

Grant application form - Project v2017 - B

Submission ID	3897630562739067545
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Name of applicant	Joanne Given
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A short CV of the applicant (or the principal investigator) should be provided here.

Dr Joanne Given

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EDUCATION

PhD, University of Ulster, 2010-2014.

MSc Health Promotion and Population Health (Distinction), University of Ulster, 2009-2010.

MBCbB Medicine, University of Dundee, 2000-2005.

ACADEMIC APPOINTMENTS

Research Associate: Data Analysis and Methodology, Ulster University/Administrative Data Research Centre-Northern Ireland, 2015 – current.

IN THIS ROLE I HAVE CONDUCTED ANALYSES USING THE PRESCRIBING DATA HELD BY THE HONEST BROKER SERVICE.

Research Associate: EUROMediCAT project, University of Ulster, 2014-2015.

Research Assistant: 'Barriers to injectable therapies in type 2 diabetes' project, University of Ulster, 2014.

Research Assistant: National Institute for Health Research funding bid - Managing diabetes in people with dementia, University of Ulster, 2014.

Research Assistant: Diabetes UK Project Grant Application - Clinical efficacy, cost effectiveness, safety and acceptability of telemedicine consultations as an alternate to hospital consultation in women with gestational diabetes, University of Ulster, 2013.

Research Assistant: 'Assessing general nurses' knowledge of MS' project, Western Health and Social Care Trust, 2012-2013.

Research Assistant: 'Women's knowledge of cardiovascular disease' project, Western Health and Social Care Trust, 2012.

PUBLICATIONS

Given JE, Loane M, Garne E, Nelen V, Barisic I, Randrianaivo H, et al. Gastroschisis in Europe - A Case-malformed-Control Study of Medication and Maternal Illness during Pregnancy as Risk Factors. *Paediatric and Perinatal Epidemiology* 2017;31:549–559. Available at <http://doi.wiley.com/10.1111/ppe.12401>.

Given JE, Loane M, Luteijn JM, Morris JK, de Jong van den Berg LTW, Garne E, et al. EUROMediCAT signal detection: an evaluation of selected congenital anomaly-medication associations. *British Journal of Clinical Pharmacology* 2016;82:1094–1109. Available at <http://www.ncbi.nlm.nih.gov/pubmed/27028286>.

Luteijn JM, Morris J, Garne E, Given J, de Jong-van den Berg L, Addor M-C, et al. EUROMediCAT signal detection: A systematic method for identifying potential teratogenic medication. *British Journal of Clinical Pharmacology* 2016;82:1110–1122. Available at <http://doi.wiley.com/10.1111/bcp.13056>.

Given JE, Bunting BP, O'Kane MJ, Dunne F, Coates VE. Tele-Mum: A Feasibility Study for a Randomized Controlled Trial Exploring the Potential for Telemedicine in the Diabetes Care of Those with Gestational Diabetes. *Diabetes Technology & Therapeutics* 2015;17:880–888. Available from: <http://online.liebertpub.com/doi/abs/10.1089/dia.2015.0147>.

Given J, Mccay D, Hill A, Kane MO, Coates V. Understanding barriers to commencing injectable therapy in people with type 2 diabetes. *Journal of Diabetes Nursing* 2015;19:214–219. Available from: <http://www.diabetesonthenet.com/journal-content/view/understanding-barriers-to-commencing-injectable-therapy-in-people-with-type-2-diabetes>.

Given JE, O'Kane MJ, Coates VE, Moore A, Bunting BP, Kane MJO, et al. Comparing patient generated blood glucose diary records with meter memory in type 2 diabetes. *Diabetes Research & Clinical Practice* 2014;104:358–362. Available from: <http://www.sciencedirect.com/science/article/pii/S0168822714001107>.

Given JE, Bunting BP, Coates VE, O'Kane MJ. Measurement error in estimated average glucose: a novel approach. *Clinical chemistry and laboratory medicine : CCLM / FESCC* 2014;52:147–150. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24558229>

Given J, O'Kane M, Bunting B, Coates V. Comparing patient generated blood glucose diary records with meter memory in diabetes: a systematic review. *Diabetic Medicine* 2013;30:901–913. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/dme.12130/full>.

Given J, Slevin E. Being heard: aiding public participation in decision making. *Learning Disability Practice* 2011;14:26–30. Available from: <http://journals.rcni.com/doi/abs/10.7748/ldp2011.10.14.8.26.c8741>.

FUNDING

£1500 - Child Health Translational Research Group Small Grant Award, 2015.

£300 - Diabetes, Endocrinology and Nutrition Translational Research Group Small Grant Award, 2015.

£450 - Diabetes, Endocrinology and Nutrition Translational Research Group Small Grant Award, 2013.

£430 - Diabetes, Endocrinology and Nutrition Translational Research Group Small Grant Award, 2012.

£1,073 - Diabetes, Endocrinology and Nutrition Translational Research Group Small Grant Award, 2011.

CONFERENCES

Me-D-Links: Metformin for diabetes in pregnancy – an analysis of health and education outcomes using linked administrative data. ADRN2017 (The UK Administrative Data Research Network Annual Research Conference).

Public attitudes to linkage and sharing of health data. Informatics for Health Conference 2017.

Public attitudes to data linkage and sharing. International Population Data Linkage Conference 2016.

Tele-Mum: a comparison of face-to-face and telemedicine management decisions in diabetic pregnancy. Annual Translational Medicine Conference 2015.

New signals from EUROMediCAT, Safety of medication use in pregnancy, Poznan 2015.

INVITED TALKS

Role of ICT and eHealth in diabetic pregnancy, International Diabetes Federation Congress 2017, 4-8 December, Abu Dhabi.

PROFESSIONAL MEMBERSHIP

European Teratology Society.

The European Society of Contraception and Reproductive Health.

Submission date of this form 22-12-2017

Is the person responsible for the project different to the person named in box A No

Title of the project Use of prescribed contraception in Northern Ireland 2010-2016

Comprehensive description of the project: rationale, methods, approach, outcome (max 500 words)

Northern Ireland is in a unique position in the United Kingdom (UK) as abortion is only legal under very limited circumstances. The risk of an unintended, potentially unwanted, pregnancy is related to whether or not a woman uses any method of contraception and which method she uses. Evidence from studies of contraceptive use in Great Britain (which excludes Northern Ireland) and Ireland has found that contraceptive use is sociodemographically patterned. We do not know if, or how, contraceptive use in Northern Ireland varies by age or deprivation. If, as in the rest of the UK, the younger and most disadvantaged are least likely to use contraception, or to use effective methods of contraception, they will be at increased risk of having an unintended pregnancy. These same women will be those most impacted by the abortion laws in Northern Ireland due to the cost of travelling to England for an abortion.

A new source of information on the use of contraception is data routinely collected by the health service. Research based on this administrative data would be free from recall and social desirability bias, which may be present in surveys of contraceptive use. In Northern Ireland, the Honest Broker Service (<http://www.hscbusiness.hscni.net/services/2454.htm>) facilitates research using routinely collected administrative health datasets. This includes all prescriptions dispensed to the Northern Ireland population since 2010. Through the Honest Broker Service this project aims to describe the use of prescribed contraceptives in Northern Ireland and explore how this varies based on a woman's age and the deprivation in the area in which she lives. As the prescriber plays a critical role in determining medication use we will also explore how the use of prescribed contraceptives varies based on characteristics of the woman's general practice such as size of general practice, urban/rural practice location and practice area deprivation.

A population based cohort study will be conducted including all females aged 12-49 registered with a General Practitioner in Northern Ireland 2010-2016. There were an estimated 472,875 females between the ages of 12 and 49 living in Northern Ireland between 2010 and 2016 with 2,316,075 prescriptions for a contraceptive.

The prevalence of use of any, and the different methods of, prescribed contraceptive will be determined for each calendar year and for the 2010-2016 period. Descriptive statistics and multilevel logistic regression analyses will be used to explore the use of any, and the different methods, of prescribed contraceptive across age groups, area deprivation, general practice size, urban/rural practice location and practice area deprivation. A multilevel approach is necessary due to the clustering of women within general practices and the longitudinal nature of the data.

At the end of the study, a policy brief will be published and a roundtable event will be held to engage clinicians, policy makers and academics. The results will also inform a subsequent study exploring a wider range of sociodemographic and health related factors associated with prescribed contraceptive use.

When would it start / finish? (Max 20 words)

1st April 2018 to 30 September 2018

Where will it take place – country / town, establishment? (Max 20 words)

Data analysis in the Honest Broker Service, Belfast, Northern Ireland. All other activities in Ulster University, Newtownabbey, Northern Ireland.

Objectives and needs identified. (Max 100 words)	<p>We do not know if, or how, contraceptive use in Northern Ireland varies by age, area deprivation and general practice characteristics.</p> <p>Research questions:</p> <ul style="list-style-type: none"> • What is the prevalence of use of any, and the different methods, of prescribed contraceptive in Northern Ireland? • Does the use of any, and the different methods, of prescribed contraceptive vary by age group? • Does the use of any, and the different methods, of prescribed contraceptive vary by area deprivation? • Does the use of any, and the different methods, of prescribed contraceptive vary by general practice size, urban/rural location and practice area deprivation?
Sector in the area of contraception, sexual and reproductive health:	<p>Contraception</p>
Is it a 'new' project?	<p>Yes</p>
What outcomes will be measured? List. (Max 50 words)	<p>Prevalence of use of any, and the different methods of, prescribed contraception in Northern Ireland 2010-2016. Variation in the use of any, and the different methods, of prescribed contraceptive by age, area deprivation, general practice size, urban/rural practice location and practice area deprivation.</p>
Do you foresee any reasons (political, climatic, etc) why this project may be adversely affected? (Max 20 words)	<p>No.</p>
Are there other partners or organisations supporting this same project?	<p>Yes</p>
If yes, list (Max 20 words)	<p>J. Given is employed, to conduct analyses using administrative data, through a grant from the Economic and Social Research Council.</p>
Will this be part of a larger fund or stand alone? (Max 20 words)	<p>Stand alone. If successful a subsequent project is planned using datasets containing additional sociodemographic information.</p>
Have you already obtained any funding or still awaiting a response towards this project?	<p>No</p>
How much money is required for the project in total?	<p>€4876.20</p>
How much are you requesting from ESC?	<p>€4876.20.</p>

Please provide a detailed budget here. This must include total costs and, if appropriate, list those costs associated with your grant from the ESC.

HONEST BROKER SERVICE FEES TO CREATE DATASET (5 days at £570 per day) - £2850/€3420

DISSEMINATION ACTIVITIES

Policy Roundtable: Room hire - £400/€480 and refreshments for 50 attendees - £120/€144

Printing costs for Policy Brief: £500/€600

OVERHEADS at 5% - £193.50/€232.20

TOTAL COST - £4063.50/€4876.20

Records of contraceptive prescriptions for the women of Northern Ireland between 2010 and 2016 will be accessed through the Honest Broker Service. There is a fee (£570 per day) associated with this to cover the cost of creating the dataset for analysis. The cost to create the dataset for this analysis (5 days work) is £2,850/€3420

To maximise the policy impact of this project an ARK Policy Roundtable will be held at the end of the study. ARK (Access Research Knowledge <http://www.ark.ac.uk/>) is a resource providing access to social and political material on Northern Ireland that informs social and political debate in the region and raises the profile of social science research. The ARK Policy Unit organises regular Policy Roundtables to facilitate and stimulate critical social policy debate in Northern Ireland thus contributing to more effective policy making. These Policy Roundtables aim to engage policy makers, practitioners and academics in a Chatam House Rule roundtable discussion on key issues facing Northern Ireland. The cost of holding an ARK Policy Roundtable based on the results of this project will be £500/€624

Following the roundtable a full Policy Brief will be produced which includes a summary of the study results and the discussions at the Policy Roundtable. The key issues for different stakeholders, such as policy makers and NGOs like the Family Planning Association and the British Pregnancy Advisory service, will be clearly signposted within the brief for ease of reference. To ensure good dissemination both a hard copy and an electronic version of this Policy Brief will be produced, with the electronic version made available on the ARK website (www.ark.ac.uk). Publication costs for the paper Policy brief will be £500/€600.

Overheads at 5% £193.50/€232.20.

The total cost of this project will be £4063.50/€4876.20.

The planned dissemination activities would be reduced to allow what money was available to be used to cover the cost of data access, which is not negotiable.

The ESC may not be in a position to fully fund all applications; you must indicate whether / how part funding may impact your project. (Max 100 words)

Who will oversee the budget & keep accounts? Provide name, title, contact number and email address

Mr Nigel McFarland, Head of Research Management, ++44 28 7012 4622, n.mcfarland@ulster.ac.uk.

If you or your department has received funding from ESC for a project or course before, please give details of the date of funding, contact person and title of project or course.

Not applicable.

We, as responsible agents for this project, agree to the following 8 points:

	yes
We agree that all monies will be spent appropriately	✓
We agree to work with the nominated Mentor	✓
We agree to advise you at the earliest time if this project is delayed or cannot be completed	✓
We agree to provide an interim report(s) part way through the project and a final report to the ESC within 6 months of the end of the project.	✓
We agree to provide the ESC with an interim budget(s) and a detailed budget at the end of the project. NOTE funding will be awarded in stages and will be dependent on appropriate reporting.	✓
We agree to provide receipts for monies spent if requested.	✓
We agree that if we need to make any significant changes to the duration, contents or funding of the project after it has been awarded, I/we will advise the nominated mentor.	✓
We (the applicant) agree to acknowledge the ESC as a donor in any publications, submission of abstracts and oral communications resulting from this project. Please inform the ESC Office where and when the data is to be presented and/or published and note that ideally any manuscript should be sent to the ESC journal in the first instance.	✓

Full Name

Joanne Given

Date

22-12-2017