Developing a remote and rural public health research agenda for NoSPHN?
A discussion paper
Louise Wilson and Hugo van Woerden

Action: members are asked to discuss NoSPHN’s role in relation to a remote and rural public health agenda and agree next steps as appropriate.

1. **Context:** NoSPHN has over time considered its role in relation to the remote and rural public health research agenda but this has not been actively progressed (nb note of previous discussion / paper attached as Appendix 1). Recent discussion has highlighted the opportunity to review this.

2. **Some questions as prompts to the discussion:**
   - What does research mean in the context of NoSPHN?
   - What does applied health research mean in the context of NoSPHN?
   - How do we (NoSPHN/NoS Boards) currently link to academic centres: do we need to initially; do we want to; how do we shape the research agenda – is that feasible or is it money that talks?
   - How might we catalyse effective knowledge translation approaches to improve the delivery of public health in the NoS particularly as applied to the remote and rural setting?
   - How might we build inter-disciplinary and inter-professional capacity for the generation, synthesis and application of public health research particularly as applied to the remote and rural setting?
   - How might we impact on the advancement of knowledge and on the health of the population?
     - What are our strengths?
     - What are our weaknesses?
     - What are the opportunities?
     - What are the threats?
   - Do we need to rethink how we approach our projects and the learning from them (not all about grants etc)
   - Is our focus being “nonresearch active”?¹

¹ [www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf](http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf)

General attributes of nonresearch – the purpose of the activity is to identify and control a health problem or improve a public health program or service; intended benefits of the project are primarily or exclusively for the participants (or clients) or the participants’ community; data collected are needed to assess or improve the program or service, the health of the participants or the participants’ community; knowledge that is generated does not extend beyond the scope of the activity; and project activities are not experimental.

Other attributes, such as publication of findings, statutory authority (see discussion in next section), methodological design, selection of participants, and hypothesis testing or generating, do not differentiate research from nonresearch, because these types of attributes can be shared by both research and nonresearch activities.

A nonresearch activity can develop or contribute to generalisable knowledge after the project is undertaken even though generating this knowledge was not part of the original purpose. In this case, because the purpose was not to develop or contribute to generalisable knowledge, the project is not classified as research at the outset. However, if subsequent analysis of identifiable private information is undertaken to develop or contribute to generalisable knowledge, the analysis constitutes human research that now requires further consideration under 45 CFR part 46.
3. **Should NoSPHN be supportive of progressing a remote and rural research agenda the following are offered for discussion**

**Draft objectives**
- Give focus to a remote and rural public health research agenda in Scotland
- Promote the network and its activities - becoming a publication active network
- Encourage / seek collaborations in remote and rural public health research
- Commission research
- Influence others research agendas
- Support the delivery of / implementation of research

**Initial actions** - identify some quick wins for the network and start small
- Map current activities / arrangements / academic partners
- Aim to share our routine work and learning in the published literature – with a view to moving toward research?
- Horizon scanning for research / funding opportunities (Hugo has access to a web resource)
- Good Clinical Practice training for a dozen staff (no one allowed to do research with having completed)
- Support by NoSPHN to one or more joint grant applications/IRAS\(^2\) applications which involve NoSPHN partners
- Share proposals with Research Leads / Managers in NoS Boards
  - NHSG – Julie Brittenden
  - NHSH - Frances Hines
  - NHSO – Louise Wilson
  - NHSS – (tbc)
  - NHSWI – Martin Malcolm

Version 03.03.15 (pf)

\(^2\) [http://www.hra.nhs.uk/resources/applying-for-reviews/integrated-research-application-system-iras/](http://www.hra.nhs.uk/resources/applying-for-reviews/integrated-research-application-system-iras/)
NoSPHN - Remote and Rural Public Health Research agenda

At our last NoSPHN Steering Group we discussed a previous NoSPHN workplan suggestion to explore the potential for developing a NoSPHN Remote and Rural Public Health Research agenda. The purpose of this paper is to assess support for this and if so begin to identify an agenda /issues.

Below are some questions to initiate discussion on which comments are welcome. For the purposes of this exercise I am assuming the focus is public health research in a remote and rural context (you may however feel we could look to public health research across the NoS which may not necessarily have a remote and rural specific focus)? I’m also assuming these questions apply to all forms of research and from for example dissertation studies to major programmes of work (these questions have previously been circulated by e-mail).

1. Does your Board have an established / coordinated Public Health remote and rural research agenda? If so please provide brief details (research programmes ongoing / key contacts etc) or
2. Are you and members of your department currently involved in any public health remote and rural public health research (this may be being directly delivered, contributed to or commissioned by yourselves)? Please give brief details.
3. Have you or your department identified public health remote and rural research questions which might benefit from a regional approach? (eg coordination across Boards, benefits of larger numbers, comparative approaches, access to funding)? If so please give details.
4. What might be the purpose of a NoSPHN public health remote and rural research agenda? (egs delivering / commissioning research, influencing others research agendas)?
5. What would be the benefits of NoSPHN developing a public health remote and rural research agenda?
6. What would be the challenges to NoSPHN developing a public health remote and rural research agenda?
7. Who would be the other key partners with whom we should engage if we were to develop this agenda eg NoS University Departments, Centre for Rural Health, Board research coordinators, other public health departments/ organisations in Scotland with remote and rural interests, international interests?
8. Would you prioritise the development of a public health remote and rural research agenda for NoSPHN this year 2010 - 2011?

Comments have been received from NHS Western Isles to date – as attached.
Pip Farman 18.08.10

Excerpt of minute of NoSPHN meeting - 25.08.10

Speaking to the paper circulated Pip highlighted questions in respect of the potential development of a NoSPHN remote and rural research agenda. Pip advised that she had received responses to an e-mail circulation from NHSWI (attached) and two responses from NSHG which had indicated a need for Remote and Rural research in dentistry, a willingness to share current work and processes (eg research tender details) and the need for clarification on national work which may impact eg rural poverty indicators. Discussions highlighted that there were pockets of work ongoing, and that there might be a benefit to staff networking on issues. Members felt it was necessary to make the distinction between remote and rural research and research that was ongoing in remote and rural areas. Of particular concern was gaining an understanding of the impact of the current economic climate and how this might be monitored in terms of inequalities. It was also felt that it was important to understand what was going on nationally – noting that the Faculty Specialty Advisers had recently called for a more robust approach in their annual reports and Lesley too had noted the issues in her DPH annual report. It was proposed that further work should be undertaken to gather questions from Boards and then share these with the NoS academic departments (eg Aberdeen, RGU, UHI) and review how best to influence their streams of work and capacity to undertake work on the questions raised. Lesley agreed to approach Robert Gordon University and Aberdeen University contacts in the first instance to explore approaches with them.
1. Does your Board have an established / coordinated Public Health remote and rural research agenda? If so please provide brief details (research programmes ongoing / key contacts etc) or Developing corporate research programme which will include as key area public health remote and rural research – coordinated by myself and supported by Research officer in Public Health Intelligence team – Dr. Gareth Davies.

2. Are you and members of your department currently involved in any public health remote and rural public health research (this may be being directly delivered, contributed to or commissioned by yourselves)? Please give brief details.
   - Collaborating on research project with Sheffield University into influence of rural deprivation upon CVD screening.
   - Participating in research led by Edinburgh University into 'The impact of bilingualism on dementia and of dementia on bilingualism in the Western Isles of Scotland’

3. Have you or your department identified public health remote and rural research questions which might benefit from a regional approach? (eg coordination across Boards, benefits of larger numbers, comparative approaches, access to funding)? If so please give details.
   - Developing research question register for Western Isles NHS which will include public health remote and rural research themes.
   - Collaborative approach across the North would provide potential for building capacity in some of the less research active Boards and provide greater access to financial resources and research skills.

4. What might be the purpose of a NoSPHN public health remote and rural research agenda? (egs delivering / commissioning research, influencing others research agendas)?
   To commission and collaborate where appropriate in research activity.

5. What would be the benefits of NoSPHN developing a public health remote and rural research agenda?
   To pool resources and develop/commission research particularly relevant to North of Scotland. Also, to develop capacity within the North to participate in such research.

6. What would be the challenges to NoSPHN developing a public health remote and rural research agenda?
   Find financial resources and time to develop research activity.

7. Who would be the other key partners with whom we should engage if we were to develop this agenda eg NoS University Departments, Centre for Rural Health, Board research coordinators, other public health departments/ organisations in Scotland with remote and rural interests, international interests?

8. Would you prioritise the development of a public health remote and rural research agenda for NoSPHN this year 2010 - 2011?
   Perhaps or possibly following year.

9. Assuming these questions generate more questions than answers - further comments / questions welcomed.
   I am in presently hoping to agree a £30k research endowment fund for WI R&D and looking to establish research priorities which will I’m sure include public health remote and rural research questions. Aim is as well as to commission relevant research to build local capacity where possible. Do other Boards have similar funds and wondering whether they are open to researchers from other Boards intending research in relevant area (question I’m considering for our fund)?