

SUPPORT FOR SOCIAL SCIENCE RESEARCH IN MEDICINE IN CANADA

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From the point of view of the academic sociologist, economist, political scientist or social medicine physician, the location of sources of research funds to permit the pursuit of their various research interests is an urgent and pressing problem. On the other hand, government granting agencies, foundations, hospital commissions, medical care commissions, welfare agencies, to name a few of the potential grant sources, face, not only the problem of securing funds to disburse for research, but also the problem of determining policies for the allocation of these funds. This paper is an attempt to evaluate to what extent the resources and the policies of the granting agencies in Canada meet the needs, present and future, of social scientists working in the field of health. As such, there is an inherent bias toward seeking ways of enlarging the pool of research grant resources and to reinterpreting extant policies to conform with the idealistic conception that academics have of the granting agency as a bottomless well from which funds can be drawn with a minimum of control and restriction.

At the same time, the granting agencies have every right to ask to what extent do the research interests of social scientists enable the granting agencies to achieve their objectives? It seems clear that Canada is entering an era in which the insistence that research be socially relevant will become a clear

demand rather than a whisper. The Science Council has been explicit that the development of mission-oriented research related to current social problems in Canada should be given preference to continued escalation of so-called "pure" or scholar-initiated research. In the United States, the deceleration and, indeed, cutback in support for basic medical research has been accompanied by increases in funds available for research on delivery of health services, for experimental models in health care delivery and for research in which social action is an integral part of the program. To what extent Canada will follow this trend is difficult to say—my own guess is that it will, as usual, follow suit and it behooves us to be aware of the changing climate rather than to cling to outmoded ideas.

This paper will review possible sources for research support for social scientists working in the field of medicine beginning with federal agencies. The review will not be exhaustive but will take into account only agencies with a major interest in social science research as related to health with reasonably substantial resources available for disbursement. In so doing, some important specific sources will undoubtedly be overlooked although the comments made on the policies of similar agencies may be applicable to them.

THE CANADA COUNCIL

The Canada Council is probably the first source of research support to which the social scientist may turn.¹ No doubt, the type of research undertaken by most medical sociologists and other social scientists working in the field of medicine falls within the terms of reference of the Council. After all, medicine is only one institutional area in which social scientists work, and the discipline practiced, whether sociology, economics or political science, is no different from that practiced by those who choose other institutional areas. Indeed, one reason why the Canada Council is so attractive to the scholar is that he is assured that his application will be judged by peers—that is by

sociologists or economists as the case may be. For a number of reasons, however, it is difficult to see the Canada Council as the major fountain of funds for a substantial research effort in the field of medicine.

1. When one considers that a limited amount of money must be divided among all fields of the humanities and social sciences as well as the fine arts, it will be seen that the market is a highly competitive one and that grants are likely to be small. One can hope that the monies available will increase rapidly to permit the large grants needed for community- and population-oriented research, but there seems little prospect of entirely adequate funds being available for the humanities and social science research community within the next few years.

2. Although I cannot speak from empirical observation, I have the impression that many social science research projects in the field of medicine have their origins in applied or practical problems with only a few stemming from classic theoretical propositions. Whether this is true, and whether we like it or not, a large majority of medical sociology proposals may look "applied" or social problem oriented to the purist. This social utility aspect does not in itself disqualify such applications from a Canada Council grant, but they may well come off badly alongside small group studies, studies of the culture of a remote Eskimo group or an analysis of the political behavior of a prairie town.

3. Although the social problem aspect of research interests may serve to detract from the "scientific" nature of the proposals, this alone could militate against successful applications to the Canada Council. What is more important is the fact that alternative sources are available for the studies involving health, whereas the political sociologist, the "small groups" social psychologist or the Eskimo anthropologist are unlikely to find many other sources of support. Add to this the fact that health is a provincial matter constitutionally and one can second guess what might happen if the Canada Council was faced with the

flood of applications for research support that could be precipitated by developments in social science fields in medicine and by the needs of society.

4. The Canada Council is largely a scholar-oriented agency—that is, it has tended to respond to the needs of the academic community rather than to stimulate research in areas that it (that is, the Council), might perceive as being either in need of strengthening or as meeting a social need. Without opening the issue as to whether or not the Canada Council should merely respond to the needs of individual scholars or should adopt a guiding role, the Council cannot be expected to take the initiative in stimulating research in the social sciences in the field of health or even adopting a policy to support or not support such research.

All in all, one can be optimistic about the support of the Canada Council for social research in medicine for relatively small projects rooted firmly in theory. However, the Council is not likely to be a viable source for the type and scale of research that most social scientists will become drawn into in the next few years.

MEDICAL RESEARCH COUNCIL

It seems appropriate to move from a source of “pure” sociologic funds to “pure” medical funds. The Medical Research Council has sometimes been accused of being exclusively interested in basic medical science, laboratory-based research.² This may have been true in the past, but in recent years, with the relatively rapid growth in funds available, the Council has extended support to a wide range of research including clinical investigations, dentistry and pharmacy and some aspects of psychology. The issue here is whether the Medical Research Council can, under its terms of reference, and will, under its present policies, extend its support to the field of sociology. Unfortunately, no empirical evidence is available because the Council, to my knowledge, has never received a formal applica-

tion from a social scientist (at least defined narrowly as a sociologist, economist or political scientist). However, whether it has not received an application because potential applicants have been discouraged (either explicitly or implicitly) from doing so, whether the Medical Research Council has not been perceived as a potential granting agency by social scientists or whether social scientists have not needed money for research in the health field are moot questions that would not be profitable to pursue.

First, from the legal viewpoint there appears to be no reason why social science research should not be supported by the Medical Research Council. The recent act incorporating the Medical Research Council says that it is the function of the Council to "promote, assist and undertake basic, applied, and clinical research in Canada in the health sciences, other than public health research."

Under this term of reference it at present supports research in dentistry, psychology, pharmacy and has expressed a willingness to support research in nursing. The question arises as to how far the new act goes to meet the recommendations of the 1964 Royal Commission on Health Services, which argued forcibly for the establishment of a Health Sciences Research Council. Specifically the Royal Commission recommended that, "the Medical Research Council be broadened by appropriate legislation to include all fields of health research and renamed the Health Sciences Research Council." It went further, however, and recommended that the Public Health Research Grants and other health grants devoted to research be transferred to the proposed Health Sciences Research Council. In its preamble to these recommendations, the Commission made specific reference to social science research and it seems clear that if the recommendations had been adopted in an unmodified form, the terms of reference of such a Health Sciences Research Council would have encompassed the social sciences.

It is interesting to observe that the recent report of the Macdonald group to the Science Council reiterates the views of the

Royal Commission. Thus, it says, "we believe that the mandate of the Medical Research Council should be broadened to include all the health sciences." The group recognized, however, that the Department of National Health and Welfare "may still wish to support research in such fields as public health," and felt that this was consistent with the view that "the existence of research councils in no way precludes mission-oriented departments from supporting research consistent with their practical objectives."

How far does the new Medical Research Council Act go to meet these recommendations? It will be noted first that the Act retains the name of the Medical Research Council. I understand, however, that earlier drafts of the Act had contained the name of the Health Sciences Research Council. The reasons for the subsequent reversal are not known, but may have been the retention of a basic intention to extend in a formal way the responsibilities of the Medical Research Council beyond the traditional conceptions of medical research and is reflected in the terms of reference quoted above.

What is not clear, however, is whether the social science disciplines that engage in research in the field of health are included under the rubric of health sciences. The examples of health sciences usually given as indicative of the Medical Research Council's interest in health sciences other than medicine are dentistry, pharmacy and nursing. However, these seem to be professional categories rather than academic disciplines as conventionally interpreted. Social scientists have argued that social sciences could (and perhaps should) be interpreted as basic medical sciences of the same order as biochemistry, physiology and anatomy. I hope that such an interpretation will prevail in the Medical Research Council.

In trying to arrive at an interpretation of the scope of interests of the Medical Research Council, discussions with the Chairman, some members and the staff of the Council suggest that Council has an open mind on the subject of the support of social science research. However, it is unlikely that the

Council will adopt a policy either for or against sociologic research in the abstract because, understandably, the nature of the research proposed is uncertain. If projects of a social science nature were put before the Council, however, scientific merit no doubt would be the primary consideration and the Council would do everything possible to insure that the same review standards were adopted as are employed for current medical research applications.

Before an optimistic interpretation of the Council's possible stance on sociologic research in medicine precipitates a host of applications, however, a caveat needs to be attached. Despite critical comments elsewhere with respect to the coordination of research policies among the granting agencies, informal agreements do exist between the Medical Research Council and the Department of National Health and Welfare with respect to the designation of the research appropriate for each body to support. Thus, where doubt exists, a rule of thumb is that any research that involves groups or populations of people belongs in the Public Health Research Grant domain; research that deals with individuals belongs to the Medical Research Council. It is difficult to divine whether sociologic research is *necessarily* concerned only with groups rather than individuals. I am unwilling to debate the issue as to whether biologic research involving groups of animals or clinical investigations on relatively large samples are inherently individualistic in comparison to, for example, a study of attitudes to medicare in a sample drawn from a community or to a study of the relation between bureaucratic structures in hospitals and their therapeutic benefits. At the same time, this policy and its possible interpretation should not go unchallenged. It would be profitable to pursue discussions with the Medical Research Council and with the Department of National Health and Welfare to clarify the issues.

PUBLIC HEALTH RESEARCH GRANTS

Public Health Research grants are explicitly designated for studies relevant to social needs rather than for the prosecution of scholar-initiated research.³ This is not to say that scientific merit is not a factor in making grants, but rather to emphasize that research supported should be related to problems that have clear and direct implications for the promotion and preservation of health. General policy with respect to the Public Health Research Grants is stated in the General Instructions as follows:

The grants have practical objectives related to the promotion and preservation of health in accordance with Canadian needs for health care and health service programs. . . . Scientific research pertaining to health care and to health service programs is health research in a broad sense with a special relation to health needs and to provincial and federal health services.

The general instructions continue, "projects likely to be approved must show a direct relationship to the following aspects of public health," and the following areas are designated:

1. Prevention of disease, disability or death
2. Epidemiologic studies
3. Hospital studies (for example, administrative)
4. Community-based studies in health and medical care
5. Operational research
6. Environmental health, including sanitation
7. Training and utilization of health manpower resources

Certainly, social scientists will have an interest in every area mentioned, but community-based studies and training and utilization of health manpower are of special interest to sociologists and are defined in the instructions as follows:

Community-based studies in the delivery and utilization of medicare services as well as studies in community health care programs such as those sponsored by health units. Morbidity surveys, home care, immunization programs are among the activities contemplated.

Studies on the training and utilization of health manpower resources such as physicians, nurses, dentists, pharmacists, physical and occupational therapists, medical sociologists, etc.

Most social science research in the field of health can be interpreted as being covered by the Public Health Research Grants in terms of the area or domain of research. The major issue is whether social science research conducted in universities will *necessarily* have a direct relation to health care and health service problems with clear implications for the promotion and preservation of health. Indeed, the question might be raised as to whether social scientists and universities should engage in such research. My own impression, however, is that it is almost inconceivable that a sociologic or economic project in the field of health could not have implications for the promotion and preservation of health. It may be that a scientist should not be compelled to justify a project in terms of social need, but perhaps as a citizen he carries a responsibility to do so. The exercise of evaluating my own and others' proposals in terms of their relevance for the health needs of society is salutary for the social conscience and valuable in assessing and improving the scientific validity of the proposal.

Although the Public Health Research Grants seem an ideal source of support for the social scientist a number of caveats must be attached.

1. As most of us know, these grants are approved in the federal Department of National Health and Welfare, but are administered by the provinces. Under this arrangement, proposals are made in the first place to the province that has the authority to make the decision as to whether the application will be forwarded to the federal department for appraisal and decision. Presumably, some judgment may be made at that level about the scientific quality of the application but it is more likely that the judgment rests on the relevance of the project to provincial needs. A popular conception is that the Public Health Research Grants are distributed among the provinces in propor-

tion to the population and that, therefore, the province is forced to make a selection among competing applications. This is, in fact, not the case and theoretically a province can forward for assessment at the national level, all applications it receives. In practice, very few applications are turned back at provincial level, although this varies by province, but it is obvious that an inherent danger exists of applications being turned back at provincial level without adequate appraisal under the existing system. It might be added, however, that if the federal department is particularly interested in an application, it can request a province to forward the application; however, such requests would not be binding upon the province. Hence, the federal department has had no granting facility of its own for projects that are of a national nature. The new National Health Grants, which will be discussed following this section, have rectified this.

2. Unlike grants made by the research councils, the Public Health Research Grants require that disbursement be made before any payment is made by the administering province. This is a cumbersome procedure and a hazardous one because of the risk that some expenditures will be disallowed. The grants require rigid adherence to the approved categories of expenditures and provincial approval must be obtained for reallocations (this is puzzling inasmuch as the original allocations were approved by a federal committee). Perhaps of most disadvantage is the fact that grants must be expended within the fiscal year and may not be carried over—hence, if, as so often happens, the project falls behind schedule and expenditures cannot be made in the fiscal year, one finds oneself in a very difficult position.

Admittedly, the provincial administration of the grants has been more sympathetic to the needs of the investigators the last two years. When I originally held these grants some five years ago, we were subject to restrictions on the level of salary to be paid to professional assistants and auxiliary personnel and travel expenses were restricted to \$15.00 *per diem*, which even

then was quite inadequate. However, despite the cooperativeness of the provincial authorities (generalizing here from one province—others may still be restrictive), the fact that the grants are assessed and, in effect, made by one level of government, but are administered by another, seems to be an anachronism.

3. The Public Health Grants are at present tied to a fixed amount *per capita* in Canada, and hence the rate of increase is restricted to population growth (unless the *per capita* amount is increased). It seems clear that unless dramatic changes occur in the social structure of the country increases in the sum available for public health research are unlikely to meet the escalating needs. Again, a *per capita* basis for the calculation of research grants hardly seems appropriate in this day and age.

4. At present, the review procedures for applications from social scientists is not as rigorous as practiced by the research councils. There is good reason for this as the number of applications received from sociologists or economists is small and certainly does not justify establishing a review committee specifically for this category. At present, the committee most likely to review applications of a social science nature has members drawn from the fields of hospital administration, nursing education, biophysics, social medicine and sociology. The composition of the committee would be relatively immaterial if applications from social scientists could be appraised by “external” appraisers drawn from the applicant’s peers, but this seems relatively difficult to do at present because so few social scientists are engaged in the area of health in Canada. Attention should be paid to the selection of qualified appraisers, even if applications have to be sent to the United States, and if the volume of applications becomes large, a separate review committee will have to be established. The fact that the objectives of the Public Health Grants are perhaps somewhat different to those of the research councils in no way lessens the need for adequate scrutiny of the scientific quality of the applications.

5. The future of the public health research grants is by no means assured. The general health grants program is being phased out and although indications are that the Public Health Grants will remain, they may well be the subject of negotiations between the provinces and the federal government in the next several years.

NATIONAL HEALTH GRANTS

The Public Health Grants described in the previous section have had one inherent disadvantage to the granting agency itself; that is, to the federal Department of National Health and Welfare. The fact that these grants are provincially oriented and administered has meant that the Department has had no research resources to disburse for the support of projects related to the national or federal interest in health except when a province was willing to cooperate in forwarding an application and administering a successful one. For example, Ontario has been good enough to agree to administer the research grants held by several national associations, although to the extent that the projects of these associations were of national concern, the federal department should itself have been able to make and administer the grant directly.

For several years the department has endeavored to establish a granting facility that would permit it to make grants directly for the support of projects oriented toward research in the national interest, but budgetary restrictions have precluded this until now. This year, the gradual phasing out of the general health grants program has permitted the establishment of a new National Health Grant (hardly an original or distinctive name and one that adds confusion to the granting scene!) for "the support of projects oriented toward research and training related to areas of national significance." The amount of the grant for 1969 was set at five cents *per capita* or \$1,062,000 and rumor has it that this will be doubled next year presumably as the general health grants continue to phase out.

Little information is available as to what kind of projects will be covered under this grant although some good guesses might be made by examining the apparent concerns and emphases of the department. For example, research in health services manpower may well be a favored area because the department has accepted a responsibility for examining national needs for, and supply of, health personnel. This responsibility has been allocated to the Health Resources Fund "secretariat," but to date it has had no granting mechanism. The department has also evinced interest in the delivery of health services and it is conceivable that imaginative demonstrations of new ways of organizing health services might attract support under this new grant. Again, as long as the federal government is committed to pay 50 per cent of the costs of medical care to the provinces it will have a vital interest in the operation of the medical care insurance plans of the provinces, an interest I hope might be expressed in comparative studies of the various provincial plans and systems.

It will be interesting to follow the pattern of disbursement of this new grant. It will probably be characterized by a dominance of "mission-oriented" and "applied" research, but this in itself, as with the Public Health Research Grants, should not discourage social scientists from developing proposals that will contribute to the national interest as well as to their own scientific field. It is important, however, for the department to be more explicit in describing the aims and objectives expected from this new grant. At the moment the "risk" in making an application appears to be high, particularly as the composition of the National Health Grant review committee is not known and the process of review does not necessarily (although it may) include evaluation by "outside experts." If the grant is to appear as a genuine resource for qualified researchers, the community of investigators should be brought more closely into the orbit of the planning and development of the policies governing the disbursement of the funds, otherwise the grant may appear as a "slush" fund, claims on which are subject to the self-interests

of the department or vagaries of public servants. I make this point, not because there is any lack of good faith in the department (quite the contrary, in fact), but because mechanisms need to be developed in Canada by which the academic world can be brought into the policy-making arena with respect to research funding in departmental interests. It is true that academics are represented on advisory and review committees, but their presence does not insure that views on the needs of the department and the needs of the academic world are adequately exchanged and discussed. Now that we have a National Health Grant, for example, will the department consider appointing a local representative (from the academic staff) at each health sciences center to be responsible for liaison with the research community?

COORDINATION OF FEDERAL AGENCIES

Federal sources of funds have been discussed first because academic sociologists more than likely will look to federal agencies for research support for some time to come. The case for federal involvement in the support of university research will not be discussed here, but, having followed the proceedings of the influential Senate Committee on Science with great interest, I am inclined to anticipate an affirmation of the federal involvement in research and scientific affairs. Such affirmation is urgently needed because one cannot help but sense uncertainty and disquiet about the federal government's role in research in political university circles. It will be recalled that the last formally stated federal position (presented by the Prime Minister in an address in October, 1966) did affirm a federal responsibility for research and cultural development, but the fact that a minority report on the subject of provincial rights and obligations was attached to the report of the Macdonald group must be of concern to all no matter what our feelings are about the subject. Further, until a clear affirmation of a federal responsibility is forthcoming the current seemingly random

development of granting agencies and advisory councils is likely to continue. It may be that the government is waiting for the report of the Senate Committee on Science before developing a blueprint for the coordination of research policies at the federal level. The Macdonald group were, of course, concerned with this problem and their report advocates an intercouncil committee for such a purpose. This recommendation appears to merely formalize the interactions that probably take place now and it certainly would have no executive authority to insure that the cooperation was carried out. The Senate Committee probably will suggest a more formal and impartial structure clearly integrated in the fabric of the government structure. Whether this will take the form of a Minister of Science Policy or a revamped science council and science secretariat seems open at the present. Whatever the case—and recommendations are one thing and legislation is another—it cannot be denied that some form of coordination is desirable both from the point of view of the government and from the point of view of the scholar. Although there appears an inherent advantage in having three agencies interested in social science research in medicine, it is equally true that the interest of the agencies might not find expression as the buck is passed from one to the other. It is to be hoped that such coordination can be accomplished without impairing the autonomy of the councils.

I in no way underestimate the coordination and cooperation that occurs between councils and other federal agencies at the present time—the fact is, however, that social scientists are forced to debate policy with three separate agencies with no recourse for appeal.

PROVINCIAL AGENCIES

It will be obvious from the previous discussion that the main weight of academic research is and will probably continue to be supported by federal funds. This is not to say that the provinces will not make research funds available to academic inves-

tigators (indeed, at least one province already has a granting agency of its own), but, on the whole, research funds from provincial treasuries are most likely to be devoted to research in the provincial interest. Hence, with the organization and administration of health services being a provincial responsibility constitutionally, the amount of money available within the provinces for problem-oriented research in the delivery of health care, hospitals and other aspects of health could increase rapidly in the coming years. This prediction is not based on an appraisal of past history as the amount of research, social or otherwise, that has been carried out by the provincial hospital commissions has been woefully small. Similarly, despite the wealth of data generated by the Saskatchewan Medical Care Commission since its inception, it has not generated as much research as might have been hoped. Experiments in the delivery of health services have been supported not by the Commission, but by the profession and members of the community; a significant study of the utilization of health services is supported almost entirely by American funds and a public health research grant. Even the establishment of a record linkage between hospital records and medical care records has been supported by a public health research grant.

It seems that it should be incumbent upon the various provincial hospital and medical care commissions to allocate a portion of their budgets to research aimed at monitoring the functioning of these health care systems, to initiating experiments in health care delivery systems and perhaps even in supporting basic research. It may be optimistic to expect that fundamental, scholar-initiated research will be supported by these bodies in the near future, but the opportunity exists for a happy marriage between the research interests of the scholars and the public responsibility of the commissions. Although commissions may establish research potential within their own staff to pursue some investigations, few, if any, of the provinces can afford a full complement of well-qualified research staff in both the commissions and government and in the university. A

planned and responsible courtship between academic and provincial commissions could result in socially relevant research based on the kind of data that social scientists usually struggle hard to obtain, with a potential for valuable contributions to the various social science disciplines as well as a "pay-off" for the health of the province.

Provincial departments of health will undoubtedly sponsor research from time to time although as far as I know no department has a specific granting mechanism through which would-be investigators can apply. However, these departments do have the capacity to make *ad hoc* grants (the infectious hepatitis "epidemic in Yorkville" last year facilitated the launching of a substantial project for one group of social scientists interested in medicine) and as evidence accumulates of the contribution that social scientists have to make in the field of health these departments will be drawn on more and more. In addition, agencies concerned with particular disorders and supported in part by provincial funds (for example, the Ontario Cancer Treatment and Research Foundation) may well become sources for grants in the future.

FOUNDATION SUPPORT

Probably no more desirable source of support exists for the social scientist than the family or charitable foundation. Once obtained, a foundation grant is usually more flexible with respect to both the course followed in conducting the proposed research and in the administration of the funds. However, the chances of a successful application may depend in a large part on the degree of coincidence between the interests of the researcher and those of the foundation (or its individual board members) rather than on the scientific stringency with which the application is prepared. This makes the development of an application a hazardous undertaking as long as foundations do not make their granting policies and interests explicit.

Unfortunately, Canadian foundations of a substantial size

are relatively few and one has the feeling that they are just beginning to emerge as significant potential sources of support not only in terms of money available but also in terms of specific policies. The appointment of fulltime research grants officers would be a welcome step in establishing communication between the academic world and the boards of foundations and it is encouraging to note that at least three Canadian foundations have taken this step in recent years.

It is becoming increasingly difficult to approach United States foundations with hopes of success. A successful application to an American foundation depends in part on a demonstration that the project is in some way uniquely Canadian and not an application of a United States project, that it is substantially supported by Canadian sources and that the results might have some relevance to the United States scene. Undoubtedly, foundations such as Ford, Rockefeller, Carnegie, Kellogg, Milbank and others may be counted on as potential sources of support. However, whether we can expect support just because we are Canadian is questionable. The interests of these foundations in supporting social science research in medicine appears to fluctuate and to become redefined year by year. One should continue to knock on their doors seeking to place imaginative and experimental projects before them.

Foundation grants fill the gap between the conventional sources of support for fundamental research and the problem-oriented research initiated and supported by government, industry or social service agencies. Thus, foundations might support the "high-risk" unconventional research or the applied research in which government industry or social agencies do not have a direct interest. One cannot help but be impressed, for example, by the role the Milbank Fund has played in stimulating social medicine and social science programs in medical schools in the United States, programs that likely would not have been initiated in their present form from conventional sources. On the Canadian scene, the McLaughlin Foundation's support of a Center for Evaluation in Medical Education is an

intriguing example of the type of research that would have been difficult to fund from conventional granting agencies. Similarly, the Laidlaw Foundation's fellowship program potentially offers support for social science researchers in the field of medicine filling gaps between the Medical Research Council and National Health and Welfare training grants and Canada Council fellowships.

OTHER SOURCES OF SUPPORT

A number of other agencies may provide support for research in specified areas. These agencies, some provincially and/or federally supported, others, charitable foundations dependent upon public generosity, are concerned with research in particular diseases or conditions many of which have inherent interest for the social scientist. Few of these will have supported social science research, but in the future they may well enlist the aid of social scientists in combatting and preventing the disorders that are the target of their concern. Cancer, mental illness, heart disease, rheumatism and arthritis, cystic fibrosis, diabetes, alcoholism and drug addiction, multiple sclerosis and muscular dystrophy are all disorders in which the social scientist might have something to contribute. One might even argue that, on a cost-benefit basis, such foundations and agencies should leave much of the support of expensive fundamental biologic research to the Medical Research Council and invest their limited funds in research programs focused on early diagnosis, prevention, compliance with treatment and rehabilitation.

SUMMARY

This review of granting agencies in Canada with interests related to the support of social science research in the area of health has been intended to spark debate between the investigators and the agencies. In conclusion I would like to address a few remarks to each party.

First, to the agencies: social sciences are young compared to the traditional medical sciences and their achievements not nearly as spectacular. Do not, however, underestimate either their credibility as sciences in understanding health and disease, or their potential in promoting and preserving the health of the Canadian people. The inadequacies of their measuring instruments and their theory and their failure to demonstrate dramatically the practical utility of their studies are only partly the result of the vagaries and immutability of human nature—they are also a reflection of the choice that western society has made in this past 50 years to allocate its resources to physical and biologic research. Granting agencies and governments should examine in a critical way the philosophies underlying their allocation of resources, particularly with a view to harnessing the potential that does exist in the social sciences.

Second, social scientists, on the whole, are not much different from other scientists who do not understand the social and economic and philosophic implications of the policies that are pursued with respect to research by governments and agencies. Communication between scholars and granting agencies needs to be more than merely the flow of applications and acceptance and rejections. This panel is perhaps a start in which the agencies can communicate to the investigators their perception of problems and difficulties in support of research in Canadian universities particularly in the field of social science and health; and the investigators, in their turn, to express their concerns to the agencies.

To the social scientists: the students' demand for relevance in teaching is being paralleled by a demand from society for relevance in research. In a field such as health it is difficult to maintain an academic aloofness and it is my hope that sociologists and economists will respond, not by jumping on what may be a bandwagon of a mission-oriented research bonanza, but by playing an active role in developing policies that will enable such research to be relevant for maintaining academic standards and contributing to knowledge in a fundamental way.

REFERENCES

¹ The Canada Council is the principal agency of the Canadian government for the disbursement of funds for the support of the arts and other cultural activities, for the support of academic research in the humanities and social sciences and for the provision of scholarships for postgraduate students in these areas. In 1969, The Canada Council disbursed \$3.4 million in research grants and \$10.8 million in various kinds of fellowships from a budget of \$16.6 million devoted to the social sciences and humanities.

² The Medical Research Council is the principal agency of the Canadian Federal Government for the disbursement of funds for the support of academic research in the medical sciences and for the provision of training grants for individuals pursuing postgraduate training in the medical sciences. In 1969, the Medical Research Council disbursed a total of just over \$31 million, nearly \$21 million of which was for grants in aid of research and \$7.8 million for personnel support, scholarships and fellowships. The Medical Research Council does not have an "in house" program for research.

³ The Public Health Research Grants are part of the National Health Grants program established in 1948, which "was designed to promote a working partnership between the Federal and Provincial Governments for the promotion of health." The program is under the jurisdiction of the Federal Department of National Health and Welfare. The grants are, however, administered at the provincial level, but applications are channeled through the province to the federal level for appraisal and approval. The total funds available for the Public Health Research Grants are calculated on the basis of 23 cents per capita, which in 1969 amounted to approximately \$4.6 million.

COMMENTARY

L. Bradley Pett: Dr. Fish has described the two types of grants available from the health side of the Department of National Health and Welfare. One, called the Public Health Research Grant, has been in existence for 21 years, and I have been directly associated with it for 11 years. The other started in April, 1969, is called simply the National Health Grant, and has given no grants yet, although it has many applications. The Public Health Research Grant has increased from \$100,000 a year to \$4.5 million annually, but it is now tied to population increase at 23 cents per capita. Although other health grants are being phased out, the Public Health Research Grant has been designated to continue. The new National Health Grant has just over a million dollars for 1969, and is forecast to increase by a million dollars a year for five years.

In both grants it would appear that "most social science research in the field of health can be interpreted as being covered," if there is a relation to the mission of the Department. The mission of the Department, or more exactly the terms of the separate Order-in-Council pertaining to each grant, relates to the term "Public Health." Public Health is a term that is difficult to define—something like "Social Science," and partly for the same reason. The reason is that they are changing in their interests, their ideas and their methods as time goes along. The so-called "right answer" of 20 years ago is not the right answer today, even if the question is the same.

Dr. Fish has correctly listed the current emphasis in the Public Health Research Grant, but seems to have had less information about the new grant. The scope of both grants sounds pretty much the same, but there are *two* differences in the way they operate. (1) For the new grant, anyone, even an individual student, may apply directly to Ottawa, whereas the Public Health Research Grant is applied for by an accountable agency through the Provincial Department of Health. (2) The method of review differs. With the Public Health Research Grant, the province has the right to refuse to forward an application to Ottawa, although in practice this has happened very seldom. Once received in Ottawa, it is given careful appraisal by one or more nondepartmental expert appraisers, usually in the same discipline. Then all related applications go before a subcommittee for rating against each other. The final recommendation is made by a committee appointed by the Dominion Council of Health, which is entirely nondepartmental (except the Chairman and Secretary) and whose members are drawn from across Canada. Social scientists find a place on both subcommittees and the committee.

On the other hand, the National Health Grant Review Committee is entirely departmental except for one member, and is composed of medical administrators, usually with an interest in one or more of the applications before the committee. If an appraisal by others is arranged, it is done and reported by the

administrator most directly concerned, and no social scientist has an assured place in this process.

Dr. Fish did not mention the three kinds of Welfare Grants from the Department of National Health and Welfare: Fitness and Amateur Sport, Mental Retardation and General Welfare. These are described in the MacDonald Report to the National Science Council.

J. M. Roxburgh: David Fish's paper is a thoughtful analysis of the sources of support currently available to social scientists interested in health-related research in Canada. He has, I think, identified the major significant differences in philosophy underlying these various sources.

With respect to the Medical Research Council Dr. Fish is quite correct in saying that we have not received requests from social scientists. (Some grants in psychology and psychiatry, however, might be so classed.) The Council is on record as prepared to consider such requests if they are relevant to medical science, and to provide funds if the merit of the proposals is judged to be up to the standard required in other areas. In respect to the point that social scientists hope that the Medical Research Council would accept the social sciences as "basic medical science," the Council dealing with other disciplines tends to follow the lead of the university in this respect. Members of departments within a medical school are by definition, so to speak, engaged in medical science. Those outside such a faculty may or may not be; each proposal is judged on this point separately for relevance.

Neither the name of the Council nor the exact wording of the Act are relevant. Both are permissive rather than exclusive and do not, therefore, bar the Council from this field. The exclusion of "public health research" recognizes the statutory responsibility of the Department of National Health and Welfare in this field and the Council accepts the Department's definition of the term so that there is no gap between the two areas of support although there may often have to be consultation to determine to which field a particular proposal properly belongs.