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From “CLAHRC” to “PaRC”

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A decade of “CLAHRCs”



“Collaboration for Leadership in Applied Health Research & Care”

- Leeds, York, Bradford (LYBRA) & South Yorkshire pilot CLAHRCs both funded from 2008 to 2013
- Joined forces and formed the Yorkshire & Humber CLAHRC funded from 2013 - September 2019
- Legacy of over ten years of collaborative public health research, capacity building and knowledge mobilisation across the region

CLAHRC's core principles

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- Engagement
- Co-production
- Capacity building
- Addressing inequalities

- Engagement involves sharing research with “stakeholders” in the widest sense – communities, the wider public, practitioners and service managers, commissioners, policy makers
- “Knowledge mobilisation” rather than “Knowledge transfer”
- Useful to distinguish “engagement” from “involvement” and from “participation”

Co-production


- Co-production of research requires a common language which may take time to develop
- Also requires a high level of shared understanding of “aims and objectives” and what is needed to achieve them
- Partners may have very different views, values, priorities and roles which all need to be respected
- Different organisational cultures and ways of working can be the biggest barrier – even within a sector

Capacity building



- Essential to ensuring that improving population health and inequalities is a realistic goal
- Needed at every level – a system-wide approach
- Front line practitioners and embedded researchers
- Undergraduate students and post-graduate students
- Doctoral students, post-doctoral students, early career researchers

Addressing inequalities

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- Relevant to all applied health research
 - Always need to consider “intervention generated inequalities”
 - Consider “intersectorality” rather than individual risk factors

Inequalities also exist in

- **Research funding** – eg more funding to bigger departments
- **Research opportunities** – eg geographical proximity to research units
- **Research topics** – eg homeless, refugee, migrant populations

A few things we learnt...



1. **Building new research collaborations** usually takes time (years not months?)
2. **Some things really help develop cross-sector collaboration**
 - Face to face opportunities to meet colleagues from other sectors to share and explore mutual interests are invaluable
 - Small grants can provide the seed corn that grows bigger projects over time
 - Students can be our “boundary spanners” when working on research projects
3. **Dissemination and maximising impact needs planning and resource**
 - Have a “pathway to impact” even if funders don’t ask for it
 - Get stakeholders engaged from outset, not when you’ve finished

The CLAHRC PH legacy

- Our completed research projects themes include “Making Every Contact Count”; healthy weight; minority & migrant communities
- Our LARKs and wider networks
- Our Research Cohort (The Yorkshire Health Study – 73,000 participants)
- Our Knowledge Mobilisation Fellows and PhD students

Our vision for the PaRC

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- Connect organisations, teams and individuals & share information
- Support regional capacity building and professional development activities

Over to you.....



- What are the current **priorities** for collaborative public health research and knowledge mobilisation?
- What do we **need** from our “regional research hub”?
- What can we collectively **contribute** to encourage & support public health research in our region?