



Submission from Deakin University's Centre for Physical Activity and Nutrition Research (C-PAN) to the Australian Government Strategic Review of Health and Medical Research (McKeon Review)

Thank you for the opportunity to provide input into the Review of Health and Medical Research.

The Centre for Physical Activity and Nutrition Research (C-PAN) is a multidisciplinary research centre recognised internationally for its research in nutrition, physical activity and sedentary behaviours and obesity.

C-PAN is one of a handful of research organisations internationally focusing on addressing both nutrition and physical activity in relation to health, and is unique within Australia in both the breadth and type of research undertaken.

Our staff have wide-ranging expertise including in molecular and cell biology, physiology, nutrition, dietetics, sensory science, exercise science, psychology, social and behavioural science, geography, epidemiology, health promotion and public health.

Our research spans basic metabolism and physiology, through clinical and behavioural studies, to community and population-based research.

Research in C-PAN includes:

- Identifying factors to improve muscle health;
- Modifying lifestyle practices and the food supply to reduce chronic disease;
- Understanding sensory determinants of food choice;
- Understanding and influencing eating, physical activity and sedentary behaviours and factors impacting them.

The following comments are provided on behalf of research staff within C-PAN.

Why is it in Australia's interest to have a viable, internationally competitive health and medical research sector?

We believe it is essential for Australia to have a viable, internationally competitive health and medical research sector for a number of reasons.

Firstly, population health research is context specific. It is important to have high quality Australian research to understand the issues impacting on the health of people living in Australia in various settings and from varying backgrounds. As an example, health related research around food environments and people's access to foods in the United States has identified the existence of 'food deserts'. However, this finding is not relevant to Australia and trying to apply learnings from the US research in the Australian context is unlikely to provide benefit to the health of the Australian population. It is vital that Governments and other key decision makers have access to local (context-specific) research that will help improve the health of Australians.

Australia is already an established, well recognised player in specific health and medical research areas. To let this go would be a waste of the talent and resources already invested. It is important for Australia to maintain a strong and vibrant health and medical research sector to enable credible participation in global debates on health issues, and to protect Australia's health interests.

In our own area of physical activity and nutrition research, C-PAN is one of the leading groups internationally in the type of research we cover. As a result we regularly host researchers from other countries to share our expertise and knowledge, we are invited to participate in international research collaborations and we attract high quality researchers who wish to undertake postdoctoral studies with us.

Having a vibrant and strong research culture also facilitates greater scope for 'people support' in research. The 'fellowship' schemes in Australia need to be better coordinated to enable people to perform at the highest level and to provide pathways for them to continue to be supported throughout their careers. Without a vibrant research sector in Australia, this will not be possible.

How might health and medical research be best managed and funded in Australia?

We believe it would be useful to have a more 'agile' and flexible funding system. In terms of agility, we need a system that enables resubmission of unsuccessful but high quality (fundable) grants in a shorter time frame. At present, researchers have to wait a full year before they can reapply into the NHMRC scheme.

The funding system needs to provide some consistency for the review of resubmissions and also give some recognition to the fact that 'resubmissions' have already had peer review. A re-submission of a project/fellowship that scored highly but was not funded in a previous round should not be treated in the same way as a new submission which has had no peer review. Currently resubmitted grants are considered as if they are first time up. Hence grants scored 5 in one year by members of a particular panel, may end up with 4 the following year, despite having addressed all of the previous review panel comments and strengthening the research proposal. This is not to say that all resubmissions should be funded, but rather that consideration should be given to how these applications are treated compared to new applications. We recommend that the Review Committee consider the approach taken by the National Institutes of Health in the United States.

It is also important for the various reviewers from different sectors (i.e. clinicians, people who do fundamental work, population health people etc) to work more together to achieve better outcomes, rather than working against each other, as appears to be the current case.

It is our view that the current funding systems in Australia utilise a lot of researcher time in meeting various format and administrative guidelines, and that consideration needs to be given to better alignment of the schemes. For example, to submit a similar research application to NHMRC and ARC takes an enormous amount of time and energy to provide essentially the same information in the various formats required.

What are the health and medical research strategic directions and priorities and how might we meet them?

We believe there is a significant imbalance in the type of research that is funded in Australia and the determinants of good health, and that population based health research is less well supported. For a number of the key health issues in Australia, we know the drivers and understand what the problem is, but don't have practical population or clinically relevant responses. It is our view that there needs to be a shift in the funding balance such that population health and clinically relevant research receives more funding than the current level. We are not suggesting that population health or

clinical research is more important than biomedical research, but rather a shift in the proportion of funding towards different types of research are needed to better reflect the health issues facing Australians. It is well understood that the health system is already struggling to cope with the demand on resources and more is needed to reduce the strain on the health system.

How can we optimise translation of health and medical research into better health and wellbeing?

It is our view that a key first step is to provide funding and training in this area. Researchers are generally not funded to communicate the outcomes of their research to 'end users'. In many cases, researchers are also not skilled in how to translate the research into a form that can be utilised by those who could most benefit from the research outcomes.

We believe it is important to explore various models for improving this translation of research. For example, peak funding bodies such as the NHMRC could provide training opportunities/packages for research translation to those who receive research funding. It could be that peak funding bodies provide skilled staff who can assist with this as research outcomes are produced. For example, having staff who can take the scientific outcomes and convert those in to a form that can be utilised by a variety of audiences including community workers, health practitioners, non-government organisations and policy makers. Another option is peak bodies funding 'translational meetings' in a systematic way, rather than the current ad hoc meetings that occur (often ½ day to 1 day meetings organised by one agency with little or no follow up). This would involve bringing together key 'end users' of research with researchers working in a particular area and working through the issue or issues over an extended period of time (e.g. one to two years). Peak funding bodies are in an ideal position to identify relevant researchers working in particular areas based on who they are funding. These researchers could then be invited to be involved in working with 'end users' to help find solutions to issues. We believe this would be a more useful approach than just approaching the usual suspects, as it would provide a greater breadth of research to be drawn upon, and not be tainted by particular biases.

We believe there is also a need to help researchers, practitioners and policy makers better understand each other's worlds/the issues they face. At the moment there is a disconnect between them so consideration of how we can do this would be useful.