

P51 ABSTRACT WITHDRAWN

P52 PRIMARY CARE APPROACHES TO MEASURING AND MOBILISING ACTION ON SOCIAL DETERMINANTS OF NON-COMMUNICABLE DISEASE: A SYSTEMATIC REVIEW

¹FM Simmons-Jones*, ²LN Allen, ²RW Smith, ³N Roberts, ⁴R Honney, ⁵J Currie. ¹Public Health, Essex County Council, Chelmsford, UK; ²Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK; ³Bodleian Health Care Libraries, University of Oxford, Oxford, UK; ⁴Primary Care and Population Sciences Unit, University of Southampton, Southampton, UK; ⁵Public Health, Public Health Wales, Cardiff, UK

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Aim Having reaffirmed the centrality of Primary Health Care to achieving universal health coverage, WHO member states now must operationalize their commitments. Leveraging primary care systems to assess and address the social determinants of health (SDOH) is a sensible starting point, however best practices remain unclear. We examined how primary care organizations assess and subsequently act upon the social determinants of non-communicable diseases (NCDs) and sought to compare actions stemming from routine versus ad-hoc SDOH assessments.

Methods PubMed, MEDLINE, Embase and HMIC were searched from inception to 28th June 2019, along with hand-searching of references. Studies of any design that examined a primary care organization assessing social determinants of NCDs with the intention of subsequently intervening upon them were included. We excluded papers with the following characteristics: solely described theoretical models or organizational plans; described single-issue initiatives for narrow sub-populations and; stand-alone epidemiological surveys unless conducted with intention of assessing local SDOH. Independent dual review was used for screening, data extraction, and quality assessment. For quality assessment, modified Cochrane risk of bias and Newcastle-Ottawa tools were used.

Results Searches identified 666 studies of which 17 were included. All used descriptive study designs. Individual-level surveys and interviews were the most common approaches reported. Fewer studies involved the collation of secondary population-level data held by agencies external to the primary care organization. Numerous actions were described, ranging from individual-level interventions such as social service referrals to novel representation of primary care organizations on system-level policy and planning committees. No inferences could be made about whether routine SDOH assessments were more or less likely to result in action than ad-hoc assessments. Several enablers and barriers to collecting and mobilizing SDOH data within well- and under-resourced primary care settings were identified.

Conclusion Worldwide, primary care systems are increasingly being asked to engage with social determinants of health. The studies included in our review provide a number of different potential approaches for this task.

Our review identified several primary care approaches to leveraging patient- and population-level data to identify and initiate action on social determinants of NCDs. Stronger evaluative and experimental studies are needed to understand if primary care based SDOH data collection leads to actions that mitigate unmet health and social needs.

P53 AMERICAN FOUNDATIONS AND THE CREATION OF MODERN PUBLIC HEALTH IN CHINA AND INDIA

^{1,2,3}FNU Tiasangla*. ¹Harvard Yenching Institute, Harvard University, Cambridge, USA; ²Institute of Chinese Studies, India-China Comparative Studies, Delhi, India; ³Centre of Social Medicine and Community Health, Jawaharlal Nehru University, Delhi, India

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Background American Foundations right from the historical to the present times are far from being philanthropic entity. These foundations since their inception have been closely tied to the American Influence and compliment both its military and technological power. Since the early years of their inception, major American Foundations like Rockefeller and Ford have been very influential in global development of public health, not only through their grant making but also by participating in shaping concepts and policies. There has always been an overt focus on technological solutions to social issues. Rockefeller Foundation was the first major American foundation to engage in public health issues in both China and India followed by Ford foundation in the early 50 s (India) and late 70 s (China) and finally the Bill & Melinda Gates Foundation following its predecessors set its foot in Public health in the 21st century.

Methods This study looks at the differences in the scope, nature and depth of engagement of Rockefeller, Ford and Bill & Melinda Gates Foundation with focused health institutions and programmes in China and India from the early 20th century to the present. This study plans to trace the Historical development of these three big American Philanthropic Foundations in depth, the world of Philanthropic giving, its impact on knowledge construction, social policies and the agenda that it sets to fulfill.

This study plans to adopt a qualitative method in which Archival study and indepth interviews of key informants will be the main source of data collection.

Discussion With its sheer size and increasing number, American Philanthropic Organizations have become an influential actor in international policy debates especially in the field of global health. At a time when governments are unable to solve pressing public health challenges, Foundations with its strategic business methods is positioning itself as an alternative and operating model. These aid over the decade have infact created sustainable elite networks that, on the whole, supported American policies ranging from liberalism in the 1950s (Rockefeller, Ford and Carnegie) to neo-liberalism in the 21st century (MacArthur, Clinton, Gates, Johnson). Rockefeller, Ford and Gates Foundation are the global major players. What Rockefeller started, followed by Ford in the 20th century public health has been taken over by Gates Foundation into a whole new level in terms of both funding and influence. All three foundations have been active players in governing public health discourses in both China and India.

P54 BURSTING OUT OF OUR BUBBLE: USING CREATIVE TECHNIQUES TO COMMUNICATE RESEARCH FINDINGS

J Thompson Coon*, N Orr, E Shaw, M Nunns, R Whear. South West Peninsula ARC (PeARC), University of Exeter Medical School, Exeter, UK

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Background The increasing pressure on scientists and researchers to publicise research findings and generate impact,