Introduction to Inaugural Research Planning Workshop

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Outline

- Background to the Collaboration
- Strategic Approach
- Goals and Format of Workshop

Background I

- **April 2001: DoH "Pattison" Report**: ***A Research and Development Strategy for Public Health:***
  - Need to "involve users in all parts of the research process" and "improve the current evidence base, including prioritizing new public health research."
- **February 2004: "Wanless" Report: *Securing Good Health for the Whole Population*:**
  - Recommended "strengthening public health research;" highlighted "the need for greater investment in intervention research" and "greater links between academia and practitioners" to achieve research on a "greater scale."
- **March 2004: Welcome Trust "Frankel" Working Group Report**: ***Public Health Sciences: Challenges and Opportunities:***
  - U.K. needs to "re-establish public health partnerships between universities and the NHS…to bring together public health science, social science, and public health service delivery…" and "develop more evidence-based policies."

Background II

- **2006-7 (reported June 2008): UK Clinical Research Collaboration (CRC) Public Health Research Strategic Planning Group**
  (Chair: Prof. Ian Diamond)
  Recommendations included:
  - "Multidisciplinary and collaborative working should be encouraged both within the public health research community and between academics, practitioners and policy makers."
  - ".. need for… more research evaluating interventions and policies."
  - This Report led to the recent (2008) funding of five CRC Centres of Excellence in Public Health, based in Belfast, Cambridge, Cardiff, Newcastle, and Nottingham, each focused on a specific area of PH research (Scientific Advisory Panel chaired by Prof. Sally Macintyre.)

Founding of SCPHRP

- 2006: meetings of Scottish public health research and policy/program and practice communities examined the best way to strengthen the field:
  - Recommended that "pump-priming funds" from the MRC and Chief Scientist Office be used to set up a Scottish Collaboration for Public Health Research and Policy, to move forward on the above recommendations in the Scottish context
  - Mid-2007: International competitive search led to hiring of Director, who made several introductory visits, taking up the post in July 2008.

Mission of SCPHRP

- To identify key areas of opportunity for developing novel public health interventions that equitably address major health problems in Scotland, and move those forward.
- To foster collaboration between government, researchers and the public health community to develop a national programme of intervention development, large-scale implementation and robust evaluation.
- Build capacity within the public health community for collaborative research of the highest quality, with maximum impact on policies, programs and practice.

SCPHRP Principles

SCPHRP-sponsored research should:

- Address determinants of health that are both important and potentially reversible.
- Develop and test interventions that are feasible, socially acceptable, affordable, scalable and sustainable -- resulting in measurable, equitable health improvement within a reasonable time-frame.
- Constitute a legitimate *Scottish niche,* both within the UK and the wider international research landscapes.
- Lie within the current -- or planned future -- capability (skills and person-power) of the Scottish public health community: researchers *and* decision-makers.

The Process

- SCPHRP will convene a series of consensus workshops to prioritise potential interventions for development, and to establish a series of Working Groups organised around key prevention opportunities in the life course:
  - Early years
  - Teenage and early adulthood
  - Early to mid-working life
  - Later life
- Each Working Group will develop a three-year work programme designed to support the development and piloting of *a few* promising and novel interventions, eventually at the national program and policy level.
- SCPHRP will facilitate the work of the Working Groups and provide limited pump-prime funding, as well as direct support.
- Depending on the outcome of these preliminary studies, the final outputs from the Working Groups should be large-scale intervention-grant submissions to U.K. and Int'l agencies, by 2012.

Why a life-course approach?

- Public health often places a population's health challenges in an "*epidemiological matrix*", with putatively causes -- *exposures/risk-factors* -- on one axis, and specific disease/trauma diagnostic entities -- "*health outcomes*" -- on the other axis.
- While often useful, this approach tends to lead to "predictable camps" of champions for particular sorts of interventions or research topics, based on either:
  - Expertise in a particular risk-factor/exposure category (e.g. environmental/ occupational/ genetic/ infectious, etc.) or
  - Specific health-outcome interest (e.g. disease-based charities, clinical and research centres, professional specialities).
- To "shake up" such traditional alignments in this Workshop, and encourage fresh thinking in the Collaboration's priority-setting and intervention-development process, a life-course provides an alternative approach.

Why a life-course approach?

- Some professional and organizational pre-alignments (especially with children, the elderly and the working-age population) will still be self-evident, but many "experts" find, in a life-course framework, that their preferences are not so easy to decide on, without further reflection – surely a good thing!
- Finally, the policy world is rather comfortable with the life-course perspective, since it speaks to very natural constituencies in every population, each with somewhat different issues, and yet it acknowledges the connectedness of life as we go through it; this is also an era when public health knowledge is increasingly turning to life-course explanations of complex health and disease processes.

If this is important to do, why might it take some time?

- Experience* with *researcher cum research-user* (i.e. decision-maker) consortia -- for planning/designing, executing and using applied research of interest to both -- suggests:
  - Cultural differences between these two worlds are significant, and take time to bridge –e.g. their training, underlying assumptions, language, incentives and reward systems at work, competing demands, time-scales, etc.
  - The wide range of research questions that are relevant in such work often span: environmental scans – i.e. "who has done what in this field?"; syntheses of available evidence, of all kinds; detailed qualitative studies of intervention "acceptability" among key stakeholders; novel effectiveness trials; health economic studies; detailed implementation and scalability studies; and policy-analytic studies on the facilitators and barriers to adoption of a new intervention.
  - The mix of methodological approaches therefore necessitated is *very broad,* often requiring more than one university's/research-centre's engagement and a *trans*-disciplinary approach (sometimes requiring specialized peer-review, and partnered funding by a range of granting agencies, as well as funding for the direct services component of any new intervention trial by relevant service agencies – since research funding agencies often balk at these costs.)

Buckeridge DB, Mason R, Robertson A, Frank JW, Glazier R, Purdon L, et al. Making health data maps: a case study of a community/university collaboration. *Social Science & Medicine* 2002; 55(7):1189-1206

Consequently…

- The best chances for funding of (and knowledge transfer from) large, conclusive and useful intervention "trials," of ramped-up public health interventions, arise when the key intervention studies build on a **significant prior period of interaction between the two sorts of stakeholders**, where trust has been built up, in that the study is:
  - Framed in a way that it is of genuine interest to, and serves the decision-making needs of, **research-users**, and
  - R**esearchers** are satisfied with its intervention's pre-trial development (and therefore its justification), and the robustness and lack of bias in the evaluation design – i.e. the independence of that evaluation.

Aims of this Workshop

- To initiate four SCPHRP Working Groups:
  - Early life
  - Adolescence & early adulthood
  - Early to mid-working life
  - Later life
- To identify prioritized opportunities for the further development, and robust testing, of promising (but unproven) public health program and policy interventions that could equitably improve Scotland's health, for Working Group action

Specific Workshop Objectives I

- To bring together public health experts from the policy, program and practice community, as well as the research community, from across Scotland, with an interest in intervening on the determinants of health.
- To familiarize both these communities with the aims and approach of the SCPHRP, and engage them in its work.
- To provide information on the planned organisational structure and funding mechanisms for the SCPHRP Working Groups' activities over the next few years.
- To identify and prioritize potentially promising categories of public health interventions in Scotland, for further development in the life-stage Working Groups, with ongoing support by the Collaboration.

Specific Workshop Objectives II

- To identify potential members of the Working Groups (including persons with relevant expertise not able to attend the Workshop) and, if possible, members of the (overarching) Steering Committee.
- To consider various ways of taking the Working Groups forward, including the sorts of support that the Collaboration and other stakeholders could usefully provide to ensure achievement of our joint mission.

Intended Workshop Outputs

- Preliminary priority ratings for the 50+ intervention categories across the life-course (obtained from over 60 workshop participants in advance of the workshop).
- Refined priority ratings identifying *a few* short-listed intervention categories for each life-stage (obtained from breakout group members during the Workshop).
- Expressions of interest in Working Group membership and/or overarching Steering Committee membership .
- Report of Inaugural Workshop (to be drafted by SCPHRP staff and circulated to all participants for their input, before finalization).

Workshop Format

Day 1 (In plenary):

- Introductory SCPHRP presentation; discussion
- Invited presentations on two especially promising categories of public health intervention:
  - Prof. Ted Melhuish: "Early Childhood Development Programs to Improve Life Chances for the Disadvantaged"
  - Prof. Susan Jebb: "Tackling Overweight & Obesity: The Need for a Systems Approach"
- Feedback: results of pre-Workshop survey of participants, resultant expanded matrix of intervention categories across the life-course; discussion
- Presentation of suggested criteria for breakout groups' prioritization of interventions; discussion
- **Dinner at Vittorias, George IV Bridge: 7.00 for 7.30pm**

Proposed Workshop Format

Day 2 (Mixed format):

- Overview of planned *modus operandi* of the SCPHRP, especially plans to support Working Groups post-Workshop; discussion
- Four Workshop Groups deliberate on their prioritizations

LUNCH – 12:45 pm

- Feedback to plenary from all groups; discussion
- Panel of participants on "Reactions to Workshop and Suggestions on Moving Forward"; discussion
- Closing comments