level approaches that can help to address potential health inequalities.



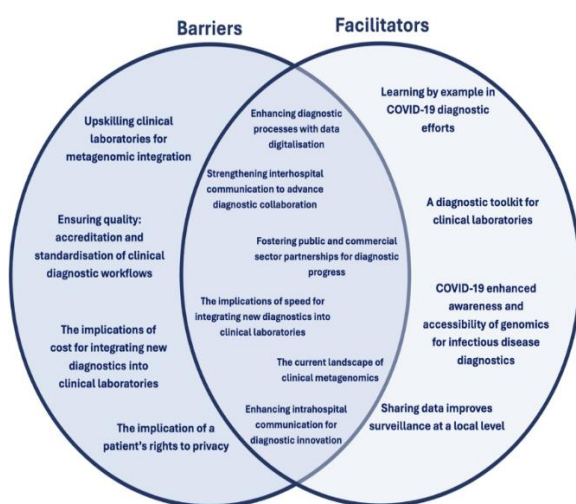
## Metagenome sequencing as a diagnostic tool for infectious disease

31 March (Lola Oyeboade. Centre for Public Health and Policy)



## BMC Infectious Diseases

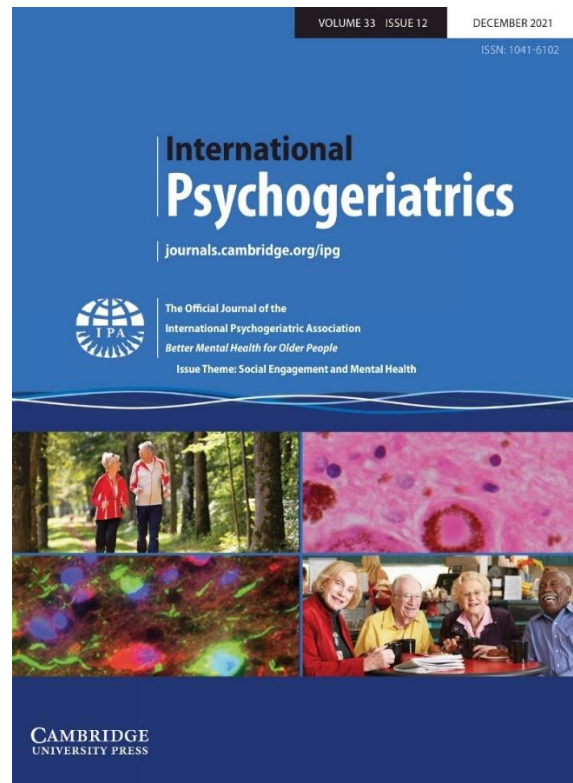
Decision-making on the treatment and management of disease and infections in England relies on culture-dependent techniques. An interview study explores stakeholder experiences of implementing metagenome sequencing as a diagnostic tool and decisions about which diagnostics are used to identify bacteria-causing infections. Responses suggested 5 themes: Availability of diagnostics for infectious diseases; Clinical laboratory infrastructure; Ethical Data Sharing: Enhancing metagenomics through Open Access; Case study in action: COVID-19; and Communication to improve developments of new diagnostics. Participants recognised the need for new diagnostics to overcome the limitations of current approaches but highlighted barriers to integrating new diagnostics (impact on clinical decision-making, accreditation, cost) into clinical settings. Authors conclude that knowledge of new genomic diagnostic testing is not equally distributed throughout the UK, affecting the drive to integrate metagenome sequencing into routine clinical diagnostics.



## Psychosocial interventions for families living with end of life dementia

31 March (Nathan Davies, Victoria Vickerstaff, Charlotte Kenten, Elizabeth Sampson. Centres for Psychiatry and Mental Health/Evaluation and Methods)

A systematic review to establish a framework of evidence-based psychosocial interventions in dementia palliative care finds significant progress in the development and evaluation of interventions targeting behavioural and psychological symptoms of dementia, with identified domains of good palliative dementia care. Interventions included Aromatherapy, Occupational therapy, Digital interventions, Music therapy, Hearing rehabilitation, Life stories, Sensory and multi-sensory simulation, Tailored activity, Doll therapy, Garden use, and Reminiscence therapy. The authors note that a critical gap persists in addressing other essential aspects of quality of life and dementia care, with a notable gap in addressing many crucial aspects of palliative dementia care, such as care co-ordination, transitions, and carer support.



### New Thinking In Between Podcast

2 April

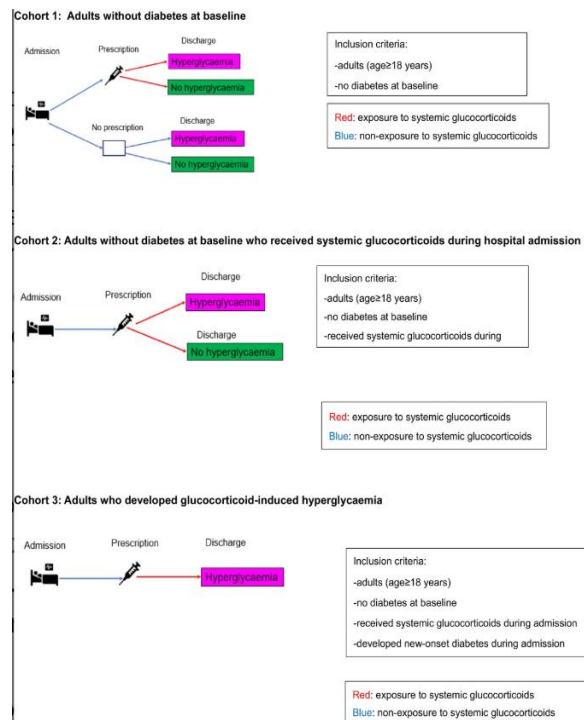


The latest episode in the Thinking In Between podcast series features a live WIPH seminar from the WIPH seminar series, delivered by Professor Kari Lancaster (U. Bath) discussing her career journey from performance studies to policy studies, and then into science and technology studies. Kari is recognised for contributing empirical social science research, specifically in drugs and addiction, and infectious diseases, including hepatitis C, HIV, and Covid-19.

### Glucocorticoid-induced hyperglycaemia in hospitalised adults

2 April (Rohini Mathur. Centre for Primary care)

A cohort study using e-health records of 451,606 adults admitted (2013-23) to the Oxford University Hospitals compares the risk of new-onset hyperglycaemia between those treated v non-treated with systemic glucocorticoids (SGs), and identifies factors associated with glucocorticoid-induced hyperglycaemia (GIH). Results show that 1.8% of patients exposed to SGs developed new-onset hyperglycaemia v 0.8% of those not exposed. Authors conclude that SGs treatment during hospitalisation more than doubles the risk of new-onset hyperglycaemia, and that older age, increased weight, cumulative glucocorticoid dose, non-White ethnicity and autoimmune/ inflammatory conditions were independently associated with a higher risk of GIH.



## FORTHCOMING EVENTS

### Impact of embedding arts interventions in mainstream clinical care

Online webinar, 17 April 3-4pm

CPMH Senior Lecturer in Mental Health Alexandra Burton will speak at an online webinar hosted by Arts Culture Health & Wellbeing Scotland on April 17. The online discussion will include guests from the SHAPER study (Scaling-up Health Arts Programmes: Implementation and Effectiveness Research), who will share findings from their research exploring the implementation and effectiveness of a singing intervention for postnatal depression intervention (Melodies for Mums). For more details and to book click [here](#).



Thursday, April 17

### Results from the SHAPER Study

What is the impact of embedding arts interventions in mainstream clinical care?

### Participatory Cartography as a Method for Social Justice and Public Health

28 April, 2-5pm

Organised by the Unit for Social and Community Psychiatry and People's Palace Projects, this in-person event will bring together leading researchers, including Victoria Bird, Jonathan Filippou, Doreen Montag, and Tessa Roberts, to explore participatory cartography as a tool for research, social justice, public health, and community empowerment. Two panels will be held: (i) Participatory Cartography for Social and Health Welfare: Mapping for Public Policies and Health and (ii) Beyond Borders: Participatory Mapping as a Tool for Community Empowerment and Social Change. The event will take place at the QM BLOC Studios, Arts One Building, Mile End, and will be followed by a networking session with drinks and nibbles. [Book here](#)



**Many thanks to all who so enthusiastically contribute. Please send any news items for the next newsletter to [j.a.mackie@qmul.ac.uk](mailto:j.a.mackie@qmul.ac.uk)**