

**PHAA NSW BRANCH SUBMISSION**

**TO THE NSW HEALTH AND MEDICAL RESEARCH STRATEGIC REVIEW**

**15 AUGUST 2011**

The NSW Branch of the Public Health Association of Australia presented this submission to the NSW Health and Medical Research Strategic Review on 15 August 2011. The Review was led by Mr Peter Wills, AC, with the support of a Review Committee appointed by Minister Skinner (Minister for Health and Minister for Medical Research). The review was to assess the current performance of health and medical research in NSW, make recommendations on how the sector can be improved, better coordinated and leveraged; and to propose ways in which the NSW health needs, clinical trials, and commercialisation capacity could be better supported or expanded.

Some of the key areas identified in the submission are: infrastructure, research collaboration, priority driven/applied and population health research, translation of research into policy and practice, barriers to improving health research, and priorities for investment.

**Infrastructure**

The NSW Branch of the Public Health Association of Australia (PHAA) is committed to promoting and strengthening research, training and practice.

1. The PHAA NSW Branch recommends a balanced and coordinated approach to infrastructure funding research and commissioned research. Funding systems should continue to support three year infrastructure grants, but also allocate a proportion of funding to commissioned research to enable responsiveness to emerging public health priorities. This approach was supported by Nutbeam Review, Recommendation 6, 2008.
2. The PHAA NSW Branch supports better leveraging of commonwealth funds through a Statewide strategic prevention research leveraging fund.
3. The PHAA NSW Branch recognises the need for both short and long term approaches to building and sustaining the health research sector. It supports the establishment of a Centre of Excellence in public health and health services research with a strong mandate on training, and the creation of senior leadership positions in epidemiology and biostatistics and in health services research.

4. The PHAA NSW Branch supports the Public Health Officer training program and its professional doctorate qualification. The Program provides leading public health service based higher education grounded in research scholarship, collaborative relationships and evidence-based practice.
5. The PHAA NSW Branch supports training of Aboriginal people in public health to provide preventative health education and promotion and to facilitate access and equity to health care services for Aboriginal people. In particular, the PHAA NSW Branch supports the newly established Aboriginal Public Health Officer Training program.
6. To support public health research, 3-5 year transition fellowships should be considered to allow PhD graduates from other science disciplines to become independent researchers in applied disciplines.

References:

Public Health Association of Australia, Strategic Plan 2011-2013, (2010), Deakin ACT Australia, p.10; 16.

Attorney-General's Department , Canberra. 'Report of the Review of Public Health Research Funding in Australia ('Nutbeam Review') December 2008', Commonwealth of Australia, 2009, page 9.

Rotem A, Dewdney JC, Mallock NA, Jochelson, TR. (2005) 'Public health job vacancies-who wants what, where?' Australian Health Review, 29(2):226-34.

### **Research collaboration**

The PHAA NSW Branch recognises the importance of multi-disciplinary and collaborative approaches to the development of population health interventions and to their translation into policy and practice. Partnerships which support collaborative research projects which draw on the expertise of policy makers, researchers and practitioners should be strongly supported.

7. Processes for identifying strategic public health priorities for research should ensure the participation of policy makers, practitioners and researchers. Shared approaches to identifying priorities should support investment in collaborative research programs and should strengthen a focus on policy-relevant research.
8. Professional opinion also suggests that research conducted in partnership between researchers and policy makers is more likely to be relevant, used and disseminated in policy. More recently the NHMRC has introduced funding for research projects which demonstrate partnerships between decision or policy makers, managers, clinicians and researchers. A similar approach should be adopted in NSW.
9. Another approach to collaborative research is co-funded research. This involves the policy agency either partly or solely funding the cost of undertaking research, in policy priority

areas. For example the Canadian Health Services Research Foundation has a policy whereby funding is only allocated to new research projects if a decision maker is involved in the area under study.

10. As there is little evidence about the impact of collaborative research on its subsequent use by policy makers, funding should be allocated to measuring the impact of collaboration on the use of research in policy.

*Example: The Sax Institute has a strong history in building partnerships between researchers and health policy and service delivery agencies for better health. Their approach includes the development of partnership research infrastructure which has strengthened policy and practice focused research in NSW. Examples of their partnership approach includes the establishment of The Coalition for Research to Improve Aboriginal Health, the 45 and Up study, and the Hospital Alliance for Research Collaboration. In addition the Institute has brokered 90 commissioned reviews of research in public health priority areas, and has facilitated a number of policy-research forums and workshops. [www.saxinstitute.org.au](http://www.saxinstitute.org.au).*

#### References:

Public Health Association of Australia, Strategic Plan 2011-2013, (2010), Deakin ACT Australia, p.10.

Ross, S., Lavis, J., Rodriguez, C., Woodside, J. and Denis, J. L. (2003) 'Partnership experiences: involving decision-makers in the research process', *Journal of Health Services Research and Policy*, 8 Suppl 2: 26-34.

Hanney, S. R., Gonzalez-Block, M. A., Buxton, M. J. and Kogan, M. (2003) 'The utilisation of health research in policy-making: concepts, examples and methods of assessment', *Health Research Policy and Systems*, 1 (2): 1-28.

Goering, P., Butterill, D., Jacobson, N. and Sturtevant, D. (2003) 'Linkage and exchange at the organizational level: a model of collaboration between research and policy', *Journal of Health Services Research and Policy*, 8 Suppl 2: 14-19.

Grant, J. (2004) 'Sustaining the virtuous cycle for a healthy, competitive Australia: Investment Review of Health and Medical Research, in Investment Review of Health and Medical Research, F. Report, Editor, Commonwealth of Australia: Canberra, Australia.

Denis, J. L., Lehoux, P., Hivon, M. and Champagne, F. (2003) 'Creating a new articulation between research and practice through policy? The views and experiences of researchers and practitioners', *Journal of Health Services Research and Policy*, 8 Suppl 2: 44-50.

Lomas, J. (2000) 'Using 'linkage and exchange' to move research into policy at a Canadian foundation', *Health Affairs*, 19 (3): 236-40.

NHMRC, NHMRC Partnership Projects: Funding Policy. Australian Government: National Health and Medical Research Council, 2011.

Lomas, J. (2000) 'Using 'linkage and exchange' to move research into policy at a Canadian foundation', *Health Affairs*, 19 (3): 236-40.

Moore, G., Todd, A. and Redman, S. (2009) *Strategies to increase the use of evidence from research in population health policy and program delivery: Report for the Centre for Epidemiology and Research*. NSW Department of Health.

Ross, S., Lavis, J., Rodriguez, C., Woodside, J. and Denis, J. L. (2003) 'Partnership experiences: involving decision-makers in the research process', *Journal of Health Services Research and Policy*, 8 Suppl 2: 26-34.

### **Priority driven population health research**

The PHAA NSW Branch promotes a population health approach to enable health status and health inequalities to be addressed throughout life. Strategic priorities for research should be established based on the burden of disease and the specific needs of sub-populations including Aboriginal and Torres Strait islander peoples, socioeconomically disadvantaged and people from culturally and linguistically diverse backgrounds .

11. Priority areas for population health research should include the prevention of chronic disease including nutrition, obesity, smoking, excessive alcohol use, injury prevention, mental health, oral health, prisoner health, environmental health, climate change and international health.
12. Priorities should also focus on research that addresses health inequities, whether they be in access to services or in health outcomes. Intervention research, rather than descriptive research, should be a priority.
13. Investment in intervention research with Aboriginal and Torres Strait Islander communities should focus on the contributors to excess death and disease among people, including smoking, pre-diabetes, high cholesterol and high blood pressure. Maternal, infant and child health also remains a priority.
14. A large impact on population health through prevention can be achieved by cost effective interventions in: taxation of tobacco, alcohol and unhealthy foods; a mandatory limit on salt in just three basic food items (bread, cereals and margarine); gastric banding for severe obesity; and an intensive SunSmart campaign.
15. Priority driven population health research should also consider comparative effectiveness research. For example, the third priority research topic is to compare the effectiveness of primary prevention methods, such as exercise and balance training, versus clinical treatments in preventing falls in older adults.
16. Research should also focus on translational research and improving communication about how health behaviours are shaped by social economic and economic conditions, following similar successful strategies in tobacco control advocacy. There is good evidence that public

opinion about a range of social determinants of health is consistent with research i.e. the general public views personal health behaviours and access to affordable health care as strong determinants of health. Building the capacity of communities to translate this evidence into practice, and increasing public and political awareness about the determinants of health, should increase opportunities for health and improved behaviours.

References:

Public Health Association of Australia, Strategic Plan 2011-2013, (2010), Deakin ACT Australia, p.11; 14.

Attorney-General's Department , Canberra. 'Report of the Review of Public Health Research Funding in Australia ('Nutbeam Review') December 2008', Commonwealth of Australia, 2009.

Vos T et al., (2010). Assessing Cost-Effectiveness in Prevention (ACE-Prevention): Final Report. University of Queensland, Brisbane and Deakin University, Melbourne.

See for example the US Institute of Medicine's 100 Initial Priority Topics for comparative effectiveness research.

<http://www.iom.edu/~media/Files/Report%20Files/2009/ComparativeEffectivenessResearchPriorities/Stand%20Alone%20List%20of%20100%20CER%20Priorities%20-%20for%20web.ashx>

Wilensky, G., & Satcher, D. (2009). Don't forget about the social determinants of health. *Health Aff (Millwood)*, 28(2), w194--w198.

Robert, S. A., & Booske, B. C. (2011). US Opinions on Health Determinants and Social Policy as Health Policy. *Am J Public Health*, 101(9), 1655-1663. doi: 10.2105/ajph.2011.300217

Wolf, S. (2009). Social policy as health policy. *JAMA*, 301(11), 1166--1169.

### **Translation of research into policy and practice**

The PHAA NSW Branch supports evidence-informed decision making and the use of evidence in the design and implementation of population health programs in NSW.

17. The PHAA NSW Branch seeks an explicit recognition from the NSW Government that translation of research evidence into practice is a science and is critical to maximising returns on investment.
18. Improving access to research for policy makers and practitioners will support evidence-informed policy making. The NSW Government should ensure that all policy makers and practitioners in NSW have access to journals, websites, and databases that provide evidence in policy priority areas, to policy makers and practitioners in NSW.

19. The NSW Government should invest in capacity development NSW public sector employees, including developing skills in accessing, assessing and applying research.
20. Systems and structures that support the communication of evidence and information among policy makers, practitioners and researchers should be supported, including access to web portals and web based learning.
21. Employees at all levels should be encouraged to participate in policy research forums and networks, and structures that support ongoing partnerships in research should be supported.
22. Grant applications for population health research and grant reporting mechanisms should include a mandatory requirement that the policy and practice implications of research be reported. Grants should also include a portion of funding dedicated to the active dissemination of research to policy audiences or related knowledge translation activities.
23. Grant applications for population health research should mandate that part of the funds are dedicated to policy or program evaluation, as this will help generate new evidence about the process and impact of these policies or programs.
24. NSW should also invest in interventions in knowledge translation, testing which strategies of increasing the use of research in policy and practice are effective. Strategies could include the use of summaries and syntheses, regular interaction between policy makers and researchers and increasing organisational research receptivity. This approach is supported by the Institute of Medicine's priorities for comparative effectiveness research, whose 5th priority is to compare the effectiveness of dissemination and translation techniques, to facilitate the use of comparative effectiveness research by patients, clinicians, payers and others.

*Example: Co-Ops portal - The Collaboration of Community-based Obesity Prevention Sites (CO-OPS Collaboration) is an initiative funded by the Australian Government Department of Health and Ageing which aims to support community-based obesity prevention initiatives through a collaborative approach to promoting best practice, knowledge translation and by providing networking opportunities, support and advice. <http://co-ops.net.au/Default.aspx>*

#### References:

Dobbins, M., Rosenbaum, P., Plews, N., et al. (2007) 'Information transfer: what do decision makers want and need from researchers?'. *Implementation Science*, 2, 20.

The Collaboration of Community-based Obesity Prevention Sites (CO-OPS Collaboration) Portal <http://co-ops.net.au/Default.aspx>; Health Statistics NSW [www.healthstats.doh.health.nsw.gov.au](http://www.healthstats.doh.health.nsw.gov.au); and The Clinical Information Access Project, <http://www.ciap.health.nsw.gov.au/home.html>.

Denis, J. L., Lomas, J. and Stipich, N. (2008) 'Creating receptor capacity for research in the health system: the Executive Training for Research Application (EXTRA) program in Canada'. *Journal of Health Services & Research Policy*, 13 Suppl 1, 1-7.

Walter, I et al 2003. 'Increasing research impact through partnerships: evidence from outside health care'. Journal of Health Services Research and Policy, 8:58-61

Moore, G., Redman, S., Haines, M., Todd, A. "What works to increase the use of research in population health policy and programs: A review." Evidence & Policy, Volume 7, Number 3, August 2011 pp. 251-279 (In press)

Moore, G., Todd, A. and Redman, S. (2009) Strategies to increase the use of evidence from research in population health policy and program delivery: Report for the Centre for Epidemiology and Research. NSW Department of Health.

US Institute of Medicine's 100 Initial Priority Topics for comparative effectiveness research. <http://www.iom.edu/~media/Files/Report%20Files/2009/ComparativeEffectivenessResearchPriorities/Stand%20Alone%20List%20of%20100%20CER%20Priorities%20-%20for%20web.ashx>

### **Barriers to improving health research**

The PHAA NSW Branch supports strategies to strengthen research, including addressing barriers to improving health research.

25. The lack of incentives for academic researchers to engage in public health intervention research and in policy and practice relevant research has been noted, with researchers reporting that none of the policy making, research funding or academic sectors provide significant incentives to increase research uptake. In addition, there are sectoral barriers to improving health research such as a lack of reward structures for non-academic research and innovation contributions. There needs to be an undergraduate pipeline for applied researchers and this requires measuring excellence in applied research and innovation .
26. There is a similar lack of incentives for policy makers to stay abreast of current research and apply findings in their own work. Policy makers find it difficult to access relevant research and summaries or syntheses of research, and report structural barriers such as low levels of research receptivity in policy agencies.
27. A recent NSW Health report argued that having consistent and transparent funding processes could potentially increase research. Simplifying ethical procedures, particularly for low and minimal risk projects, could increase the production of locally relevant research .

*Example: The PHAA NSW Branch established the NSW Public Health Impact Award in 1997, to recognise outstanding contributions by public health practitioners and researchers to a public health issue in NSW. The Award has recognised achievements in fields including harm reduction in illicit drug use; evidence based medicine; Aboriginal & Torres Strait Islander health and research; community paediatrics and public health; prevention and treatment of obesity; smoking cessation; reducing excessive alcohol consumption; and refugee health.*

References:

Public Health Association of Australia, Strategic Plan 2011-2013, (2010), Deakin ACT Australia, p.16.

Campbell, D., Redman, S., Jorm, L., Cooke, M., Zwi, A. B. and Rychetnik, L. (2009) 'Increasing the use of evidence in health policy: practice and views of policy makers and researchers', Australia and New Zealand Health Policy, 24 (6): 21-32.

Department of Innovation, I., Science and Research,. (2011). Research skills for an innovative future: A research workforce strategy to cover the decade to 2020 and beyond. Canberra: Commonwealth of Australia

Biggs, J.S., Stickney, B. (2011)'Developing a strategy to promote the generation and effective use of population health research for NSW Health: 2011-2015'. NSW Public Health Bulletin,. 22(1-2): p. 4-10.

**What should be the priorities for NSW Government investment in health and medical research in this state and why?**

A priority should be given to greater investment in prevention research as it gives a better health and economic return to the NSW Government.