

# Report September 2010

## GCPH Seminar Series - evaluation

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# 1 Introduction

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## 1.1 Background

The report documents FMR Research's evaluation of the Glasgow Centre for Population Health (GCPH) Seminar Series.

### **Glasgow Centre for Population Health**

The GCPH was established in 2004 as a resource to generate insights and evidence, to create new solutions and provide leadership for action to improve health and tackle inequality. The Seminar Series is a collaboration between the GCPH and the International Futures Forum.

### **The Seminar Series**

The overarching aim of the Seminar Series is to create space in which participants are exposed to interesting and relevant ideas, and are encouraged to develop their thinking and increase dialogue across disciplines and sectors. Its vision also includes the dimension of developing new ways of working as a consequence.

The Seminar Series fits within the 'New perspectives on health' GCPH work programme. This is focused on understanding better how the context in which wellbeing is to be improved is changing, how others are approaching this and how the GCPH and others might factor this understanding more fully into the work undertaken.

The Seminar Series, now in its sixth season, covers a wide range of topics, for example, the design of urban space and wellbeing, theory and policy on health inequalities and beauty, and art and happiness. It consists of a number of public lectures, associated with small, invited seminars ('morning after discussions') designed to explore the ideas raised in the lectures in the context of health improvement.

## 1.2 Objectives for the evaluation

The focus of this evaluation is to better understand the outcomes of the Series so far and gain insight into the needs of its target audience to ensure consistent relevance and efficacy of future seminars.

The main lines of enquiry for the evaluation included the following.

- Overall perspective of the Series in general, what are its strengths and weaknesses?
- What do participants feel they gain by attending?
- Are the outputs being utilised and disseminated effectively, i.e. podcasts and transcripts available to be downloaded from the website?
- Are the 'morning after discussions' seen as being relevant and effective to take thinking on to action and are the appropriate people invited to them?
- Are the themes covered relevant, appropriate and timely to the current landscape of health and wellbeing thinking? Are there any missing themes?
- Impact and influence – are the seminars impacting on activity and are they having an impact on people's way of thinking? Is that thinking being put into action?

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## 2 Method

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The research method involved the following stages.

### 2.1 Commissioning and scoping

The commissioning meeting at the start of the project discussed the possible lines of enquiry and how these could be supported by different research approaches. A programme of three focus groups was agreed and online questionnaires selected to provide a broader platform of insight prior to the focus group programme.

The scope of the research was extended to encompass not only focus groups and questionnaires but an analysis of the secondary data (registration and attendee databases) held about the Seminar Series.

### 2.2 Database analysis

We undertook analyses of the registration and attendee data held by the GCPH about the seminars. Data up to and including the most recent Seminar Series (series 6) was incorporated in the study.

The quality of the data provided was stronger for the most recent series than the earlier ones – some of the earlier datasets were not available for analysis. We incorporated new contacts into the database, resulting in a database of just over 2,000 contacts.

### 2.3 Online survey

The online survey was facilitated through FMR's 'opinion-online.com' capability. All Seminar Series contacts and people for whom the GCPH had email contact details were given the option to opt out of the online survey. Those who didn't opt out were then invited to complete an online questionnaire, the one-click entry to the online survey being embedded within the invitation email.

The conversion rate of people approached to those completing the online survey was of the order of 12%, with 160 people completing the online survey.

### 2.4 Focus groups

Three focus groups were facilitated by FMR, the first of these scheduled for after the completion of the online survey.

The topic guides for the focus groups were agreed between FMR and the GCPH, and the lines of enquiry for each of the groups followed key themes which emerged from the previous phase of the research. The focus group research included the use of three specific techniques to help develop our insight into the series. These were:

- word association;
- perceptual mapping; and
- the Kirkpatrick 4-level evaluation model.

The focus groups were all held on the GCPH premises, and recruited by FMR. The discussions were recorded in mp3 form to facilitate transcription prior to analysis.

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## **2.5 Online media analysis**

Following the completion of the online survey, we undertook an analysis of the use of the online media (podcasts and transcripts).

There are two main forms of online media relevant to the GCPH Seminar Series; transcripts and podcasts. No data are available for downloads of transcripts (rectifying this becomes a recommendation for the Seminar Series) so analysis is confined to the podcast data.

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## 3 Key findings

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This section presents the key findings from the research. These are presented in four parts:

- database analysis;
- online survey;
- focus group findings; and
- podcast analysis.

### 3.1 Database analysis

The key points to emerge from the database analysis were as follows.

#### Mean registrations and attendees per series

The table below shows the mean registrations and mean attendance for the series, based on information available to FMR from the GCPH records.

**Table 1 Mean registration and attendance data**

Series	Mean registrations	Mean attendance	
1 (2004/5)	73	no data	Registration data for 2 seminars only
2 (2005/6)	162	123	Data available for about half the series
3 (2006/7)	88	53	Data available for 4 out of 7
4 (2007/8)	157	75	Attendance data missing for 3 out of 5
5 (2008/9)	120	82	Full dataset available
6 (2009/10)	121	78	Attendance data missing for 1 out of 6

The data suggest that mean attendance has settled around the 80 people per seminar mark, with the conversion from pre-seminar registrations to attendees being around 63%. Over series 5 and 6, attendance at each seminar includes around 7 people (9% of people) who hadn't pre-registered.

Seminar Series 6 was also the first series for which both registration and attendance data were available in electronic form; prior to some this attendance data was provided in the form of a paper attendee list.

#### New database contacts

The dataset also showed that over series 5 and 6, 32 new contacts were added to the GCPH contact database per event, or just under 200 new contacts per series (per year). This represents a new contact proportion of around 10% of database size per annum. This is less than the typical 20% annual attrition on business to business databases but this attrition (through people's change to job titles, contact details, role, etc.) may be being addressed by the GCPH in the normal course of its activities.

#### Top attended seminars

The attendance data for the individual seminars attracting at least 50 people, for which attendance data exist, is shown in Table 2.

**Table 2 Attendance data**

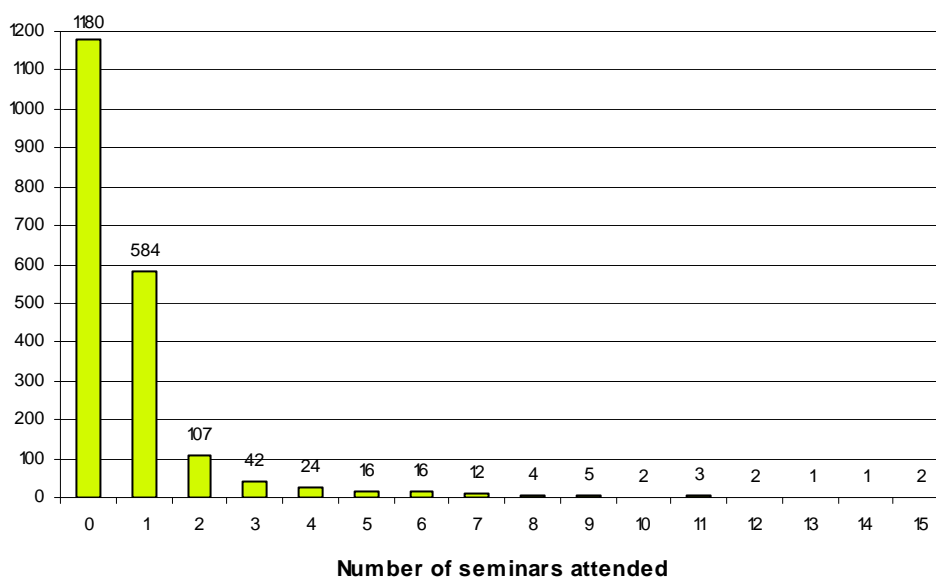
Series	Presenter	Date	Attended
2	Professor Tom Devine	06/12/2005	146
5	Dr Harry Burns	17/04/2009	121
2	Professor Andrew Steptoe	25/10/2005	100
5	Professor Stuart MacDonald	13/01/2009	97
6	Professor Tim Jackson	26/01/2010	93
5	Professor Avner Offer	25/11/2008	86
6	Dr Michael Meaney	15/12/2009	84
4	Professor Bruce Link	11/12/2007	83
3	Professor David Hunter	13/02/2007	78
6	Adam Kahane	18/05/2010	74
6	David Gustave	20/04/2010	71
6	Wayne Elliot	30/03/2010	70
3	Professor Irene McAra-McWilliam	13/12/2006	69
5	Professor Maureen O'Hara	03/12/2008	69
4	Professor James C Scott	10/03/2008	68
3	Aftab Omer	25/04/2007	64
5	Professor Bert Mulder	24/02/2009	60
5	Shakti Maira	27/04/2009	56

The data suggest that prominent Scottish commentators attract large audiences and the data also show a spread of the most popular seminars across the Seminar Series programme, rather than being concentrated in one season's series.

### Seminar attendance

Number of seminars attended by each contact in the GCPH dataset (the total number of contacts is 2,001) is shown below. Only 19 out of 35 seminars staged by the GCPH have attendance data available, therefore some may have attended seminars for which no attendance data are available. Also, the analysis below does not include new contacts for those seminars where no attendance data are available (and hence would not find their way into the full database)

**Figure 1 Number of seminars attended**



While we accept the limitations of the attendance database, the patterns that the partial data show are likely to be faithful to the overall context. The data suggest a broad pool of people



characterised by a low level of overall engagement with the series. The database suggests the majority of people, while registered on the database, had either not attended a seminar or (possibly more likely) had attended one of the 16 seminars for which no attendance data were available. It also suggests a small core group of 11 (which is about 0.5% of the database) attended the majority of the seminars. Of those people recorded as attending seminars, over two thirds (71%) are believed to have attended only one.

Unlike a Pareto distribution, the majority of seminar attendance was undertaken by the majority of the people in the database. What this indicates is that, while attendance at any individual seminar is around the 80 person mark, the Seminar Series as a whole reaches out to a large number of people, with individuals dipping in and out of the programme rather than it having a strong core cohort.

### Profile of top attenders

Following the overall analysis of seminar attendance, the data below show the organisations/roles of those people recorded as attending the majority of the seminars.

**Table 3 Profile of top attenders**

	No. of seminars	Organisation	Job Title
1	15	Glasgow City Council, Social Work Services	Day Service Worker
2	12	Impart Management Coop	Self Employed
3	11	NHS Health Scotland	Principal Public Health Adviser
4	11	Medical Research Council	Research Associate Statistician
5	10	NHS Greater Glasgow and Clyde	SpR Public Health
6	9	Glasgow City Council, Development and Regeneration Services	Senior Economic Development Officer
7	9		Journalist
8	9	NHS Greater Glasgow & Clyde	Consultant Psychotherapist
9	9	NHS Greater Glasgow and Clyde	Senior Health Promotion Officer (Evaluation)
10	8	NHS Lanarkshire	Consultant in Public Health Medicine
11	8	University of Glasgow	MPH Student
12	8	National Resource Centre for Ethnic Minority Health	Communications & Planning Manager

These data don't include 7 GCPH and 1 International Futures Forum personnel logged in the attendance data, who attended 8 or more seminars.

## 3.2 Online survey

This is the analysis of the responses to the online survey, of which 160 were received.

### Seminar attendance

The profile data in Table 4 are not suggested as being fully representative of the full database, but they show the profile of those responding to the online survey and whether they attended any of the seminars.

**Table 4 Profile of online respondents and whether they attended any of the seminars**

	Total		Gender				Age				Organisation							
	No.	%	Male		Female		16-44		45+		Health service (or related)		Government (local/national)		Academic sector		Voluntary/ consultancy/ private sector/ other	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	133	83%	59	86%	74	81%	50	74%	83	90%	58	79%	22	88%	22	81%	31	89%
No	27	17%	10	14%	17	19%	18	26%	9	10%	15	21%	3	12%	5	19%	4	11%
Total	160	100%	69	100%	91	100%	68	100%	92	100%	73	100%	25	100%	27	100%	35	100%

**Memorable seminars**

The online survey asked people if they remembered any seminars in particular from those they attended. The results for this prompted recall question are shown below – for seminars cited by at least 10% of online survey respondents. Please note, this question was asked prior to the completion of Seminar Series 6, meaning Seminar Series 6 events were not able to be included.

**Table 5 Of those you indicated you had attended, are there any you remember in particular?**

	No.	%
Oliver James - 'The link between Selfish Capitalism and Mental Health'	25	22%
Dr Harry Burns - 'From theory to policy - the implications of recent research findings on health inequalities'	25	22%
Professor Avner Offer - 'The Challenge of Affluence'	18	16%
Howard Frumkin - 'Urban vision and public health: designing and building wholesome places'	17	15%
Professor Tom Devine - 'The Transformation of Scotland: 1980 - 2005'	16	14%
Professor Lord Richard Layard - 'Happiness'	13	11%
Professor Bert Mulder - 'Next generation e-health - turning a digital city into a vital society'	12	10%
None in particular	13	11%
Total	116	100%

**Motivation for coming to the Seminar Series**

People were asked about their motivation for attending the Seminar Series.

**Table 6 What has been your motivation for coming to the Seminar Series?**

	No.	%
Useful for my work	115	86%
Personal interest	108	81%
Learning	96	72%
Network/catch up with people	34	26%
Change from working environment	15	11%
Other	9	7%
Total	133	100%

Respondents were able to select more than one category in their answer and the responses suggest a combination of 'usefulness for work', 'personal interest' and 'learning' as the three main motivations.

## Reasons for not attending seminars

People who had not attended all (or any) of the seminars were asked their reasons for not attending. Again, respondents were able to select more than one answer from the options presented.

**Table 7** If you have not been to SOME/ANY of the seminars can you say why?

	No.	%
Not enough time to come	94	68%
The time of the seminars is unsuitable	39	28%
The topics have not been of interest to me	38	28%
Other work/domestic commitments	12	9%
Not enough notice given	9	7%
Only became aware of them recently	9	7%
Don't receive mailings/see adverts	5	4%
Too far to travel	4	3%
Other	4	3%
Total	138	100%

The main reason given for not being able to attend was not enough time to come. This was cited by 68% of respondents. Beyond this, less than half as many people said non-attendance was (also) due to topics not being of interest to them and/or the time of the seminars being unsuitable.

## Other seminar subjects

People were invited to suggest subjects for future seminars. A full record of the suggestions is appended but the following present a flavour of this.

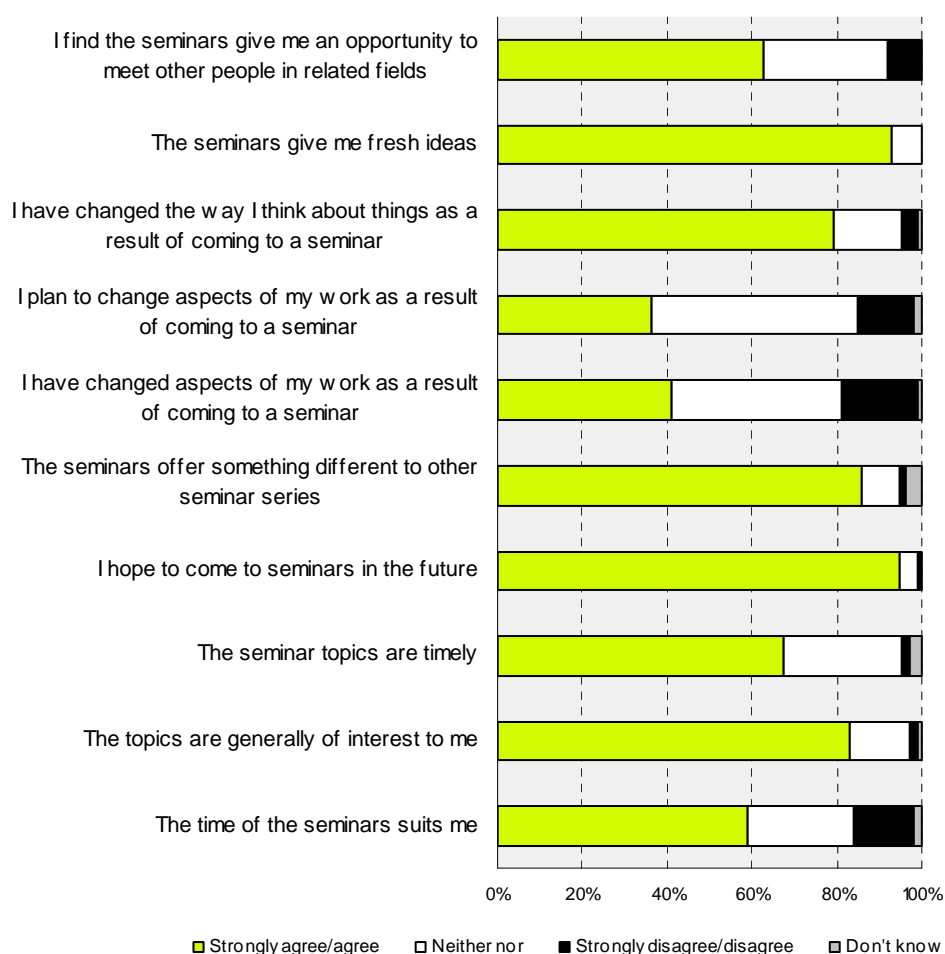
- As Glasgow is due to host the 2014 Commonwealth Games, I'd like to attend a seminar based on sport and recreation and how we can encourage more Glaswegians to become more active in sport through participation, coaching and volunteering.
- I am particularly interested in the ones that link to the built environment - and would also like more facilitated discussion built into the seminars, to allow the wealth and range of knowledge of participants to be shared more effectively (e.g. group discussions rather than just a roving mike Q+A session).
- I am very interested in the whole issue of integrated working between health and social work and how policies and procedures set up to minimise risk in social work contexts have caused the erosion of important principles of human interaction. This whole area is espoused by social pedagogy which I was recently introduced to and that I brought to Carol's attention via a recent email.
- I have a strong interest in public health, climate change and the implications of peak oil and in how these interact.
- More of the practical kind like the session on Positive Deviance.
- More on up to date learning in terms of 'happiness' research. Something about 'the Spirit Level' work by Marmot and Pickett that focuses more on Glasgow / Scotland.
- Practical subjects rather than philosophical approaches. "Urban policy and health" and "update on mortality trends" are subjects that interest me.
- Social Marketing with regards to Physical Activity Price is a barrier myth or reality what happened to Canada's ParticipAction campaign other worldwide Health campaigns.
- Some focus on community development and engagement, cross cultural perspectives, social mobility and grass roots approaches to tackling poverty; public health research methodologies - e.g. collaborative inquiry.

- Something similar to the recent annual seminar which brought 5 speakers together of VERY high quality & whose themes were joined - up! I was very excited because there looked to be some real understanding & the possibility of some answers to intransigent health issues facing Glasgow/Scotland.<sup>1</sup>
- Systems Thinking and Practice, Logotherapy (and other person centred therapies - e.g. Carl Rogers Rational Emotive Behaviour Therapy – ABCDE), Governance and reform of Local Government, Sustainable Development e.g. Schumacher Society, Alastair McIntosh's Soil and Soul.....

### Perspectives on the Seminar Series

Participants were asked to rate the degree to which they either agreed or disagreed with some statements about the Seminar Series. People were given a five-point scale (strongly agree, agree, neither agree or disagree, disagree, strongly disagree) together with a 'don't know' option.

**Figure 2 Please say how much you agree or disagree with the following statements?**



The key sentiments expressed were as follows.

- People hope to come to seminars in the future.
- The Seminar Series offers something different to other provision.
- Seminar topics are generally of interest to people.
- The seminars have changed how people think about things.
- The seminars have given people fresh ideas.

<sup>1</sup> Annual seminar relates to the GCPH Glasgow's Healthier Future Forum event which took place in February 2010

- The seminars provide valued networking opportunities.
- By and large the seminars are timely.
- The timing of the seminars is generally satisfactory (although it suits males more than females).
- The minority of people recognise they either plan to or have changed aspects of their work as a result of the seminars.

### Podcasts based on the Seminar Series

The seminars are now supported by podcasts, which are accessible from the GCPH website. The survey asked some questions relating to the podcast service, and revealed the following.

18% (28 respondents) of those responding in the online survey said they had used a podcast, and about half of these (15 respondents) thought they were 'very useful' with the remainder saying they were 'quite useful'. Nobody rated them negatively.

Those people who had not used a Seminar Series podcast were asked to say why; the results are shown below.

**Table 8 Why have you not used the podcast service?**

	No.	%
I didn't know about this service	69	53%
Not enough time	32	24%
Don't feel the need to do this	25	19%
Lack of technology or ability to use it	9	7%
Blocked at work	4	3%
Feel I can get the information elsewhere	3	2%
Other	2	2%
Total	131	100%

The reason expressed by the majority of people for not using the podcast was that they didn't know about the service.

### Transcripts of the seminars

Also available via the GCPH website are transcripts of the seminars. The online survey asked questions relating to these.

36% (56 respondents) had read at least one transcript from the Seminar Series. Of these, about half (29 respondents) rated them as 'very useful' and the remainder (27 respondents) as 'quite useful'. Nobody rated them negatively.

Those people who had not read at least one transcript were asked why this was the case, the responses are shown below.

**Table 9 Why have you not read the transcripts of the seminars?**

	No.	%
I didn't know about this service	62	60%
Not enough time	30	29%
Don't feel the need to do this	16	16%
Feel I can get the information elsewhere	5	5%
Other	2	2%
Total	103	100%

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Similar to the podcast, the majority of people who hadn't used the service gave the reason as not knowing about the service.

### **Seminar Series event pages on the GCPH's website**

The online survey looked at people's familiarity with and use of the Seminar Series event pages on GCPH's website. About three quarters (72%, 116 respondents) said they had visited the pages at least once. Of these, about a third (32%, 37 respondents) found them 'very useful' and two thirds (67%, 76 respondents) found them 'quite useful'. One respondent saw the pages as 'not very useful'.

The reason given for not using the service, by those who hadn't, are shown below.

**Table 10 Why have you not visited the Seminar Series event pages on GCPH's website?**

	No.	%
I didn't know about this service	26	60%
Not enough time	9	21%
Don't feel the need to do this	6	14%
Feel I can get the information elsewhere	4	9%
Total	43	100%

Similar to the podcast, the majority of people who hadn't used the service gave the reason as not knowing about the service.

### **Morning after discussions**

The online survey looked at people's familiarity with the morning after discussions. About a quarter (23%, 37 respondents) had heard of the morning after discussions and of these, around half (57%, 21 respondents) said they attended at least one morning after discussion.

Of these, 43% (9 respondents) found morning after discussions 'very useful' and 52%, 11 respondents) 'quite useful'. One respondent saw them as 'not very useful'.

Ten of the 16 who had heard of but not attended the morning after discussions said they hadn't attended because of time constraints, and three respondents said they hadn't been invited.

39% (63 respondents) said they would be interested in coming to the morning after discussions in the future.

## **3.3 Focus groups**

We staged three focus groups as part of the evaluation. The key findings from the focus groups, presented in the order of issues as presented on the three topic guides were as follows.

### **People's attendance**

The first theme to emerge from the discussions was that people 'dipped in and out' of the series, primarily as a result of two factors – their availability to attend (in light of other commitments) and their interest on the subject on offer.

*"I discovered the Seminar Series through my work at Glasgow Science Centre and I go as availability and the relevance to work that I'm doing allows. I've been to 4 or 5 in the 18 months to two years that I've been aware of it."*

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*"I first became aware of the Seminar Series through word of mouth from colleagues. Initially only heard about them when I heard from colleagues until I got myself on to the mailing list. I've been to about 4 or 5 over the past couple of years. Again it's been a mix of work related interest in terms of some of the health related topics but also in my previous guise I had a heavy interest in equality issues – looking at health inequalities."*

*"I have the indulgence to go to things that interest me as well, but for work that is seen as being how do we keep at the cutting edge."*

### **Seminar content and positioning**

Mainly people recognised a 'work relevance' to the seminars they attended. This work relevance may have, at times, been tangential (rather than core) to their role, but people saw the seminars as capable of providing insight different to other provision.

*"I tend to come because I find it useful to come to something that, while in some ways it's useful for work, it actually takes me above the day to day job and think about things on a different level."*

*"...a chance to hear from the horses' mouths on up to date issues."*

*"I go to a lot of conferences and you hear the same people over and over again. It's a slightly different way of looking at things."*

*"I think one of the beauties of this series is that it crosses the boundaries of traditional or established communities of practice and learning and therefore at least opens up the possibility of cross-fertilisation, I think, between people. Just what you're saying really – opening up different ways of looking at things than you might not normally have within your community or in your professional group."*

The strengths of the recipe offered by the GCPH were seen as the quality of lectures (very good), the frequency (not too often and at appropriate times), and the venues being appropriate.

*"The fact that it is a series I think is a very strong point. Certain regularity, it has an identity and there's a continuous community who goes to it and you go to things that you wouldn't perhaps go to if it was a one off event."*

*"I think generally, even when it's been quite a scientific or technical talk, they've (speakers) made it accessible because it appeals to people from a different range of backgrounds and experience."*

*"It's not that it's dumbed down but I do think it's been of a level that you think well I'm not...it's added arts rather than science."*

The main vulnerability of the product seemed to be people's views that there wasn't enough opportunity for debate.

*"Sometimes the topic is very sophisticated and the presentation is very sophisticated and you need to time to absorb, think and reflect, so maybe the debate is sometimes missing but that's it."*

One focus group asked participants to choose five words to describe the GCPH Seminar Series. The results of this word association task, from thirteen participants (showing first mentioned words on the left) are shown below.

**Table 11 Word association**

	1	2	3	4	5
1	esoteric	engaging	thought-provoking	increase curiosity	develop insight
2	challenging	thoughtful	thought-provoking	health inequalities	interesting
3	mind-stretching	stimulating	unconnectable to work (sometimes)	different	networking
4	informative	interesting	surprising	variable	frustrating
5	good speakers	theory	lecture	interesting	linkages
6	interdependent	networking	holistic	informative	innovative
7	thought-provoking	exploratory	broad-brushed	academic	quantitative
8	optimistic	new angles on old problems	enlightening	interdisciplinary (attendees/topics covered)	expert
9	thought-provoking	informative	interesting/fascinating	intellectual	stimulating
10	eclectic	connections – linkages	wide focus	everything matters	analysis
11	informative	hope(ful)	innovative	encouraging	challenging/ variety
12	stimulating	horizon-broadening	thought-provoking	leading thinkers	eclectic
13	integrating	stimulating	community building	broad ranging	discussion developing

The purpose of this was to help develop our understanding of how people felt the series was positioned. Some participants gave fuller explanations of the words they offered, two examples are shown below.

*“Stimulating, broadens your horizons. Sense that it’s real experts in their field, they’re all good at putting their knowledge across. I’ve had no hesitation in recommending it to other people.”*

*“Hopeful is one of my key (words) – it draws together a number of aspects that people have talked about. I try to come to most of them because I’m hoping that the audience are looking at the challenge from a variety of points of view.”*

### Competition

The focus group investigated what people saw as competitors to the Seminar Series. The overall view was, that while other seminar or lecture provision existed, the GCPH Seminar Series had established itself as a unique offering. The essence of this offering related to the stimulating perspectives, the quality of the speakers and the momentum/footprint that the series has gained.

*“It’s about the regularity of it. I’ve gone to one or two lectures say in the University of Caledonian and they’re more one offs. Part of this is the brand and, although you don’t know exactly what you’re going to get, it will be of a certain standard.”*

*“I’ve been to Policy Network, I’m now forgetting what the acronym stands for and their most recent was about health inequalities which was at Glasgow University and it was interesting to have debate because they had a number of speakers. They’re quite different in their approaches.”<sup>2</sup>*

*“That group (the Policy Network) is actually an academic group, I go to quite a number of their sessions. It’s both Scottish and academic in its orientation and its style. It does give more that seminar feel which I personally quite like.”*

<sup>2</sup> The event referred to here was a joint Scottish Policy Innovation Forum (SPIF) and GCPH event



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*“The Centre for Confidence and Wellbeing do masterclasses which you have to pay for. There are different costs. I do know that they do stuff.”*

*“The difference between this and the other things that I go to is that the other things are essentially academic and you occasionally get outside professionals here which is quite enjoyable because it’s the exact opposite, academics feel like outsiders, it’s much more of a professional community we’re dealing with.”*

### **Seminar style**

The notion of ‘a different perspective’ seemed to be central to the appeal of the series. Linked with this are the credentials of the speaker and the implicit legitimisation of the perspectives offered. The lecture format was also recognised as helping confer a high status to the message, compared to, for example, shorter presentation or workshop formats.

*“It’s about the level of the speaker and the way they pitch their presentation. It’s not a standard 15 minute conference presentation.”*

*“Whereas coming to these seminars it’s a challenge and it’s quite good to just sit and listen and for those of us who have been out of the academic life for a while you feel as if you’re using your brain again in that way because it’s just not part of our every day and everything is usually in bite size chunks.”*

*“I think it’s the fact they have a more discursive lecture but not in a dry sense. More a chance to talk through the logic of the argument.”*

*“Sometimes the ideas are very innovative and very cutting edge and you literally have to be there to hear that person speaking about it because it’s not what the norm is perceived to be.”*

Despite the product being labelled as a Seminar Series, there was a recognition that its more formal presentation style, the duration, and the (high) audience size meant it was more of a lecture than a seminar.

*“I think maybe seminar is the wrong word because it’s largely a lecture that we’re dealing with here.”*

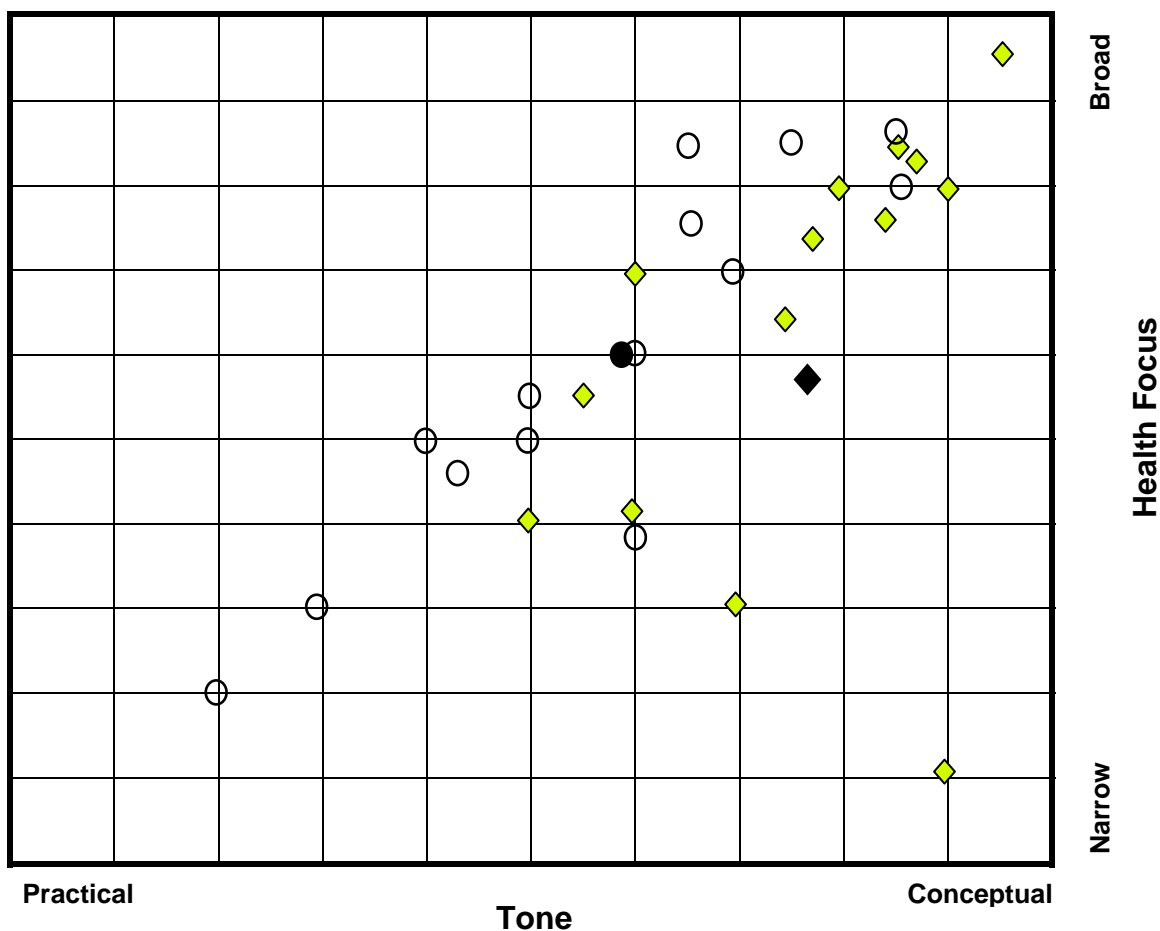
But people seemed by and large happy with the approach currently taken, despite the apparent misnomer.

*“There’s no expectation that you have to give an input whereas so often you go and it’s workshops where you actually have to go and do some work. So that’s why I like it. It’s a bit of a guilty pleasure. I can just come and listen.”*

*“I quite like that as well.”*

One focus group asked participants to plot their views of the Seminar Series on a perceptual map, using the two constructs of ‘tone’ and ‘health focus’. The map shows (diamonds) where people positioned the series currently (individual and overall responses shown) and (circles) where they believed it should be positioned (again, individual and overall responses).

Figure 3 Perceptual map



- Key
- ◆ Present (individual)
  - ◆ Present (average)
  - Future (individual)
  - Future (average)

The results intimate that people find the breadth of the content appropriate, but if the Seminar Series was to be modified, this could be in areas which might make it a little more practical.

*"I'm at the conceptual, broad end of the spectrum for now and where I would like it to be...because there's actually quite a lot about practically what you should do in your job tomorrow but there's not that much going on about really broad issues that are very conceptual and I think it's got a really good niche in that area."*

*"I've quite surprised myself because I usually think of myself as quite a practical person but I put it at conceptual, broad currently and I would like it to move towards the practical and slightly less broad but not to lose that speciality that it has at the moment and so I'm keeping it towards the broad, conceptual side rather than moving it to the practical."*

*"I think it's very important that they keep this breadth because as a non-health professional I am very aware that most improvements to public health have come through social policy and a lot of the seminars have in fact*

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*focused on policies that are in fact social policies in that sense, and if we can get both coming together the two, to design a metaphor, the two parts of the cord and twine will become stronger and I think that's part of the encouragement that I get from the seminars."*

In the discussion about extending the practicalities of the work, people made it clear that the development of practicalities should come, not from changing the approach to the presentations themselves, but by extra steps to build on the perspectives offered.

### **The role of personal interest and learning**

The focus group participants appeared to have self-selected their involvement in the Seminar Series, through personal curiosity and an appetite for learning.

*"Been to a couple in each series, mainly due to availability, if I can or can't come. It links in with my work obviously and it's also of personal interest and developing my knowledge about public health issues that are currently of concern."*

*"I've tried to make a point of going to even ones that weren't necessarily so appealing to me but would actually challenge my way of thinking."*

*"We're people who like to attend learning events and we're quite open to anything. That would be the one unifier and people I often speak to afterwards you don't usually get to meet. Everything else is very diverse but this is one unifier, everyone is hooked on learning."*

*"The individuals who are involved are maybe a bit non-standard in their own organisations therefore I think there is a valuable function for this series for that very reason."*

That said, there was also a view expressed that the developmental experiences of some health professionals can result in them finding the messages offered in the Seminar Series particularly challenging.

*"I think particularly professional health practitioners are trained in a particular way and perhaps are less open minded than perhaps someone like myself who has not got a degree and works with a wide range of organisations, and it's been interesting listening to some of the discussions after they have heard the presenters because quite often the presenters have sufficient credibility for people to think they're not talking rubbish but it doesn't really fit their perceptions."*

### **Networking**

Valued by some, though not all of the focus group participants, the Seminar Series was recognised as providing networking opportunities.

*"I keep coming back because I think it's a really good opportunity to meet different people and the Social Enterprise network is quite small and closed and you tend to meet the same people all the time and I think coming here is a bit different."*

Not all people said they were able to remain after the seminars for the informal discussion and networking parts, due often to domestic commitments.

*"There's only been a couple of occasions where I've been able to stay afterwards but it has been useful and you do get a bit of discussion going."*

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## Morning after discussions

There seemed to be a general lack of understanding about the morning after discussions. This included their existence...

*"I didn't even know they existed."*

... the protocol surrounding participation...

*"My thought was that you had to be invited."*

...and the format.

*"Are the speakers there at the morning after discussions?"*

The opinion was that the seminar speaker needed to be present at the morning after discussions such that their insight could contribute to the dialogue.

*"Well it would be something different, it wouldn't be a seminar that was incorporating the expertise of the speaker."*

People saw the morning after discussion as needing to be very relevant to their work context in order to enable their participation, compared to the higher degree of freedom they may have in relation to seminars (staged late afternoon).

*"I think if I was to do it in the morning it's during work time, there's an element of that, that would be a bit of an indulgence."*

Some participants said they preferred not to participate in morning after discussions, feeling happier to digest the content of the seminars themselves.

*"I'm quite happy not to have to think about how am I going to take this into practice. I would rather just let it sink in."*

That said, there were reservations about re-scheduling morning after discussions to immediately after the seminar, to make them more accessible.

*"It's a very long day for people if they're working all day then going to a lecture then..."*

... but some saw merit in changing the nature of the post-seminar networking to make it more focussed on the subject area.

*"There's this time where people sit down and have a glass of wine and eat and perhaps that could be used more effectively to draw out some of the issues if it was appropriately chaired or facilitated by members from the Centre and if people knew that that was what was expected rather than just standing about with a glass in your hand, that might be one option."*

## Transcripts

The focus group explored people's use of the interview transcripts. While some had experience of this medium, they didn't see it as a substitute for attendance, rather as the best option in the circumstance of not being able to attend.

*"I don't have the self-discipline to read through a lecture that I would enjoy. It's the difference between actually being there and being part of it... I thought I would read this over lunch but just read five pages."*

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*“Just used the slides as prompts when I missed an event. I went and got the overall view but you do really feel as though you’ve missed...”*

## **Podcasts**

The awareness of the Seminar Series podcasts varied across the group, as did the appetite for the medium.

*“Vaguely – yes I was aware but I’ve never looked at it.”*

*“I listen to podcasts, it’s just the way I work I quite often listen to podcasts while I’m doing other things. I’ve listened to podcasts of lectures I’ve missed. I think one of the benefits potentially of podcasts is you can extend your audience for the talks.”*

*“I’ve lost count of the number of times I’ve gone to one of the seminars and thought that’s really interesting and told lots of people by the way you should listen to that and I know from feedback that people who have nothing to do with population health have listened to podcasts.”*

*“I think it’s word of mouth that’s spreading...”*

## **The possibility of online dialogue**

The discussion explored people’s appetite for an online discussion facilitated by the giver of the seminar, as another medium to augment the Seminar Series. A degree of support was expressed, but the present enthusiasm for it didn’t appear strong.

*“I wouldn’t use it, I like talking to people.”*

*“I would use it if there was something in particular that resonated that I wanted to explore a bit more but not necessarily as a matter of course.”*

## **Impact on practice**

We explored the impact of the Seminar Series more fully using the Kirkpatrick four level approach to evaluating a developmental intervention. The results from focus group participants are shown below.

### **Level 1 – Enjoyment**

On a scale of 1 to 10 – where 1 is not at all and 10 totally – how would you rate your enjoyment of the Seminar Series?

Average – 8.3

Median – 8.0

### **Level 2– Learning**

On a scale of 1 to 10– where 1 is nothing and 10 a great deal – how would you rate your learning and insight from the Seminar Series?

Average – 7.7

Median – 8.0

### **Level 3 – Application**

On a scale of 1 to 10– where 1 is nothing and 10 a lot – how well have you been able to apply your learning and insight from the Seminar Series?

Average – 4.3

Median – 4.5

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#### **Level 4 – Impact**

On a scale of 1 to 10– where 1 is none and 10 extremely high– how would you rate the impact of your application of ideas gleaned from the Seminar Series?

Average – 3.8

Median – 3.0

The discussion looked at whether people had changed their approaches as a result of what they had learned at the Seminar Series. There were concrete examples of this...

*“I’ve incorporated new material into lectures directly off the back of things I’ve heard and references that I’ve picked up.”*

... but the prevailing view was that such tangible outcomes or impacts from Seminar Series derived insight were hard to determine.

*“It’s made me aware of people and practices happening which hopefully will flow into later exhibitions and there will be greater awareness of that but it’s still somewhere down the line.”*

*“I think it probably does contribute to some of the applications and the work I do but more on a sub-conscious level.”*

This may have been due to the complexity of situations people face or a lack of the necessary power to affect change.

*“...maybe I’m not in the position where I can take things forward.”*

Some saw participation in the Seminar Series as not driven by the need to evidence its value by specific outputs.

*“I haven’t consciously seen it as something that I need to justify by doing it.”*

In terms of securing future support for the Seminar Series, participants cautioned against an impact-focussed proposition, saying that such a shift in focus would diminish the current value of the series.

*“I think this is very much a casting bread upon the waters, let the waters be as wide as possible, in other words not just medics but all sorts of people there, as this room shows, and things will happen, things will come, connections will be made. But if it has to be measured on a utilitarian approach, that would just immediately contract the whole thing down and away from the principals that are the breadth, the conceptual, the stimulation of thoughts and ideas and that’s such a rare thing to get these days.”*

*“If you want to design something to maximise impact, to be fair you don’t do it as a PowerPoint lecture. It’s not a bad way for getting new ideas across to a highly educated, middle-class audience. If you’re trying to create something that has real impact you wouldn’t do it with a Seminar Series.”*

#### **Future subjects?**

Some suggestions were offered for future subjects in the Seminar Series.

*“Richard Wilkinson. He did give a talk in Glasgow to a different audience which I went to. I can’t remember what the occasion was.”*

*“Something about the role of faiths in terms of different religions and the expectations placed on people following those religions to what the effect might be both good and bad for society.”*

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*“Something about energetic medicine. Something about the power we have over our own health with our intention and our vibration and the way we affect others with our vibration.”*

*“I think there’s so much exciting stuff happening in Scotland that doesn’t get its own publicity.”*

*“Another way of seminarising might be to bring two speakers in and have a debate.”*

### **Other comments**

One person suggested a radical change in the staging of the events, to help create the link between the content and the context.

*“Let us host it in Ruchill, Drumchapel and Easterhouse - that’s the other thing, by hosting it in a middle-class environment which is nobody’s territory are people not feeling comfortable?”*

Other comments related to how the marketing of the seminars might be developed, with the help of the contact database.

*“You could after a lecture send the same email circulation list to people who get the invitation to the lecture saying here is the podcast if you didn’t make it last night. If it says GCPH podcast in title so you don’t delete it.”*

*“Do you think you might include a couple of things in the email that might be from the discussion, if GCPH was able to summarise a couple of interesting points. Particularly if it was something where people could see an immediate impact to their work.”*

A point was made regarding the staging of seminars.

*“When there’s an event at the Radisson it’s practical because I can get the train in. Anywhere else in town can be hard to get to for 4pm and saving ten mins can be the difference between coming or not.”*

## **3.5 Online media analysis**

The online media analysis focussed on podcast data. There are several ways that people can access Seminar Series podcasts. They include the following.

1. Via the GCPH website directly by clicking on the link in the events pages – this takes you directly to the audio file on the Spoken Word (Spoken Word is GCPH’s podcast service provider) website.
2. Via Spoken Word, [www.spokenword.ac.uk](http://www.spokenword.ac.uk) - people need to have logged in to listen to the audio clip.
3. By subscribing to GCPH Feedburner which will alert a subscriber to a new download automatically through, for example, iTunes.
4. By links from other search mechanisms (e.g. through Google), which route to Spoken Word again.

The podcast data could benefit from greater clarity in their presentation. They suggest a subscriber base of around 40 people (recorded daily), with downloads of podcasts from this subscriber base of around 3 per day (this varies between 0 and 16 downloads per day). But downloads by subscribers represent the minority of interest in the podcasts, as shown in the table below.

				Data from Spoken Word	Data from Feedburner
Series	Seminar	Presenter	Date	Downloads	Downloads
1	1	Professor A. Grayling	25/11/04	1483	101
1	2	Professor A Lawrence	16/12/04		
1	3	Sholom Glouberman	24/02/05	1286	63
1	4	Professor Richard Layard	05/04/05	1783	69
1	5	Denys Candy	12/04/05		
1	6	Maureen O'Hara	17/05/05	1228	63
2	1	Professor Andrew Steptoe	25/10/05	2448	72
2	2	Professor Tom Devine	06/12/05	1211	58
2	3	Professor Jennie Popay	17/01/06	1398	72
2	4	Ilona Kickbusch	14/02/06	1543	64
2	5	Howard Frumkin	20/04/06	1163	71
2	6	Professor A. Grayling	23/05/06	2789	88
3	1	Jerry Sternin	08/11/06	1316	65
3	2	Professor Irene McAra-McWilliam	13/12/06	1380	62
3	3	Professor B. McEwen	23/01/07	1356	60
3	4	Professor David Hunter	13/02/07	2766	57
3	5	Dr Jeffrey Wigand	13/03/07		
3	6	Rajiv Kumar	03/04/07	566	62
3	7	Aftab Omer	25/04/07	673	54
4	1	Professor Bruce Link	11/12/07	86	61
4	2	Professor G. Boulton	29/1/08	151	62
4	3	Professor James C Scott	10/03/08	425	88
4	4	Professor Liz Gould	22/04/08	334	61
4	5	Oliver James	04/06/08	387	90
5	1	Professor Avner Offer	25/11/08	322	91
5	2	Professor Maureen O'Hara	03/12/08	1662	210
5	3	Professor Stuart MacDonald	13/01/09	962	204
5	4	Professor Bert Mulder	24/02/09	388	168
5	5	Dr Harry Burns	17/04/09	1442	235
5	6	Shakti Maira	27/04/09	381	243
6	1	Dr Michael Meaney	15/12/09	1110	331
6	2	Professor Tim Jackson	26/1/10	541	209
6	3	Eleanor Yule	16/2/10		
6	4	Wayne Elliot	30/3/10		
6	5	David Gustave	20/4/10		
6	6	Adam Kahane	18/5/10		

Data provided by Spoken Word were taken straight from their web server, and encompass all downloads of each GCPH mp3 file since June 2006. The 'downloads' which FeedBurner reports are a subset of these since FeedBurner only collects statistics from users who subscribe to the feed. Other routes to downloading the files, e.g. by clicking on the "Listen to the lecture" link on a GCPH web page, would not be counted by FeedBurner. Spoken Word's stats include the Feedburner downloads and the downloads from other sources.



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The podcast downloads range from 86 to 2789 per seminar with downloads from the recognised subscriber base being a fraction of these. While multiple downloads will be included (more than one download of a particular seminar by an individual), for some seminars the podcast downloads could be reaching a higher number of people than the GCPH Seminar Series contact database.

The podcast download facility was installed as part of the Seminar Series in 2006, data which show podcast downloads for seminar staged in 2004 and 2005 suggest that people search and access podcasts from more than just the most recent seminars/series.

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# 4 Conclusions

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## 4.1 Conclusions

This section pulls together the insight and conclusions from the research. These are presented against the research objectives that framed this project.

### **Overall perspective of the series in general, what are its strengths and weaknesses?**

The **overall perspective** was very positive. The Seminar Series appears to occupy a clear niche and has, over the past few years, built up a momentum and a following. It appeals to people who can see some connection with the health sphere and have an appetite for learning. These people can justify (often to themselves) their participation on the basis of a link between the seminar subject(s) and their work role but also reinforce their attendance from a personal interest perspective.

Its **main strengths** are in the quality of presentations. This is in terms of their thought provoking content, the status of those delivering, the currency of the issues being discussed, the format (lecture style, but presented in an accessible manner) and, to a lesser degree, the frequency and timing of the events.

The series seems to have touched at least 1,000 people over its life and its strength is with the size, rather than depth of its footprint. Most have only attended one seminar and very small percentage (less than 1% according to the GCPH database) have attended the majority. Typically about 80 people attend each seminar.

The **weaknesses** fall into two areas, the first being under-exploited opportunities (see comments below on technology and augmented media) and characteristics of the Seminar Series approach. Being deliberately thought provoking in nature can mean the translation of seminar content to practical actions is not a straightforward path. Indeed, the more thought provoking and avant garde the message, the less likely straightforward practical implementation becomes. While there may be recommendations to develop the translation of content to practice, it should be understood that the core seminar approach is robust and well developed in its current form.

While called a 'series', it is more of a 'season' – there being no thread of dependency between the individual events and the term 'lecture' might be more accurate than the adopted 'seminar'. That said, despite this there is no reason to re-brand the product.

### **What do participants feel they gain by attending?**

The key benefit in the eyes of participants is learning; the ability to gain fresh insight. There is a secondary benefit in the form of networking and creating/maintaining connections.

### **Are the outputs being utilised and disseminated effectively, i.e. podcasts and transcripts are available to be downloaded from the website?**

This is an area for development. There are several aspects around the media used to augment the core seminar product that merit attention.

- The awareness of podcast and transcript offerings appeared low.
- Uptake amongst those who were aware of both podcasts and transcripts was also low (18% and 36% of those responding to the online survey, respectively, said they had used these services).
- Those with experience of transcripts and podcasts rated them positively.
- The footprint of podcast downloads seemed extensive compared to the size of the GCPH contact database, intimating the podcasts being accessed by a greater

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audience than the Seminar Series database (and presenting a potential marketing vehicle to the Seminar Series).

The GCPH website came in for criticism during the research (though we understand this has been upgraded) with the site being viewed as cumbersome in use and information about the Seminar Series hard to find. Challenges in this area may have reduced the apparent reach of the podcast and transcript products.

**Are the ‘morning after discussions’ seen as being relevant and effective to take thinking on to action and are the appropriate people invited to them?**

The overall awareness of the morning after discussions appeared low, with about a quarter of those people responding to the online survey saying they were aware of them and just over 10% of respondents participating in at least one. The morning after discussions were appreciated by those with experience of them.

**Are the themes covered relevant, appropriate and timely to the current landscape of health and wellbeing thinking? Are there any missing themes?**

The subjects addressed within the Seminar Series were considered very relevant. While having a ‘health’ link across the series, the content was sufficiently broad and the target audience sufficiently large (GCPH database of around 2,000 records) for the fit between person and subject to work well, while maintaining a strong attendance at each event.

The research revealed suggestions for future seminars, but this was at a subject rather than thematic level. Moreover, the ability of the Seminar Series to offer a stimulating programme was recognised as probably its core competence.

**Impact and influence – are the seminars impacting on activity and are they having an impact on people’s way of thinking. Is that thinking being put into action?**

As stated above, the very nature of the seminars militates against the conscious and obvious translation of content to activity. Perhaps this is the distinction between perspectives that are evolutionary and those covered by the Seminar Series, which are more revolutionary. The evaluation revealed some instances of thinking being put into action, but these tended to be of a relatively low level (for example, passing on transcripts and incorporating content from the seminars into presentations to students or colleagues).

Whilst we urge against re-positioning the tone of the Seminar Series to make it more ‘translatable’, we encourage GCPH to look at avenues to help people make the connection between ideas and activity.

## **4.2 Recommendations**

The recommendations for the GCPH Seminar Series are as follows.

1. The product is well crafted and well executed, providing a distinct role in the minds of those who engage with it. Its core quality is the ability to offer topical and thought provoking input which relates to health, in its broadest sense. While it is helpful to have suggestions for future seminars from this evaluation, it should be recognised that the series has delivered very capably in this aspect to date and the amount of effort to court and secure the calibre of presenter used in the series is substantial. GCPH needs to ensure this core quality is sustained. With this comes the task of satisfying itself that it has continuity of supply as well as capability. We see this as the biggest single risk to the successful continuation of the series.
2. The Seminar Series has developed an effective format (frequency, duration, time, style, etc.) which, while being unable to satisfy everybody, is probably the optimum solution given the audience. That said, it would be useful for the Seminar Series to continue including variations from this theme with the dual purposes of

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experimenting with different approaches, while at the same time accommodating the other commitments of presenters.

3. More should be made of the podcast and transcript options, both in terms of promoting them and tracking their use. We feel the podcasts and transcripts have a role in the marketing of the Seminar Series by providing additional potential value to people receiving promotional e-mails from GCPH and we would hope that similar research to this conducted in two years time would reveal both a greater awareness of additional media/formats around the seminars but could also demonstrate the degree of uptake through transaction records.
4. We also recommend the experimentation with other forms of additional media. These might include a podcast summary (as an alternative to the full presentation), short (5 minutes maximum) summaries-to-camera which might be used on YouTube, and summarised written output for all seminars (as an alternative to full transcripts). Developing such would help present information in the forms most valuable to different members within the target audience, and help increase the penetration of each of the seminars. It would also help increase the profile of the Seminar Series and, by association, of GCPH.
5. The contact database for the Seminar Series held by GCPH provides an excellent marketing platform to augment the series current momentum. We were encouraged to see the move towards electronic records for the database and also the growth in robust data on registrations and attendance over the life of the series. We feel there is a task for GCPH to determine whether this database becomes the 'engine' of the marketing effort behind the series and, if this is the case, whether the current database represents the target market for the series, whether the data held are current and whether the rate at which new people join the community around the Seminar Series is at least as high as the rate at which people leave it.
6. While we see no immediate need to significantly modify the core product, we see no reason to re-brand the Seminar Series (the current branding, whilst not strictly accurate or distinctive does not appear to be hampering the product). However, we urge GCPH to think beyond this era and recognise a fresh approach with a rejuvenated product and a new brand might be helpful in the medium term. To this end, GCPH might consider what a step-change offering in this market space might be and when (for example, three years hence) such a change would be made.
7. The most challenging developmental objective for the Seminar Series relates to increasing the impact of the Seminar Series on practice. We feel it is important that the positioning of the series, of being thought provoking and distinctive, remains and the strengths of the current format are recognised. We feel GCPH should devote some staff time/resource to exploring the feasibility of translating Seminar Series concepts to practice. We don't see this as an easy task – the stronger use of morning after discussions and broadening the media options will help – but we feel it would be useful for the Seminar Series to have given good attention to what its intended consequences might be and how these relate to the world of outcomes and impacts favoured by funders.
8. With a view to the medium term development of the product, GCPH might give further thought to the role it expects the Seminar Series to fulfil within the overall GCPH strategy. Over and above marketing possibilities, there might be the opportunity for Seminar Series content to become recognised as a formal CPD (continuing professional development) contribution to those attending. There might also be the opportunity to use it as the basis for an accredited learning vehicle with the support of a recognised academic institution (or example a post graduate diploma or an executive masters) for people working in the health context.

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# Appendices

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Appendix 1    Suggested other seminars from the online questionnaire

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## Appendix 1 What seminar topics would you like to see in the future?

- 1. Influence of place and geography in shaping attitude 2. Looking at the dynamics of communities to understand why some areas change while others don't
- A greater focus on inequalities, poverty, politics and Politics of public health, research that is making a difference to public health and the translation of existing knowledge to action.
- alcohol and drugs
- anything on inequality and wellbeing
- Anything related to Mental Health and Wellbeing/Inequalities in Health
- As Glasgow is due to host the 2014 Commonwealth Games, I'd like to attend a seminar based on sport and recreation and how we can encourage more Glaswegians to become more active in sport through participation, coaching and volunteering.
- bereavement support
- Broader social determinants of health and health inequalities
- Built environment and design related topics are of most relevance to me and my work
- Changing public attitudes - how other countries have brought about lifestyle changes
- Community led community development and its impact on determinants of health
- changing the environment for health, and particularly the obesogenic conditions now applying. improving health in partnership with the most excluded groups (on same basis as Sternin)
- cities and relationship to people
- climate change and economic issues and policies
- Climate Change, travel/transport, resilience, religion, use of film in influencing societal norms, young people, migration, changing demographics of Scotland
- cognitive/behavioural psychology
- Continue to bring speakers with a critical analysis of all areas of social policy that impacts on the health and wellbeing of populations.
- Cross disciplinary
- Delivering health improvement in an increasingly challenging macroeconomic context More current health policy analysis
- Early intervention in early years breastfeeding
- Ethics and public health. Decision making for public health.
- Exercise and productivity Transport and Health Agriculture, carbon emissions and health
- Flood plains and its implications for housing. The Global Economy the answer to poverty Where the world ends infinite or not
- Focus on inequalities - topic issues e.g. gender, disability, race, sexual orientation, low socioeconomic status, gender identity; evaluation to demonstrate effectiveness around inequalities; children - impact of deprivation/neglect/abuse; infant mental health
- From the information in this survey you seem to have covered a broad range of topics related to population health. Keep up the good work!
- Further seminars on the general topic of telehealth
- Global public health; TED public health; health and non for profit organisations; social entrepreneurship; population health and technology; the health of the people of Scotland in an independent Scotland
- Great communities of the world, and the work of Martin Seligman, such as positive psychology, and the arts and wellbeing
- Great selection so far...although I would like to see topics that are perhaps more practically more significant to effect change in Glasgow
- Health and sustainable communities
- Health in organisations, leadership issues, political responses to research (good and Bad) , trust in organisations
- health relating to urban planning and relevancy to how the planning system can influence improved health outcomes for city residents, etc
- HEAT TARGETS - ARE THEY THE ONLY WAY TO MEASURE PERFORMANCE?

- 
- Homeopathic medicine Alternative frameworks for education
  - how policy issues similar to those in Scotland have been addressed in other EU countries. what can we learn from others?
  - How to apply Complex adaptive systems theory to practice in communities of socio-economic deprivation.
  - how to make demographic change with people living longer a positive for the future
  - I am particularly interested in the ones that link to the built environment - and would also like more facilitated discussion built into the seminars, to allow the wealth and range of knowledge of participants to be shared more effectively (e.g. group discussions rather than just a roving mike Q+A session).
  - I am very interested in the whole issue of integrated working between health and social work and how policies and procedures set up to minimise risk in social work contexts have caused the erosion of important principles of human interaction. This whole area is espoused by social pedagogy which I was recently introduced to and that I brought to Carol's attention via a recent email.
  - I don't know.
  - I have a strong interest in public health, climate change and the implications of peak oil and in how these interact
  - I have been interested in a number of the topic areas its just that attending seminars is often overshadowed by daily operational pressures
  - I have taken all the seminars to be of interest; trusting that I will find a relevance and connection to my own work - which I have. I am extremely grateful for the seminars and have attended many more than I remember now - the one that really sticks in my mind is the 'Positive Deviancy' - title not immediately apparent from the list. I have taken the seminars as part of my own personal development. They have allowed me the considerable pleasure of working in an abstract and applying the learning to my own life, work and general circumstances. They have also given me a sense of belonging; culturally, creatively and educationally. Many thanks and long may they continue.
  - I think we are entering a new age for health promotion/improvement, and we need to reassess what the population issues are and whether current practice is still appropriate. So, more debate on this please.
  - I would like to encourage a wider cross section of people attending they are a little health heavy at the moment. I believe input on Climate Change, Addressing Poverty, Active Citizenship and the Moral Economy would all be useful as would input on violence reduction and food security, global water resources and dealing with rehabilitation of offenders would all be useful subjects as would the impact of the media on political discourse and policy making!
  - I'm interested in the topics relating to health, wellbeing and organisation and management of health / population health.
  - I'm happy to leave that up to GCPH
  - Impact of arts/cultural engagement (both as participant and as spectator) on physical, social and psychological health.
  - **IMPORTANCE OF HEALTH INFORMATION FOR HEALTH STAFF AND PATIENTS**
  - Inequalities strands (e.g. gender) & implications for action
  - Infant mental health and wellbeing Early years/child development
  - Innovative approaches to population health issues - case studies.
  - Interconnection between environment and health, health improvement, change programmes
  - Keep on with the range....comparisons with other places very helpful.
  - Links between the arts and health and how we can develop the arts in and of everyday use
  - Long term conditions, rehab and enablement
  - lots of good topics, just haven't been able to prioritise attendance.
  - more about inequalities
  - More emphasis on principles into practice
  - more links to town planning and architecture
  - More of the practical kind like the session on Positive Deviance.

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- More of the same. what I like about them is that there is just enough of speakers I have heard of but also others who are new to me and take me beyond my usual reading. it is often at these that I learn the most.
  - More of the same....its all fascinating
  - more on community based issues and localism
  - More on environmental design and connections with health.
  - more on sustainability - community resilience etc rather than direct environmental issues
  - More on up to date learning in terms of 'happiness' research. Something about 'the Spirit Level' work by Marmot and Pickett that focuses more on Glasgow / Scotland.
  - More on urban development - perhaps architects and urban planners to present
  - Mostly interested in topics related to Mental Health, Psychology, Psychiatry, Sociology.
  - no particular topics in mind. I relish the cross disciplinary international nature of the speakers. Please don't stop doing this!
  - On public health response to climate change and peak oil. On public health priorities during financial depression.
  - Ones that are more grounded in what is relevant to Glasgow and that appeal to a wider range of people, not the intellectual professionals who can often have other access to some of these ideas. GCPH should be tailoring the series to attract broader groups and deal with issues that people can engage with.
  - Our organisation is keen to explore how culture and sport can be better utilised to help improve the health wellbeing of the city, so I would be interested in seminars that explored the link between health and cultural agendas in particular
  - Parenting/Nurturing
  - physical activity active transport commonwealth games legacy transport policies and health
  - political or sociological theorists
  - Practical subjects rather than philosophical approaches. "Urban policy and health" and "update on mortality trends" are subjects that interest me.
  - Progress on health inequalities - how have the statutory agencies taken forward the information provided.
  - Public engagement/hard to reach groups/how much engagement is enough, based on current national demographics?
  - Public Health + contemporary issues in the political spectrum
  - public health issues; psychological findings;
  - Really enjoy the forward thinking so I use as a springboard for other work.
  - Research into positive psychology and psychotherapeutic interventions
  - Role of social movements in bringing about health-enhancing policy/ practice changes Future of health services in Scotland / Britain (policy changes, economic situation, demographic changes etc) Bringing about a more equal society - how can we do it? ! Global - local relations in health, public health, and social change
  - Seminars focusing on what works well in terms of health improvement. Effective policy and practice. What has demonstrable improvements in other cities?
  - Seminars focussing on employability and the impact of the recession on health inequalities
  - Social Marketing with regards to Physical Activity Price is a barrier myth or reality What happened to Canada's ParticipAction campaign Other worldwide Health campaigns
  - societies relationship with food (where it comes from, how it travels, how it has changed, how it is used and abused, the healthy and unhealthy relationships people have with it.....)
  - Some focus on community development and engagement, cross cultural perspectives, social mobility and grass roots approaches to tackling poverty; public health research methodologies - e.g. collaborative inquiry
  - Something similar to the recent annual seminar which brought 5 speakers together of VERY high quality & whose themes were joined - up !! was very excited because there looked to be some real understanding & the possibility of some answers to intransigent health issues facing Glasgow/Scotland.



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- Systems Thinking and Practice, Logotherapy ( and other person centred therapies - e.g. Carl Rogers Rational Emotive Behaviour Therapy – ABCDE), Governance and reform of Local Government, Sustainable Development e.g. Schumacher Society, Alastair McIntosh's Soil and Soul.....
  - The impact of behavioural economics on public policy? Surprised to see that there was never a session on the work done by Gerry Hassan in Glasgow on 'Imagining the City'
  - the issue of wellbeing and environment /urbanism/architecture
  - The seminars often look at new thinking and theory; how can this be translated into practical politics and public health?
  - There's a strengthening agenda building about the next frontier for medical advances which is around how much the individual can do from within themselves for their own health. Interesting ideas.
  - Those that relate to housing and urban regeneration.
  - Topics on cultural change/importance of culture on behaviours influence of media on behaviour