SDHI STRATEGY 2014-2018

Connecting to transform lives

sdhi
Social Dimensions of Health Institute
Building bridges

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Strategy 2014-2018

communities to engage in research, knowledge mobilisation and capacity and capability building to improve health, wellbeing and social participation of people over the life course.

We will work more closely with **communities** to develop research that is of immediate benefit to them, and we explicitly recognize the value of engaging with community strengths, skills and **assets**. As we continue our many fruitful collaborations with our partners in the health service, we will develop new relationships with social care, public health, and non-governmental organisations, the so-called 3rd sector.

With 'Building Bridges' we have begun to develop many international links. This is vital for the 'Connecting to Transform' strategy and will be further developed in the coming years, especially the focus on **key strategic international partners** in Europe, North America, Brazil and Australia. SDHI has received much positive recognition internationally for its work across universities and disciplines. Now, we will not only continue to 'build bridges' but to effect change in outcomes that are meaningful to communities. The academic strength of SDHI has been – since its inception – its anchoring in the **social sciences**. Human geography, psychology, sociology, anthropology are the foundations that link our work to applied disciplines such as nursing, the allied health professions, medicine, dentistry, social work and community education, applied computing, health care management, architecture and town planning, and the environmental and life sciences. Over the past three years, we have also engaged directly with arts and design, and we see incredible value in connecting with these creative partners in our **transformation**

Introduction to 'Connecting to transform lives'

The SDHI strategy for the years 2014-2018, we have entitled **'Connecting to Transform Lives'**. It builds on the 10 years of successful, interdisciplinary, collaborative and innovative SDHI work and is a continuation of 'Building Bridges'. 'Connecting to Transform' emphasises the focus on **social and health-related impact**, and it stresses that this is best achieved through partnership working. We aim to connect the best expertise, **locally, nationally and internationally** across **academia, practice, public and non-statutory partners and**

Overview

The Social Dimensions of Health Institute (SDHI) is a platform for a broad i**nterdisciplinary research and knowledge exchange network that spans the Universities of Dundee and St Andrews**. It brings together researchers with **complementary expertise and skill profiles** to enhance efforts to understand and explain the **social dimensions of health, wellbeing, participation and healthcare**.

The institute subscribes to a broad conceptualisation of health that encompasses well-being, social participation and societal inclusion. Research is undertaken and supported at the **individual, organisational and socio-political and environmental level.** Research conducted by SDHI researchers is focused on research problems, which due to their complexity necessitate **inter- and trans-disciplinary collaboration**. In addition to understanding the context, causes and consequences associated with the social dimensions of health, SDHI is concerned with generating evidence with regard to **interventions that lead to social and health-related changes, reduce inequalities, advance inclusion and empower individuals and communities**. Moreover, we seek to understand how the **organisation, coordination and effectiveness** of health, social and non-statutory services affect staff, service users and the wider service use environment. SDHI research will draw on **asset-based approaches** that will harness and strengthen community and individual resilience, knowledge and skills.

The institute supports collaborations between academics with backgrounds in diverse social and health sciences, as well as arts,

agenda, especially in the area of participatory agenda setting and community engagement.

To summarise SDHI's focus and emphasis: We will offer a **social science anchored, interdisciplinary platform of expertise that will work with communities** to achieve **social justice**, equitable access to services and **participation** opportunities, and produce safe and effective conditions for health and wellbeing. SDHI aims to combine **high quality research with a compassionate human rights based approach**.

services that seek to improve health, wellbeing and social inclusion of the population.

Aims

SDHI combines **high quality research with a human rights-based ethos**. It aims to both deliver and promote the delivery of international quality, interdisciplinary research and knowledge exchange around the social dimensions of health, well being and social participation and the organisation, coordination and effectiveness of services concerned with them. Specifically, SDHI aims to

✱ Increase the **quantity and quality of interdisciplinary research** within the Universities of Dundee and St Andrews in relation to the social dimensions of health, well being and social participation and the organisation, co-ordination and effectiveness of services and thus to maintain and improve the research ratings of relevant disciplines and academic units

✱ Establish and **maintain a multidisciplinary research and knowledge exchange environment and network** that facilitates strategic academic collaboration between researchers from the Universities of Dundee and St Andrews and beyond

✱ Promote **creative and innovative thinking** in a multidisciplinary knowledge and skills environment

✱ Develop and support sustainable **national and international collaborations and networks** to contribute to the knowledge base and mobilisation about social dimensions of health, wellbeing and participation.

computing and humanities. It also encourages joint working with professionals in health and public services, third sector organisations and businesses. Further, SDHI will **support local communities and non-governmental organisations in the design and evaluation of innovative programmes** that seek to improve public health and social participation.

Vision

SDHI will be an **internationally recognised institute of excellence for innovative interdisciplinary applied research into the social dimensions of health, wellbeing and participation** as well as the

* Develop **effective collaborations with health, social, voluntary and public sector organisations and the business community** to facilitate the knowledge mobilisation and evidence-based practice and policy

* **Support a human-rights and social justice-based agenda** underpinned by robust scientific research

* Develop **interdisciplinary research capability and capacity** at the intersection of social, health-related, environmental sciences and arts and the humanities

Strategic approach

The value and activities of SDHI rest on three pillars: programmatic research, knowledge exchange, and capacity and capability building.

1. Programmatic research

The ever increasing academic and professional network of SDHI ensures relevance, rigour, and currency and affords opportunities to effectively combine skills and competences to maximise focus, excellence and impact. The research strategy builds on research strengths within SDHI. Research initiated, brokered, supported and conducted by SDHI is clearly anchored in the social sciences and public health. The combination of an evidence-based approach with a human rights and social justice focus seeks to advance our understanding of social and individual-level factors that compromise health, wellbeing and social participation of populations. '*Connecting to transform lives'* sees a shift of research towards impact and transformational change. We will work closely with relevant stakeholder communities, locally and globally, in partnership to design, conduct and disseminate research that has the potential to make tangible differences to communities and individuals. SDHI emphasises flexibility and responsiveness in its research approach, which is underpinned by a new refreshed financial strategy. We aim to make our research programmes dynamic and responsive to community priorities, population trends, changes in health and social policies and linked to a wide range of practice settings, economic, social and natural and built environments. SDHI research is proactive in the anticipation of future trends as well as responsive to current evaluation needs. Research

Meeting Global Challenges Through Interdisciplinarity

quality and rigour, international reputation and recognition, community and practice relevance as well as coherence and transorganisational collaboration are critical for SDHI. It focuses on four principal themes that have an impact on population health, wellbeing and participation:

Demographic change, environmental impact, economic development, and technological advancement (see Figure 1).
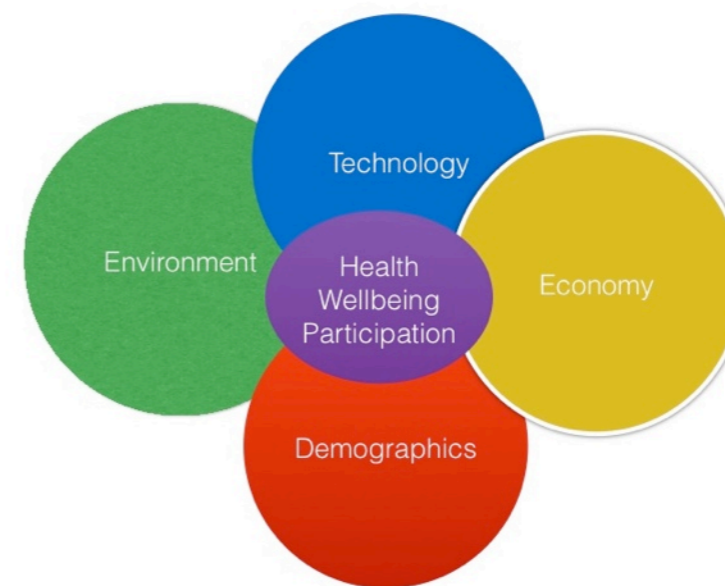
Figure 1. Meeting Global Challenges Through Interdisciplinarity.

The framework is dynamic and includes a range of concentric rings that represent disciplinary backgrounds, area of focus (social dimensions) and environmental context. Each ring moves, allowing segments to align in new innovative ways.

Examples from ongoing transdisciplinary research
Doctoral student explores the meaning and role of urban greenspaces in the health and wellbeing of people with early stage dementia (co-supervised by SDHI researchers in Geography and Nursing)

Figure 2. Framework underlying SDHI Research Programming

Figure 2 displays the approach that underpins the research into the social dimensions of health. At the centre is the research problem or topic, which is generated from the point of community and/or practice relevance and addressed with different social research methodologies. The expertise is found within different disciplines that collaborate in a particular research or knowledge exchange effort. Examples are provided in the box on the left. The outer layer represents the context in which this research is undertaken. This may in some cases be a local, in others a national or an international context. The context also refers to the setting or environment in which the research is undertaken, a hospital, communities, urban vs. rural environments, a face-to-face or virtual setting.

Operationally, implementing the research strategy will be achieved through

* **Building multi-disciplinary teams** with a diverse skills set to tap into a wide array of funding sources

* **Engaging with relevant communities** and individuals throughout the research process

* **Securing programmatic project grant funding** for research

* Conducting **high quality research evidenced by publications** in peer-reviewed journals

* **Organising international conferences and regional knowledge exchange events**, open days, and public engagement activities

✳ **Connecting with existing research, practice and knowledge networks and communities of practice** to maximise joint impact

SDHI research themes

Researchers working within and with SDHI are also affiliated to 'home' schools or departments within the Universities of Dundee or St Andrews, and they lead or contribute to programmes and themes within those schools or departments. SDHI aims to add value to the research environment that will be crucial for Research Excellence Framework (REF) assessments by supporting innovative, interdisciplinary research, creating links and promoting 'cross-fertilisation as well as through complementing research capacity and capability building. In the 'Building Bridges' strategy document we

outlined two strands of research '*social dimensions of health, well-being and participation*' and '*human resilience and capabilities*'. In this strategy 'Connecting to transform lives' we have combined the two strands in a single programme of research that is focused on the '**Social dimensions of health, well-being and participation'.**

Work within the programme explores the significance of 'context' for people's health and efforts to improve it. We take a broad view of 'environments' (including for example geographical considerations of space and place, anthropological considerations of culture in healthcare organisations, design considerations of technological adaptations to support health and well-being, and research assessments) and 'relationships' (attending to both relative positions and interactions). It has a strong emphasis on advancing social inclusion and enabling participation, and is increasingly making use of insights from asset-based conceptualisations as well as rights-based approaches to encourage a broad evaluative space for interventions intended to improve the lives of populations and individuals. Examples of recent and current topical focus areas of work include:

Violence

➡ Explorations of youth and domestic violence as a public health issue in Scotland.

➡ Domestic abuse directed at disabled women

Aging, Disability, Rehabilitation and Health

➡ Barriers and facilitators to physical activity for people with disabilities in the community

➡ Real time data collection of demand and control situations

Geographies of health and participation

➡ Natural disasters and community vulnerabilities

➡ Social geographies of health and wellbeing

➡ Environmental accessibility and transportation for people with disabilities

Patient experience

➡ Sources and uses of feedback about patient experiences for quality improvements in primary care

➡ Improving Patient Experience of Care (IPEC)

Organisational learning and knowledge mobilisation

➡ The role of knowledge exchange networks for policy makers, practitioners, and researchers in promoting self care in long-term conditions

➡ Improvement Science Collaboration

2. Knowledge mobilisation and exchange

Knowledge mobilisation and exchange is the second pillar of SDHI activities. It is closely linked to the programmatic research and capacity and capability building element. It involves close collaboration with the strategic

➡ Measurement of outcomes in community-based stroke rehabilitation

➡ Arts based interventions for people after stroke

Employment, disability and long-term conditions

➡ Last days of lives of people with learning disabilities

➡ Respite care for adult care givers

Work stress

➡ Sources and implications of work stress on health professionals

3. Research capacity and capability building

The efforts to develop academic skills and research capacity are linked to the programmatic research areas and indicative of the social dimensions of health. We aim to

➡ Enhance multidisciplinary postgraduate and post-doctoral mentoring and supervisory capacity

➡ Develop a high quality, multi-disciplinary research skills environment

➡ Assist individuals in developing research career pathways

Operationally, this will be achieved through, for example

➡ Applying for and supporting of applications for PhD studentships, post-doctoral and other research training fellowships;

Grant and publication writing groups

➡ Providing supervision for PhDs in areas relevant to social dimensions of health, well-being, social participation and healthcare

➡ Supporting promising researchers to secure and deliver on their first research grants as principal investigators.

partners of SDHI. We will continue our work in this area, increasingly with an international focus.

✱ Hosting topic-focused symposia, knowledge exchange events, discussion days;

✱ Organising an annual external speaker series;

✱ Holding a bi-annual international conference or symposia;

✱ Engagement with the public through 'science in the public interest days'

Operationalising the strategy

We will continue our strategic focus with an emphasis on the following five core objectives, which will form the aspirational basis for the time period 2014-2018.

1. Identify and pursue key interdisciplinary programmatic areas of research focused in the social dimensions of health and health care that lead to tangible improvements in population health, well-being and social participation

While continuing to be a broker of a diverse range of interdisciplinary research with high policy relevance. Programmatic research also involves the development of a grant portfolio that moves beyond exploratory to intervention research. Apart from the focus on a programmatic core, it is vital for SDHI that it supports emerging research topics, which have the potential of becoming programmatic key areas of the future.

2. Maximise collaborative efforts with other community organisations, other networks, and centres and to take a leadership role in convening conferences, knowledge exchange events and public engagement activities focused on bridging the dialogue between research, practice and policy.

SDHI is just one among several multi-disciplinary research platforms across the two universities. While it needs to retain its topical focus on the social dimensions of health, it will also creatively and strategically engage with other research networks, centres and organisations to achieve joint working, increase visibility, and maximise output and impact. Partnering with these networks may also provide opportunities for research teams to form around shared knowledge exchange events, grant calls and capacity and capability building activities.

3. Broaden and diversify the funding base through strategic partnering and a combination of programme grant, response mode, and investigator initiated funding

Strategic partnering can help broaden the grant opportunities to SDHI researchers. Examples include the involvement of partners from non-health disciplines in the arts, social sciences and engineering and computing, which will provide access to all research councils. The Alliance for Self Care Research (ASCR) and the Centre for Environmental Change and Human Resilience (CECHR) are two

examples of existing strategic research partnerships for SDHI, which augment the collaborative potential in research, knowledge exchange, and dissemination. Research partnerships with sites in other parts of the UK will allow us to apply to NIHR and other England-based funding bodies. Finally, it is critical that we develop opportunities with international partners, which so far has largely been untapped. European Union Horizon 2020, European Science Foundation, pan-European charities. Further, we aim to extend collaboration with

Australian and USA partners to submit joint funding bids and engage in knowledge mobilisation activities.

4. Develop SDHI further as a key broker of interdisciplinary applied research between Dundee and St Andrews universities, and partners in the communities, public sector and private enterprises

Over the past 10 years, SDHI has developed critical relationships with NHS partners, NHS organisations such as HIS, NES and others. Capacity and capability building activities, such as the apprenticeship scheme and grant writing groups have been developed in close collaboration. Strengthening this collaboration will be a key focus. The links with the NMAHP Research Unit at the University of Stirling will play an instrumental role as well as with local partners in NHS Tayside and Fife. Beyond that, new strategic partners have been emerging within the third sector (e.g. YMCA), especially in the area of disability and health (e.g. Stroke Association). Furthermore, it will be critical to engage with technology developers and the business community. We have begun this in 2013 with an energy provider (Scottish and Southern Energy). SDHI is uniquely positioned to create learning days and knowledge and evidence sharing events with these partners. Finally, SDHI will seek the engagement with the public to enter a dialogue about its research to ensure societal relevance and feedback.

5. Expand international collaboration to foster recognition of SDHI's research beyond Scotland
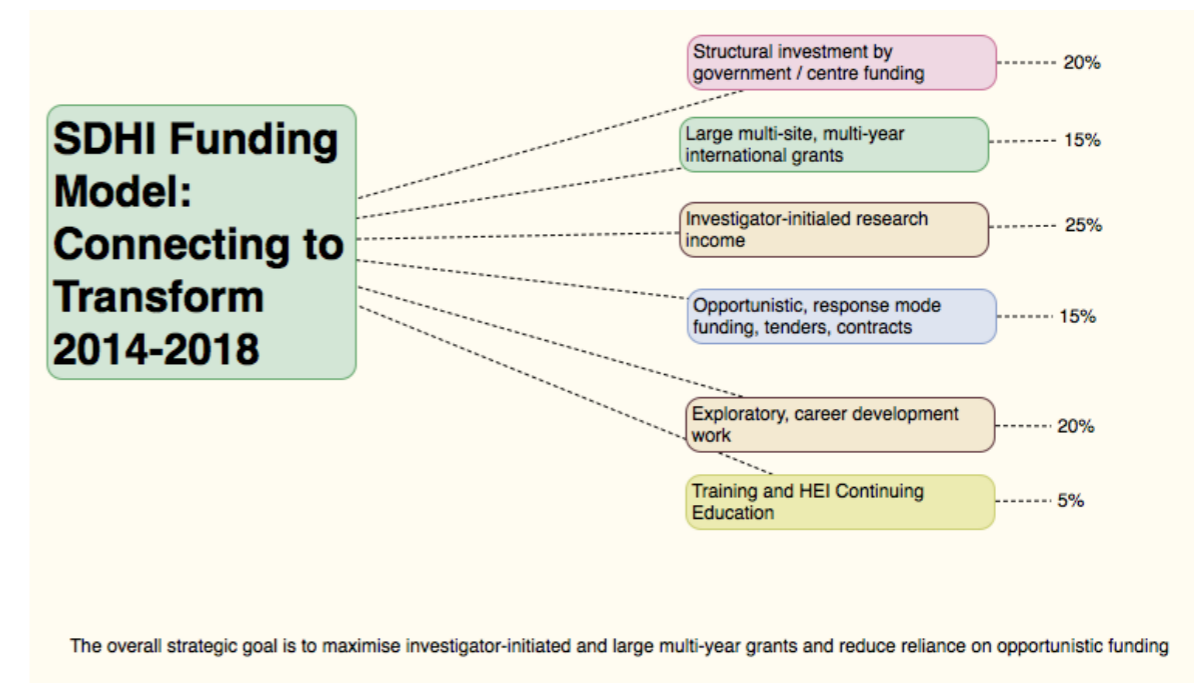
SDHI researchers have been developing collaborative relationships with colleagues in Australia, North America and Europe. The social dimensions focus is a global one. Joint working on grant applications,

Funding model

We have refined our funding model as seen in the illustration below. The strategic aim is to reduce attention on small, exploratory funding and opportunistic or response-mode funding and to increase attention to large, multi-year collaborative, international grants and senior investigator initiated research income.

SDHI Funding Model: Connecting to Transform 2014-2018

Structural investment by government / centre funding	20%
Large multi-site, multi-year international grants	15%
Investigator-initialed research income	25%
Opportunistic, response mode funding, tenders, contracts	15%
Exploratory, career development work	20%
Training and HEI Continuing Education	5%

The overall strategic goal is to maximise investigator-initiated and large multi-year grants and reduce reliance on opportunistic funding

co-hosting of knowledge exchange events, seminar invitations, and co-facilitated research symposia can enhance the SDHI 'brand' beyond national boundaries. We are engaged at present with many partners in the United States (e.g. Washington University, St Louis; University of Arizona; University of New Hampshire), Brazil (University of Santa Maria) and Australia (University of Technology, Sydney). We will build on existing relationships to turn these into key partnerships with tangible outcomes.

SDHI provides a unique platform to operate effectively and flexibly across all funding levels. For the past 10 years, we have led or facilitated a large number of interdisciplinary projects and ventures and generated substantial grant funding. With an increasing international outlook of SDHI, we aim to broaden our funding beyond national sources. For example, in 2013 we contributed to a funding application to the National Cancer Institute (NCI) in the United States through our sister platform FRED (Family-Focused Research, Education and

Development), which we launched early in 2013. We see Horizon2020 as one of the funding portfolio that will be relevant for SDHI in the next 5 years.

Governance structure and processes

Organisational structure

The Institute is co-jointly operated by St Andrews and Dundee universities, and thus accountable to both. Over the course of its existence the governance structure and processes have been revised. Initially, SDHI was located administratively in the Principal's offices of Dundee and St Andrews. The Dundee side of the institute was subsequently relocated in the College of Medicine, Dentistry and Nursing and with a change in directorship its administrative base moved to the School of Nursing & Midwifery, the Co-Director's home

department. The administrative base for the St Andrews Co-Director is the School of Management at St Andrews University.

Leadership and management

SDHI is jointly led by two directors, Professor Thilo Kroll, School of Nursing & Midwifery at the University of Dundee, Professor Huw Davies, School of Management at the University of St Andrews.

The two directors are supported by a multidisciplinary team of Associate Directors representing both universities. These include Dr Gözde Ozakinci (School of Medicine, University of St Andrews), Professor Peter Donnelly (School of Medicine, University of St Andrews), Professor Martyn Jones (School of Nursing & Midwifery, University of Dundee), Dr Edward Hall (School of Geography, University of Dundee).

4-6 weekly SDHI management team meetings, alternating between St Andrews and Dundee will ensure shared decision-making, regular monitoring of progress and goal setting. The strategic direction of the Institute is informed by strategic research priorities in the respective universities and home departments of SDHI researchers.

The strategic objectives of SDHI will be reviewed on an annual basis.

Day-to-day management and operations

The day-to-day management of the institute between the two universities is carried out by the Institute Manager, Dr Fred Comerford and the Institute's Administrative Co-ordinator, Mrs Rosanne Bell. Both are based in the SDHI office in Dundee.

Appendix: Goals and Activities 2014-2018

Goals	Activities	Outputs	Impact
Research			
To develop programmatic research To support investigator-initiated grants To develop research with immediate relevance to communities and populations	1. Organise and hold topic-specific research meetings with the aim of developing funding applications 2. Write modular programme grants 3. Regular scan of research funding data bases 4. Joint meetings with research offices in St Andrews and Dundee 5. Organise individual meetings with investigators to support the grant development process 6. Meetings with community groups, service user organisations	Multi-site, multidisciplinary programme grants Investigator initiated grants Participatory research grants	Sustainable grant income for SDHI Strengthened evidence base in key areas such as patient safety, violence prevention, natural hazards and health and wellbeing; rehabilitation and recovery, disability support
Knowledge mobilisation and exchange			
To broaden the international focus of SDHI To organise and lead on interdisciplinary knowledge exchange events To enhance the dialogue with the wider public	1. Organise an international conference 2. Co-host knowledge exchange fora 3. Engage with public events such as science festivals 4. Apply for workshop funding 5. Support topical workshops (eg. employment after cancer) 6. Revised social media strategy with event-blogging and live Twitter-Feeds; enhanced interactivity	International conferences Knowledge exchange events Topical workshops Public engagement events Connections newsletters Webinars	International 'brand name' recognition Increased awareness in the academic and practitioner communities about research evidence in key topic areas, Tools to apply evidence in practice co-developed; Greater public awareness and engagement in research conducted by SDHI
Capacity/capability building			
To develop and support postgraduate and postdoctoral research and dissemination To grow the number of multidisciplinary researchers	1. Apply for doctoral studentships/ postdoctoral fellowships 2. Setting up of grant writing groups between St Andrews and Dundee 3. Setting up writing and dissemination group 4. Co-supervision of PhD students shared between St Andrews and Dundee 5. Post-doctoral and early career research retreats 6. Employ research fellows on programme grants and research projects	New PhD students or postdoctoral researchers Grant writing and dissemination resources for doctoral and postdoctoral researchers Annual Postgraduate Retreat	Retain well qualified researchers Evidence of career progression in terms of grant involvement, PI roles, publications, international conference presentations