Research programme on

'Health and Other Welfare Differences between Population Groups' 1998-2000

Academy of Finland, Research Council for Health and Research Council for Culture and Society

COORDINATORS' REPORT

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1. Introduction

The research programme on 'Health and other welfare differences between population groups' was launched to promote and strengthen existing research and networking, and the use of available data sources, instead of opening a fully new area for research. The programme was based on previous programmes, since in the area of health research in particular there have been earlier multidisciplinary programmes from the 1970s on. In the area of broader welfare research similar programmes may not have been, but nevertheless this has been an equally active area of research. Thus, when the present research programme started, there was already a strong body of Finnish research on health and other welfare differences between population groups.

This report is part of the reporting of the three-year research programme (1998-2000). We as coordinators of the programme summarise the programme activities and the coordinating work using documents from the programme and our own experience. This report does not seek to evaluate the programme or its coordination. However, when reporting we also raise issues which have been put forward by the projects, or which have been raised in the programme meetings and seminars, or which the coordinators have found important issues for further discussion.

We would like to emphasise that the coordinators worked in one of the funded projects and do not wish to present themselves as fully independent and impartial as to the broad research programme. Our attachments include being a project examining population health in the social setting, particularly social variations in health from a broad welfare perspective. Being a multidisciplinary team with social scientific links, we are located largely in the medical setting. However, the coordinators were not in any way involved in the process leading to the funding of the projects, but were contacted for the first time only after the proposal for the projects to be funded had been made.

2. The process behind the programme

In the next two sections we summarise the process through which the programme was prepared and launched. The summary is based on documents that have been available to the coordinators.

The programme on 'Health and other welfare differences between population groups' was a continuation of an earlier 'Health for all by the year 2000' research programme (1989-1995) of the Academy of Finland. The projects included in this earlier programme were evaluated in a seminar on 'Socioeconomic health differences and their causes - Finland after the recession'. Professor Martti J. Karvonen was in charge of the evaluation. Material from this seminar was collated into a special issue of the Finnish journal Sosiaalilääketieteellinen Aikakauslehti - Journal of Social Medicine.

After the seminar the work for a new programme on health differences between population groups was started by the Research Council for Health at the Academy of Finland. The preparatory group worked with Professor Jussi Huttunen as the chair. The scope of the programme and the preparatory group were expanded from health differences to welfare differences as well, and the Research Council for Culture and Society took part in the preparation. The group decided to commission a survey on existing research within the area. This was done by Dr Seppo Koskinen and was reported in 1997.

The report by Koskinen confirmed that there was a strong research basis and available resources for further work, including internationally established researchers, teams and good data sources. The previous work showed substantial health and welfare differences between population groups. There were even signs that some differences had widened over time, but relatively little was known about the reasons behind health and welfare differences and their trends. Also major social transformations, such as the economic recession in the early 1990s, exclusion and segregation, immigration and ethnic cleavages, challenges egalitarian health and welfare development were raised for further scrutiny.

3. Launching the programme

As there was an existing research basis and a number of teams working in the area of the planned research programme as well as high-quality data sources available and being collected, it was decided to launch the programme to further strengthen the research area and to promote collaboration and networking between individual researchers, research teams and institutes. The final research programme text was accepted by the Academy of Finland in March 1997. Applications were invited from individual scholars, teams and consortia, and were due by 15 May 1997.

Altogether 64 applications were received, amounting to FIM 81 million. The Academy of Finland allocated FIM 15 million FIM (2.5 million Euro) and the Ministry of Social Affairs and Health additionally FIM 3 million (500,000 Euro) to the programme. A new group, also chaired by Professor Jussi Huttunen, was nominated to prepare a proposal for projects to be funded, and to be formally decided by the research councils.

A total of 22 projects were funded, 11 by the Research Council for Health and nine by the Research Council for Culture and Society. The Ministry of Social Affairs and Health funded two more projects. Additionally, FIM 350,000 (60,000 Euro) was allocated for the coordination of the programme, and it was further decided to assign the coordination to one of the projects receiving funding from the programme. The programme was officially opened on 15 December 1997, and it started on 1 January 1998. The 22 projects involved some 206 academic researchers.

4. Principles and realisation of coordination

Other ongoing research programmes by the Academy of Finland varied in size and type, and no detailed pre-existing guidelines for the coordination of a research programme were available in 1998. According to the general guidelines, the main purpose of coordination was to support the implementation of the aims of the research programme, including scientific as well as administrative tasks. Scientific coordination refers to substantial issues of the programme, promoting internal information and cooperation between teams and researchers, as well as broader national and international contacts, including research programmes in other countries. Administrative coordination refers to contacts with the funding bodies, external information, and work within the steering group of the programme.

At the time of the launching of the programme there were no clear guidelines for how the coordination should be organised. The option chosen by the Academy of Finland was to assign the coordination to one of the funded projects instead of choosing an external coordinator from a suitable institute, but not from within the programme. According to the present guidelines of the Academy, prepared after this programme started, the practice has been changed. Coordination of new programmes now takes place externally and independent of the projects funded in a programme.

However, when the coordination of this programme was planned the programme was regarded as a relatively small one, and external full-time coordinator was thought to be a too voluminous option. Therefore, the option was chosen according to which the coordination was organised within the programme by one of the projects. The Academy of Finland contacted a project to be funded within the programme and offered the coordination work against an additional funding of FIM 350,000 for three years to cover all costs of coordination, including salaries, organising seminars, producing material etc. Our project was contacted and we decided to accept the task for 1998-2000. Coordination was further continued by six months from January to 30 June 2001 for the period of the final reporting and assessment of the programme. Additional FIM 100,000 was granted for this continuation period.

The agreement concerning the coordination put the responsibility of the work to a project working on health research. Although our project has benefited from the welfare research approach, of necessity this was a one-sided decision and we realised that it contained potential problems.

Negotiations with the Academy of Finland were held to clarify the aims and tasks of the coordinating work. The purpose of the coordination was to support the programme to meet the aims as they were stated in the programme text on page 9, including 'to strengthen the position of the Finnish research at the cutting edge of international work in this field and at the same time to collect information that is considered necessary for resolving or at least alleviating this social problem'.

5. Tasks of coordination

With no pre-existing detailed guidelines to follow in the coordinating work, the coordinators had to make their own proposal. The Academy of Finland was helpful in the initial phase and supported the planning of the coordination. According to the coordinators' proposal the tasks included:

- 1) Strengthening contacts and joint research between the projects and promoting networking in order to integrate scholars and projects into the programme.
- 2) Supporting international contacts with corresponding programmes in other countries, as well as international publication.
- 3) The Department of Public Health at the University of Helsinki acting as the coordinating centre of the programme, with a part-time managing coordinator being appointed and technical support given.
- 4) Organising the programme seminars by the coordinating centre with help from other people involved in the programme.
- 5) Arranging internal and external information activities.
- 6) Having contacts with similar programmes in other countries, with the aim of promoting further international research collaboration.
- 7) Collecting annual and final reports from the projects.
- 8) Arranging collecting and editing substantial papers from the projects to a publication if this was regarded as appropriate.

The coordination plan led to a brief formal agreement, signed on 22 January 1998, between the Academy of Finland and the University of Helsinki for the three years' period. This agreement confirmed the proposed coordination plan, the location of the coordination centre and Professor Eero Lahelma as the responsible coordinator. The university was supposed to formally employ the people to be hired through the funding allocated for coordination. The university was also supposed to provide premises for coordination and all necessary equipments needed in the coordination work.

In principle, the coordination worked in a similar way as an ordinary research project at the university. This somewhat broadened our own research project, but simultaneously included a number of practical extra-scientific activities.

External contacts have also included other parallel Academy of Finland research programmes which have been running simultaneously. At the initiative of one or two programmes, a couple of meetings between the programme coordinators have been organised. In these meetings common issues, such as reporting and assessment of the programmes, have been discussed. This collaboration has been very informal. The programmes are different as to their topic, extent, partnership and ways of working. Therefore, close collaboration has not been feasible, but exchange of information has been useful and probably worth organising such meetings on a regular basis and sponsored by the Academy of Finland.

6. Coordination centre

The coordination centre was established, informed to the programme projects, and it has worked as the programme office answering to any questions arising in the work of the projects. However, while being ourselves a partner in the programme some issues had to be referred to the Academy of Finland, partly because we did not have the expertise that the Academy has, and partly because we might be or were regarded as partial.

Eero Lahelma as the responsible coordinator was simultaneously head of one of the projects as well as professor at the Department of Public Health, University of Helsinki. Part of the time of the coordination he was also head of the Department. This meant multiple responsibilities which pressurised the time reserved for own research. However, the coordinating centre included a part-time managing coordinator who was in charge of many practical coordination tasks. The managing coordinator was selected among our own project to be able to organise the work as smoothly as possible. In 1998, Dr Kristiina Manderbacka was in charge of the task. When she transferred to another job, she was followed by Dr Eva Roos as managing coordinator. She has been in charge of the rest of the term of the programme.

In principle it has been a good way of organising the coordinating work to have a researcher from the project to take the task. Collaboration between the managing coordinator and the responsible coordinator has worked very well. The coordinating work

has provided important experience and knowledge of the research area to the coordinators. The two-coordinator model is in principle a working model and has been successful in this programme. Working in close collaboration within the programme and the research project has been a fruitful and synergistic experience. However, such a way of arranging the work may also be vulnerable and susceptible to potential problems as many roles are involved.

Therefore, a disadvantage of the within-programme-model of coordination is that multiple strains accumulate when the managing coordinator is a key researcher in the project and simultaneously engaged in the practical coordination work. Although in our case some funding was given to organise the coordination work, this does not abolish the multiple roles of the coordinators and related cross-pressures. This is basically due to the fact that the project has to do its own research work with less resources, since two key persons in a small team are partly in charge of work not directly supporting the research itself. In addition to the coordinators, the Department of Public Health also provided secretarial help in the initial phase of the programme. Department Secretary Seija Virkkunen took part in a number of activities, including starting the internal and external information of the programme. Later this changed, as the department resources were cut due to cuts in basic funding of the department. Fortunately, this was not too serious for the programme, which was already running, but put nevertheless some extra effort to our research project. Additionally, the coordinating work has been supported by further help from our project. Particularly, Katariina Kivelä, a researcher in our team, has participated in the annual and final reporting in 1999 and 2000 as well as in other activities of the programme.

7. Steering group

The Academy of Finland appointed a steering group for the programme on 9 June 1998. The task of the steering group is to follow the realisation of the programme and its aims, and to support and give guidance for the coordination of the programme. The steering group and the coordination centre have worked in close collaboration, and all major issues have been discussed in the steering group meetings. The steering group consists of five members plus representatives from the Academy of Finland as well as the coordinators. Professor Hilkka Riihimäki, then deputy chair of the Research Council for Health, was nominated as chair of the group. She comes from the Institute of Occupational Health, a background institution for the programme. Other members include Professor Matti Hakama (University of Tampere), Professor Terttu Utriainen (University of Lapland), Professor Hannu Uusitalo (Stakes) and Dr Kari Vinni (Ministry of Social Affairs and Health). Involved in the work of the group are also scientific secretaries from the Academy of Finland, Tellervo Raijas, Research Council for Health, and Maija-Liisa Toikka, Research Council for Culture and Society, succeeded in 1999 by Riitta Launonen.

The steering group has met six times. When needed, additional smaller meetings with the scientific secretaries have been held. The steering group has been a very useful instrument in administrating the programme. Information and expectations from the Academy and the members have reached the coordination, and the coordinators have been able to communicate their experience, problems and other issues with the Academy and the members of the steering group. The steering group and its meetings have been the main route through which necessary networking between the coordination and the Academy of Finland was first established and then mainly took place. Many initiatives have been raised in the meetings and the steering group has been helpful and supported the work of the coordination centre. For example, the seminars have been profoundly discussed in the steering group meetings. The planning and practical arrangement of the assessment of the programme have taken much time in the steering group meetings from the very beginning.

However, it has been a problem that the busy members of the steering group have not always been able to attend the meetings. Another problem was that the steering group was appointed not before June 1998. The programme and coordination would, however, have needed the support of the steering group particularly in the initial phase. The coordination centre tried to avoid these problems by organising an informal coordination group at the

beginning of the programme. This group, set up from within the programme, was instrumental particularly in the preparation of the first programme seminar. Besides the coordinators, the group consisted of Seppo Koskinen and Marjoriitta Järvelin from the projects, Kari Vinni from the funding Ministry, and Tellervo Raijas and Maija-Liisa Toikka from the Academy of Finland. After the steering group was established, the informal coordination group was no longer needed.

The steering group was nominated for the term of the programme, i.e. 1998-2000, but was continued by six months from 1 January to 30 June 2001 for the period of the final reporting and assessment of the programme, in accordance with the continuation of the coordination.

8. Background institutions

Institutions supporting the research programme included the Social Insurance Institution, the National Public Health Institute, the National Research and Development Centre for Welfare and Health (Stakes), the Institute of Occupational Health and the Ministry of Social Affairs and Health. The Ministry gave funding to three projects in the programme. These institutions were also represented in the preparation of the programme.

However, the role of the background institutions in the programme itself has been largely unclear. They were supposed to support the aims of the programme in their own activities. While this has obviously taken place, it has not been possible to get a detailed picture of this. Partly, the impact of the programme is very difficult to judge, partly the aims of the programme have been pursued by the institutions' normal activities. Some of the background institutions have been more remote to the programme than others, but in general the background institutions' formal role in the programme after it was launched was not clearly established. In the annual reporting efforts were made to clarify the role of the background institutions, but this was not very successful.

Nevertheless, in practice the contacts with most of the background institutions have been close and active. Four projects of the programme are located in the background institutions, and there is a lot of networking between the projects and the background institutions.

9. Information activities

The first coordination tasks of the research programme included establishing the internal information networks. This was done to help projects and scholars communicate from the very beginning of the programme. The initial coordination plan included proposals for electronic communication networking. Therefore, it was decided to rely as much as possible on electronic information systems in the internal communication of the programme. As few as possible conventional letters have been used. The Department of Public Health, University of Helsinki, computing unit supported the creation of electronic information systems with their expertise and provided practical help. The e-mail list and the web site of the programme are both located at the server of the department.

- 1) *E-mail list*. An e-mail list, open to all projects and all scholars involved in the projects, was opened on 13 January 1998, i.e. only two weeks after the programme had started. The mailing list comprises some 200 names. The main purpose was to send information to the projects and to researchers, but we also expected information initiatives from the projects. Additionally, people were encouraged to start discussion on substantial matters. However, the internal information through the e-mail list has been mostly one-sided, i.e. from the coordination centre to the projects. Substantial matters have not been raised and discussion has not been lively in the e-mail network. In the beginning initiatives were made, but the list remained for information only. Another e-mail list has included the responsible heads of the projects.
- 2) Web site. Also the preparation of the web site of he programme started immediately. The site was aimed for internal as well as external information of the programme. Therefore, the web site is bilingual, in Finnish and in English. It was opened on 12 February 1998, i.e. six weeks after the programme started. The site has been updated to include e.g. abstracts from the seminars and publications by the projects. Links to other programmes are also included.
- 3) *Leaflets.* Printed information material has included two leaflets, one in Finnish and one in English, summarising the aims and projects, and giving contact information of the programme. This material has been distributed to all projects and distributed as handouts in various occasions in Finland and abroad. A poster was also prepared from the leaflet.

- 4) *Programme Information Pack*. A 50-page booklet was collated for internal, but particularly for external information purposes. The pack contains abstracts from all projects in the initial phase, a list of researchers and contact information for all projects. This pack was made to help communication between projects and other interested researchers and teams. It has also been used as material presenting the programme for national and international institutes and research bodies. It has therefore been distributed to the projects, but also to other scholars and institutes in Finland and abroad.
- 5) Further external information. This has taken place through the channels of the Academy of Finland. The programme was in the media, when it was launched and in connection with the programme seminars. The media includes TV, radio and newspapers. However, most of the contacts to media have taken place directly by the projects in the context of new publications and seminars or other occasions.

10. Seminars and meetings

- 1) Inaugural meeting. The research programme was officially opened on 15 December 1997 in a meeting held in the Academy of Finland head office. All projects receiving funding were invited. First information on the programme was given to the projects and the media. After that an inaugural meeting of the programme was organised by the newly elected coordinators. This meeting was attended by representatives from 18 projects funded. The projects were briefly presented and the coordination plan and other activities were presented for further discussion.
- 2) First programme seminar. A two-day research seminar of the programme was held at the Academy of Finland on 26-27 October 1998. As agreed in the inaugural meeting, the seminar programme consisted of plenary speeches and focussed research sections. The seminar was opened by Professor Eero Vuori, Chair of the Research Council for Health. The keynote speaker was Academician Erik Allardt. Plenary speakers included Professor Jukka T. Salonen, Professor Marjoriitta Järvelin and Professor Eero Lahelma. Sections included concepts; theories and methods; changes of health variations and their causes; life course and ageing; health behaviours, lifestyle and social support; work, unemployment

and exclusion; and mental health, violence and children's position. The number of presented papers was 39. The seminar was successful, all projects were represented and additionally other interested scholars and projects participated. There were altogether 70 participants.

3) Second programme seminar. The second two-day programme research seminar was held on 13-14 March 2000 at the Academy of Finland. It was decided that the second seminar is held in English. This would make foreign participation easier and the seminar could also be used as a training occasion. The seminar was opened by Hilkka Riihimäki, Deputy Chair of the Research Council for Health and Chair of the programme steering group. The keynote speaker was Professor Hilary Graham (Lancaster University) who is Director of the British Health Variations Programme at the Economic and Social Research Council. Plenary speakers were invited from the projects. It was felt that the projects should be able to present their ongoing work as much as possible, and thematic poster sessions were organised. Abstracts were submitted beforehand and chairs were elected for the sessions. Time was reserved for the poster sessions in the seminar programme. Parallel thematic poster sessions were guided by the chairpersons and all submitted posters were briefly presented and discussed. There were altogether 41 posters, and 75 participants attended the seminar. The seminar and its method were very successful. A large number of ongoing studies could be presented and there was lively discussion in the sessions. Research training was also successful, since all abstracts were in English and this was new to a number of participants. What was even less known to participants was poster sessions. Some people did not know what was meant by a poster and many had not previously prepared and presented posters. The seminar also helped strengthen international links through Professor Graham.

11. Publications

In the inaugural meeting of the programme a proposal was discussed whether a publication should be collated from the programme. One possibility was an international collection of papers from the programme studies. However, while a publication in principle was regarded as possible, an international one was not regarded as a good idea for such a broad multidisciplinary programme. Also the steering group was hesitant about the idea. No international publication was therefore pursued. However, it was decided to collate

material from the first seminar to a special issue of the journal *Sosiaalilääketieteellinen Aikakauslehti - Journal of Social Medicine*. A 108-page special issue was edited by the coordinators and it came out in 1999. The issue included an editorial, the plenaries as well as a selection of papers from the projects, amounting to 11 articles.

The special issue was printed in 1,300 copies and was distributed to the subscribers of the journal as well as to the projects within the programme. Additionally, it has been spread in various other occasions dealing with health and other welfare variations, e.g. in a seminar in the Parliament Auditorium in 1999.

12. Reducing health and welfare differences

One of the aims of the programme was to give incentives for activities to reduce health and other welfare differences. Some projects have worked more close to such policy issues of practical relevance than others. However, all projects and their results are relevant to activities to reduce inequalities in health and welfare. These issues have also been discussed in the programme seminars and other meetings.

Most activities of the programme related to interventions and policies to reduce health and other welfare differences between population groups have been carried out in collaboration with other interested partners. The coordinators and a number of project heads and researchers have been involved in several such activities.

- 1) The National Public Health Committee organised a two-day seminar on 'Reducing health differences between population groups' on 20-21 September 1998, aimed at people working in various administrative sectors to discuss long-term initiatives to reduce health inequalities. The seminar included a broad audience and discussion groups. The coordinators took part in the seminar and its preparation. The work of the seminar including plenaries was published in a report to help further work (Koskinen & Teperi 1999).
- 2) A seminar on 'Health policies, equality and research on health inequalities' was organised on 25 November 1999 in the Auditorium of the Finnish Parliament with MPs invited. The keynote speaker was Professor Johan Mackenbach (Erasmus University

Rotterdam), co-director of the Dutch research programme on health inequalities, with a special emphasis on reducing these inequalities. This seminar received publicity and was noted in the radio, TV and newspapers.

- 3) The National Public Health Committee organised on 4 May 1999 another one-day seminar for local administration employees. The seminar also discussed the reducing of health and related welfare differences.
- 4) A major activity within the area has been a project on 'Reducing health differences evaluation of research and intervention projects in Finland'. This project is closely linked to Stakes and is led by Dr Ilmo Keskimäki. Several people from the programme are involved in this project, which first compiled a Finnish bibliography relevant to reducing inequalities in health and related welfare differences (Forssas et al 1999). A review essay (Manderbacka et al 2000) and brief professional journal articles(Sihto et 1998, Koskinen & al 1999) were also written. The project group continues its work by editing a collection of papers under the working title 'Towards equality in health' (ed. by Kangas, Keskimäki et al).
- 5) A 'European network on interventions and policies to reduce socioeconomic inequalities in health' has included the coordinators and several other Finnish members, most of whom are also involved in this research programme. The network is funded by the EU and directed by Professor Johan Mackenbach. The network had its meeting in Helsinki on 24-26 November 1999, with people from the programme projects participating. As an outcome the network will publish a book, containing Finnish contributions, under the working title 'Handbook on Interventions and Policies to Reduce Socio-economic Inequalities' (Mackenbach et al 2001).

As seen, there has been many external activities and close collaboration with the programme in the area of reducing inequalities. Therefore, it has not been regarded useful for the programme to organise own activities within the area of links between research and reducing inequalities in health and other welfare differences between population groups.

13. Annual reporting

The main coordination tasks have been to organise the annual reporting and particularly, to collect all necessary material for the final reporting. Annual reports have been collected from all projects and from the background institutions at the end of 1998, 1999 and 2000, the last time being final reporting.

There were no detailed guidelines for annual reports, but other research programmes were consulted to find out how they had collected the reports. The coordination centre together with the steering group prepared the reporting. Reports from the projects were informative, although sometimes it is difficult to distinguish between the project funded in the programme and its outcome from other related projects run by same research teams. Summaries of the annual reports have been discussed in the steering group meetings.

What turned out to be much more complicated was reporting the activities of the five background institutions within the programme. In fact, not all reports could be collected and they also varied in extent and the way how they had been collated. The concrete activities of these institutions remained largely unclear. It should be emphasised however, this was not due to the institutions only, but equally to the unclear or non-existing formal and informal expectations to the institutions.

The reporting has not provided clear quantitative indicators for all main areas of the reporting, but part of the reporting is qualitative and cannot give a fully systematic picture.

14. Doctoral training

The estimated number of doctoral students within the programme in 2000 was some 70. The aim of the programme is also to support doctoral studies and training. Many projects and the coordination centre have good contacts with several graduate schools in charge of a large proportion of full-time doctoral studies. The programme has not organised own doctoral training, since this is done by graduate schools close to the programme as well by university departments. However, the programme information services have been used to spread information on postgraduate training and courses in Finland and in other countries as well.

The annual and final reporting gives information on doctoral studies within the programme and the projects. A special survey was made in August 2000 by the coordination centre for the Academy of Finland, which further surveys the doctoral training in the programme. The number of completed doctoral theses totals 12-15 by the end of the programme. The projects estimated that all doctoral studies would be completed by 2004. However, most doctoral students had no funding after the programme. This causes problems to students, since many of them have started their doctoral studies during the programme. Funding is also a problem to those who started their doctoral studies at the beginning of the programme. The norm for completing doctoral studies is four years, but the length of the programme is three years. Thus, there is need to safeguard funding for doctoral students who carry on their studies successfully.

15. International contacts

The coordinators have had international contacts with activities in the area of health and other welfare differences between population groups. Other programmes have been taken into account in the Finnish programme and reported through the electronic information routes of the programme, in the programme seminars and in the publications listed below. Although the Finnish programme is mostly a national one, it has been important to develop and strengthen international contacts as well and to exchange experience between countries.

The Netherlands started a research programme on health inequalities as early as the late 1980s, and there has been a broad political consensus about the importance of the programme. Professor Johan Mackenbach (Erasmus University Rotterdam) has codirected the programme. Several contacts with Dutch activities and projects directed by Professor Mackenbach have been mentioned above, including the 'European network on interventions and policies to reduce socioeconomic inequalities in health'.

Another country with a corresponding research programme is Britain, where the Economic and Social Research Council has been running a 'Health Variations Programme' from 1998 on, with Professor Hilary Graham (Lancaster University) as director. Contacts were strengthened with this programme when Professor Graham visited the seminar of our

programme in 2000. Eero Lahelma was invited to the British 'Health Variations Programme Findings Conference' in London on 20 June 2000.

A third research programme has only recently started, i.e. the Swedish 'Centre for Health Equity Studies' - CHESS. This is more a centre and coordinating agency than a research programme providing funding for projects. The Finnish coordinators have contacts with the Swedish centre and its co-directors Professor Denny Vågerö (Stockholm University) and Professor Finn Diderichsen (Karolinska Institute).

Further collaboration has taken place within the European Science Foundation Scientific Programme on 'Social Variations in Health Expectancy in Europe', directed by Professor Johannes Siegrist (University of Düsseldorf). This programme is a contact forum for scholars promoting research and international research collaboration. The coordinators are members of the programme and the Finnish research programme has been presented in the programme seminar.

16. Need for further support

The length of the funding period has been discussed within the programme. Many informal comments have stressed the short funding period, i.e. three years. This was confirmed by a survey made in August 2000 among the project heads of the programme. Only one head regarded the three-year period as suitable. All, except two heads, regarded that 4-6 years would be a suitable time for funding.

Some projects have not been able to carry out the work planned in their initial application. The main reason is that only partial funding was granted to the original application. It was further mentioned that the three-year period allows to set up a project, but not necessarily to carry out sufficiently the work consuming and time consuming population research. This is particularly a problem when new material is being collected or new methods are being developed. A further point raised was that doctoral studies take time and in many projects a substantial part of the research work simulta neously aims at a doctoral thesis. However,

at the beginning of the programme the projects varied in the stage they were progressing. Some continued their earlier work immediately, whereas others were in the very beginning of research. Some had data ready and available, whereas others started to collect their own new data.

Most projects have applied for multiple funding from diverse national and international sources. The same concerns further funding after the programme. Many projects were also prepared to apply further funding from the Academy of Finland and other sources. However, it was regarded problematic that there was no direct continuation for the programme, which nevertheless has initiated and supported a large number of projects.

17. Conclusions

The starting points of this research programme included a broad scope of research on health and welfare variations as well as strengthening the existing research and networking between individual researchers and teams. In this concluding section we summarise the major issues from the programme reviewed above, advantages as well as weaker points as they have emerged in the coordinators' work. Some overall assessments are provided, but the coordinators are not in the position to raise any detailed issues. We also list problematic issues arising from the projects and from the coordinating work, and make some suggestions for further discussion.

- 1) Completing the research. The programme had a favourable position to start its work due to the good existing research basis. Almost all funded projects were able to start immediately their research work. Substudies have been completed and reported since the very beginning of the programme. In this sense the programme was able to direct support to projects which were needed funding and could utilise the resources effectively. The final results of the projects reported in the extended abstracts and lists of publications confirm this conclusion.
- 2) *Scope of the programme*. The broad scope of the programme included both advantages and disadvantages. The projects ranged from several disciplines within the two research councils of the Academy of Finland. This start provided a good basis for cross-fertilisation

between the various disciplines involved. There was pre-existing multidisciplinary collaboration which had now new opportunities within the programme. In many cases a multidisciplinary approach has been interwoven with the research projects. There is a number of examples of studies combining disciplines and approaches which previously have been strong in Finland, but which have been mostly done separately. The two main areas included areas, social research and public health medicine are in broad collaboration within the programme. Novel integration has taken place, for example, between work-oriented research and socioeconomic research, psychosocial and socioeconomic research, psychological and social scientific research, structural and marginalisation oriented research, research into hierarchical and spatial structures of health and welfare. Additionally, gender, family and lifecourse approaches have been applied and various methodological issues have been developed for further use. To sum up, the studies have been able to test and develop explanations for health and welfare differences between population groups and present new hypotheses for further research.

However, the scope of the programme, i.e. research on health and welfare in general, is a very broad area indeed, including a large number of disciplines and research issues. There are several different research traditions, their stage of academic establishment varies, some being stronger and others small or emerging areas. Therefore, balancing between the emphasises and approaches as well as between the projects of the programme may sometimes be difficult.

In general, multidisciplinary collaboration and networking as been part of the programme has strengthened and opened novel research areas, methods and approaches. Further collaboration has taken place between the background institutions of this programme, university departments and other research institutes, and the projects of the programme. This collaboration also concerns the coordination. There have been many contacts between the background institutions and the coordinating centre. As the coordination was organised from within the programme, contacts with the Academy of Finland have been extremely important. This has worked very well, and particularly collaboration with the scientific secretaries in the two research councils has been helpful and important. Further support has been provided by the steering group and its chair.

- 3) Internal vs. external programme coordination. What has been said above also concerns the coordination of the programme, a responsibility of one of the focussed projects of a broad programme. A single project working within one research area cannot easily represent the whole scope of the programme. A full-time external coordinator would be recommendable for a research programme. An external coordinator is independent and can better devote to the programme and represent it as a whole. A coordinating project, itself included in the programme, is likely to meet cross pressures. The coordinating work has to be done as well as possible, but also research within own project should be done as well as possible. Additional responsibilities may emerge, such the responsible coordinator of this programme being head of the department for part of the time of the programme, which further complicated the situation. The practical coordinating work takes resources from the research. However, further collaboration and new contacts have also borne between own project and other projects in the programme, and thus the coordinating work is likely to have given some support to own research as well.
- 4) *Problems in the work of the projects.* We would like to list for further consideration some problems which have emerged in the course of the programme:
- Before the programme and in the beginning there were discussions about single projects and consortia formed by several projects. Consortia were not funded in this programme, but some subprojects from consortium applications were funded. This caused discussion since the policies towards consortia were felt unclear by some applicants.
- The group of 22 projects funded was the result of an assessment and as such a more or less random collection. Areas of some projects were without any question in the heart of the programme. Some were more marginal but important. However, the rationale to include all projects to the programme was not fully clear in all cases.
- A couple of projects had problems in affiliating themselves to an institute or university department. Affiliation is very important and a basic resource, and should therefore be safeguarded for all projects.
- Research teams are vulnerable working environments. Very small groups depend on the work of one or two key persons. If their situation changes or they leave the team, serious problems may arise. Also organising the work of the teams or problems of collaboration within the teams may challenge the research work.

- Heads of the projects are important persons in small and larger projects. Often the head is the only senior in the team and the team is very much dependent on the head. It is increasingly important that the heads of the teams, particularly those including several researchers, would have better opportunities to concentrate on leading the research of the team as well as on continuing his or her own research. The senior scientist's grant of the Academy of Finland is an option for this, but is practically the only possibility and for a maximum of one year at a time.
- Some projects may not have been able make progress and meet their aims due to various reasons. How these are dealt with may need further clarification. In some cases, limited progress may have resulted from funding which has covered only a small part of the original application. In some other cases a key person may have left the project. But in some cases natural explanations cannot be presented and these cases need particular clarification and possibly also support.
- Short time schedules, partial funding and lack of further funding opportunities have been mentioned above, and coping with these are among the most important issues in safeguarding sufficient continuity for research. One option would be two-phase funding. For example, after a three-year funding period the work of the project is assessed and those that have been particularly successful would have the possibility for another three-year period.
- A related problem is how the projects cope with partial funding, whether they cut the research plan or whether they try some other means to cope with. This also affects the assessment of the projects. One way of improving this would be a revised research plan after the decisions are made and the projects know their final and often partial funding. This would help to plan the research work and also the assessment the projects.

The above problems are based on unsystematic experience and discussions during the programme. In general, only few problematic situations have emerged and these have usually been only minor. The problematic situations with the projects have not been dealt with the coordinators but forwarded to the Academy of Finland, which has taken the responsibility when needed.

5) Outcome of the programme. Finally, the programme has produced a large number scientific results on the area of health and other welfare differences between population

groups, and in this way strengthened Finland's position within the international scientific community. Increasing collaboration and integration of people, groups and ideas provide good opportunities for further research. The studies have produced a large number of results which provide good opportunities for novel research-based methods, interventions and policies to reduce health and other welfare inequalities between population groups, as expected in the programme aims. Mostly this is specific to specific projects, and partly this has been promoted in collaboration and networking with other national and international activities. Conclusions on reducing inequalities can be drawn in full only when the research of the programme has been fully completed and their implications have been discussed. This work can be integrated into the continuing national and international activities aiming to reduce health and welfare inequalities.

From the coordinators' point of view the programme and its 22 projects have worked well without any major problems or shortcomings. In general, the projects have been productive and able to follow their plans. Some projects have been very productive and several important breakthroughs have been made by he projects. Thus, the work done has responded to the scientific and practical expectations put forward in the original research programme.

References

Allardt E. Filosofinen ja sosiologinen hyvää elämää koskeva keskustelu terveystutkimuksen kannalta (Philosophical and sociological debate on good life and its relevance to health research). Sosiaalilääketieteellinen Aikakauslehti 1999:36:203-212.

Forssas E, Keskimäki I, Koskinen S, Lahelma E, Manderbacka K, Prättälä R, Sihto M, Valkonen T. Sosioekonomisten terveyserojen syyt ja erojen supistaminen - bibliografia suomalaisista tutkimuksista. Explaining and reducing socioeconomic health differences - a bibliography of Finnish research publications. Stakes, Aiheita 40/1999, Helsinki 1999.

Health and other welfare differences between population groups. Research programme 1998-2000. Academy of Finland, Helsinki 1997.

Health and other welfare differences between population groups. Research programme 1998-2000. Programme information pack. Coordinating Centre, Department of Public Health, University of Helsinki, Helsinki 1998.

Kangas I, Keskimäki I et al (eds). Kohti terveyden tasa-arvoa (Towards equality in health), 2001 (forthcoming).

Keskimäki I, Lahelma E, Koskinen S, Valkonen T. Policy changes related to income distribution and income differences in health. In JP Mackenbach, M Droomers (eds). Intervention and policies to reduce socioeconomic inequalities in health. Department of Public Health, Erasmus University Rotterdam, The Netherlands, February 1999:7-20.

Koskinen S. Väestöryhmien väliset terveys- ja muut hyvinvointierot. Tutkimusohjelman taustaselvitys (Health and other welfare differences between population groups. Background survey to a research programme). Suomen Akatemian julkaisuja 3/97, Helsinki 1997.

Koskinen S, Forssas E, Keskimäki I, Lahelma E, Prättälä R, Sihto M. Kansainvälinen tutkijaverkosto hakee keinoja terveyden eriarvoisuuden supistamiseksi (International research network seeks measures to reduce health inequalities). Sosiaalilääketieteellinen Aikakauslehti 1999:36:188-191.

Lahelma E, Manderbacka K, Roos E. Väestöryhmien välisten terveyserojen tutkimus edistyy (Progress in research on health differences between population groups). Sosiaalilääketieteellinen Aikakauslehti 1999:36:199-202.

Lahelma E, Manderbacka K, Roos E (eds). Väestöryhmien väliset terveyserot. Sosiaalilääketieteellinen Aikakauslehti 36:N:o 3:1999:199-307, Special Issue on 'Health variations between population groups'.

Mackenbach J P, Bakker M et al (eds). Handbook on Interventions and Policies to Reduce Socio-economic Inequalities. Routledge, London 2001 (forthcoming).

Manderbacka K, Forssas E, Keskimäki I, Koskinen S, Lahelma E, Prättälä E, Sihto S. Sosiokonomisten terveyserojen supistaminen - suomalaisen tutkimuksen painopistealueet 1970-1998 (Reducing socioeconomic inequalities in health - main emphasises in Finnish research). Stakes, Aiheita 9/2000, Helsinki 2000.

Manderbacka K, Lahelma E. Sosioekonomiset sairastavuuserot Suomessa (Socioeconomic inequalities in illhealth in Finland). In S Koskinen, J Teperi (eds). Väestöryhmittäisten terveyserojen supistaminen. Stakes, Raportteja 243, Helsinki 1999:31-40.

Sihto M, Forssas E, Keskimäki I, Koskinen S, Lahelma E, Prättälä R, Valkonen T. Väestöryhmien välisiä terveyseroja pyritään kaventamaan - toimintojen kartoitus käynnistynyt (Efforts to reduce health differences between population groups - an ongoing review of activities). Dialogi 1998:No. 3-4:43-44.

Sosiaalilääketieteellinen Aikakauslehti - Journal of Social Medicine Vol. 32:No. 4: 1995.