

This submission is from the Centre for Women's Health, Gender and Society which is a Centre of the Melbourne School of Population Health at The University of Melbourne. The Centre's vision is to improve women's health and the health of their families and communities by contributing to knowledge about the effects on health and well-being of gender inequity and other social, economic, cultural, psychological, and biological factors. We are a multidisciplinary Centre with staff and students from many disciplines, including epidemiology, psychology, sociology, statistics, and health services research. The Centre has a strong focus on gender and health inequities including socio-economic disadvantage in terms of housing, work and income as well as marginalisation of particular groups such as women with disabilities and women from culturally and linguistically diverse backgrounds. We span a range of content areas including sexual and reproductive health and cancer.

Context: sex, gender and social research

In simple terms, sex is understood to be the biological characteristics of men and women (e.g. chromosomes) while gender can be defined as the social characteristics associated with a particular sex such as roles, positions, power and relationships between, and within, sexes. Currently, Australian health and medical research pays attention to sex differences (e.g. hormone levels) but the ways in which gender influences the health of women and men is usually ignored. For example, questions such as how norms of masculinity contribute to risk-taking behaviour, compliance with medication and gender-based violence are rarely considered. Without a thorough understanding of how gender influences what women and men do, how they feel and relate, interventions to improve health may be less effective. For example, reductions in injuries in the workplace (which are much more common among men) cannot be realised unless interventions are mindful of how masculinity influences the occupational health and safety practices of employers and employees.

More generally, high quality social research must be at the cornerstone of public health research. The context in which people live their lives (e.g. their neighbourhoods, socio-economic circumstances, work, history and cultural identity) shape who they are and what they do. Without high-quality social research it is impossible to develop interventions that can improve health.

We believe that social research, particularly research that considers gender, is not well-supported in the current funding NHMRC funding mechanisms. Below we outline our recommendations in relation to matters: 5, 6, 7, 8, 12, and 13 for review by the Review Panel. We have identified a number of strategies

that will help ensure future health research actively addresses gender and social context and emerging health priorities for women and for men in Australia and the region.

5. Likely future developments in health and medical research, both in Australia and internationally.

International bodies, such as the World Health Organisation, have recognised the importance of gender for women's and men's health and are prioritising programs that address some of the health impacts of gender. Similarly, the recently launched, National Women's Health Policy and the National Male Health Policy, highlight the significance of gender in health and the importance of considering it in policies and programs. Despite these developments, Health and Medical Research in Australia does not attend to the importance of gender.

OUR RECOMMENDATIONS:

- 1. The NHMRC should integrate routine evaluation of gender issues in peer-review of grant applications. This requires more than the current approach which simply ask researchers to tick a box indicating whether or not there are an equal proportions of women and men in their proposed project and, for those that answer no, why not. Instead, we recommend that the NHMRC develop a checklist which researchers have to complete where they are asked to answer a series of questions relating to gender. For example, in relation to intervention research, researchers could be asked about whether and how they have considered the impact of gender in the development, implementation, evaluation and distribution of benefits of the intervention.*
- 2. The NHMRC provide reviewers and panels with a simple resource to assist them in identifying how well researchers have considered gender.*

6. Strategies to attract, develop and retain a skilled research workforce which is capable of meeting future challenges and opportunities

In the context of a reduction in overall investment in research and development in Australia, there has been a well-recognised migration of skilled scientists to countries with more opportunities. Unfortunately, Australia is now also losing expert social scientists into the growing public health sector in Asia. This is due in part to the prevalence of fixed term contracts in Australian universities, with lack of tenure leading to a very mobile workforce potentially resulting in lack of commitments to organisations and long term programs of research. This is worrying given the increasing complexity of research problems that require

interdisciplinary collaboration and careful engagement with key stakeholders (e.g. policy-makers, practitioners and communities). Further, high quality social science researchers report that their research is often poorly understood by NHMRC reviewers and panels. This means that they may fare poorly in relation to their peers in public health who often take a more narrowly-defined epidemiological approach. This needs to change if Australia is to achieve high-quality social research.

OUR RECOMMENDATION:

- 1. An audit of current NHMRC funded activities to document the extent to which the NHMRC funds social research, and interviews with social scientists and other public health researchers to identify potential barriers that need to be addressed*
- 2. A metric for the assessment of grants and fellowships that weights more heavily community engagement practices*
- 3. Provision of a clear guide to reviewers and panel members on how to assess the track records of social science researchers, as social science applications are often assessed by researchers from outside the social sciences. Such a guide might include metrics for assessing the quality of the track records of social science researchers (e.g . importance of books, single authored publications, the importance of author order in assessing the contribution to papers rather than an emphasis on first and last author, value of community reports and engagement etc).*

7. Examine the institutional arrangements and governance of the health and medical research sector, including strategies to enhance community and consumer participation. This will include comparison of the NHMRC to relevant international jurisdictions.

Our Centre holds partnerships with a range of non-university organisations such as the Royal Women's Hospital in Victoria, Women's Health Victoria, Victorian Women's Trust, and Breast Screen Australia. These partnerships are essential for facilitating community involvement in research; ensuring that our research activities are relevant; and in preventing harmful outcomes from research done on, rather than with, communities. Each of these groups has identified areas of women's health that are clearly under-researched and under-served and they have sought input from CWHGS to develop research programs. However, under the current NHMRC funding processes our capacity to develop new research proposals with such organisations is hampered by lack of funding of staff time.

OUR RECOMMENDATION:

The NHMRC could strategically address this problem by providing seed funding to enable researchers to develop full research proposals through engagement with community organisations and consumers. For example, study of the local prevalence, impacts and prevention of female circumcision within specific communities, must first involve considered engagement with those communities as well as relevant health service providers and social support services to identify genuinely appropriate and feasible studies – prior to the development of any research proposals.

8. Opportunities to improve national and international collaboration between education, research, clinical and other public health related sectors to support the rapid translation of research outcomes into improved health policies and practices. This will include relevant international comparisons.

A social science approach clearly recognises the importance of the non-health sectors (e.g. education, housing, employment) in shaping health. These social determinants often drive the health inequities we observe (e.g. women, people with disabilities, indigenous Australians etc). However, it is our impression that research that bridges these sectors has not been funded. We have a number of recommendations regarding how linkages might be improved.

RECOMMENDATIONS

- 1. Funding to support the linkage of key administrative datasets including health data (e.g. hospital, disease registries, Medicare, mortality); census data; surveys conducted by the Australian Bureaus of Statistics (e.g. General Social Survey, Survey of Disability and Carers); and welfare datasets (e.g. employment, disability, supported accommodation assistance program). The Australian Institute of Health and Welfare could conduct the linkages and auspice the linked data which could then be made available to researchers in a de-identified format.*
- 2. Support programs of research that specifically encourage research across sectors (e.g. through strategic grants).*

12. The degree of alignment between Australia's health and medical research activities and the determinants of good health, the nation's burden of disease profile and national health priorities, in particular "closing the gap" between indigenous and non indigenous Australians.

We believe that the current NHMRC funding processes do not align with the key determinants of health, which are social and economic. The NHMRC does not traditionally support research that addresses the critical social determinants such as gender, housing and employment. Further, with the exception of indigenous health, the NHMRC does not specifically address the needs of disadvantaged populations. For example, the mental and physical health of people with disabilities and their carers (who are disproportionately women) is among the worst in Australia, yet there is no attention to these groups in any of the NHMRC's funding schemes.

In developing research priorities, there is a need for a greater engagement with key stakeholders (such as government, communities and services providers). Ideally, research supported by NHMRC would have strong links to government research policy in other fields such as the National Disability Research and Development Agenda 2011, the National Women's Health Policy 2010, AusAID's Research Strategy (pending), and state and federal policy on housing and homelessness and sexual and reproductive health. Our Centre has strong collaborative relationships with community and government sectors, with knowledge exchange being key to our research agenda and to the translation of research findings into policy and practice. However, current NHMRC processes are poorly equipped for assessing and supporting such research. In the peer-review process, peer-reviewed academic publications and previous grants are valued much more highly than a strong track record of community engagement and publications with a greater potential for policy impact, such as community reports and reports to government agencies.

OUR RECOMMENDATIONS

- 1. That the NHMRC research priorities, funded by schemes such as the Strategic Awards, Fellowships, Partnerships grants and the Partnership Centres, respond to priorities set by government policies (e.g. National Women's Health Policy and the National Disability Research and Development Agenda).*
- 2. That schemes recognise the importance of strong collaborative relations with community and government sectors through recognition of track records of these activities (see 6) and seed funding to develop and sustain collaborations with key stakeholders (see 7)*
- 3. That the NHMRC peer-review process place greater value on track records demonstrating that researcher activities will be aligned with existing research and policy frameworks that relate to the determinants of good health.*

13. Opportunities for Australia's health and medical research activities to assist in combating some of the major barriers to improved health globally, especially in the developing world.

In 2011 the Australian Government's *Independent Review of Aid Effectiveness* recommended an increase in aid funding for health research in developing countries. The Review noted that at present there are limited mechanisms and modalities for delivering additional research funding through the aid program, and identified the possibility of aid program collaboration with the NHMRC to develop mechanisms to deliver such funds. We believe that any mechanisms developed must ensure investment in the analysis of whether and how proposed health research contributes to the international goal of gender equity in health, as well as strategies for assessing the gender impacts of funded research.

OUR RECOMMENDATION:

- 1. Should this collaboration occur, that the NHMRC ensure funding supports research on health issues that are a priority for Australia's neighbours in the Asian and Pacific regions, including research on policy and practice responses to these priority health issues.*
- 2. Peer-reviewers of funding applications should be guided to consider issues specific to research in developing countries, such as the intrinsic power differential between the researcher and the researched; the often greater gender differences in personal power and access to resources and how this impacts on the potential benefits of research; the value of culturally comparative work (for example, assessing how programs reducing violence against women based at the Fiji Women's Crisis Centre can be translated to other countries in the region); the requirement for researchers to adhere to ethics and research approval frameworks both in Australia and in the country in which research is based; and the need for researchers to responsibly contribute to and evaluate the translation of new research findings into policy and practice, taking gender issues into account (e.g. ensuring that benefits reach both men and women in the community).*