

**Interview with Jane Hall - recipient of the inaugural HSRAANZ Professional Award, Adelaide
December 2011**

T: Good afternoon.

J: Good afternoon Terri.

T: Thank you very much for agreeing to this interview. [I'm interviewing Jane Hall in my hotel room. We are having a nice cup of tea.]

T: I have got some questions here I'd like to put to you but we don't have to be too formal about it

T: Thank you for agreeing to this interview. I thought it would be very nice to have some background – tell me a bit about yourself.

J: That's a terrible question for me because I don't find anything about myself is very interesting so I don't even know what to say.

T: I've got some pointers for you – I've got three things: Were you a bookish girl or a sporty girl, were you fond of the outdoors, did you enjoy study?

J: No, I was definitely bookish, definitely not sporting. Did you pick that?

T: No - because I thought since you had the farm I had put you down as out riding horses. It's not you?

J: No – I was very bookish – and I was lucky that studying wasn't an effort. I was sort of a bit nerdy and incredibly compliant – I always did my homework and so was one of those fairly irritating people I expect.

T: Yes, I was one of them as well – enjoyed my homework. Yes it's interesting – and you studied economics as your first degree?

J: Yes it was the first one.

T: Where?

J: At Macquarie University in Sydney and I studied economics because I was fed up with everything I had done at school and I went through the list and it came fairly in the top as the list was in alphabetical order so I thought I'd try that.

T: Did you know anything about it?

J: No – nothing.

T: And did it just come to your attention?

J: Yes.

T: And did your school actually have any say in this - was the career adviser trying to steer you?

J: There was no career advice. School was interesting because I went to a convent school and the women were very strong and very good at achieving management of their own lives and their own community and I was there at a time when there was a lot more freedom – there was then a clamp down later but the emphasis – it was funny because there was a sort of emphasis on being brought up to be good wives and mothers but also a sense that you could be in charge of your own life and you didn't have to be held back. But they certainly didn't do much in terms of careers – there wasn't career advice and there wasn't particular encouragement to go on to university.

T: Did your peers go on to university?

J: Probably a mere handful of about 4 or 5 out of a class of 40.

T: That wasn't untypical.

J: For girls at that time.

T: So you did your degree at Macquarie – did you enjoy that?

J: Yes

T: Any other girls studying?

J: There was another girl who'd gone from school with me – we weren't particularly friendly at school but we became friendly at university and we did quite a few of the same subjects but she went on and did a lot more accounting, whereas I - my first Accounting assignment came back and it said (they were more formal in those days) – "Miss Hall, I think your theory is alright but your arithmetic leaves a lot to be desired".

T: Priceless. That's wonderful – so you didn't pursue accounting. And then what did you do after that – did you do more study straight away?

J: No I didn't – I'd had enough of university and I happened to get a job with a person who was doing a lot of sort of management consultancy sort of stuff around hospitals and it was my first exposure to health and the health system and I just found it fascinating, absolutely fascinating. The problems of managing an organisation like a hospital.

T: What sort of organisation was that?

J: It was a private little one man band.

T: You just heard about that – was there an ad?

J: Well, that's another complicated subject because (I hope you'll edit this).

T: Yes – but I could always turn it off.

J: This could be boring. It was when I was at university all the economics offices were on the 7th floor and I used to run up and down the stairs. They built nice staircases in those days not like they build now, and one day for some reason I waited for the lift and I don't know why I waited for the lift because it wasn't my usual habit and there was this ad there saying looking for some help over the

summer. I thought that sounds interesting. Girls didn't have the options that boys had for summer jobs so that was what got me into it – just total serendipity!

T: And then you were hooked.

J: I just found it very interesting – yes.

T: In health?

J: Yes

T: How long did you work there then?

J: Well it was a summer job and then I worked there for a few months after university and as soon as I had enough money I went off travelling and then I came back to Sydney and then I worked in hospitals for a while and gradually moved into the research side. Research is interesting because you're not doing the same thing every day - you're always dealing with new challenges and new questions and the rest went from there.

T: So what was the job? You said you worked in hospitals – what were you doing?

J: Usually sort of administrative support stuff, special project stuff.

T: That would have given you – the insider view.

J: Yes, which in fact is very useful.

T: And if you go through academia you don't get that.

J: Yes

T: That's interesting. At what point did you decide to do the PhD – was that straight after?

J: No, much later – I was well into my thirties.

T: What happened after these hospital management jobs or admin jobs?

J: I went into the NSW Health Department and then I got pregnant so life got more complicated.

T: Then did you take time out to have a family or work part time?

J: I had time off – 6 months with the first one.

T: You stayed in your NSW job?

J: I went back into NSW Health when they were having one of those major reorganisations that health departments do from time to time and then I went off and worked at Royal North Shore Hospital and the thing that really got me into research was a man called Walter Spitzer who'd been at MacMaster University came over for a sabbatical and I was sent off to work with him and we did some of the very early work on Quality of Life measurement and that really hooked me on research.

T: Did he encourage you to do a PhD?

J: He did and would have been more insistent if I hadn't had my baby. And then I went from there out to Westmead Hospital to the Department of Community Medicine and that's when I then got into the PhD.

T: Were you teaching at that time or not at Westmead?

J: Yes but not much. We used to get sent out to teach medical students –that taught me that you need to be very careful that you introduce concepts to people when they're ready to receive them.

T: What sort of concepts?

J: Oh things like opportunity costs – that resources are limited. These kids were just keen to be in hospitals with patients, wearing white coats. That was the wrong time to teach them that kind of stuff.

T: You were seen then as a health economist were you?

J: Yes and I realised how much the economics framework and tools of analysis had to offer in the environment in which I was working.

T: What pushed you to the PhD?

J: If I wanted to go further in my career I needed a PhD.

T: And so where did you do that?

J: At Sydney.

T: And were you still at Westmead or did you give up that?

J: No I did it part time

T: So how long did it take you?

J: Forever – it took 6 or 7 years.

T: As they do

J: Yes - it was a slow grind.

T: What was it on?

J: It was around equity in health care and access to health care and how effective utilization services and it was round the time when Medicare was in so it gave me an opportunity to undertake primary data collection.

T: You could have done a PhD straight from the Economics Degree couldn't you – it's possible?

J: Yes, and I would if I had believed I was going to have an academic career. I really didn't at that point.

T: I think there is probably something to be written about people's life stories and how they get into health services research and where you're coming from.

J: I think very few of us follow that straight line – a medical model or a science model that says you do an undergraduate degree, you do an honours degree and go into a PhD or you do a Masters Degree and go into a PhD and then you come out and you do your postdoctoral research. That's why postdoctoral researchers are paid so little. And then you do this, you do this, you do that. Very few of those of us working in health services research follow such a simple path.

T: So when did you realise or see yourself as a health services researcher – or do you?

J: Oh yes I do.

T: When you finished that degree did you see yourself as an economist?

J: Not particularly – that came later. I think it came because you are differentiating yourself from other people. So eventually I must be an economist I suppose because that's the degree I've got.

T: I asked that question because some people who have gone through economics degrees and then gone straight through the system to the PhD, consider themselves primarily economists. If you're a health services researcher, can you still be an economist?

J: Well surely you can.

T: Let's go back then to when did you see yourself as a health services researcher - PhD, or after that?

J: Probably about the same time. So one of the interesting things that happened to me was being put on the Public Health Research and Development Committee of the NHMRC when it was just being established and that's when I got to know Sid Sax very well - a totally inspirational character.

T: Was he the Chair of that committee?

J: Yes, and he was very supportive to me – he will remain as one of those people that I hold in great esteem. Within PHRDC there were arguments about health services research versus public health and I realised my interests were in health services research. There is a tendency in public health circles to say what's the health system got to do with it, meaning health outcomes. It has a lot to do with it – I mean, it's responsible for almost 10% of our economic activity, around 10% of our employment – it's where people turn to if when they are worried about their health. It has an impact on health outcomes and it has an impact on the economic system. It's an awfully big investment to not have the intelligence that comes from research to govern it.

T: Behind it?

J: Yes. WHO calls health services research "the brains of the health system" and I think that's a very important piece of phrasing. When you think about what the consequences are – who wants to live in a health system without brains.

T: I've written that down because I think we're going to use this quote.

J: Yes, it is a good quote. It's a nice way of encapsulating what we're going to do.

T: And that health services research has to be firmly on the agenda.

J: Yes

T: So if you had to do anything different (I'm talking about reflections) on your career, would you change anything and if so what would that be?

J: Yes, I would have done my PhD much earlier and I would have done much more course work. I didn't do course work because it didn't fit in with the other responsibilities that I had. I wouldn't do that – I think it's much better to do a PhD full time. I guess the lessons that I've learnt about what not to do have been transmitted into the way I've tried to set up our centre to provide support for people coming through. That's probably why I've always thought the professional development of people is so important.

T: Have you had any disappointments?

J: In life?

T: In your career?

J: Oh yes – every time I get an article rejected, every time I get a research project that I passionately believe in not funded it's a disappointment.

T: Yes, and that's just par for the course.

J: We work in the sector where disappointment is part and parcel of every day. I remember last year at grant-writing time talking to someone who had absolutely no involvement in the sector at all – it's a completely different world –and I said it's a busy time because it's the grant writing time. I was explaining what was involved and she asked "what is the likely success of these applications that you put in say for NHMRC?"). And I said "about 15%". She could not believe that we would work as hard as we do for that.

T: 15%? That's the reality.

J: Yes, and that is the reality, and so if you want immediate gratification or you want a lot of ego stroking this isn't the field to be in. Unfortunately! Maybe it's not unfortunate but there is an awful lot of work that is good work that doesn't get done.

T: Looking from the other point of view, what are you most proud of in your work?

J: I think in terms of work that I've done the early work that I did around breast cancer screening – it was important for some of the research approaches that we took but it's also terribly important because it was so intimately involved with the policy development and I think that those of us who were working around that, particularly the economists, helped in Australia to ensure that we didn't have a haphazard approach to breast cancer screening. Yes, I think that was important. Also I am pleased with my work on measuring quality of life and in promoting the need for evaluation., The most gratifying time is when people that I have known and worked with become advocates for those things – for knowing about quality of life, for measuring quality of life in some way, collecting that

data; who use evidence in designing changes to the system and argue for an evaluation built into the roll-out of new programs. So I think that's important. And then the other thing that I get an enormous sense of achievement from is seeing the younger and now more middle career people who have worked in CHERE, just seeing the way they develop and the way they grow and how their capacity increases and how they take things on and how they develop their own track records and careers and have policy impact.

T: That's why you met the criteria for the Award - because you've covered all those things off, and you've just told me they all count for you. It's not just about your own research – which is very very important, but it's much broader than that – and that's what the award is about. If we don't have this, if we don't have people like you, the discipline will die.

J: It's hard to have a really big impact just through research, whatever research you do or methods you develop. For almost all of us, your contribution is a small piece out of a very big jigsaw puzzle, but if you can encourage other people and give them the opportunity you create something that will last longer than you will.

T: Yes - you get a much bigger reach.

J: If you've done something that's worthwhile – if it is truly worthwhile then it deserves to be carried forward beyond your scope of your life span or working life.

T: So thinking about others now, especially people starting out in a career in health services research, what advice would you give them?

J: Academic qualifications count a lot more now than they did when I was starting out so I wouldn't delay too long. But nor would I go straight into a PhD because the time doing your PhD can be a wonderful opportunity to focus on the things you are interested in; and you need to know what they are because you're unlikely to have that opportunity again.

T: So you need some other experience?

J: Yes.

T: As a platform for that?

J: Yes

T: The research to make it count really

J: Let me go back a little bit – the reason I was interested in starting the centre was because as an economist working in health services it was very hard to see how you got to be good at what you do, and how you maintained that sense of being good, keeping up to date. I believe very, very strongly that the talent of the group is more than the talent of its individuals. I was dead keen to have a group, to be part of a group, because I thought about the sort of environment that I would want to work in and it was with other people who were like-minded. Not like-minded in a “yes, yes, everything's OK approach” but who could be critical and be fair and open-minded and share the same goals. So I would advise younger people trying to build a career to be very conscious of the groups that they join and the environment that they're working in, which is probably easier said than

done. I never gave it any thought – my career just I developed from the opportunities presented to me. I can honestly tell you that I never did any career planning. I can also tell you when I'm interviewing people and always ask where they want to be in 5 years time - it was never anything that occurred to me. My early career I now look back on and say "so that's what happened" rather than it being a conscious attempt to do things, to be in a particular place. But I advise young researchers to look for the right environment for them. I think one of the aspects of the group that I work in is that there is a lot of emphasis on sharing ideas and sharing work in progress and my own view is that if your worst critics are inside the group and they're people whom you trust and they're people whose opinions you value, and they're people working towards the same goals that you are, and of course the criticism is constructive, not just point scoring, you can go outside that group and do anything.

T: Yes – it's another function of the group. It's a service that you're offering to each person who works with you. Their work will be subject to critical review.

And now we've got the "future" questions. Two things: firstly, key opportunities of health services research to the next decade – looking ahead.

J: I think the key opportunities – we are seeing the most interesting development in data and the availability of data sets in Australia and I think in New Zealand with data linkage and the development of some cohort studies that are ongoing. Both of those are terribly important. One of the challenges is that the difficulty in getting hold of that data – whether the barriers are the scrutiny of the research project in great detail or the cost of acquiring data, or the delays. I'm not concerned about ethics approval – I think that should be there and a lot has been done to streamline that, and reduce ethics committees redesigning your questionnaire. But the data custodians are often very, very proprietorial about the data and the often high costs involved in getting the data makes it difficult for us. I think that in both our countries and also around the world there are major challenges in reforming our health systems to meet the challenges of the 21st century. I think the sort of research that we do should be playing an absolute crucial role in the formation of the new health systems. I think that's what is encapsulated by that description of health services research being the brains of the health system. I think the other challenge is to move the debate about what evidence based policy is. There is a very strong tendency to believe that randomised control trials are the only strong form of evidence. I think that in the sort of work that we do, randomised control trials are often not feasible and even where they are they are they often fail because they have such limitations of their generalisability. The underlying assumption of the trials approach is that an intervention can be isolated and repeated in the same way. This emphasises internal validity, and often that is important, but it comes at the expense of external validity. The other interesting thing is the way in which econometric techniques, which have been built up around using observational data with all the problems that entails, are just starting to be seen by people working in biostatistics as having relevance. I think there will be resurgence in the value of approaches that use observational data. That's a hope.

T: And because the analytical methods are there to deal with the data.

J: Yes, the analytical methods are getting so much stronger because the data is becoming more accessible. The big benefit is that it allows us to explore the interaction between the intervention and the context.

T: That's where you can see it going?

J: Yes

T: That's the end of my questions. Given what you've said we could talk about training but we'll leave that probably for another day. Thank you very much.

J: I just want to add one more thing.

T: Oh you do!

J: The other big frontier I think is understanding how to measure the performance of the system as a system –not just bits of it separately. A system works as a whole, you change one part, something else, often unforeseen will happen, and sets off changes in other parts. We're good at evaluation and we're getting better at performance measurement around specific aspects but it's the challenge of putting it all together and saying "Is the system working better now than it was before? Of course, historically a lot of effort has gone into arguing whether one system works better than another. Well I now think that's not a particularly useful comparison because health systems are held captive by their history and the culture of the country that they're in and the prevailing political ideas of their time. Change at that fundamental level is unlikely. But making one's own system function better, that's a challenge everywhere.

T: The mechanism for doing that?

J: Performance – that's a real challenge

T: Don't you think Australia will be doing work in this area – your research centre?

J: The trouble for all of us (I don't mean just people in my research centre) the problem for all of us in the field in our two countries is lack of funding for what I would call programmatic research – for being able to take some big issues and work on them over time across a whole range of all sorts of projects. I know that people who work in our field are criticised for going from topic to topic, never specialising or focusing, but it's no wonder they do because that's what the money does.

T: Yes – and I see that I've actually got a question here about what you see as the challenges for health services research and you've talked about some of those and the risks and I think you've just highlighted a risk of doing bits and pieces because of the funding. So what's the path out of that?

J: Well I think there's no one answer to building research capacity. You need a multi-faceted approach. I believe centres of excellence are crucially important as the focus of cutting edge research, as the focus of training people, as the focus of leading these programmatic approaches. But that's not all – we need project funding, we need training opportunities, we need more clearly defined career paths for people whether they are within organisations or funded as a sort of series of fellowships. We need people who understand research and what it can offer in places where policy is made and implemented, that know how to draw on research findings, and so in turn that they can propose researchable and relevant questions.

T: What you're setting out there is actually a system for health services research itself with all those components in it and we don't have that in either of our countries.

J: Yes

T: Good place to end.

J: Yes – it sounds good enough. I hope it doesn't sound too pessimistic. .

T: No – thank you. Good afternoon.

J: Good afternoon Terri.

Dr Terri Green, University of Christchurch, New Zealand