Guest Editorial

Making the most of public health research

The United Kingdom’s National Institute for Health Research (NIHR) spends over £1bn of government money annually on health research to benefit the ‘health and wealth’ of the UK and is one of its main funders of public health research. There is a need to better understand what public health research is needed in the future, to address knowledge gaps and inform research development. As a starting point, over the last 2 years, we have developed a working definition of public health research against which to analyse the NIHR output.

In defining public health research, we developed a set of inclusion and exclusion criteria iteratively as we applied them to the research outputs of NIHR. After many internal debates and examinations of other definitions of public health, we developed a working definition, namely that Public Health Research is: Investigations of interventions in, or studies of, populations, that are anticipated to have an effect on health or on health inequity at a population level.

This working definition, with its associated inclusion and exclusion criteria, emphasizes research at the population level over interventions aimed at individuals. It emphasizes interventions for whole populations in which individuals are not making separate, conscious choices or do not need to go through clinical assessment or referral. Inclusion criteria include screening programmes, the evaluation of care pathways and assessment of health inequalities as an outcome. The definition excludes research into the treatment of individuals and, importantly, individual secondary prevention interventions.

Using this definition and its criteria we reviewed research funded by the NIHR between 2006 and 2016. The review revealed the significant investment within these parameters. Over 4000 studies were funded, 1217 of which were classified as public health research. Within the NIHR, public health research is specifically supported through the Public Health Research Programme (PHR) and the School for Public Health Research (SPHR); however the review also demonstrated that public health research was evident across all NIHR research programmes and schools.

To understand the types of public health research that NIHR was funding we then categorized the studies according to the four domains of the Public Health Outcomes Framework (PHOF). Domain 1 of the PHOF focuses on the wider determinants that affect health and wellbeing of populations and health inequalities. Research into these wider determinants of health is of increasing interest, evidenced by the ‘Improving the health of the public by 2040’ and ‘Future of Health’ reports highlighting importance of prioritizing research into the social determinants of health inequalities and approaches to their reduction.

Our analysis estimates that only 6% of public health studies were coded to Domain 1. This suggests that research focused on the wider determinants of health needs to be prioritized by NIHR. The low numbers of projects with a focus on the wider determinants of health is consistent with previous analysis of NIHR public health research. When this earlier analysis was undertaken the specific NIHR public health research funding streams were still in their early stages of development. Despite those funding streams now being well-established with significant research output, there has been little shift from the 5% figure for wider determinants seen in that earlier study.

This limited shift begs the question of whether the structures and remits of the NIHR as a whole, and its programmes and schools, maximize the potential for research into the wider determinants of health.

Reflecting on our analysis we suggest that research funds need to be directed beyond the confines of biomedicine or of studies focused on simple, short-term and individual-level health outcomes. As a research funder NIHR could call for broad approaches that encourage transdisciplinary teams to address the complex challenges facing our population. Wider determinants of health are more commonly affected by the work of local government and the third sector than by the NHS, and research teams need full involvement of these key stakeholders. Research needs to be supported in non-NHS environments by research infrastructure to mirror that enjoyed in the NHS. And the findings of research into the wider determinants need to be communicated effectively to the wider transdisciplinary audience who can use them. As things stand, the overall mixture of public health research funded by NIHR is not maximizing its potential to assist local government in challenging the major public health issues of our time. If we are to properly inform public health action, a shift in overall direction is needed towards research into the wider determinants of health in order to meet the needs of the population.
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References


