

Introduction

A Roundtable on the Social Determinants of Health Research was held in September 2012 in Canberra under the auspices of the *Academy of the Social Sciences in Australia* (ASSA) and the *Public Health Association of Australia* (PHAA). This report provides a summary of the proceedings of the workshop, key points emerging from the Roundtable discussion and some recommendations emerging from these discussions.

Background:

The initial idea for an event examining the extent to which research on the social determinants of health has been funded and supported in Australia arose in the context of the report of the Commission on the Social Determinants of Health (which reported to the World Health Organisation in 2008). The Commission's Final Report [1] recommended that:

Research funding bodies create a dedicated budget for generation and global sharing of evidence on social determinants of health and health equity, including health equity intervention research

Discussions were held between the National Health and Medical Research Council (NH&MRC), PHAA and ASSA from late 2010 about the feasibility of an event to examine this recommendation in the Australian context. These discussions led to a request by the Chief Executive of NH&MRC for ASSA and PHAA to co-host a Roundtable to inform him on the development of the strategic plan for NH&MRC. The program was designed collaboratively by a small working group (see membership in *Appendix 1*) to encourage debate among senior researchers about how research on the social determinants of health might receive a higher profile in Australia.

Participants:

Participants fell into three main groups: researchers; staff of government departments or statutory bodies, including: NH&MRC, Australian Institute of Health and Welfare (AIHW); Australian National Preventive Health Agency (ANPHA); VicHealth), and staff of non-government organisations (Catholic Health Australia) A list of participants is shown in *Appendix 2*. The researchers are active in a wide range of areas including: ageing, child health, work and health, gender and health, Aboriginal health, mental health, theoretical understanding of social determinants, political economy and health, trade and health, food and health and substance use.

Summary of Proceedings

The Roundtable program is available in *Appendix 3*. Slides for selected presentations are available at: <http://www.assa.edu.au/programs/policy/roundtables/roundtable.php?id=52>

Session 1: Introduction and Context

Prof Warwick Anderson AM – Chief Executive Officer, National Health & Medical Research Council (NHMRC):

Prof Anderson described the key aspects of the current strategic directions and research funding program of the NHMRC, in relation to research on social determinants of health (SDH). He noted that social and economic influences on health are considered in the current NHMRC Strategic Plan [2] and other policies, and are relevant to the current Australian Governments research priorities. He described changes in the direction of NHMRC over recent years, including: a greater emphasis on funding applied, ‘translation’ research; a specific aim to boost funding for health services research; and a general shift over time toward greater emphasis on funding research relevant to policy, and to community needs.

Other key points:

- Development of the Partnerships for Better Health Initiative (PBHI) [3] as a mechanism to promote partnerships between government agencies or non-government organisations (NGOs) and health researchers. He noted that applications for research under this program can be received at any time
- The ‘project’ and ‘centre’ components of the PBHI
- The development of the NHMRC Research Translation Faculty [4] as a means to engage NHMRC funded researchers in identifying gaps between research evidence and health care policy and practice, to inform future NHMRC planning; and to identify priority areas which might become a targeted call for research in that area
- Amounts of current NHMRC funding and numbers of grants investigating social and economic aspects of health, or specifically addressing social determinants of health, including in research on Indigenous health
- Warwick also made reference to the influence of the Nutbeam *Report of the Review of Public Health Research Funding in Australia* [5] on the work of the NHMRC.

In discussion it was noted that only a few of the recommendations of this report had been implemented by NH&MRC.

Prof Fran Baum – Southgate Institute for Health, Society & Equity, Flinders University:

Prof Baum’s presentation focused the importance of research on the SDH arguing that the NHMRC should be focusing more of its resources in this area. She referred to the WHO

Commission on the Social Determinants of Health (CSDH), and the key recommendations that came out of the Commission's report.

Key points:

- Factors in the social environment are key to health outcomes
- Crucial to understand health promotion in terms of salutogenic factors and environments
- NHMRC strategic research program does not focus sufficiently on the 'health' part of its mission; there is little research focused on health equity
- NH&MRC's mission to build a 'healthy Australia' cannot be achieved without a strong research focus on SDH
- Population health outcomes are key – currently the main focus is on biomedical research and research on high risk groups; neither is likely to achieve population health outcomes
- NHMRC is funding much less research on the social dimensions of health and yet this is where the best value for money lies in terms of population health outcomes
- Noted recent Catholic Health Australia and the National Centre for Social and Economic Modelling report titled *The Cost of Inaction on the Social Determinants of Health* [6]
- Key research questions: what keeps people healthy? What factors make for significant shifts in population health?

Prof Elizabeth Waters – Public Health Association of Australia (PHAA), Chair of Child Public Health, University of Melbourne:

Prof Waters represented PHAA on behalf of current President, Prof Helen Keleher, who was an apology. She detailed the role that the PHAA has in advocating for SDH approach and made some recommendations as to how the NHMRC might ensure more funding is directed toward SDH research. Central to this would be ensuring that review panels contain people with appropriate expertise in the area. She recommended the adoption of a 'strategic focus' on SDH similar to that taken toward cancer research.

Key points:

- Having a special strategic initiative for health equity or SDH within NHMRC
- Need for more mixed methods research
- Ways need to be developed to better integrate methods and evaluate the results of a mixed method approach to research
- Opportunities exist within current NHMRC panel structure and peer review process to include more people with research experience in SDH
- Application of 'PRISMA' (Preferred Reporting Items for Systematic Reviews and meta-analyses) tool for designing research to take account of health equity

Session 2: Commission on the Social Determinants of Health (CSDH)

Prof Sharon Friel – Professor of Health Equity, National Centre for Epidemiology and Public Health, Australian National University

Prof Friel provided an overview of the WHO Commission on Social Determinants of Health (CSDH), based on her role as Head of the Scientific Secretariat, 2005-08, and the research agenda arising out of the Final Report. She outlined the aims of the CSDH to promote policy and institutional change focused on SDH and health equity and to build knowledge and leadership to support this. She described the elements of the Commission process, including the role of nine Knowledge Networks (early child development, social exclusion, priority public health conditions, women and gender equity, social exclusion, employment conditions, globalisation, urbanisation).

Key points:

- CSDH conceptual base: health is more than medical care, the social gradient in health; changing views of 'development', empowerment, social progress as measured by the distribution of health
- Focus on determinants in terms of both daily living conditions and higher-level structural factors
- Research program incorporated a broad range of disciplines, both qualitative and quantitative research, and sought 'evidence fit for a purpose'.
- Evidence base included epidemiology, case studies, economic and policy analysis, RCTs.
- Under the primary recommendation of 'measuring and monitoring' CSDH recommended national-level actions in: cross-government indicators for health equity, and use of Health Impact Assessment to assess equity impacts of non-health sector policies
- The key research need identified was in implementation. The 'how to' of systems, processes and actors. There has been a shift in the research, but still not sufficient focus on the implementation phase
- There are examples of countries performing well in responding to knowledge on SDH. These include include Scandinavian countries, Chile, Brazil; and in Australia, the Closing the Gap policy addresses SDH.
- Noted current Senate Inquiry on 'Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health Report "Closing the gap within a generation"

Session 3: What does international research suggest as important areas of focus on SDH?

Prof Ron Labonté – Research Chair in Contemporary Globalisation and Health Equity, Institute of Population Health, University of Ottawa (via teleconference):

Prof Labonté spoke of the political economy of health and provided an historical overview of the shifts in approaches to health research in the last thirty years in Canada. He concluded with some reflections on the future of research funding in the ‘third wave’ of health research.

- Canada has moved from a biomedical model to a contextual & social model: ‘how to we enable people to live healthy lives?’, ‘why are some people healthy and others not?’
- The creation of *Canadian Institute for Advance Research* [7] with 13 ‘virtual institutes’ of health research covering biomedical, clinical, health systems, and social and environmental areas of research
- *Large Network Grants* that involve qualitative and longitudinal studies. Current projects in: globalisation and health, PHC, health equity and policy, food systems and health equity, and ethics of SDH and health equity [8]
- 15 years ago the kind of projects now being funded in Canada would have been considered outside the remit of a health funding body. Now the funding ethos has shifted and emphasises health equity and is theoretically rich
- Canada now in the ‘third wave’ of health research (informed by SDH). There is a need for intersections across health hierarchies and a dynamic rather than static approach
- Social, political and economic institutions need to be studied
- Canada is now slipping in relation to internationally recognised health measures. The reasons for this are political; individualism, neo-liberal economics.
- Grant panels do not have enough social scientists on them.

Summary of audience questions and discussion:

Audience members focused discussion on the funding and research process in Canada. Prof Labonté described the process whereby ‘special calls’ for research on particular topics are managed and highlighted the collaboration between researchers from the 13 virtual institutes.

Session 4: SDH in particular areas of health

Mental Health

Prof Patrick McGorry – ASSA, Professor of Youth Mental Health, University of Melbourne; Director, Orygen Youth Health and Orygen Youth Health Research Centre

Prof McGorry detailed how SDH impacts upon mental ill health, especially the circumstances of daily life. He outlined some of the main factors contributing toward mental illness and the need to focus on young adulthood as a critical period. Mental illness is likely to equal cardiovascular disease as a burden on population health.

Key points:

- Structural determinants of mental ill-health include: income inequality, education and employment, gender, ethnic inequality, war and conflict and 'degraded communities'
- Circumstances of daily life affecting mental health include: sense of meaning/purpose (or futility), family and parenting, domestic abuse or violence, school environments, parental mental illness, neighbourhood factors, social media. Addressing child abuse and neglect could potentially reduce mental illness rates by up to 30%
- Transition to adulthood is an area of key focus; a need to provide 'scaffolding' and ways to guide young people through this period
- Highest population rates of mental disorders in young adulthood; a significant recent worsening in mental health of young people in Australia
- Mental illness have a significant effect on economic activity, and is likely to equal cardiovascular diseases as a burden on population health
- Noted recent edition of the Lancet on SDH and mental health in young people [9] Importance of positive 'mental capacity' over the life course
- Need for change in 'deficit/treatment' model; challenge is to link health promotion and treatment

Substance Misuse

Prof Ian Hickie – ASSA, Professor of Psychiatry, Sydney Medical School, Brain & Mind Research Institute, University of Sydney:

Prof Hickie's wide-ranging presentation detailed the need for an inter-disciplinary, broad-based approach on the issue of substance misuse. He detailed how Australia is faring in some key areas – alcohol, cannabis and nicotine. He concluded with recommendations for future research in the area.

Research needs:

- Substance abuse research often stuck in the 'biological'; benefits of looking at the life course. The 'best' target of intervention activity will vary across the life course.
- Need for social and biological research and evidence to come together
- NH&MRC tends to focus on narrow interventions. Beliefs about what is 'best' in terms of methodological and experimental rigour may not be appropriate to research need.

- This can be an issue in terms of research funding; can be difficult to get NH&MRC funding for projects that do not have the kind of evidence base they require
- His work with the National Mental Health Commission suggests:
 - Lack of national data across health, social and economic participation domains
 - Lack of international or national benchmarking of key outcomes
 - Lack of infrastructure for assessment of outcomes or effects of specific or complex interventions

Evidence and action:

- Inequalities in substance abuse associated with educational inequalities are increasing
- There are key age periods where substance abuse impacts on cognitive development
- Alcohol abuse doesn't follow a clear social gradient but does show clear differences in terms of social cohesion versus social dislocation
- A need to value 'mental wealth'; cognitive *resources* are critical; social policy and the biology of 'normal' development need to come together in more meaningful ways
- Opportunities for prevention of substance misuse: increased social cohesion, autonomy and connection vs individualism; delayed/decreased early exposure to drug/alcohol use
- Need to engage with young people on the issue of the legal drinking age
- Socioeconomic impacts of substance abuse and associated mental health issues: 'If you care about death you pay attention to cancer and heart disease; if you care about disability you pay attention to mental health'
- Academic discourse can be disconnected from social and political discourses relevant to decisions in policy and practice; need to address productivity and economic agenda, as well as social justice and health agenda
- Can be problematic to define harmful use, and also to define desired policy outcomes – the aim is not just to drive down total use. This can be an issue for research applications, and in relation to policy makers.
- Performance in different areas: Nicotine, very good; Cannabis use declining over time; Alcohol, relatively poor, area of greatest challenges.
- A failure to properly evaluate government interventions

Summary of audience questions & discussion for Profs McGorry & Hickie:

Discussion of challenges in dealing with policy makers' and the community's individualised view of health behaviours and the current model of behavioural intervention. Treasury may be more open to evidence on SDH in terms of an economic impact. Evidence is important when making a case to policy makers including on cost effectiveness; but their perceptions of community attitudes are also important. Other issues: men and suicide in Australia,

cognitive development and low SES families, and the need for more mental health services research including evaluation of programs that seem to be working well (e.g. family support program run by Congress in Alice Springs).

Ageing

Prof Hal Kendig – ASSA, Head of Ageing, Work, and Health Research, Faculty of Health Sciences, University of Sydney

Prof Kendig spoke about the importance of taking a population group approach to ageing and the need to move from dependency to independence and positive approaches in ageing. He emphasised the relevance of a SDH approach to ageing and provided some examples of policy reform in the area. He concluded with some thoughts on research directions in the field.

Key points:

- Prof Kendig noted the national research priority on ‘ageing well – ageing productively’
- Importance of population group approach and of a lifespan approach; ageing seen within the social and economic context
- Not enough focus on older people’s health in the CSDH report, or the Marmot study of health inequalities in England
- Ageing and SDH; need for a basic attitude change about active ageing.
- Examples of policy reforms: ‘Living longer, Living better’, NSW state plan on aging, Australian Human Rights Commission Age Commissioner, National and State Council on the Aging, Australian National Preventative Health Agency
- Key studies/data sources: The NSW 45 and Up Study, Australian Longitudinal Study on Women’s Health, Household Income Labour Dynamics in Australia (HILDA) survey.
- Key predictors of ageing well: social class, education
- SDH research agenda: value-based research problems, beyond variables and description, contextual and comparative, situated selves
- Research directions: new report from the centre for gerontology, NH&MRC/AAG Progressing Australia’s Research Agenda on Aging Well, Workshop 2011 [10]
- PHA Health inequalities policy 2012 is inclusive of aging, ARC Centre of Excellence in population ageing
- We have an ethical and health gain value and a societal value from research that informs a balanced lifespan and inter-generational action on SDH

Obesity

Prof Elizabeth Waters – PHAA, Chair of Child Public Health, University of Melbourne:

Prof Waters referred to her work as Chair of Child and Public Health and how her team take a SDH approach in their work. She also detailed her work with the Cochrane Collaboration Public Health Group [11] and the new questions being asked from a SDH perspective. Spoke about what has been achieved in the area of obesity and what the gaps are for future research. She noted that a lot had been achieved in the area of obesity but that many of the studies still sit within an individual behaviour change model rather than the structural/environmental focus.

Key points:

- Large amount of work has been funded by the NHMRC in the obesity area. We don't need any more studies about what works in the primary school years, we are not doing so well in the early childhood or adolescent years
- Majority of studies on obesity are about describing the problem, rather than on intervention
- Her research focus: 'What works, for whom, and why' – addressed through comprehensive research reviews on: issues and determinants; interventions and effectiveness; complex multi-sectoral, multi-component, population-level public health interventions
- Noted recent review on flexible working conditions and health
- Obesity – controlled studies showing effectiveness of upstream interventions
- Gaps in literature on controlled studies: legislation, environment change, strategies implemented through non-health sectors

Aboriginal and Torres Strait Islander health

Dr Fadwa Al-Yaman – Australian Institute of Health and Welfare (AIHW):

Dr Al-Yaman spoke about the challenges of Indigenous Health research given that the population is so varied and diverse. She detailed some of the current health indicators that continue to indicate significant disadvantage between the Indigenous and non-Indigenous Australian population. The largest gap is seen in the mid adult age group. Those living in very remote areas remain the most disadvantaged.

Key points:

- What works? – recognising social inequalities cause poor health, building social capital, creative collaboration between public and community agencies, understanding that issues are complex, considering context when implementing programs
- Importance of asking 'what works for whom in what context?'

Summary of audience discussion:

The individualised nature of much of the research in the area was highlighted as problematic with the need for a broader systems level focus and an acknowledgement of the on-going impact of the effects of colonisation upon the SDH for Indigenous Australians. It was noted that the CSDH did bring together Indigenous people from around 12 countries to look at those issues.

Session 5: A new research agenda on SDH and equity

Panel: Prof Fran Baum, Mr David Kalisch (Director, AIHW), Ms Louise Sylvan (Chief Executive Officer, ANPHA) Chair: Andrew Podger

Research on SDH aims to influence policy, but how to manage the 'political' dimensions and risks of this task?

- DK: An on-going discourse and reciprocity between researchers and policy makers is required; each 'side' understanding the nature and constraints of the other. Public policy makers want researchers to add value. What research questions do policy makers want answered in 3-5 years? Need to enhance health researchers' ability to engage at a sophisticated level with policy makers outside the health sector
- FB: All policy positions represent a political choice, including the status quo. CSDH had a strong focus on meeting heads of State, to reinforce SDH as a whole-of-government issue. SA's Health in All Policies program (HiAP) is an example of effective translation of research into policy and the leadership and governance structure, and links to the SA Strategic Plan, ensures CEO 'buy-in' across departments
- LS: Productivity report on gambling as an example of effective use of research to drive policy change, even though the industry attacked the evidence. In talking to non-health sector agencies, there is a need for care to frame issues in an appropriate way; a risk of those agencies saying, 'what are you doing in this [policy] space?'

Discussion, Jerril Rechter, CEO of VicHealth:

- VicHealth has a good record of dealing with non-health agencies within and outside government, but the case for bringing health issues into those areas has to be continually remade. VicHealth can't just trade on an established reputation

What might be the policy or social 'trade-offs' in managing the relationship between health and income inequality:

- DK: Noted link between national wealth and spending on health, but this does not necessarily produce better health outcomes. What is the goal? Is it to grow average incomes in order to increase spending on health, and ensure programs are in place to

address social disadvantage? Noted also that Treasury has well-being goals, including in relation to inequalities.

Discussion:

- Researchers also need to engage with communities and take account of the potential power of community opinion to influence policy change
- Comment challenging the presumed benefits of globalisation re health (and the need to just ‘manage’ the impacts on health inequity), e.g. the potential impacts of trade agreements on SDH, and on the ability of government to regulate in the interests of public health
- LS: Economic growth provides opportunity for governments to use resources for redistributive policies. Health gain is one of several good reasons for redistribution
- FB: Evidence suggests health gain from growing average incomes is not all that great beyond a certain level of income; a need for a better research understanding of the relationships between income and health; the political economy of health

Discussion:

- Trade and health research is taking place, and is being sought by the Trade Ministry to inform decisions. This is a positive development, and has occurred through effective engagement with political scientists and economists
- DK: Suggests early child development as an area where sustained, collaborative advocacy on the research evidence (from several disciplines) has been successful in influencing policy outcomes in areas such as education and parent support programs. Evidence of long-term effects of child development on productivity can provide a way to engage with policy makers in agencies such as Education and Treasury. Perhaps the area of mental health might be well-placed to achieve similar ‘traction’ in the coming period.

Discussion:

- Success in early childhood area as an instance of different disciplines being prepared to appreciate what each brings to the table in ‘making the case’
- To what extent has policy responses in health promotion focused on a regional rather than a national level? Is there scope for policy response to focus on addressing income inequality at a regional level?
- LS: Idea of a regional approach to inequality is in line with the agenda of Medicare Locals to undertake prevention work addressing SDH at a regional level, linked with research and evaluation

Discussion:

- How do you get regionally ‘joined up’ policies within the constraints of federalism (and changes of government)? Federalism poses opportunities and constraints.

What is the particular nature or style of research appropriate to the domain of SDH?

- FB: Looking at systems rather than individuals; considering complexity of those systems and not trying to control those factors out. This can be an issue in research applications, with NHMRC processes privileging certain methodologies. The power of comparative cross-national studies; *why do* some countries do so much better in areas of health outcomes, or do as well as others using far less resources?

Discussion:

- Swiss and Australian policy success on HIV; both countries engaged with at-risk communities and built policy response around that; evidence on outcomes took 10 years to emerge clearly, through monitoring outcomes, not any Randomised Control Trials (RCTs). Discussion of interventions linked with research should not overlook the potential value of this kind of ‘bottom-up’ approach
- Some groups such as men are not classified as ‘vulnerable’, and thus their behaviour in relation to an issues such as HIV transmission is less scrutinised or subject to research than that of people in groups defined as ‘vulnerable’ such as injecting drug users or sex workers.
- *Re Australian Research Council (ARC):* Similar problems within the ARC as being discussed here; the ERA process as not sufficiently taking account of the complexity of social sciences research.
- ARC does fund social science research in SDH space, e.g. linkage projects
- ARC has successfully funded multi-disciplinary research and made allowances for appropriate evaluation methods. There is a need for ‘normalisation’ of this kind of research within NH&MRC, and appropriate selection criteria applied for review panels, etc.
- DK: AIHW want increased access to our data for researchers; to facilitate access to our information; investment in the data linkage project. Some of the issue that policy makers need to look at are not single issue ‘silo’ issues; thus benefits of data linkage.

Discussion:

- If you see a person as *situated*, then you have to consider housing, income, different parts of the lifespan; lack of good linkage between data sets currently makes this difficult, although there has been some gains in WA

- Date linkage could also be used to understand multiple factors in an area such as child health, design interventions at a local level accordingly, and track outcomes over time, such as educational outcomes

What are the priority issues for the SDH research agenda, to influence policy in a timely way?

- LS: Linking researchers cross international borders, with interests in similar issues; linking up like minds who are creating evidence; NHMRC should not be seen as the only source of research funds; FaHCSIA is also a potential source
- FB: Considering social complexity, it is natural that SDH research agenda has a wide scope. A problem with people 're-badging' research as 'social determinants'. 'Societal determinants of health' (rather than 'social'). A greater research focus on a salutogenic approach, environments that promote good health. Noted political constraints on uptake of research in policy.

Discussion:

- In fact, policy makers don't like to be ahead of the people, they like to be behind. The way you create evidence at a political level is very complex.
- Policy is more and more managerial rather than ideological. It's not hard to see what the big policy issues are. Research needs to be relevant to conceptions of the problem; the way problems are framed; the way options for action are presented
- Need for 'brokers' on both the research and policy makers sides
- Need to talk about *both* community and societal levels of action, and about health in terms of *productivity* and *participation*.
- Is our research agenda appropriately factoring in health in other countries? The bigger problems of health are outside our borders. Also; policy responses to health inequities may appeal to benefits of economic growth, but what about the [ecological] limits to growth?
- *Response:* issues of the positives or negatives of 'growth' depend on how it's conceived, e.g. qualitative development or capability development as opposed to 'getting bigger'
- Chair: emerging themes: nature of SDH research and this as a priority for NHMRC; the issues of effective communication of evidence to policy makers

Discussion:

- Some basic issues such as the relationship between socioeconomic inequalities and health should continue to be a focus of knowledge-building research

- Two broad types of SDH research, one is the community-based, programmatic, bottom-up style of research focus on daily living conditions. The other focuses on 'higher-level', structural and policy influences on health. Very few interventions to address health issues occur at the latter level. Not enough research in the latter area, including research investigating the barriers to, and opportunities for, bringing a health perspective in to policy areas such as trade.
- How many partnership grants are there between NH&MRC and FaHCSIA or with DoHA? Research knowledge on SDH and entrenched disadvantage ought to be of interest to departments other than health
- A need for health-focused agencies such as NH&MRC to recognise a need for research focused on the 'higher-level' factors [as per comment above], which is where the research links with non-health government agencies may matter most
- Evidence on multiple, entrenched disadvantage is already available; and could provide a platform for researcher engagement across several Federal departments, about 'joined-up' responses.
- Key questions for research; what's the interface between SDH and chronic disease (and ageing)? In what way is chronic disease a 'downstream' outcome of SDH and behavioural factors, and how can different communities change what they do in a preventive way, with actions may not be focused on any specific disease risk?
- The need for more information on the exact nature of the research that NHMRC does fund was noted so that the category public health research could be examined in some detail

How to define this agenda within NHMRC?

Discussion:

- A key way to enable the NHMRC research agenda to be broadened is to have more social scientists on panels, and for such participation to be actively encouraged
- Significant concerns about integrity of the peer review of social science-based research if not enough, or no, social scientists are involved in the process
- Important that NHMRC processes not embody a rigid view of a hierarchy of quality of research. RCT methods are not necessarily superior; the 'best' methodology depends on what kinds of issues research is focused on
- The chair noted that a number of specific suggestions for needed areas of research on aspects of SDH had already been identified by speakers during the previous discussion

- Talking about inequalities requires ‘granularity’; different dimension of what ‘inequality’ means will be more or less relevant in relation to different problems, or different population segments

Session 6: Concluding session

Chair: David Kalisch

Ms Virginia Hart – Executive Director, Research Programs Branch, NH&MRC:

Ms Hart provided an overview and summary of NH&MRC responsibilities as a statutory authority under the the *National Health and Medical Research Council Act 1992*, and the range of funding schemes operated by the NHMRC. She described the four main categories of research funded being: health services, public health, clinical medicine and biomedical research; but noted that multidisciplinary research projects would often combine research in several of these areas. She noted work currently being undertaken by NH&MRC to improve the peer review process for funding applications, including to address possible conflict of interest issues within review panels. She described the nature and objectives of the main NHMRC funding schemes including:

In the area of ‘creating knowledge’:

- Investigator driven Project and Program grants.
- Targeted schemes for research on a stipulated problem/research question

In the area of capacity building:

- Ms Hart described the range of scholarship and fellowship schemes for people at different points of a research career

In the area of ‘translating knowledge’:

- The Centres of Research Excellence (CRE) program
- The Partnerships in Better Health Initiative (PBHI); to bring policy makers, practitioners and researchers together to identify a directly policy or practice relevant research issue and fund research accordingly. She described the ‘project’ and ‘centres’ components of this PBHI scheme, and suggested it may be particularly suitable for development of translation-focused research projects on SDH.

The NHMRC Act1992: <http://www.comlaw.gov.au/Series/C2004A04516>

Prof John McCallum – Head of Research Translation Group, NH&MRC

Prof McCallum described the development of the NH&MRC Research Translation Faculty (RTF) as an avenue through which researchers can advance idea for research linked to policy and practice needs of knowledge gaps, and propose priority areas to be considered

by NH&MRC for a targeted call. He suggested that this is suited to the SDH agenda insofar as the emphasis has shifted from description of the problem to translation and application. However, there may be challenges in defining what this means in a way that would suit the targeted call process.

He suggested that the project grant peer review process does presently present some obstacles for social researchers, and that the PBHI process may be more conducive as a way of advance multi-disciplinary research projects addressing the complexity of SDH.

Discussion:

Discussion following the two presentations above focused on the following main points:

- Merits and importance of disciplinary diversity on NH&MRC panels; it encourages members to think outside their discipline area
- Possible need for reform of panel structure itself, for example, to create a panel specifically focused on research proposals focused on investigating aspects of SDH
- Peer review process needs not only needs to be improved in relation to social science research, but also in relation to multi-disciplinary research
- Re Australian Research Council (ARC): ARC processes have similar issues to those discussed here; the relationship between ARC and NH&MRC needs to be part of this debate in the longer term
- The PBHI scheme may be well suited for health services research, and some research on SDH, but certainly not all. Some forms of research do not present an obvious potential partner and are better conducted independently; it can be very difficult in the current climate to engage State health departments in research partnerships

Key Points Emerging from the Discussion

Need for increased Australian investment in research on the social determinants of health:

The CSDH emphasised the importance of understanding determinants of health and equity in terms of both daily living conditions, and at a 'higher' structural or societal level in areas of social systems and culture, policy in all sectors of government, trade and globalisation.

Presentations bore out the importance of both these dimensions, and emphasised the long-term impacts of social disadvantage or exclusion on health risks and outcomes in areas such as substance abuse, mental health, and ageing. Beyond their effects on quality of life, these impacts also represent significant social and economic costs.

The overwhelming response from the participants at the Roundtable was that NH&MRC does not fund sufficient research on the social determinants of health. This was evident from each of the research areas represented at the Roundtable. Participants thought this was especially the case in terms of research that considered the more upstream and macro determinants of health. Examples given were the impact of trade treaties on health, the impact of different national welfare regimes on health and the complexity of links between national income and life expectancy.

Examples were given by the speakers of how research in their area would benefit by more research on SDH:

Prof Baum:

- Interventions, policy or social changes likely to deliver preventive improvements in health across whole populations in Australia
- Cross-national research to better understand significant differences in health outcomes between countries, and their relevance for Australia
- The good health outcomes achieved in some low- to middle-income countries, despite relatively low levels of per capita spending on health services
- Salutogenic environments: longer-term intervention research to better understand and evaluate multi-factorial changes in localised environments to promote good health
- Research on systems and their effects on health in whole populations

Prof Waters:

- Mixed methods research to understand complex social effects on health and to evaluate complex interventions
- Understanding structural and social factors impacting on obesity
- Evaluation of interventions or ‘high-level’ policy changes to address obesity, including in relation to: legislative measures, environmental change, and strategies implemented through non-health sectors

Prof Friel:

- Research focused on research translation and interventions to address social determinants of health
- ‘Higher-level’ policy impacts on health, especially in relation to non-health sectors such as Trade or Treasury; and international factors such as globalisation
- Barriers to, and opportunities for, research and action addressing health impacts of policies within non-health sector agencies

Prof Labonté:

- Research on the effects of social, political and economic institutions and policy decisions on health outcome or health inequalities within or between countries
- Greater use of cross-disciplinary research teams incorporating mixed methods to investigate ‘higher-level’ policy and system effects on health, e.g: health equity and policy, food systems and health equity.

Prof McGorry:

- Understanding effective ways to promote positive mental health, and link health promotion and treatment; especially in the key transition period of adolescence
- An increased research focus on positive capacities for mental health over the life course (and shift away from a ‘deficit’/treatment model)
- More resources to evaluate (and potentially up-scale) programs to improve mental health outcomes, including within Aboriginal communities

Prof Hickie:

- Research taking a life-course view of substance abuse, and identifying best targets and methods of intervention at different stages
- Cross-disciplinary and mixed methods research, including social research to combine individual (biological, behavioural) and social perspectives on causes and primary prevention of substance abuse
- Improved national data on mental health in relation to health and social and economic participation
- Greater research and resources to evaluate government interventions in substance abuse (and in other areas of preventive health)

Prof Kendig:

- Research on ageing, and strategies to promote active ageing, that takes account of people’s social or economic context, and of life-span factors; and on what works in different communities or population groups

Dr Al-Yaman

- Designing and evaluating health-related interventions to take better account of diversity within the Aboriginal and Torres Strait Islander population and communities

Panel discussion:

- Continued knowledge-building research to understand the relationship between social, economic or cultural factors on health inequalities
- Better understanding of the relationship between social determinants and incidence of chronic disease

- Enhanced and more effective use of linkage across a range of data sets to understand and track over time social, economic and life course factors in relation to health and other indicators such as educational outcomes
- Participatory research that engages with specific communities to develop and evaluate actions to address health-related issues

Other main points:

- A key message was that NH&MRC strategic research program does not focus sufficiently on the ‘health’ part of its mission and that there is little research focused on health equity. There was broad agreement that NH&MRC’s mission to build a ‘healthy Australia’ cannot be achieved without a strong research focus on SDH
- The NH&MRC research program has undergone significant changes over time; reducing the proportion of funding for basic, biomedical research, and putting a greater emphasis in areas of applied, ‘translation’ research and health services research. The Strategic Plan recognises the need for research and action on SDH. However, overall funding continues to be predominantly directed toward individualised interventions to treat illness or reduce behavioural risk factors; interventions which may also be targeted at a relatively small segment of the population, and short-term.
- The Roundtable was clear that there is need to shift the emphasis towards health research focused on populations and social environments, and on the salutogenic factors which promote positive health and well-being. Roundtable participants urged more research which focuses on interventions rather than more which simply describes the existence of health inequities. Interventions at a population level may often be the most cost-effective in promoting health and reducing disease.
- Health gains may be more sustainable when health research engages effectively with communities as equal partners, rather than addressing people as the target of ‘top-down’ interventions and this philosophy of working with rather than on people should also apply to research.
- There appears to be a significant need for increased and systematic research to evaluate non-government and government interventions in health promotion and disease prevention
- There was broad support for much better use of existing databases to enable cross-sectional or longitudinal population research and monitoring of relationships between social, economic or cultural factors and health behaviours, health outcomes, or health-related outcomes such as educational attainment or employment. While NH&MRC presented the recent developments in Partnership grants and the research translation faculty as important in responding to the SDH agenda many of the Roundtable

participants who were researchers were not convinced that this solved the problem. They argued instead for a defined program of research on the social determinants of health (which might have some elements of partnership and also focussed on research translation).

NH&MRC processes for assessing and funding research on SDH:

- NHMRC has made changes in the peer review process for project grants to increase the diversity of review panels and enable researchers to indicate preferences. However, discussion clearly suggested some continuing weaknesses in these processes, in not appropriately recognising or valuing (relative to other forms of research) social science research, or multi-disciplinary or mixed-methods research addressing SDH.
- Key issues raised in relation to this problem were: a) an under-representation of people with social science/SDH background and expertise within the peer review process; and b) assessment processes privileging research methodologies such as RCTs, which may be unsuitable for social science or other forms of research addressing the complexities of 'real-world' social environments and 'situated' lives. The CSDH process recognised the benefits of drawing on a range of disciplines and forms of evidence to understand and address complex social problems
- A number of ideas were canvassed for further reform of NH&MRC peer review panels
- Research funding structures in Canada appear more flexible and able to accommodate sustained, multi-disciplinary programs of research addressing SDH
- The recent development of the NH&MRC Partnerships for Better Health Initiative and the Research Translation Faculty may provide opportunities to promote or develop research partnerships and/or targeted calls focused on translation of evidence on SDH into policy and practice. However, these may not be suitable to other desirable forms of research on SDH and hence the point above about the need for a dedicated program of research on SDH.
- NH&MRC processes for defining what counts as 'public health' research (and thus reporting the proportion of funding going into that area) do not sufficiently disaggregate the range of research methods and foci that may currently fall within that category. It is not possible to tell from the available data the extent to which research is taking a public health approach let alone a SDH approach.

Relationships between researchers and policy makers:

- Presentations and discussion at several points suggested that research and evidence on SDH is potentially of considerable interest to policy makers in non-health sectors; given

its significance in areas such as social inclusion, employment participation or productivity. It was argued that realising this potential may require researchers to engage more effectively with the language and goals of non-health sectors and to frame issues, evidence, problems and policy proposals accordingly

- At the same time, others argued that there may be problems in researchers uncritically representing action on SDH as an opportunity to achieve economic goals in Australia (such as productivity gains) without taking account of the potential impacts of economic or trade policies on health inequities within or between countries, or on crucial health risk such as climate change
- Models for engagement between researchers and cross-sector action on SDH already exist, such as SA's Health in All Policies program

Draft Recommendations

Based on the discussion at the Roundtable the following recommendations are made:

- NH&MRC develop a social determinants of health research funding stream that is open to applications concerning the following:
 - Impact of macro-economic environments on health
 - Barriers and opportunities for policy recognition and action on SDH in non-health government agencies
 - The relationship between economic growth and population health outcomes
 - The social determinants of mental health, and of substance abuse
 - The social determinants of Aboriginal health including racism, the impact of colonisation
 - The social determinants of health outcomes at different points in the life course including childhood, working life, parenting and ageing
 - Development and application of health equity impact assessments methodologies
 - Assessment of interventions which address the social determinants of health and health equity
- More social scientists and social determinants researchers should be included as experts on NH&MRC panels/review committees and an expert SDH panel should be appointed
- NH&MRC should encourage greater methodological diversity in grant applications and avoid privileging one research approach over another, instead ensuring panels consider the what methodologies are both feasible and relevant in different settings

- NH&MRC should conduct a detailed analysis of what counts as ‘public health research’ including the extent of research that could be described as SDH research. This analysis could be used as a baseline to measure NH&MRC’s success in increasing the amount of SDH research

Appendices

Appendix 1

Membership of ASSA-PHAA planning group:

- Professor Fran Baum – Director, Southgate Institute for Society, Health and Equity, Flinders University (Chair)
- Professor Sharon Friel – National Centre for Epidemiology and Public Health, Australian National University
- Mr Michael Moore – Chief Executive Officer, Public Health Association of Australia
- Mr Dennis Trewin – Academy of the Social Sciences in Australia
- Dr. Matt Fisher (Executive Support)

Appendix 2

Attendees:

- Fadwa Al-Yaman (AIHW)
- Warwick Anderson (NH&MRC)
- Kylie Ball (Deakin University)
- Fran Baum (ASSA, Flinders University)
- Laurie Brown (NATSEM)
- Helen Berry (University of Canberra)
- Liz Callaghan (Catholic Health Australia)
- Annette Dobson (University of Queensland)
- Angella Duvnjak (Flinders University)
- Anne Edwards (ASSA)
- Matt Fisher (Flinders University)
- Sharon Friel (ANU)
- Diane Gibson (ASSA, University of Canberra)
- Virginia Hart (NH&MRC)
- Ian Hickie (ASSA, University of Sydney)
- David Kalisch (AIHW)
- Hal Kendig (ASSA, University of Sydney)
- Susan Kippax (ASSA, University of NSW)
- Vanessa Lee (University of Sydney)
- David Legge (La Trobe University)
- Gwynyth Llewellyn (University of Sydney)
- John McCallum (NH&MRC)
- Wayne McKenna (University of Western Sydney)
- Lisa McGlynn (AIHW)
- Patrick McGorry (ASSA, University of Melbourne)
- Andrew Podger (ASSA, ANU)
- Jerril Rechter (VicHealth)
- Sheena Reilly (ASSA, MCRI, University of Melbourne)
- Jennie Roe (ANPHA)
- Jo Salmon (Deakin University)
- Vicki Shaw (ANPHA)
- Nathan Smyth (Commonwealth Department of Health and Ageing)
- Louise Sylvan (ANPHA)
- Elizabeth Waters (PHAA, University of Melbourne)

Appendix 3

Program: Social Determinants of Health Research Roundtable	
Session 1 9:00am to 9:45am	Introduction and Context <i>Chair: Louise Sylvan</i> <ul style="list-style-type: none"> – Welcome: Warwick Anderson – Why are social determinants important for health and health equity in populations: Fran Baum – PHAA interest in the importance of social determinants: Elizabeth Waters
Session 2 9.45am to 10.15am	The Commission on the Social Determinants of Health <i>Chair: Elizabeth Waters</i> <ul style="list-style-type: none"> – A framework for understanding the societal determinants of health. What research questions does a focus on this framework give rise to? Sharon Friel
Session 3 10.35 to 11.35	What does international research suggest as important areas of focus on social determinants of health? <i>Chair: Fran Baum</i> <ul style="list-style-type: none"> – The political economies of health – An international perspective and the relevance to policy interventions on health: Ron Labonté (via teleconference)
Session 4 11.45 to 2.00	Social Determinants of health in particular areas of health: Existing knowledge & gaps? <i>Chair: Anne Edwards</i> <ul style="list-style-type: none"> – Mental health: Patrick McGorry – Substance abuse: Ian Hickie – Ageing: Hal Kendig – Obesity: Elizabeth Waters – Indigenous health: Fadwa Al-Yaman
Session 5 2.00 to 2.30	A new research agenda on the societal determinants of health & health equity –focus, priorities and transferability <i>Chair: Andrew Podger</i> Facilitated panel discussion with David Kalisch, Fran Baum, and Louise Sylvan
Session 6 3.30 to 4.15	Concluding Session <i>Chair: David Kalisch</i> <ul style="list-style-type: none"> – NHMRC Funding Schemes: Virginia Hart – Research Translation at NHMRC: John McCallum – Next steps

Appendix 4

Reference List

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- [3] Partnerships for Better Health Initiative: <http://www.nhmrc.gov.au/grants/apply-funding/partnerships-better-health>
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- [5] Nutbeam, D. (2008). Report of the review of Public Health Research funding in Australia. Canberra, National Health and Medical Research Council, Australian Government.
- [6] Brown, L., et al. (2012). The Cost of Inaction on the Social Determinants of Health, Report No, 2/2012. *CHA-NATSEM Second Report on Health Inequalities*. Canberra, NATSEM.
- [7] Canadian Institute for Advanced Research; <http://www.cifar.ca/>
- [8] Labonté et al (2011) Priorities for Research on Equity and Health: Towards an Equity-Focused Health Research Agenda PLoS Med 8(11): e1001115. doi:10.1371/journal.pmed.1001115
- [9] <http://www.thelancet.com/series/adolescent-health-2012>
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