

The Scottish Collaboration for Public Health Research and Policy: One Year On

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September 2009



Outline

- Scottish Collaboration for Public Health Research and Policy (2008-9):
 - Background and Mission
 - Context: Current Scottish Health Status: Patterns and Trends
 - Modus Operandi
 - Activity 2008/09
 - Plans for the next year

Founding of the SCPHRP

- 2006: meetings of Scottish public health research and policy/program and practice communities examined the best way to strengthen the development of new health “equitable improvement policies and programs” in Scotland, evaluate them robustly, and implement those found to be effective and efficient
- Recommended that “pump-priming funds” – £700K annually, (2008-13) from the MRC and Chief Scientist Office be used to set up a Scottish Collaboration for Public Health Research and Policy, to move this work forward in Scotland
- Mid-2007: International competitive search led to hiring of Director, who made several introductory visits, taking up the post in July 2008.

Mission of the Scottish Collaboration for Public Health Research & Policy

- To identify key areas of opportunity for developing novel public health interventions that equitably address major health problems in Scotland, and move those towards rigorous evaluation.
- 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.

Context: Current health patterns and trends in Scotland

How do Various Causes of Death Contribute to 1) Recent Scottish Time–Trends in, and 2) Current Inequalities in, Mortality, by Age and Socio-Economic Status?

SOURCE:

Alastair H Leyland, Ruth Dundas, Philip McLoone, F Andrew Boddy.

Inequalities in Mortality in Scotland, 1981-2001.

MRC Social and Public Health Sciences Unit

Occasional Paper Series no. 16

Series Editors: Mark Petticrew, Kate Hunt

February 2007

ISBN: 1-901519-06-6

Published by:

MRC Social and Public Health Sciences Unit

4 Lilybank Gardens

Glasgow G12 8RZ

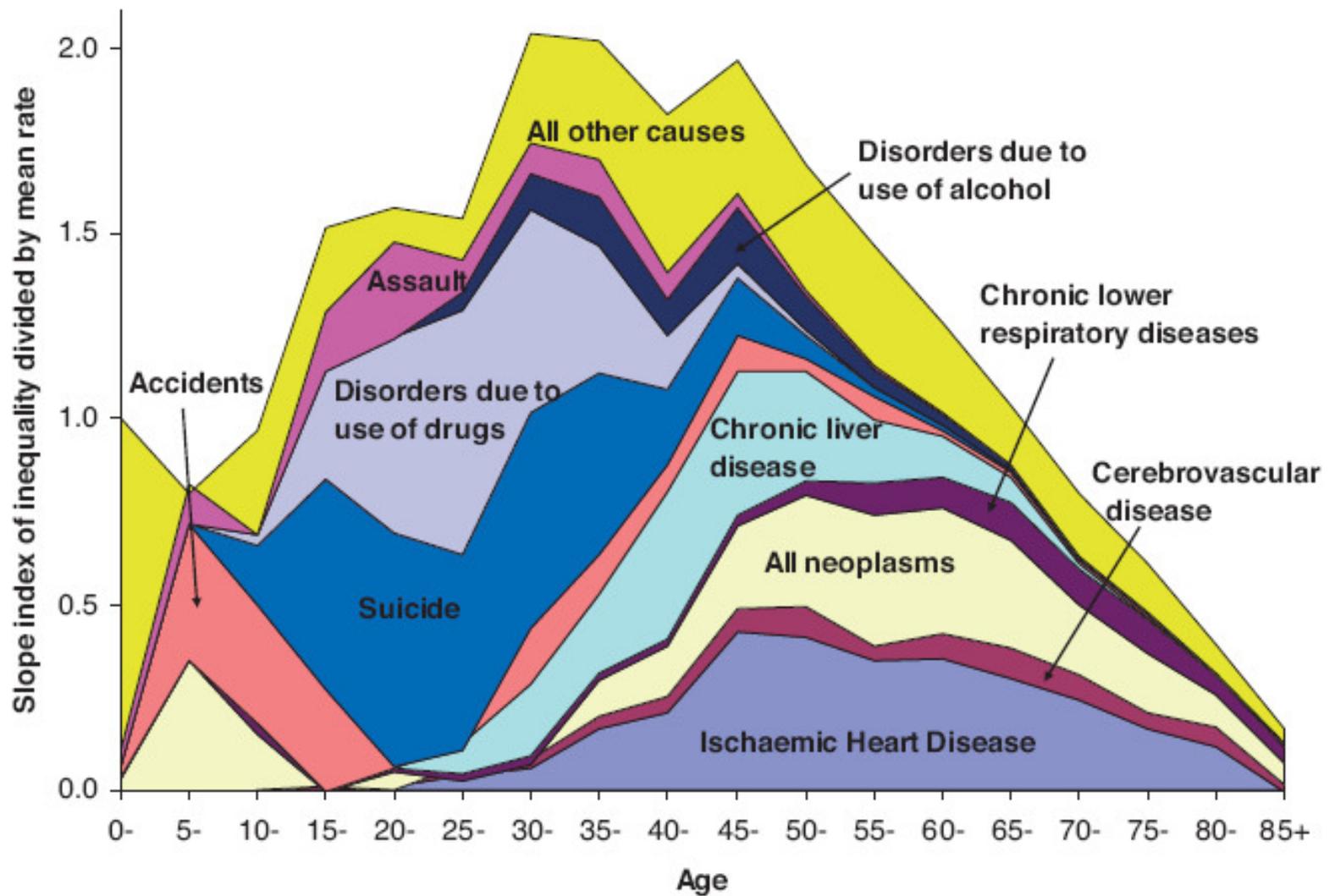
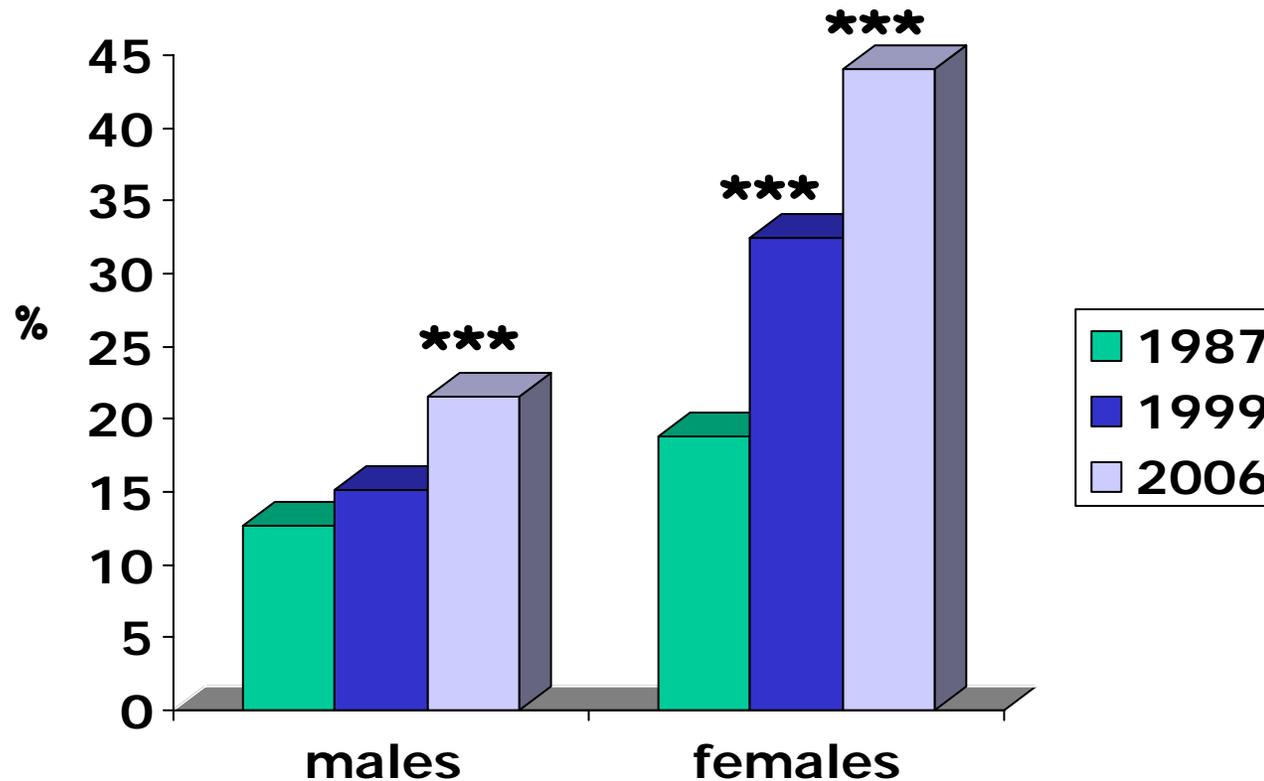


Figure 4.4 Age specific contribution to inequalities of specific causes of death across SIMD income quintiles. Men, Scotland 2000-02.

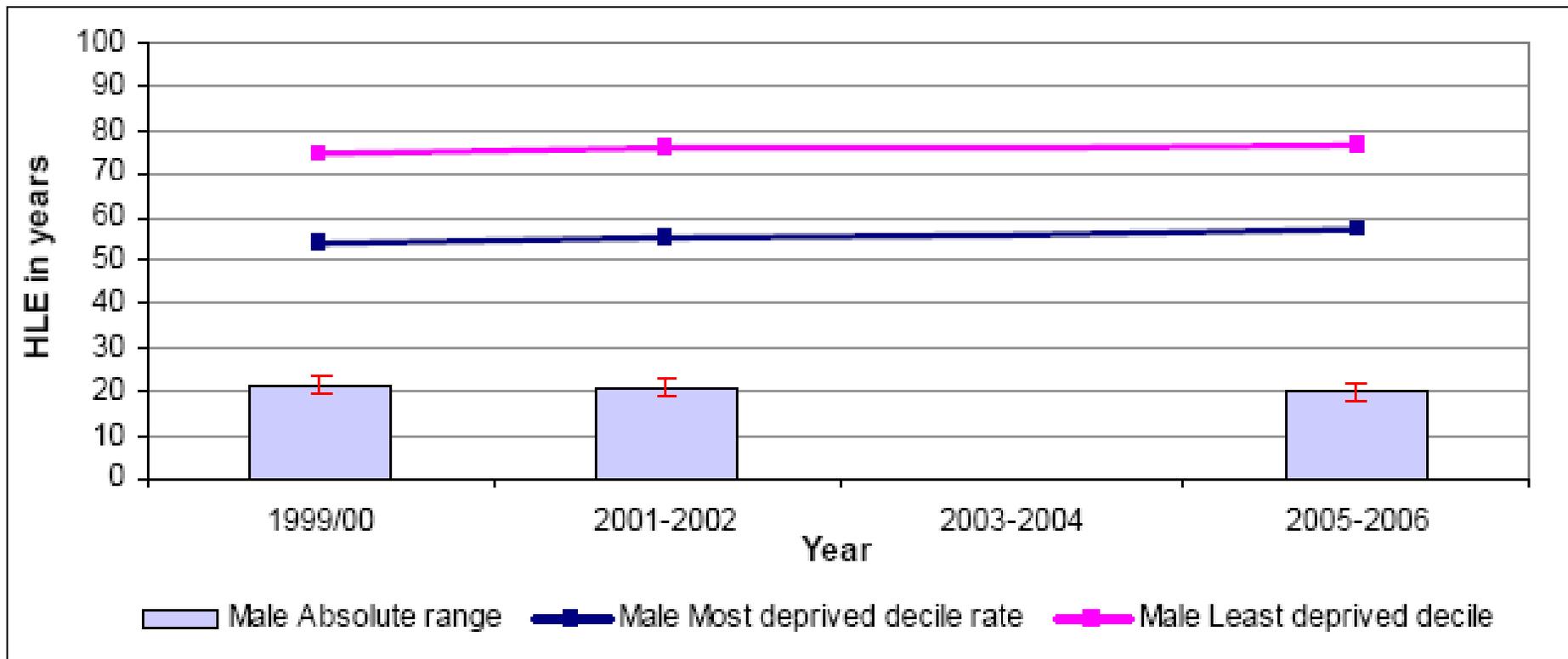
Time Trends in Psychological Distress: males and females aged 15 (GHQ caseness [3+])



Sources: West et al., JCPP 2003; Sweeting et al., 2008

Absolute range: Healthy life expectancy: Males – Scotland 1999-2006

(Data not available 2003/04)



Source: Scottish Government Health Analytical Services (2008) Long-term monitoring of health inequalities

The Process

- SCPHRP convened a structured Planning Workshop in January, to prioritise potential program and policy interventions for development, and has since established four Working Groups organised around key prevention opportunities in the life course:
 - Early years
 - Teenage and early adulthood
 - Early to mid-working life
 - Later life
- Four Working Group were established and met for a half-day in April; each is developing, with SCPHRP staff support, 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 continue to 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 funding/gov't agencies, by 2012.

Identifying Promising Interventions

- Workshop participants invited to nominate promising interventions organised around 4 life-stages.
- SCPHRP generated a matrix of categories of intervention organised around life-stage based on initial responses and WHO classification of risks to health.
- Workshop participants invited to rate broad intervention categories identified in matrix (via Survey Monkey) indicating what level of priority should be given to further development of interventions for each life-stage.
- Respondents also nominated additional interventions – totalling 8-10 per life course stage.
- Response rate 88.0% (53/60 informants pre-Workshop)
 - Policy makers 15.4%
 - Senior managers 17.3%
 - Voluntary sector 5.8%
 - Academics 51.9%
 - Other 9.6%

Overview of Jan. 27-28 Workshop Results

- Excellent participation: over 85% of the 75 invitees (or their nominated substitutes) attended; they represented diverse fields:
 - Public health professional practice, program management, and policy-makers – the users of public health research
 - Researchers from over a dozen different academic disciplines, representing over a half-dozen universities and independent research units across Scotland
- In life-course groups workshop participants reviewed results of initial prioritisation process and selected a more limited list of priority categories of “promising but unproven programs and policies to improve Scottish health equitably” – ideally 2 or 3 per life course stage.

Working Group Development

- 58 members of the public health community (43 research; 15 policy/practice) then agreed to participate in one or more of 4 ongoing Working Groups – membership included many Workshop attendees, and new members as well.
- 10 to 13 members of each WG, and five trainee-observers, met for a half day in April; meeting aims were to:
 - Consider the priority areas identified at the Planning Workshop
 - Confirm that areas identified are still of interest and refine further
 - Identify potential contributions of WG members relevant to the areas identified, and build WG sense of common purpose.

Presentations from carefully selected SG policy leads revealed that there was a considerable amount of policy-driven activity relevant to the Early Life and Adolescence WGs, some in Working Life, little in Late Life.

- This underlined the importance of a continuing dialogue between policy and research and practice (some “AHA!” moments occurred):
 - to ensure a common understanding among all WG members
 - to identify a clear, non-duplicative niche for activity of WGs, that would ensure members find attendance to be useful to them in their various jobs.

Priorities identified by Working Groups

- Early Life
 - Maternal-child mental health (e.g. bonding) in infants 0 to 2 years
 - **Cognitive and social development in children aged 2 to 4 years**
 - (Optimal maternal and infant nutrition – awaiting 2009-10 SG policy document, from participatory process headed up by Ruth Campbell)
- Adolescence and Young Adulthood
 - **Interventions that address multiple risk behaviours or take a generic approach to risk**
 - Approaches to social marketing and the use of new technologies with this age group
 - Models of youth participation and participatory approaches
- Early to Mid-working Life
 - **Interventions to tackle obesogenic aspects of the adult environment**
 - (Interventions to reduce sickness absence and improve health in the workforce – awaiting more consultation with stakeholders to sharpen focus)
- Later Life
 - **Interventions in primary care to optimize the early detection of and slowing down/prevention of *declining function*.**
 - New models of integrated social and health care to more promptly detect the need for and provide appropriate support to allow longer living at home

Building SCPHRP Capacity

- 4 SCPHRP Career Development Fellowships (3 years) recruited
 - Remit to support the activities of the WGs
 - All in post by September 2009 (one on July 1)
- SCPHRP Internship for MRC PhD Student (6-month placement)
 - 1 highly statistically trained PhD student taking up 6-month post in early 2010, co-supervised with Prof. Alastair Leyland, MRC SPHSU – project: non-parametric regression of SES inequalities in Scottish health outcomes, by area dep-cat score
- SCPHRP Attachment from Lothian Health
 - Senior researcher/policy analyst will conduct an analysis of policies (Scottish/UK/EU) that drive the obesity epidemic/obesogenic environment
- Specialty Registrar (Public Health) (6-month placement)
 - Agreement in principle for SCPHRP to become accredited training placement – approval process underway
 - Opportunities for SCPHRP placements will be publicised through Scottish StR network -- two local StRs already interested

Next Steps

In preparation for four WGs' next meetings, October 2009:

- SCPHRP Fellows will conduct an “Environmental Scan” for each of the WGs. Topics prioritised are:
 - **Cognitive and social development in children aged 2 to 4 years**
 - **Interventions that address multiple risk behaviours or take a generic approach to risk in youth**
 - **Interventions to tackle obesogenic aspects of the adult environment**
 - **Interventions in primary care to optimize the early detection of and slowing down/prevention of *declining function*.**
- Continue discussions with key Scottish policy-makers around the these topics now underway, to achieve engagement of more policy/program/practice decision-makers in the process, and better assess “policy fit” and particularly the TIMELINESS of various intervention topics.
- “Antennae up” for opportunities to study Scottish *natural experiments* in public health – e.g. recent changes in local council/SG arrangements around social and health care for the elderly? Forthcoming obesity and overweight initiative? Free school meals?

Additional Capacity Development Projects

- Data-linkage capacity-building pilot study assessing, using *individually-assigned* socio-economic characteristics, inequalities in mortality and other health outcomes at the Scottish national level, incorporating a comparison between mortality in Scotland (SLS) and England (ELS), and published EU data; commissioned from Professor Paul Boyle, St Andrew's University. Completion date July 2010 -- to complement existing areal-SES data analyses using SIMD, etc.
- Discussions with Marion Bennie (ISD) and Wendy Gidman (University of Strathclyde) about supporting study to validate chronic disease incidence/prevalence rates imputed from patient-level (CHI identifier) prescriptions data from Chronic Medications Service, using GP registries as the gold standard.
- Discussions with Greater Glasgow & Clyde about supporting analytical/record-linkage and child surveillance component of their planned evaluation of Parenting Support Framework.
- Meeting with Nairn GPs to discuss possible ramped-up replication of their novel program to reduce unnecessary/harmful admissions of frail/disabled elderly patients, in whom advanced directives are clear.
- Many other conversations underway with other key stakeholders

Evaluation of SCPHRP: Initial Thoughts

- SCPHRP represents a bold experiment in capacity building in public health leading to the joint development, implementation and evaluation of public health interventions
- **AND** should be subject to robust evaluation (with more participatory formative, mid-term phase and more independent, summative five-year review)
- Initial step, underway, is to develop a preliminary logic model in conjunction with key stakeholders, which outlines inputs, activities and outcomes of the Collaboration, and sets them within a timeframe, suitable to guide our evaluation activities.
- This will provide the basis for selecting an evaluation approach satisfactory to both funders (MRC and CSO).
- Liaising with Dr. Ian Viney, Head of Evaluation, MRC HQ, re independent expert advice in preparation for mid-course formative evaluation.

To conclude ...

MRC

Scottish Collaboration
for Public Health
Research and Policy

- Research need not always inform current, or imminent policies, programs or practices – even in public health.
- But much research that aspires to achieve this goal could be organized and conducted so as to improve the chances of doing so
- Collaborative planning, execution and application of applied public health intervention research is a special opportunity in this regard, one that “deserves a fair trial.”
- Scotland has particular strengths as a natural laboratory for this kind of work.
- Support for the Collaboration’s first year of activities: extraordinary – thank you!



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