PUBLIC HEALTH RESEARCH @ VICHEALTH

A REVIEW OF KEY CHALLENGES

FEBRUARY 2005

INVITATION

This discussion paper outlines the key challenges for consideration by VicHealth when reviewing its research program. The information contained in this document is based on contemporary thinking informed by a literature scan, and a series of individual key stakeholder interviews including VicHealth staff and the wider research community. A set of summary recommendations are included that highlight the main points raised and outline key areas for action.

We would like to express our thanks to everyone that contributed to this report and to Liz Moore for conducting the interviews, reviewing the literature and compiling the original draft of this paper.

Interested stakeholders are invited to make comments on the contents of this report, in particular the recommendations. We would be grateful if you would pass this invitation on to other interested people. A process of engagement with internal and external key advisers will then follow during April and May 2005 with final outcomes expected by July 2005.

VicHealth is specifically interested in the following issues:

- Investigator-led and priority-driven research
- Setting future priorities for public health research funding
- Future VicHealth research programs - Fellowship/Scholarship schemes and Centres.
- Translation of research into policy and practice

Submissions should be concise, no more than two (2) pages in length, and address the above issues relevant to VicHealth. If you have any questions regarding this process please contact John Biviano.

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The closing date for submissions is COB Friday 18th March 2005.

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1. General Introduction

The purpose of this report is to present the findings of a preliminary consultation with key stakeholders in order to examine the key public health research issues relevant to the Victorian Health Promotion Foundation (VicHealth). It is envisaged that the recommendations of the report will provide the foundation for further debate among stakeholders and help to inform VicHealth's future strategic directions in developing the next research policy framework. This report has largely been written for the wider public health research community and those familiar with VicHealth's research program.

Over the past decade, there has been a great deal of debate among policy makers and the public health research community about how research topics are identified and explored. Should research priorities be investigator-driven, that is largely led by the researcher, or should they be driven by the priorities identified by policy makers, who ultimately also make funding decisions in relation to research? What is the right balance? Moreover, how do the health policy community and the research community support and retain good public health research personnel in Australia? Of critical importance is the application of research findings to improving the health of the community and how these findings are evaluated and tested.

In Victoria, the Victorian Health Promotion Foundation (VicHealth) has a tradition of investment in public health research and the promotion of evidence-based interventions to promote the health and well-being of the Victorian community. VicHealth has historically used a combination of investigator driven research and priority driven research. Current research funding comprises Fellowships, Scholarships, Centres for Research (infrastructure) and specific grants. The total annual level of research funding is currently around $6M.

In 2003, VicHealth articulated in its strategic plan a range of key health priorities and program areas. Research activities are now, increasingly, directly linked to the program areas of VicHealth. This is broadly in line with national and international contemporary thinking about public health research. For a description of VicHealth's current research program please refer to Appendix 1. This will be particularly useful for the reader who is not familiar with VicHealth's research investments.

2. Stakeholder Consultation

Introduction

To inform future thinking on VicHealth's research investment a range of key stakeholders (32) were identified including senior academics and bureaucrats, VicHealth Fellows, Directors, and staff. Appendix 2 outlines the methodology and questions employed in the survey. Whilst this was a limited consultation, the intention was to focus on critical informants and thus gather information about the perceptions of those closest to the research program. Involvement of the community and consumers in future reviews of public health research programs will be increasingly important as public health research more actively engages with the community in an integrated and on-going way.

Perspectives canvassed were those of the priority setters and policy makers, as well as program managers, funding agencies and administrators. VicHealth Directors and staff provided the above perspectives from an internal view. The opinions of researchers and academics and those external to VicHealth from the wider research community provided an important and valuable perspective that gave insight into the world of the researcher.

The consultation material is reported in this section. Where there is consensus, the position of the participant is not identified; however, where the status as internal or external to VicHealth is relevant to the view expressed, non-identifying information is provided.

The interview questions were informed by previous studies into public health research and provided participants with an opportunity to discuss:

- VicHealth's role in public health research within Victoria and Australia;
- The level and nature of VicHealth's leadership in relation to the types, scope and breadth of public health research topics;
- Changes to priority setting and allocation of research funding;
- VicHealth's role in capacity building as opposed to its role in generating greater knowledge in health promotion/public health promotion; and
- VicHealth's past performance in dissemination and translation of research – either funded by VicHealth or within its public health priority areas, and where improvements could be made.

A range of very clear themes emerged from this consultation and these are discussed below.

VicHealth's Role in Public Health Research

All stakeholders consulted as part of this project identified *innovation, risk taking* and *capacity building* as defining characteristics of VicHealth's mandate. The dynamic and evolving nature of the research program over VicHealth's history was noted by both external and internal stakeholders.

VicHealth was seen as an agency that was willing to fund innovative research that was not likely to be funded elsewhere and provide opportunities for public health research that were not available in other states. Fellows were universally supportive of an emphasis on capacity building in research funding although one fellow pointed out that the Fellowship scheme should both build knowledge and add capacity.

There was a strong view expressed by those internally at VicHealth that research should provide an evidence base related to the key priorities identified in the VicHealth strategic plan. Most participants acknowledged the need to explore innovative and emerging areas but felt that the bulk of the research should be focussed on strategically important areas.

Innovation and risk-taking were seen by some respondents as a double-edged sword, with a risk being that some poor quality research could be funded. A question was raised as to what VicHealth should fund in terms of research and why or whether it should fund research not being funded at a national level? It was suggested that VicHealth develop a funding niche in public health research rather than being a Victorian version of the NHMRC.

The tension created by funding research capacity (i.e number and breadth of public health researchers) was identified by stakeholders, both internally and externally. The current emphasis on capacity building was questioned by one academic who felt that VicHealth needed to make decisions about what it was building capacity for, especially given that the appropriate skill mix in public health research was difficult to predict.

One Unit Director questioned the shift of emphasis from a strategy based on producing knowledge to one that emphasized capacity building. What innovation means to VicHealth also clearly needs to be agreed upon. Discussion of the meaning of innovation included the testing of programs in different contexts as well as the production of new ideas and programs. Support for innovative and emerging areas was recommended to be part of the research portfolio only if the areas were aligned with VicHealth's broader agenda, with a balance between core areas and emerging areas requiring consideration and agreement.

Many participants debated the question of whether research should be purely investigator driven, investigator driven within priority areas, commissioned by VicHealth or a hybrid of all three models.

An important threshold question was raised by an internal stakeholder who felt that concerns within the research community about transparency arose because researchers were not aware of the full spectrum of VicHealth's activities including the very extensive links with community groups.

VicHealth's relationship with other research funding bodies

The relationship between VicHealth's funding priorities and those of other organisations was identified by a number of stakeholders. For example, should VicHealth be seen as an alternative to the National Health and Medical Research Council (NHMRC), a funding body that was criticized by one respondent as inherently conservative with flawed selection processes? A number of participants recommended that VicHealth should develop a funding niche in public health research rather than being a Victorian version of the NHMRC.

A senior academic suggested that VicHealth consider building a case for increased research funding either through an increase in the total grant, or by reducing funding from sports and arts sponsorship. Leveraging funding through partnerships was suggested by two senior academics with possible partners including The Cancer Council Victoria; National Heart Foundation; other research bodies; philanthropic organizations and private industry including insurance companies. The model used by Cooperative Research Centres (CRC) was cited by two senior academics as being a successful model for funding science research.

A Director raised concerns about the way that VicHealth is increasingly approached by researchers to be an industry partner as part of the Australian Research Council (ARC) Linkages program grant scheme. A more formal open process of assessing projects for joint VicHealth and ARC funding was required so as to give a wider range of researchers the opportunity to apply and to ensure that projects were reviewed in a standardised fashion. VicHealth is currently piloting such a process in 2005.

Victorian Department of Human Services (DHS) research staff described their program as being applied research with a direct and short to medium term relevance to DHS. The research questions were decided after getting input from program areas regarding initiatives. There were also overlapping areas between VicHealth and DHS (e.g. DHS was funding work on obesity). DHS was also involved in building research capacity by funding an indigenous public health program that was unique in Australia.

Concerns expressed by DHS included the need to ensure that Victoria received a reasonable share of public health research funding and that translation and dissemination was effective. A coalition of key groups to advocate for public health and public health research was needed. The Australian Society for Medical Research (ASMR) was effective in advocacy for medical research but public health research was not well represented by this industry group. The Victorian Public Health Research and Education Council (VPHREC), principally funded by both DHS and VicHealth, has made

significant inroads in bringing public health researchers together and is starting to address some of the key challenges discussed in this report. The development of VicHealth's research agenda will rely heavily on the support of VPHREC and its members. Refer Appendix 1 for more details on VPHREC.

Investigator-led or priority-driven research?

VicHealth's current funding approach, which can be characterized as a mixed model with a predominance of investigator driven research within broad priority areas, was endorsed by the majority of the senior academics. Most also acknowledged that VicHealth should continue to fund research that was innovative or in emerging areas where it was consistent with VicHealth's agenda. Staff were generally in favour of a more priority driven approach to research funding although one commented that changes would need to be made over time, given that the research program had relatively recently shifted out of biomedical and clinical health.

By contrast, all the Fellows consulted were strongly in favour of the capacity building strategy using investigator driven research with one Fellow stating that investigator driven research was essential for building an academic career.

Most academic stakeholders noted that VicHealth had moved away from biomedical research and had increased its focus on public health and on VicHealth's priority areas, acknowledging this shift was generally supported as both useful and necessary.

One senior academic felt that research in areas such as nutrition and physical activity should not be a "me too" exercise, with VicHealth needing to carve out its own niche. Another academic expressed qualified support for current VicHealth research guidelines, as they needed to be more explicit.

One Director felt that there should be a move towards a more priority driven approach whilst still maintaining some capacity to look at innovative ideas and emerging areas. VicHealth needed to fund more applied research whilst still funding some exploratory and descriptive research. There was also a perception of a lack of intervention research and good cost effectiveness data in public health. The process of identifying gaps in research was generally viewed as needing to be transparent and robust.

A comparison was drawn between VicHealth's public health research program with that of public health research funded by DHS where the research had been both commissioned and investigator led. Opinions were mixed as to which was the best model. Results from commissioned research were not always as useful as expected, especially where the work was not clearly linked to the relevant program area in DHS. One Fellow did comment that more directive research in areas of mutual interest to DHS and VicHealth could be a useful way for the two organizations to work together.

A senior academic who was largely in favour of the current approach said it was important not to lock research into program areas as this was likely to cause a focus on short term work similar to research commissioned by government departments. Specific issues arising out of program areas should be dealt with by a project funding grant round. One senior researcher (who had significant experience with commissioned research) was in favour of a mixed model of both commissioned and investigator research and stressed that it was important to specify questions rather than outcomes.

The Fellows almost universally agreed that commissioned research was funded through government departments with one researcher commenting that this type of research was often of poor quality. The difficulty of non researchers identifying gaps in research was cited as a barrier to a more priority driven approach.

By contrast, two Unit Directors wanted more capacity for commissioned research. One Director highlighted the lack of money to fill gaps in research even after these gaps had been identified. Another Director highlighted that commissioned research only occurred after research gaps were identified and inter-sectoral support was obtained from stakeholders. Three Directors felt that commissioned research afforded greater opportunities for shaping the research including influencing who would be involved in advisory or review committees and how the research was to be disseminated. The ability to plan dissemination and uptake with commissioned research was also highlighted.

The need to make a distinction between consultancy and research was suggested, with one researcher suggesting that tightly specified questions were ‘consultancy rather than research’. Another researcher favoured a more priority driven approach, characterizing VicHealth as being at the “hard end of public health problems such as obesity and illicit drug use” with national funding programs being able to fund more esoteric knowledge.

The same academic acknowledged that researchers felt that commissioned research did not allow them to be creative but said that innovation in applied research could be about developing methodological approaches to defined questions. One stakeholder commented that the research community was likely to be opposed to a shift towards commissioned research.

In relation to its priority areas two researchers highlighted the lack of transparency in the funding of commissioned research at VicHealth with one senior academic stating that VicHealth had a lot of work to do to explain its research program to the research community. However the transaction costs of project grant rounds was also highlighted by another researcher. A selective tender approach for commissioned research was recommended. Another researcher said it was useful to grow capacity by selecting two or three groups at the leading edge when commissioning research.

In a recent example VicHealth influenced researchers to ensure that policy makers, researchers, practitioners and consumers were all involved in a project advisory group through a Memorandum of Understanding developed

with local government. This highlighted the role VicHealth played in shaping how commissioned research was developed. Secondary research such as literature reviews were also seen by two staff members as very useful for informing VicHealth program development. An example where a literature review informed program work was in the area of food insecurity and its link to poor nutrition practices and obesity.

Setting future priorities for public health research funding

All participants were asked about their views on VicHealth's priority setting/allocation of research funding.

Senior academics were generally in favour of VicHealth funding innovative research in emerging areas or areas outside current priorities in some circumstances. The need to stay abreast of emerging areas and stay at the leading edge was highlighted by several senior academics. One senior academic felt that the funding of emerging areas was the role for national funding schemes rather than VicHealth and that research funded outside core areas of VicHealth could not be disseminated effectively by VicHealth.

Understandably, Fellows who fell within current priority areas agreed with the current emphasis on funding research within priority areas. They agreed with the approach that research outside priority areas should not be funded. One researcher felt the current priority areas covered a good spectrum from areas where research was more exploratory (e.g. health inequalities) and more well established areas. Where research was funded in secondary priority areas, reservations were expressed about the increasing emphasis on funding research within priority areas. One of these researchers felt that VicHealth drew people in to public health from areas outside traditional public health field, a positive feature that would be lost if priority areas were applied more strictly to research funding. Another fellow said that their area was methodologically difficult and was at a disadvantage in open funding rounds.

VicHealth Directors and staff had mixed views in relation to the overall research program. Some felt that VicHealth had a role in funding cutting edge or innovative research in emerging areas or areas that may become relevant to VicHealth with some expressing the very practical view that VicHealth would not be able to work effectively with researchers if they were outside VicHealth's core areas. Others felt that funding cutting edge or innovative research was the role of national funding organizations.

It was common ground that priority areas were generally those where there was also substantial government interest in reform. Research was therefore much more likely in this circumstance to be taken up into policy and practice.

One Director suggested that VicHealth could fund exploratory or high risk work in stages rather than committing large amounts of money initially and that this work should be funded in partnership with an institution to spread the

risk. The current political climate was not conducive to VicHealth taking big risks on emerging areas. Another director felt that emerging areas could be funded if they fitted into VicHealth's broader agenda.

Overall, Senior academics and Fellows tended to favour an investigator driven approach to funding research with the exception of some academics with a background in bureaucracy and/or policy. VicHealth Directors and staff tended to favour a more priority driven approach with research clearly aligned to VicHealth priority areas. There was a divergence of views among all interviewed stakeholders on the funding of innovative or emerging areas that fell within VicHealth's mandate; however this was largely favoured by senior academics.

VicHealth investments in large or small research projects were also the subject of some consideration. While large and small project grant rounds have previously been conducted by VicHealth, there have been no small project grant rounds for the last two years and no large open project grant rounds since 2001. This approach mirrors that of the NHMRC, which has reduced the proportion of funds provided to investigator led research projects in favour of both larger program grants and individual project grants.

In the past, VicHealth project grant rounds have had low application success rates due to large number of applications (VicHealth 1999). Small project grant rounds were felt to be of limited use by all stakeholders. They were characterized as ineffective by two senior academics and two Directors. These tended to be small stand alone projects or preliminary work for larger proposals. Two Fellows who had received project grant funding from VicHealth felt their projects had been useful.

The role of peer review in assisting the process of priority setting in public health research was identified as important. However, there was some disagreement about the focus of peer review with some viewing it as important to ensure that the research methodology is sound. However, two Directors felt that the relevance of research to policy and practice should be given more weight with the traditional peer review process often focusing too heavily on methodological issues as well as the traditional publication record.

Fellowship and Scholarship schemes

Most senior academics felt that the Fellowship Scheme was important to public health research in Victoria. One senior academic expressed the view that conventional Fellowship schemes rarely achieved their potential as it was difficult to predict where capacity would be needed and there was a lack of senior researchers who wanted to move back to Australia.

Concerns expressed by senior academics (who were generally supportive of the scheme), were the perception that it was inferior to the NHMRC scheme if `applicants would take a NHMRC Research Fellowship in preference to a

VicHealth Fellowship and alluded to post Fellowship career path problems. No solutions to the lack of security for mid and senior level researchers were generated apart from a large infusion of funds from government. One senior stakeholder recommended that VicHealth should track the career paths of Fellows to ascertain whether they became influential in research, academia or other areas such as government.

Current Fellows appreciated the flexibility inherent to the scheme, allowing them to change their research plans as circumstances changed and to contribute in a variety of ways including mentoring and supervision. The current scheme was viewed as competitive and capable of attracting high calibre applicants. Concerns expressed by researchers outside current primary priority areas included that they would have been unlikely to be funded under current guidelines.

Directors and staff had more mixed views about the current Fellowship scheme. The high calibre of applicants was generally noted by staff and Directors. However, the emphasis on capacity building was questioned by three Directors with one commenting that the current scheme was not capable of both funding capacity and developing useful knowledge. The current scheme was also criticized for neither hitting its mark with current researchers nor asking the big questions or even doing research that was going to lead to any substantial interventions.

Other concerns highlighted by Directors and staff were that the researchers were not emerging from areas outside traditional public health disciplines such as urban planning or psychology, and that Fellows were leaving for overseas postings or were distant from VicHealth once their work is completed.

Development of capacity in the person and not the institution was criticized because the capacity is lost if the researcher leaves during or at the end of their Fellowship. A possible remedy for this problem that was suggested was that researchers be located within an institution dedicated to the researchers' chosen field. This could synergise the capacity of the researcher and institution simultaneously. This capacity could then be complemented by the researcher supervising students. Two Directors suggested that VicHealth should invest in the institution and not the individual with one Director suggesting that VicHealth should fund the academic centre. In turn, the academic centre should have the responsibility to appoint appropriate researchers.

Two Directors and a staff member suggested that the scheme should run less than yearly so as to attract a select number of high calibre senior researchers. The current scheme could produce a large cohort of researchers who face an uncertain career path with one Director commenting that some of the researchers were too junior to warrant a five year investment. Two staff members highlighted the value of a recent seminar given by a fellow to DHS staff and felt that this should occur more frequently.

Opinions about the make up of the Fellowship and Scholarship schemes were mainly expressed by senior academics and Fellows. Two senior academics and two Directors expressed doubts about whether VicHealth should continue to fund PhD Scholarships as there were a variety of funding agencies offering suitable Scholarships.

A range of other issues were identified in relation to Fellows including whether natural leaders should be identified and supported; the considerable amount of time it takes to develop the advocacy and media skills required; whether researchers could 'give something back' through supervision and mentoring of junior researchers and finally, who should have primary responsibility for the supervision of researchers?

Fellowship Priorities

Most external stakeholders were generally in favour of investigator led Fellowships whilst Directors and staff saw value in linking Fellows more closely with the other priorities expressed by VicHealth in its strategic plan. An obligation to provide VicHealth with a yearly quota of time for evaluation and program development advice was suggested by one senior academic.

Fellows were generally willing to consider working with VicHealth with one researcher commenting that their skills could be better used by VicHealth in advocacy and policy work. There were mixed views from Directors and staff about the willingness of Fellows to work with VicHealth or organizations funded by VicHealth. In this regard, it was noted by some VicHealth staff and Directors that some researchers were more accommodating with their time than others.

Fellows were generally not in favour of more prescriptive Fellowships or a more targeted approach (e.g. appointing a set number of Fellows in a particular area). One fellow did agree that this could lead to more policy relevant research. One of the Fellows felt that this could lead to competitive researchers not getting an award. A staff member and two Directors suggested that targeted Fellowships could be useful for VicHealth but would need to be advertised separately so that these applicants would not be competing directly with the usual investigator-driven Fellowships.

It was also suggested that VicHealth could formulate research questions with researchers being asked to submit proposals directed towards these questions. Long term planning may be more useful than stipulating how many Fellowships should be awarded in a particular area in one year due to the small pool of potential applicants in a given area.

Senior academics generally commented favourably upon a new program being developed to foster communication between Fellows and provide training in leadership and advocacy. Fellows were invited to provide input about what training they would like.

Fellowship Selection

The issue of selection of Fellowships was discussed with most participants. Most senior academics and Fellows were either satisfied with the current selection criteria or did not specifically comment upon it. One senior academic criticized the selection process as not being transparent. The main critiques were levelled at the fact that the membership of the Research Excellence and Workforce Development Committee is not made more explicit (although it is published in the VicHealth annual report), and that there was potential conflict of interest within the current committee. By contrast, the selection process at *Healthway* (W.A. Health Promotion Foundation) was seen as fair by this academic because the committee was chaired by an interstate person and all applicants were reviewed by four reviewers.

Some Directors and staff indicated a lack of clarity in relation to their role in the selection of researchers, noting that they should be more involved in the selection process. It was suggested that this could occur before applicants were short listed for assessment to establish the relevance of the proposed research topic. Proposals that were clearly out of priority areas could be deleted from the shortlist allowing for research consistent with VicHealth priorities to be given greater weight than track record. This approach contrasts to the current system where an applicant may be funded even when their work was outside VicHealth's priority area or was more focused on individuals than populations. VicHealth Programs would then find it more conducive to work collaboratively with the researcher and use their expertise.

Research Career Pathways

To address the difficulty in health promotion candidates being accepted into Scholarships, it was suggested that candidates should also apply for a university PhD Scholarship and VicHealth could supplement this grant if successful. This approach would have the benefit of directing quality candidates towards a public health field. Two Directors felt strongly that it was inappropriate for VicHealth to bolster Scholarships while another felt that VicHealth should only fund mid and senior level researchers. The other respondent who had doubts about the value of VicHealth PhD Scholarships per se did note that many health professionals often do not achieve honours level making it an advantage that VicHealth takes account of work histories.

Opinions amongst senior academics were mixed about whether VicHealth should offer postdoctoral awards. The most serious difficulty identified with postdoctoral awards was the fact that researchers are awarded these grants and then go overseas, or that it is too early in a research's career to make this investment when they have not yet committed to a career in research. One fellow found that the NHMRC requirement that researchers change institutions after completing a PhD made it difficult to retain good people in a centre of excellence.

All Fellows were in favour of postdoctoral awards being included in the scheme as the current shortage of postdoctoral awards led some quality researchers to leave public health research.

The current balance between senior and public health Fellows was generally thought to be appropriate by those who commented upon it.

Currently VicHealth Fellows are not able to re-apply for another VicHealth Fellowship. Most Fellows were not in favour of Fellows being able to reapply for a further Fellowship although some then said there was a significant problem with researchers who did not have university tenure. A senior academic said that it was unlikely that VicHealth Fellows would be successful in obtaining NHMRC Fellowships because public health was disadvantaged by a lower publication rate than biomedical research. However it was acknowledged that VicHealth could not fund permanent career paths for researchers.

Overall most participants in this review acknowledged that the current scheme had made a valuable contribution to public health research in Victoria and should be retained. However, staff and Directors had concerns about the strong investigator driven approach in the current scheme and the weak link between VicHealth and the Fellows through the course of, and at the completion of their research.

Centres of Research Excellence Program

The main issue raised by all stakeholders about the current model for VicHealth research centres was sustainability. Three researchers raised the problem of NHMRC grants not covering senior salaries and reliance on other funding. A possible solution to this problem could be found through Centres being contracted to undertake more university teaching which would also broaden the skills of researchers and make them more employable in the university sector. However, the main risk of this approach is that it could reduce a primary focus on research. A senior academic with experience in Centres indicated that this would not be feasible for all Centres while senior academics also with experience in Centres confirmed VicHealth's funding formula as fair, one commenting that *'ten years is as good as it gets'.*

To address this same problem it was also suggested that VicHealth might fund existing centres that are working in a core VicHealth area. A virtual centre – not tied to any one particular institution where the Centre Director with some administrative assistance would coordinate a network of researchers working in particular areas – was another proposal from a senior academic and two VicHealth Directors. This model would enable the best researchers from any Victorian institutions to be involved rather than limiting the talent pool to one institution. An additional benefit is that this approach could also foster national and international links. The funding of dissemination activities within existing academic research centres was another way to

augment their effectiveness without committing to long term infrastructure funding. Centres located outside academic institutions were supported by one director as a way to foster research to practice links.

Senior academics felt Centres had made a valuable contribution to public health research in Victoria. Advantages of Centres included the focused environment in which to produce high quality research; the opportunity to build knowledge and insight into difficult areas; and the serious commitment to knowledge transfer. Four senior stakeholders who had involvement with Centres all highlighted the emphasis on transfer of research into policy and practice at dedicated research centres. One senior stakeholder felt that the funding allocation to Centres over a ten year period (around $4 million) represented a considerable capital investment with inherent risks. Another senior academic felt that the previous funding allocation of $500,000 start-up funding was now unrealistic in the current climate.

Whilst VicHealth Centres have made a major contribution to public health research in Australia, the current model was recognized as having significant problems with sustainability that were not easy to resolve. Program grants and capacity building grants were suggested as alternatives to funding more Centres using the current approach. A range of suggestions were made to resolve these difficulties including the exploration of other funding models such as program or capacity building grants; continuing funding for existing Centres; developing a network model that funded linking and collaboration between researchers; or funding existing Centres for specific activities such as dissemination.

Dissemination and Translation

Most external and internal stakeholders including senior academics felt that VicHealth could improve its performance in dissemination and translation of research. Fellows commented favourably on VicHealth's performance in this area whereas both senior academic and staff noted that VicHealth's credibility with a wide range of stakeholders aided dissemination. A senior academic felt that it was easier for an organization such as VicHealth to disseminate research in an area where the government might be criticized for lack of policy response, with the recent intimate partner violence project being a good example. The recent VicHealth approach to integrating research is an opportunity to significantly improve dissemination and uptake of VicHealth funded research.

Several academics and a fellow felt that VicHealth should devote more resources to dissemination and translation. It was suggested this occur through the resourcing of specific activities such as compilation of appropriate summaries for dissemination and translation. It was also suggested that VicHealth could fund research on dissemination and translation.

The National Institute of Clinical Effectiveness (NICE) was working on uptake of best practice evidence in the clinical area and could be interested in collaborating with VicHealth to pursue new work on public health.

A number of significant barriers to dissemination were identified which included:

- The lack of a well organized structure to facilitate dissemination compared to biomedical or clinical research;
- Reliance on peer reviewed journals as a means of communication when most practitioners did not read them and were more likely to read text books or industry journals;
- The diffuse nature of the policy and practice networks in areas such as nutrition or health inequalities making it harder to influence policy and practice;
- Insufficient use of researchers skills and knowledge;
- Researchers often did not have good skills in dissemination;
- VicHealth needed to be careful to disseminate appropriate high quality applied research. Much of the research funded was exploratory and the quality of the research needed to be carefully assessed before it was disseminated;
- Staff identified that bureaucratic requirements of managing research took precedence over managing dissemination and translation;
- The relationship between researchers and project staff was more distant than between project staff and community organizations that received other VicHealth grants;
- VicHealth staff had limited exposure to funded researchers, resulting in non-systematic dissemination of research findings;
- Researchers do not understand VicHealth's work with community organizations and are frequently not interested in community orientated or participatory research;
- Practitioners have little knowledge of researchers' work and see it as too abstract and of little relevance;
- Health promotion has become professionalized with insufficient recognition of the health promotion done within sporting and arts organizations; and
- Dissemination efforts within public health/health promotion do not have a good structure and are dependant on individual relationships.

Two academics commented that VicHealth needed to actively bring stakeholders together. A senior researcher felt that organized contact between researchers and practitioners, through organised working groups, as have been convened by VicHealth in the past, could enrich the research and inform the researcher about where further research was needed. The activity could include commissioning research but also included advocacy and regulatory activity. Seminars were seen as being useful but did not drill down deep enough. Two academics said that a closer link between programs and research would facilitate translation. A senior academic suggested that an "effector arm" was needed to translate research into policy and practice and

that the lack of an effector arm in research outside priority areas made translation activities by VicHealth problematic.

A senior bureaucrat suggested strongly that while translation of research into practice was complex, translation into policy was even more difficult. Specific research into the process of translation was suggested as potentially very useful. Another highlighted the need to share best practice in dissemination. However another senior stakeholder felt that dissemination research had not provided a lot of guidance and that the research into the practice of dissemination was just as problematic as in other areas of research.

The question of whether VicHealth could partner with interstate organizations to fund workshops on difficult methodological areas using interstate or international expertise was also raised. Seminars with eminent experts could be held that could also be opened up to practitioners. These seminars could include training on dissemination, communication with stakeholders and working with policy makers to aid uptake of research.

A community development approach to dissemination as used by the Australian Research Centre in Sex, Health and Society (ARCSHS) was preferable to some stakeholders. The head of the research centre was seen as influential in providing leadership to the dissemination process, closely followed by researchers themselves. One senior academic suggested that financial rewards could be useful to change researcher behaviour whereas another suggested that dissemination and translation activities should be given more weight in the assessment of track record.

Three senior stakeholders described dissemination strategies that were used in two VicHealth Centres as being of best practice. It was also suggested that dissemination could occur within DHS to policymakers especially if there were policy initiatives in the researcher's area or a key meeting with the Minister was occurring.

ARCSHS – A Case Study on Dissemination and Translation

The program at ARCSHS involves the dissemination and translation being funded through a community education and liaison department to enable it to engage with stakeholders to seek their views about research needs and dissemination in a wide variety of forums. Skills required in this role included community development, health promotion, adult education and an ability to understand research. It was not primarily a marketing role.

Researchers would drive initial dissemination activities but ongoing activities are driven by the community education and liaison department. Researchers were more content to work with department staff where they were confident their work would not be misrepresented and where they were leading the research process. Researchers prepared extensive reports suitable for practitioners and bureaucrats and summary reports for community members and some practitioners. The publication of community reports did not preclude academic publications, which were more detailed and analytical.

Work with policy makers was based on forming relationships and being opportunistic. It took time and often repeated attempts to engage policy makers. The support of policy makers and practitioners was more likely to be obtained if the researchers gave them useful reports in appropriate formats.

Another academic with experience of working in a Centre said that training in media and advocacy needed to be an ongoing activity as skill development took time. Liaison with government may be sometimes more effective in promoting policy change than advocacy through the media. A Director suggested that VicHealth could fund translation in existing centres rather than funding new centres.

Practical suggestions from Fellows included:

- information about VicHealth funded research placed on the VicHealth homepage including a list of publications and a concise report summarizing current fellows' research;
- a mechanism for researchers to inform VicHealth about upcoming publications or presentations rather than the annual progress reports;
- increased use of Fellows' expertise in policy and advocacy work;
- increased collaboration between practitioners and policy makers' in the identification of research questions; and
- funding of efficacy studies which showed that health promotion programs worked in real conditions to assist uptake.

A Director argued that VicHealth had a major role in facilitating dialogue between researchers, policy makers and practitioners as researchers did not always have the contacts, skills or time. However it may be more effective to fund specialist research institutes or centres to disseminate research findings. Commissioned research in which policy makers, practitioners and community members were involved from the inception of the research in advisory groups and /or reference groups was a useful way to facilitate uptake of the research.

Two Directors felt that the main sign posts for success for researchers were peer reviewed publications with one stating that many researchers had little interest in making appropriate connections with policy makers. It was suggested that VicHealth could lead change in this area and try to increase the level of interest of policy makers. One Director felt that simply providing training to researchers about translation and advocacy would not change the culture if the reward system stayed the same.

The need for VicHealth to be upfront with researchers about expectations was also suggested, noting that contracts with researchers were generally less detailed than contracts with other grantees. Dissemination plans should be included in research proposals and budgets and should include appropriate communication formats for policy makers and practitioners.

A Director highlighted the fact that VicHealth should encourage other organizations including practitioner organizations, university departments and

government to work on translation. Without a receptor capacity for research, VicHealth's efforts might have limited effect. The process of influencing policy makers was very complex with conventional dissemination activities having little effect. A more dynamic process of engagement would recognize that policy makers need rapid responses from researchers to ensure that opportunities for influence are not lost.

VicHealth's credibility as an organization and its ability to engage a wide range of stakeholders was seen overall as an asset in dissemination which had been well used in the recent Intimate Partner Violence launch. This project represents a very good case study of the collaboration of VicHealth with government, non-government organizations, academics, consumers and the community in an area that has been identified as a key policy concern of the health and legal sectors.

A staff member highlighted the limited information available to staff generally about VicHealth funded research and Fellows. Internal dissemination about what interesting research was occurring using the intranet, internet, internal seminars and workshops was also considered useful. The learning strategy currently being developed within VicHealth should assist with this dissemination.

Project staff would be more likely to collaborate and work with Fellows if they had previously met them and may be then more likely to facilitate interaction between community organizations and researchers. However there would need to be a good match between the researcher and community groups as some community groups were sceptical about academics. Seminars between researchers and practitioners could inform researchers about future directions in research. However it was much harder to interest practitioners in exploratory or descriptive research than in applied and intervention research.

Other issues

Media engagement

The role of the media in dissemination was also raised by a number of participants. A Director suggested that the Communications and Marketing area needed a filter to identify work that may be ready to disseminate to the media. This could be through the project officer, the researcher or the Research*Link* Committee. Media could include professional journals as well as mainstream outlets as was achieved in the dissemination of the Intimate Partner Violence Project.

A member of the Communication and Marketing team at VicHealth suggested that research is becoming more interesting to the media, and sometimes could be seen as a good news story. However, researchers are not necessarily comfortable with the media. This led to a suggestion that those researchers that are comfortable with media and familiar with their material could become more active in assisting other researchers by modelling a good

working relationship so that positive effects could be achieved. VicHealth has offered media training or assistance with dissemination to all Fellows.

Some at VicHealth felt that publicity around health promotion programs should not revolve around research but that discussing research as part of a story about health promotion made it more newsworthy. Of course, it was recognized that ethical issues must be considered before work was disseminated and consent of participants to media publicity and questions about publicity leading to a damaging portrayal of a vulnerable community were issues that may need to be considered. Dissemination of research that was critical of State Government policies could also be a difficult issue for VicHealth.

A senior stakeholder suggested that the Government should be involved in discussion about press releases for research if the work was controversial or difficult as they were then likely to be involved in the dissemination process rather than distancing themselves from it.

Community involvement

The benefit of the community's involvement in research is becoming more widely understood. Two staff members raised the issue of community involvement in setting the research agenda. One staff member suggested that consumers needed to be involved at the start of the process and that qualitative research could provide input from consumers. Another staff member felt that the lack of involvement of vulnerable communities (e.g. refugees) in research about them was poor practice and out of step with VicHealth's general philosophy of promoting community involvement.

The desire for community involvement in all research was not exclusively suggested as suitable only for marginalized or vulnerable communities. Broader involvement was suggested with the use of community or sporting groups suggested by one director. A senior stakeholder said it was important to involve stakeholders in reference or advisory groups from the inception of research projects. While reference groups do not always contribute to the conduct of research it was still considered an important principle. The benefits of such involvement include the empowerment of vulnerable groups and a sense of ownership among community members, and ultimately, involvement in the dissemination process. The importance of providing feedback to participants or community at the end of the research was also recognized by a number of participants.

Internal Operational Issues

The fact that VicHealth had recently undertaken an internal review of its operations was not widely understood by stakeholders. However, most stakeholders did understand the shift toward priority led research because of the impact this has had on the Fellows who had developed new links with core units. These Fellows were generally positive about this, commenting upon their increased interaction with project staff than previously allowed. Directors

were also generally positive about the potential for closer links between programs and research. Two Directors felt that it would take time before core units understood the research in their area and were able to drive the research agenda.

There was a danger that Directors who were commissioning research may specify research questions to a degree that limited creativity and innovation. Project officers in core areas would take responsibility for some of this work in time although they may need training. The work load of core units since the restructure was raised by one Director as a limiting factor in dissemination.

Internal administrative issues concerning the tracking of research within VicHealth were highlighted as being of concern by three Directors and staff. There was also a need to obtain a coherent overview of the total research budget that was not being met through the current information system. This issue, along with broader information system issues, will be addressed by the current information system redevelopment at VicHealth.

In general, VicHealth staff were positive about the internal Research*Link* Committees role in sharing information and discussing policies and procedures for the management of research.

Financial transactions between universities and VicHealth were noted to be problematic by one Director as universities do not generally convey the financial situation of a project to researchers who may then approach VicHealth for increased funding. Difficult situations in managing research contracts included how to respond when a progress report lacked detail or researchers had not met expectations.

The level of staff understanding of research was described as variable by one Fellow. Three Fellows commented that the feedback they received from progress reports was fairly minimal although the comments indicated that the research had been read. One researcher commented that feedback should be universal as lack of feedback could be concerning. Two staff members highlighted that most staff came from community organizations and did not necessarily have high level research training. Ideally, project staff and researchers could learn from each other with academics using project staff contacts as a conduit and facilitator to communicate with practitioners and community organizations.

Some staff and a Director felt that training should be available to VicHealth staff to improve their understanding of research. This suggestion is accorded with a suggestion from researchers and academics who indicated an interest in learning more about the policy context and communication with community and media. Such mutual interest provides for many opportunities for formal exchange of knowledge and skills in the future.

VicHealth staff relationships with researchers were varied. Some staff said that they had very good working relationships with individual researchers whom they described as being very helpful, while other comments suggested

that researchers were arrogant, less generous with their time or indeed that there was little personal contact with researchers. Two staff members described researchers as less accountable than other organizations or individuals who received funding from VicHealth and described recurrent problems with late paperwork. Overall, there was a greater distance between researchers and project staff than those between other grantees and project staff.

A Director and staff member raised the issue of being able to use research data collected in large research projects where it was available. For example, in some funded VicHealth research projects only a proportion of the collected data was analysed as a more comprehensive analysis would be more costly and may take the project out of set budget criteria. A funding round for secondary analysis of collected data could be one way to facilitate better use of existing data.

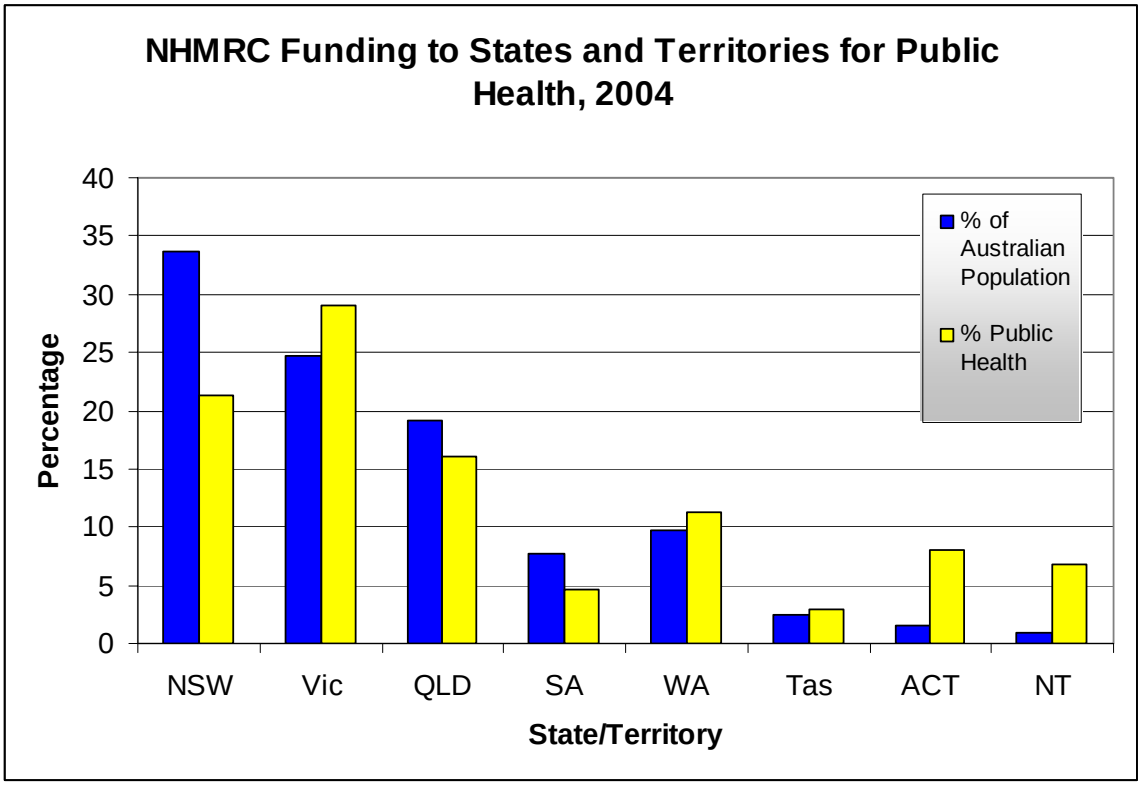
There was a need to look at more high quality applied research and multi-site evaluation of programs that measured long term outcomes. Researchers should be encouraged to bid for high quality evaluation tenders that were well planned and resourced.

Other synergies (besides sharing of data), should be able to be identified in research that VicHealth funds. The competitive nature of research made sharing resources difficult but a staff member felt that VicHealth should lead the way in attempting to change the culture. An inventory could also be used for monitoring the types of research that VicHealth funds.

3. Discussion and Recommendations

VicHealth's role in the public health funding environment has been widely recognized for its innovative leadership in funding new and emerging research areas. This role is also widely recognized as being of critical importance in an environment where the NHMRC and other mainstream research bodies invest in established or investigator driven areas of research.

It is interesting to compare Victoria's share of NHMRC funding for public health research. On a per capita basis Victoria out-performs all other states, including NSW (see Table 1). In fact, the two states that have health promotion foundations, Victoria and Western Australia both perform very well in public health research funding. This is an indication of the value of capacity building provided by the foundations in assisting researchers to obtain national funding. Total health research funding by NHMRC in 2004 was a total of $333 M increasing from $140 M in 1997. Public health and health services research had increased their total proportion of the budget from11% in 1997 to 15% in 2004.



The question of whether VicHealth should change direction in its funding and investment of public health research is therefore a matter of widespread interest. Also of interest are questions about how research is integrated, evaluated and disseminated by VicHealth, the researchers and centres it

funds. In this context, a perusal of the current literature and an audit of VicHealth's place in the public health research market-place are timely.

Understandably, most stakeholders were in favour of VicHealth funding emerging or innovative research, but also felt that the majority of research should be strategically focussed. VicHealth's staff and Directors also emphasized the need for research to provide a greater evidence base for its work. However, the scope of VicHealth's role in innovative research outside the core priority areas needs further debate.

Investigator led or priority driven research?

The Wills review advocated for more emphasis on priority driven research but suggested that the majority be investigator led (DoHA 1999). The National Public Health Partnership took a different approach and recommended a focus on strategically commissioned research in priority areas of public health. Changes to the approach taken by the NHMRC since the Wills review have led to an increase in public health funding and more emphasis on interdisciplinary research. However, investigator driven research remains dominant with strategic research comprising 37% of the public health research allocation in 2004 (NHMRC 2004).

Other comparable jurisdictions take a variety of approaches. For example, Healthway, the WA equivalent of VicHealth has a largely investigator driven research program but provides incentives for researchers to involve practitioners and health promotion agencies on their research team. It also explicitly supports new investigators.

Public health funding in the UK, USA and Canada has also historically been predominantly investigator driven although Canada has done extensive work in relation to priority setting and developing research themes and questions through the Canadian Public Health Institute (CPHI) (Frank et al 2003). In recent times, both Canada and the UK have released major reports that are critical of the current approach to public health research funding which they view as fragmented and lacking coordination. The Canadian report and the UK Wanless Report both assessed the approach in other countries including Australia, and identified similar problems. The Canadian report explicitly criticized research in both the UK, USA and Australia as fragmented, inadequately funded, and lacking in any explicit priority setting process with an undue emphasis on investigator driven research (Frank et al 2003, Wanless 2004).

VicHealth's external stakeholders were divided on the balance between investigator driven and priority driven research. Most experienced researchers were in favour of an investigator driven approach while those managing and accountable for the funds, Directors, staff and some senior stakeholders with a background in policy and bureaucracy favoured a more priority driven approach.

Arguments in favour of VicHealth moving from an investigator driven approach acknowledge that the evidence base is underdeveloped in the core areas of VicHealth's interest and that the current approach of investigator driven research within priority areas is not building an evidence base rapidly enough. Proponents of change also noted that VicHealth is in a good position to set more detailed research priorities because it has a good knowledge of the field and extensive contacts with practitioners and policy makers. An argument against this shift is that such a change may initially be opposed by many in the research community. Arguments about the difficulties in achieving this change relate to the absence of any clear mechanism for priority setting even though NHMRC, NPHP and other international funding agencies have now developed such mechanisms at a macro level.

Regardless of where stakeholders line up in this debate, it may be useful to undertake a more detailed audit of the type and areas in which research is currently funded. This approach is similar to that taken by the Swedish National Inventory of Public Health Research which preceded any major policy shifts in Sweden. Whilst VPHREC is currently collecting information about public health research on topic and funding source in Victoria detailed information about the type of research funding is not part of this project (SNIPH 2004).

Over the past few years there has been a significant shift in favour of commissioned research both to fill research gaps identified during the development of health promotion programs and to link research in more closely with VicHealth's health promotion agenda. Commissioned research has also positively affected dissemination because there is now a requirement that stipulates the involvement of practitioners and policy makers at the commencement of the research in either the reference or advisory groups.

Arguments by stakeholders against this approach related to concerns that the current process lacks transparency while others countered that open project grant rounds led to high transaction costs suggesting that this kind of selective tendering processes would reduce transaction costs and build capacity within leading groups.

The lack of policy surrounding peer review project grants and the tendering and selection process for commissioned research were criticized. While there are guidelines that guide the CEO and VicHealth Board's approval processes, more transparent policies are required if VicHealth's research program is to be more widely understood.

The benefit of a research audit of small and large project grants was also suggested by stakeholders. Such an audit could also highlight the mix of investigator/priority driven research. Most stakeholders who discussed small project grants saw them as being relatively ineffective. This is consistent with NHMRC shifting towards program grants and larger project grants.

Recommendation 1
VicHealth needs to determine the type of research it wants to fund and what it wants to achieve from the research (e.g. evidence to inform program development, strengthening researcher capacity).

Recommendation 2
VicHealth should consider retaining a mix of investigator led and priority driven research but shift towards a greater proportion of priority driven research in the next strategic plan.

Recommendation 3
Prior to determining the right balance between investigator/priority driven research, a scoping exercise is suggested, which collects information about the types of research that VicHealth has funded using available VicHealth information, results of the VPHREC survey and progress reports from current researchers.

Recommendation 4
VicHealth should consider the development of more explicit policies about the commissioning of research, including guidelines for how research will be advertised and selected and ensure the policies are disseminated.

Recommendation 5
Mechanisms to improve and develop the procedures for research assessment, research gaps and the availability of relevant evidence should be developed. Such mechanisms should also include consultation with stakeholders including research experts, practitioners and policy leaders.

Recommendation 6
VicHealth small project grant rounds should be terminated**.**

Setting future priorities for public health research funding

Understandably, most comments in relation to the need to link research with VicHealth's priorities came from Directors and staff. As the people responsible for managing a much larger grant regime, staff and Directors are cognizant of a broader set of imperatives than the research itself. They are concerned about the need for evidence to guide investment and decision-making in a wider array of programs at both the community and organizational level.

A number of recommendations were made to improve the relationship between research and VicHealth's priorities.

Recommendation 7
Strengthen Fellows' links with VicHealth to aid translation of research outcomes and make greater use of Fellows' expertise in evaluation and program development.

Recommendation 8
Introduce a separate VicHealth Fellowship category, which would be judged separately, with greater emphasis on input into VicHealth programs and policy work.

Fellowship and Scholarship schemes

Capacity building is a key strategy for VicHealth through the Fellowship and Scholarship scheme and the VicHealth Centres. Capacity building is also strongly supported by the NHMRC through people support and program grants with some support for senior social health researchers from ARC through Federation Fellowships (NHMRC 2004, ARC 2003). There is a strong emphasis on capacity building through building up large research teams in public health research in Canada and an emphasis on funding centres in the United Kingdom (CIPPH, MRC 2004). However individual project funding is dominant in the American National Institutes of Health system (NIH).

Senior stakeholders were generally supportive of capacity building through the current VicHealth Fellowship and Scholarship scheme, although there were concerns about ongoing career paths for researchers. Some Directors and staff were concerned that the Fellows were not well linked in to program areas, that some of the research lacked relevance to VicHealth's agenda, and that there was a loss of talent from Victoria during or after the Fellowships. Given the disparate views between researchers and VicHealth staff a balanced approach that underpins VicHealth's program initiatives and the need for more general public health research capacity needs consideration.

Practitioner Fellowships were not specifically raised in the stakeholder survey but have been introduced by NHMRC and exchange programs between research institutes and practitioners have been recommended in the literature (Lomas 1997, Frank et al 2003). However, the NHMRC model that requires candidates to have both extensive practitioner and research experience may apply to a very limited number of health promotion practitioners.

Concerns about career paths were prominent in a qualitative research project commissioned by VPHREC with the majority of early and mid researchers being funded on a short term basis (Russell 2004). There was an acknowledgement by stakeholders that the VicHealth Fellowship and Scholarship scheme could not address this problem on its own despite funding researchers for a five and three year period respectively.

A number of concerns were expressed in relation to the selection of Scholars and Fellows. Many stakeholders suggested the importance of ensuring there was an appropriate balance between relevance and scientific merit when assessing research proposals and broadening of selection criteria to encourage dissemination and translation and widening the scope of public health to areas outside the health system.

A variety of views were expressed about the current balance of the scheme with most external stakeholders supporting the introduction of a postdoctoral award and others suggesting a greater emphasis on senior researchers. Two senior academics felt that VicHealth should reconsider PhD Scholarships with one commenting that some of the successful VicHealth candidates may have received a university Scholarship if they had applied. More than one half of the latest scheme short-listed applicants (2005) were successful at obtaining an award from another institution.

Most comments from stakeholders about the leadership and advocacy program being developed for the current Fellows were positive. It was suggested that consideration be given to facilitate mentorship for Public Health Fellows and Scholars through the support program.

Recommendation 9
Consider inviting wider (health and non-health sector) research literate health promotion practitioners working within VicHealth's funded areas to be involved in the selection process for Fellows/Scholars.

Recommendation 10
Allow discretion to fund high quality applicants that meet agreed standards but who do not meet cut off criteria if their research is in an area of strategic importance. (e.g. urban planning, sport)

Recommendation 11
Review assessment of track record so that a wide range of dissemination methods are considered.

Recommendation 12
Consider revisions to the Fellowship scheme that allow current VicHealth Fellows to re-apply as Senior Fellows and the introduction of a postdoctoral award.

Recommendation 13
Review the PhD Scholarship scheme over the past 3 years to determine number of candidates funded or more likely to have been funded by alternative schemes.

Recommendation 14
Investigate the possibility of practitioner Fellowships for health promotion practitioners (similar to the NHMRC model) or exchange programs between researchers and health promotion agencies.

Centres of Research Excellence Program

Research Centres that focus on research on a specific area have been identified as being more successful at both dissemination and translation. They have also been identified as a more supportive environment for junior

researchers than Universities (Lomas 1997, Russell 2004). The issue of sustainability was identified by most senior academics as a major problem with the current VicHealth model with some also being concerned about the size of the investment in the Centres over a ten-year period. There was a broad consensus that alternative models needed to be developed.

Recommendation 15
Develop alternative models for research centres that would reduce problems with sustainability, whilst still allowing for a focused research effort and an emphasis on dissemination and translation.

Recommendation 16
Consider infrastructure support for research institutions that are working in VicHealth priority areas but are not currently receiving VicHealth centre funding.

Dissemination and Translation

The Wills review of health research funding highlighted dissemination as an area that required further development. Recommendations included more exchange between researchers and practitioners and better linkages between universities and health agencies (DoHA 1999). Changes to the NHMRC since the Wills review include introduction of practitioner Fellowships to facilitate exchange between research and practice. Many other recommendations of the Wills review to improve dissemination were not easily implemented by the NHMRC due to limited influence with policy makers.

The closest organizational analogy to VicHealth is *Healthway* in W.A. which has emphasized dissemination by requiring researchers to include dissemination plans in research proposals and by encouraging inclusion of practitioners and policy makers on research teams.

In Canada there has been a shift toward an emphasis on translation especially within health services research and public health. Canada specifically funds a translation branch as part of the Canadian Institute for Population and Public Health. Translation is now also routinely considered in the process of priority setting and development of research questions (CIPPH, CPHI 2004).

Leadership in the evidence based approach to health promotion and public health has been provided by public health researchers in the United Kingdom through the Cochrane Collaboration and the Health Development Agency (HDA). The World Health Organisation (WHO) has developed a series of indicators for research funding organizations with dissemination indicators. These indicators include regular forums for interactions between policy makers, practitioners and researchers and general media articles about health and health research as well as the more conventional bibliometric indicators (WHO).

Throughout the literature the need for more concentrated effort on dissemination and bringing research evidence to bear upon public health policy and practice is emphasised (Wanless 2004).

Exchanges between practitioners and researchers have been advocated by Lomas (1997) as a way to bridge the research/practice divide. This may be more effective than funding practitioner Fellowships that require extensive research experience. More systematic canvassing of the views of practitioners about current public health research and dissemination is one approach that could inform future methods of engagement with the research community in problem solving.

There is a lack of applied and intervention research being noted both in the UK and US. Interventions on major public health issues will often need to be tested at a national or even local level rather than assuming they work from international evidence (Wanless, 2004)

The Master of Public Health, run by the Victorian Consortium of Public Health comprising Deakin, LaTrobe, Melbourne and Monash Universities, is an important program providing opportunities for practitioners to pursue research interests in a structured environment. This previously provided for some research opportunities, however the research component is no longer compulsory at three of the four universities in the consortium and not all health promotion practitioners have the opportunity to study at the Masters level (VCPH 2004).

However, there may be other methods that create research opportunities for practitioners such as those provided by VicHealth funding practitioners or agencies to engage researchers to evaluate their programs or plan new programs. Alternatively allowing practitioners to have paid time to work in a research environment would provide different opportunities and address different problems.

Problems in accurate and well-communicated research findings are well documented and understood. The Wellcome Report highlighted the damage that misleading or inaccurate dissemination can do to public perception of research (Wellcome 2004). Ethical issues can also arise with dissemination especially if research is with marginalized or vulnerable communities. It may also be more strategic for VicHealth to use research it has not funded in working to change policy or practice in a particular area.

There was a consensus that VicHealth should be engaged in dissemination in a more active way and that more resources should be devoted to this area. Possibilities include devoting more internal resources to dissemination through a specific position for dissemination; funding other agencies to disseminate their own work; and funding research on how to improve dissemination and translation. VicHealth staff identified the need for a filter to be developed to identify research that was ready for dissemination.

Working groups formed on specific topics that had some capacity to fund advocacy or dissemination and which included researchers, stakeholders and practitioners could also provide a means to generate momentum around a particular area. Involvement of policy makers, practitioners and consumers in advisory/reference bodies or research teams should aid dissemination of research projects. Models of dissemination that have been developed in VicHealth Centres could also be expanded. This might include funding specific internal capacity in this area with a focus on community development and adult education and a sustained internal education and support program to facilitate internal dissemination.

Recommendation 17
Investigate the attitudes and knowledge of health promotion practitioners and agencies in public health research and the associated barriers to using research in practice.

Recommendation 18
Consider funding research that will be most useful to policy and practitioners including intervention and applied research.

Recommendation 19
Investigate the most feasible and effective strategies for increasing dissemination and translation activities at VicHealth with options including funding capacity within VicHealth and/or funding capacity at research agencies.

Recommendation 20
Develop a systematic way of assessing the risks of dissemination to the organization, the participants or community being researched or advocacy efforts around the research area.

Recommendation 21
Improve internal dissemination of research within VicHealth through better use of the intranet, communication through the Research*Link* Committee and regular presentations to staff by researchers.

Community involvement in research

Community involvement in research is consistent with VicHealth's overall mission and should be considered particularly as VicHealth has a firm commitment to the area of health inequalities and working with disadvantaged communities. Community involvement in research has been developed most extensively by researchers working with marginalized communities and has been central to improving the perception of research within indigenous communities. More extensive and meaningful community involvement does complicate the research process but ways to support this way of working should be encouraged perhaps by providing extra funds or by highlighting its importance in selection criteria (Hanley, 2004)

Recommendation 22
Consider changes to selection criteria that would encourage community involvement in research and inclusion in research budgets, e.g. research concerned with vulnerable or marginalized communities.

Internal Operational Issues

VicHealth's change in approach to managing research within core areas has already led to opportunities for project workers to work with researchers on dissemination and translation. However staff also identified that the administrative management of research took most of their time and there were varying attitudes, levels and knowledge and of VicHealth funded research.

Negative perceptions may have also been informed by the administrative nature of much of the work involved in managing research contracts with less time available for the more rewarding task of working with researchers on dissemination and uptake.

Opening up a dialogue between project staff and researchers around dissemination and how research should be monitored and evaluated provides an important opportunity to increase collaboration between staff and researchers. A seminar for Fellows to present their work was held in 2004 along with a session in which staff and Fellows discussed how they can work together. Seminars for Fellows given by speakers of particular interest to VicHealth staff could be more frequently opened up to VicHealth staff to allow further interactions.

Monitoring of research outputs is difficult, as there is not a well-accepted method of measuring the effect of research on policy and practice. Recently, the NHMRC recommended that a broad range of indicators be identified to assess the effect of research on policy and practice . WHO are also developing a set of indicators for use by government research funding bodies but this work is preliminary. (WHO).

Peer review publications provide one indicator of performance, as they provide a method of communicating with a wider policy/research community about research undertaken. However, this method is frequently criticized for its narrowness. An emphasis on a broader range of indicators has also been criticized because of a commensurate loss of objectivity as results are often less verifiable than publications. Membership of committees or presentation of seminars to practitioners can also be counted but the effectiveness of the researchers in these settings is more difficult to quantify.

New evaluation processes for research have been introduced by VicHealth to gather more information about the use of research in policy and practice. This information is collected at the completion of a research project but comparative data will also be collected two years after completion of the research.

At VicHealth, a *funding map* has been developed to collate information on the research being funded by VicHealth. It is vital that this information is kept up to date to give an overview of the research being funded and to assess areas of synergy or overlap.

Some stakeholders have suggested that information arising from large datasets created as part of a research project is often only partially used and that further analysis of data already collected could be a way to increase the value obtained from such projects. Opportunities for secondary analysis would be easier to identify if information about the quality and type of data collected as part of the research project was either included as part of the funding map or kept in a separate spreadsheet, which described all large datasets funded through VicHealth research. This kind of approach is gaining support among a wider group of funding bodies and VPHREC is considering forming a working group to look at coordinating the use of databases; the NHMRC is also considering this approach.

Recommendation 23
Continue and expand joint sessions for researchers and staff with the aim of increasing interaction between the two groups.

Recommendation 24
Assess staff training needs on the management of research. Consider the development of a flexible training package within Units that could be tailored to background knowledge and level of interest of staff.

Recommendation 25
Track a cohort of Fellows and PhD Scholars over time to assess how the VicHealth support may have influenced their career development as well as public health capacity within Victoria.

Recommendation 26
Evaluate the quality of research investments over time. Consider intensive follow up on a random sample of researchers including documentation of changes to policy and practice and in depth interviews.

Recommendation 27
Consider collecting information about the datasets established as part of large VicHealth funded research projects so as to identify further opportunities for secondary analysis.

4. Summary of Recommendations

Investigator led or priority driven research?

Recommendation 1
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Evaluate the quality of research investments over time. Consider intensive follow up on a random sample of researchers including documentation of changes to policy and practice and in depth interviews.

Recommendation 27
Consider collecting information about the datasets established as part of large VicHealth funded research projects so as to identify further opportunities for secondary analysis.

Appendix 1 VicHealth's Current Research Program

Introduction

The VicHealth Research Program complements VicHealth's health promotion investments. Over the past 15 years VicHealth has invested more than $60M in 400 individual public health research projects to help improve the health of all Victorians. VicHealth supports a mix of investigator-led research, strategic research and evaluation research to build evidence for health promotion interventions.

The Fellowship and Scholarship schemes account for almost one half of the research budget and can be broadly described as investigator driven research within priority areas. The Centres program makes up one third of the budget with Centres becoming increasingly reliant on competitive research funding as their funding from VicHealth reduces (although Centres can also apply for commissioned research). Research is also commissioned through core program areas but the capacity to commission research is constrained by available funding.

VicHealth's Priorities

In 2000 VicHealth increased the alignment of the research investment to VicHealth's Strategic Directions and its program areas. It articulated a need to link research with policy and the health promotion programs VicHealth identified as priority areas for funding.

VicHealth's current priorities as identified in the current 2003-06 Strategic Plan are tobacco control, mental health and wellbeing, physical activity, healthy eating and health inequalities. A public commitment is also made to the principles outlined in the Ottawa Charter and to developing capacity in the public health research sector in Victoria (VicHealth, 2003).

The current plan articulates the need to build public health research capacity in Victoria by maintaining and improving the quality of health promotion/public health research and evaluation of projects, supporting the development of a critical mass of health promotion/public health researchers and to improve exchange between research, policy and practitioner communities.

VicHealth's Structure

While VicHealth's research program was originally managed by a centralized unit until 2003, a major restructure resulted in the decentralizing of research to each of the appropriate program areas or 'core units' comprising mental health and wellbeing (including health inequalities), physical activity and

healthy eating, and research workforce and tobacco control, units respectively.

The Research Workforce and Tobacco Control (RWTC) Unit maintains responsibility for the overall research policy development and strategic directions and administers the application and selection process for the Fellowship and Scholarship Scheme. The ongoing management of researchers and centres is now occurring in each of the core units corresponding to the subject area. The RWTC Unit also manages Fellows, Scholars and research grants that do not fall into a main priority area.

Research*Link*

To assist in the decentralisation of research into core areas the ResearchLink Committee was formed within VicHealth, comprising representatives from all units. The purpose of the Committee is to ensure a consistent approach to research administration across the organization and to assist RWTC Unit in coordinating and developing research activities with a clear focus on the translation of research findings into practice. This Committee assists VicHealth staff with procedural matters and aims to improve information sharing across VicHealth.

Fellowship and Scholarship Schemes

History

Two schemes were devised in 1989 early in Vic Health's establishment to assist the development of the research workforce: a Public Health Fellowship Scheme and a Scholarship Scheme.

The Fellowship scheme provided a small number of Fellowships each year in the area of public health. The award was for three years and enabled recipients to enrol in public health courses in overseas institutions for one year and, on their return, work in an area of public health for two years in an appropriate Victorian institution. By contrast, the Scholarship Scheme enabled graduates to obtain Masters or PhD in public health in approved Victorian tertiary institutions (VicHealth Annual Report, 1989).

Current Schemes

The current schemes commenced in 1999 and have now expanded from the initial funding of 2 Senior Fellows and 2 Ph D Scholars annually to the appointment of 3 Public Health Fellows, 2 Senior Fellows and 6 PhD Scholars annually. Fellows are now funded over 5 years and currently there is a pool of 25 senior public health researchers that receive Fellowship funding from VicHealth. Scholars are funded over 3 years.

Public Health Fellows and Senior Fellows also receive funding towards the cost of their research. A requirement that applicants apply concurrently for a nationally competitive award was introduced in 2002 with the aim of expanding the number of successful applicants in public health within Victoria.

Applicants who are successful in a nationally competitive award are required to accept that award with VicHealth "topping up" their funding to the level of funding received by VicHealth applicants. A small number (2) of Fellows and Scholars have been jointly funded by DHS and Vic Health in the past.

The Fellows selection process involves external advisers and applicants are short listed by an expert advisory panel. Short listed applications are then sent out for assessment by two experts (usually from interstate or overseas). The Panel makes final recommendations to the Board after receiving the expert assessments and a rejoinder from the applicant. An internal Panel comprising the VicHealth CEO, Board member and Directors also makes recommendations regarding the alignment with VicHealth priority areas that is forwarded to the Research panel for consideration. Criteria for assessment of applicants include the person's track record, research plan, research environment, and concordance with VicHealth priority areas.

Centres of Research Excellence Program

Centres were introduced to build public health research infrastructure with a focus on special areas, to tackle particularly complex and difficult research questions. The research centres were designed to promote a multidisciplinary and collaborative team environment and to assist better research dissemination and translation practices. This program was introduced in 1989 and provided funding in undeveloped public health areas. The first centre, the Centre for Adolescent Health, was funded in 1990.

The original VicHealth policy for Centres articulated in 1989 was to provide a total of nine years funding with an initial funding grant for 5 years of $500,000 per annum followed by a gradual reduction in funding of $50,000 until the funding reached $300,000 per year. The funding was then reduced to $100,000 per year with a view to ceasing this funding. However, VicHealth retained the discretion to vary the amount of funding depending on the successful development of the research program. A decision was made to co-fund a professorship salary at the Centre for Adolescent Health in conjunction with The University of Melbourne after an internal review on Centre sustainability in 2000. A similar agreement was made with the Centre for the Study of Mother's and Children's Health and The Australian Research Centre in Sex, Health and Society.

The aim of the *Centres for Research Excellence Programs* was to establish Centres which would eventually be self-supporting through competitive grant rounds and other funding sources. However, the policy for the funding of Centres was clarified in 1998 to fund Centres for longer than ten years as this was considered necessary because of the long time required to establish a research program, in an underdeveloped area. At this time, VicHealth also recognized the potential to lose staff due to funding uncertainty, and the limited capacity of Universities to pick up financial support. VicHealth also recognized that Centres may not be sustainable after funding was withdrawn.

All VicHealth funded Centres now undergo a rigorous review involving interstate and often international expertise. The Centres established before 1997 were reviewed every three years while more recent Centres are reviewed at the fourth and seventh year. The VicHealth Centres Expert Advisory Panel coordinates and oversees the reviews (Appendix 3). The following Centres have been or still are VicHealth Centres of Research and Practice:

Centre for Adolescent Health was established in 1992 by VicHealth and the William Buckland Foundation, auspiced by the University of Melbourne. The Centre was the first multidisciplinary Centre focusing on adolescent health in Australia. It encompasses service delivery in adolescent health and adolescent medicine, training including postgraduate training and public health and clinical research. Research is wide ranging and includes health promotion interventions, health services research and epidemiological research. Particular expertise has been developed in psychiatric epidemiology. The research program is relevant to service delivery, advocacy and training undertaken at the Centre.

Mother's and Child Health Research was established in 1991 by VicHealth and is auspiced by Latrobe University (after initially being auspiced by Monash University). It was previously known as Centre for the Study of Mother's and Children's' Health. The Centre focuses on perinatal, maternal, infant and child health. It has undertaken three large population based surveys (partly funded by DHS) on new mothers looking at their physical and mental health and satisfaction with services.

Australian Research Centre in Sex, Health and Society was established in 1992 by VicHealth and is auspiced by Latrobe University. It was previously known as the Centre for the Study of Sexually Transmitted Diseases. The Centre has been a leader in the field of HIV /AIDS research and provided a social view of health in this field when much of the early research was biomedical or clinical. It now has a broader focus than sexually transmitted diseases as its name change implies. From its inception, the Centre has employed a Community Liaison Officer who focuses on dissemination and liaison with stakeholders.

VicHealth Koori Health Research and Community Development Unit was established in 1998 by VicHealth. The Unit now also receives funding from Office of Aboriginal and Torres Strait Islander Health (OATSIH). It is auspiced by the University of Melbourne. The Unit covers community development, research and teaching. It focuses on historical and cultural determinants and how they relate to health and health services. The Unit facilitates and brokers research action between researchers and Koori communities and disseminates research findings. It also has a major role in supporting Koori students and undergraduate teaching in aboriginal issues especially in the Faculty of Medicine and Dentistry.

VicHealth Centre for Tobacco Control was established in 1999 by VicHealth and was originally auspiced by a Consortium of Anti-Cancer Council

of Victoria, The University of Melbourne's Centre for Public Policy and The Institute of Public Health and Health Services Research at Monash University. It is now auspiced by the Cancer Council of Victoria. The Centre covers the legal and social issues involved in reducing smoking and undertakes research on the broader socio-political and policy factors associated with tobacco control work. In 2004 VCTC merged its administrative operations with the program/policy arm, Quit Victoria, also at The Cancer Council.

VicHealth Centre for Research and Practice in the Promotion of Mental Health and Social Wellbeing is a newly established Centre currently recruiting staff. It is auspiced by the University of Melbourne. The Centre's funding allocation is higher than other Centres at $900,000 per annum, over 5 years. It has a research and community development component with the research arm accounting for around 70% of the funding. It will aim to provide an evidence base in the area of social connectedness with a secondary emphasis on freedom from discrimination. There will be an emphasis on intervention research and development of methodologies and indicators for assessing mental health at the population level. The Centre also aims to increase uptake of evidence based policy practice and meet the research and learning needs of the field.

Research Program Grants

In the early years VicHealth funded two types of grant schemes known as Program grants, and Project grants, respectively. The program grants were large grants of around $300,000 per annum for 3-5 years. Eventually the program grants were replaced by the Centres program. The project grants were smaller typically up to $150,000 over 3 years. Selection was via two separate committees; the Program Grants Committee and the project Grant Committee.

Large scale public health grant program

The large program grant program was established by Vic Health in recognition of the need to make grants available for innovative large-scale biomedical, behavioural and public health research. Applicants submitted an expression of interest and short listed applicants were then invited to prepare a more detailed proposal for peer review and formal assessment in the light of the VicHealth's priorities (VicHealth Annual Report, 1989). The initial large scale grants were funded for a period of up to three years and emphasis was placed on interdisciplinary collaboration and partnerships between institutions.

In 2000, a joint funding round was held with DHS which encompassed clinical and public health research and also included three program grants funded at over $100,000 per annum for three years. Also some project grants under $100,000 per annum were funded for up to three years.

Victorian Injury Surveillance and Applied Research

VicHealth identified a need to address the gaps in current surveillance activities as a part of the large scale grant rounds. Surveillance was funded in population groups (assessing risk factors and health) as well as injury and HIV surveillance. Most surveillance activity directly funded by Vic Health has ceased. Injury surveillance has been funded through Monash University Accident Research Scheme (MUARC) through the Victorian Injury Surveillance Accident Research scheme (VISAR). The responsibility for the funding of injury surveillance was transferred to DHS at the end of 2004 as a result of a review of surveillance activities undertaken by VicHealth and DHS.

Small Scale Public Health Research Project Grants

In the establishment of its original grants program, VicHealth also recognized the need to fund smaller scale projects or projects that could be supported by grants from other organizations. These grants were made available for smaller-scale projects in the area of public health to universities, hospitals and large and small health promotion organisations. A maximum of $50,000 per annum for three years applied (VicHealth Annual Report, 1989).

An internal review of research in 2000 noted the large number of applications for program and particularly project grants and the low application success rates that were 13% in 1999 and 9% in 2000. The transaction costs of dealing with large number of applications were considerable. A number of options were canvassed including a suggestion of small rounds which focused on one priority area, support for new researchers so as to build capacity, or the commissioning of strategic research .

From 2001, the small grant scheme was aligned to VicHealth's priority areas and continued until 2003 with the last grant round being restricted to three topics: social connectedness, built environment and incidental physical activity and arts and health promotion. The grants, to a maximum of $25,000 were for small stand alone projects, seeding grants or feasibility projects that would provide the basis for a large project. In 2004 the decision was made not to conduct a grant round. The continuation of future grant rounds would be at the discretion of VicHealth, pending the final outcomes of the current review of research activities at VicHealth.

Commissioned research

VicHealth has a tradition of funding research in a particular priority area through commissioned research, informed by working parties in specific areas. Commissioned research in VicHealth's priority areas has been part of VicHealth's research strategy since 2000.

VicHealth's commissioned research directed towards major areas of public health policy has included:

- Health effects of domestic violence (2004- secondary analysis of longitudinal study data)

- Literature review on relationship between food insecurity and obesity (2003)
- Community attitudes towards injecting facilities for heroin users (1999)
- Framework of health services for homeless people (partnership with DHS) which was used to inform decisions on planning service development and funding (1998)

Other Investments in Research

Victorian Public Health Research and Education Council (VPHREC)

The Victorian Public Health Research and Education Council (VPHREC) was established in May 1999 to develop opportunities for public health research, education and training service providers to build new partnerships and create a stronger public health advocacy program in Victoria.

The Council aims to attract additional funding for public health research in Victoria and to expand the quality of public health research, policy and practice. It also aims to further strengthen the State's extensive public health expertise through stronger linkages between academic, government, non-government, service providers and industry sector leaders.

Collaborations of Victoria's research talent and expertise will provide a strong and effective mechanism to address public health issues in today's constantly changing environment.

VPHREC was originally funded by its members, DHS and VicHealth. From Jan 2005 VicHealth assumed responsibility for funding the DHS component.

Cochrane Collaboration

The Cochrane Collaboration was formed in 1993 in response to the drive by Archie Cochrane for best evidence to influence health care practice. The Collaboration's aim is to prepare and maintain systematic reviews of the effects of health interventions, and to make this information available to all practitioners, policy makers and consumers.

VicHealth funds the Cochrane Health Promotion and Public Health Field, an entity of the Cochrane Collaboration, seeks to represent the needs and concerns of health promotion and public health practitioners in the Collaboration's work. Effectively, this entails promoting the production and use of systematic reviews of effectiveness of health promotion and public health interventions. The Field also directs people to other sources of systematic reviews when topics have not been covered in the *The Cochrane Library.*

Evaluation

VicHealth has a demonstrated commitment to the evaluation of funding and outputs of Research and has developed a comprehensive performance management and evaluation framework that incorporates research grants.

Increasing attention is being focussed on documenting research outputs through the revision of progress reporting formats and output indicators.

Appendix 2 Methodology

Stakeholders were selected on the basis of representing different public health perspectives and to provide a balanced view. Not all stakeholders were interviewed as this was outside of the scope of the project. Community and consumer groups, for example, were not included; however they have been involved in larger stakeholder interviews to inform VicHealth's regular strategic planning processes.

The four key groups of stakeholders were:

- Senior academics and bureaucrats
- VicHealth Fellows
- VicHealth Directors
- VicHealth staff

Senior academics and bureaucrats were interviewed by John Biviano and Liz Moore together while other stakeholders were interviewed by Liz Moore. A list of five key questions were used to guide semi structured interview sessions (listed below). The interview was guided by the stakeholder's involvement with VicHealth. Some external stakeholders had a wide ranging knowledge of VicHealth's research agenda whilst others were more knowledgeable about particular areas. Fellows spoke most about the Fellowship Scheme whilst staff members discussed process issues in managing research contracts that were not covered in the five questions. Significant issues that were outside the scope of the five questions have also been included.

Questions for stakeholder interviews

1) How do you see VicHealth's contribution and role in public health research in Victoria and nationally in the past, now and into the future?

2) Should VicHealth re be more or less directive in the topics or type of research funded by VicHealth?
(This could cover scope and breadth of projects, descriptive/basic vs. intervention and selection of research questions)

3) How should changes to priority setting/allocation of research funding be made?

4) How do you see VicHealth's role in capacity building versus its role in increasing knowledge base in Health promotion/public health research?

5a) What do you think of Vic health's past performance in ensuring appropriate dissemination and translation of research that is either funded by VicHealth or fits into its priority areas ?

5b) How could dissemination and translation of VicHealth funded research be improved?

Appendix 3 Board Appointed Research Advisory Panels 2003-2004

RESEARCH EXCELLENCE/WORKFORCE DEVELOPMENT

Prof. Terry Nolan (Chair) University of Melbourne
Dr John Carnie Department Human Services
Prof. Sandy Gifford LaTrobe University
Dr Andrew Wilson University of Queensland
Prof. Melanie Wakefield The Cancer Council Victoria
Dr Rob Moodie VicHealth
Prof. Glenn Bowes VicHealth Board/University of Melbourne
Dr Julia Shelley LaTrobe University
Mr John Biviano VicHealth
Dr Michelle Callander (Convenor) VicHealth

VICHEALTH CENTRES FOR RESEARCH AND PRACTICE

Prof. John Funder (Chair) VicHealth Board
Prof. David Hill Cancer Council/VicHealth Board
Prof. Glenn Bowes VicHealth Board/University of Melbourne
Prof. Doreen Rosenthal La Trobe University
Dr Stephen McMahon Institute of International Health
Dr Ross Bury Department of Human Services
Dr Rob Moodie VicHealth
Mr John Biviano VicHealth
Dr Michelle Callander (Convenor) VicHealth

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