Embedded Research

"In at the deep end: public health academics learning to sink or swim in practice settings"

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The symposia will begin with an overview of what we know about innovative approaches to knowledge exchange in public health, followed by three 20 minute oral presentations that will describe different approaches to embedded research. The chair, Professor Rosemary Rushmer will offer additional comment, prompt debate and invite questions and comments. Delegates will be invited to contribute their ideas and experiences about the pros and cons of embedded research across the public health and wellbeing community.

Papers

Embedded research in public health: some reflections "between you and me" by Behnam Khazaeli and Mandy Cheetham,

This paper will describe the plan to appoint a 'researcher in residence' part-time in a local authority public health team to support the use of evidence and evaluate the delivery of an 'integrated wellness model', a preventive, asset-based approach that support's individuals, families and communities to improve their health and wellbeing. We outline the theory and reality of this methodological approach, drawing on the perspectives of the host organisation and the researcher. We highlight the challenges and opportunities of a University and Local Authority collaborating in this way, including ethics and timing, what happened as a result, how the findings were used, and reflect on what we have learned about efforts to ensure evidence informed public health service developments, with a view to sharing transferable messages.

Intention to consider a cumulative impact zone for alcohol licensing in a North East Local Authority: from research to implementation by John Mooney, Julie Parker Walton, Frank De Vocht, Gillian Gibson.

A local authority (LA) public health team in North East England presented the case for a cumulative impact policy (CIP) for alcohol licensing to the local Health and Well-Being Board (HWB). Recent

alcohol morbidity data in Local Alcohol Profiles for England confirmed that the area's very high hospital admissions coincided with evidence from an embedded researcher (JM) of an association between strong licensing policy and lower levels of admissions for drink-related problems^[1]. JM was also able to provide reassurance on workload implications for licensing officers, on the basis of previous case study research work with other LAs. The HWB had identified alcohol as a priority so were receptive to the CIP proposal and recommended it for inclusion in the revised licensing policy. Even in risk averse councils not accustomed to policy innovation, there are often windows of opportunity that can be used to advance public health. Embedded researchers with directly relevant experience can help to catalyse the process of transforming research evidence into policy decisions.

^[1] F De Vocht, Jon Heron, Colin Angus, Alan Brennan, John Mooney, Karen Lock, Rona Campbell, Matthew Hickman: *Measurable effects of local alcohol licensing policies on population health in England*. Journal of epidemiology and community health 11/2015; DOI:10.1136/jech-2015-206040

A co-production approach to public health evaluations in North-East England using embedded researchers by Grant McGeechan, Lisa Anderson, Gillian O'Neill, Dorothy Newbury-Birch.

This talk outlines the results of an on-going co-production evaluation initiative between a university and a Public Health Department of a local authority. Nine projects are currently under evaluation using this model, involving two academic researchers and five public health portfolio leads. This model works with a researcher-in-residence framework whereby local authority staff spend time at the university developing research skills and researchers spend time at the local authority learning about the culture and processes involved in shaping public health policy.

This work has resulted in a number of positive outcomes: we have developed a pathway for conducting evaluations within the local authority which involves both university ethics and local authority approvals; and we have helped to shape future public health services by ensuring that consent to share data is built into all new services. Finally, the results of two evaluations have led to the re-shaping of existing services.