



Public Health
England

Cross-cutting themes

Workshop series to support prioritisation
of research

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Introduction and overview

During financial year 2014/15 PHE ran a series of four workshops, culminating in five reports, on the topic areas below to specifically explore the research needs and evidence gaps within those topics:

- Obesity 9 September 2014
- Dementia 26 August 2014
- Best Start in Life 25 November 2014
- Cross-cutting themes (report only)
- Evaluation 11 February 2015

The findings and outputs from each workshop are available as a report.

A number of issues were independently raised at more than one of these workshops. This document lists those factors which are apparent in more than one topic area and are therefore cross cutting.

Findings

Data: (all three research workshops: Dementia, Obesity and Best Start in Life)

Making better use of data that has already been collected is key. Existing datasets need to be more open, and easier and cheaper to access to allow more secondary analysis/reanalysis of existing data sets, looking at different angles from those used in the original analysis. Better ability to link data across multiple sectors including health, social care, education, housing etc is needed. Further efforts should be made to learn from international comparisons, particularly in areas where research is difficult, political or sensitive. However, the difficulties in translating results meaningfully across different health and social systems were acknowledged.

Need for long-term perspective: (all three)

The long term nature and complexity of outcomes from interventions in all three areas are not easily compatible with current political, economic and funding timeframes. The long timescales involved with testing interventions in all three areas makes evaluation of success challenging. Evidence for positive outcomes, particularly from early interventions, would fall a long way outside normal funding timeframes. Research frameworks should allow for interventions with long-term anticipated outcomes and methodological development is needed to determine appropriate intermediate or alternative measures of success. PHE could play an important role in influencing the research funders in this area.

Complexity of systems: (all three)

Each of the areas is influenced by complex and interlinked overlapping systems and so systems approaches are required to tackle them, including thinking across numerous sectors rather than focusing on individual risk factors. Further research is required on how to influence across the relevant community and political systems, including health, social care, economics, recreation/leisure and housing, both locally and nationally. A single solution to creating improvements in any of the three areas will not be possible. A series of interventions is likely to be required which in combination will shift the population towards better health and wellbeing. It is important to acknowledge that demonstrating returns on interventions may not be possible from analysis of individual strands within the complex system.

Methodological research to develop approaches appropriate to research and evaluate complex behaviour within complex systems.

Significant overlap exists between risk factors for obesity and those for dementia (and other conditions), such as poor diet and low levels of physical activity and a joined up approach to improving health across areas of interest is required.

Mental health: (all three)

Mental health links to all three topics were highlighted as important areas for further research.

Environment: (all three)

All three raised the importance of social construction, communities and enabling/disabling environments as key areas for further research.

Use of language: (all three)

Currently gaps exist in the research base to understand how best to get messages across to influence across different population groups. Language use was raised as important in all three areas, both to engage, motivate and promote positive behaviours as well as to avoid stigmatisation and demoralisation.

Apps: (Obesity and Best Start in Life)

Research is needed to understand how the next generation will be using apps and what can be learned from that use. There are unanswered questions about collecting data for research from apps and how representative this data would be, as well as whether this approach works from the perspective of positive health outcomes.

Linking local authorities: (Obesity and Best Start in Life)

Linking multiple local authorities that separate local initiatives could be brought together to create the possibility of a more robust and generalisable evaluation and opportunities for comparative research would be valuable.

Natural experiments: (Dementia and Obesity)

Natural experiments can be difficult given the disconnect between different implementation environments (eg health and public health). In addition, research structures and funding timescales are often ill suited to the rapid responses required to research natural experiments relating to policy initiatives, in which the time from announcement to implementation is often too short to get an evaluation project funded, initiated and baseline data collection begun.