asmr Australian Society for Medical Research newsletter

August 2017

President's Report

There has been considerable activity in the Australian health and medical research (HMR) sector since my last report in the March ASMR Newsletter. I will take this opportunity to recap what has been happening, as well as laying out ASMR's priorities and initiatives for the second half of 2017.

2017–18 Federal Budget

This year's federal budget was viewed by most stakeholders as fairly reasonable with respect to the health portfolio. The annual allocation to the NHMRC Medical Research Endowment Account (MREA), which supports the NHMRC grants program, was maintained at current levels, with a slight increase for inflation, however HMR investment did not form a focus of this particular budget. The Government rhetoric at present is very much focused on the Medical Research Future Fund (MRFF) doubling investment into HMR within five years, and the federal budget coincided with the announcement of the first disbursements from the MRFF.

We have had productive meetings with the Minister for Health, Greg Hunt, and his chief HMR advisor and look forward to continuing to build this relationship and articulating our vision for a more sustainable and predictable investment model for HMR. The Minister takes a consultative approach, has a vision for health and is willing to establish partnerships with key stakeholder groups to achieve this vision.

Medical Research Future Fund (MRFF)

Over the past couple of months, more than $65M in disbursements from the MRFF have been announced. It was pleasing to see that $8M for clinical fellowships will be channelled through existing NHMRC fellowship schemes and subjected to their rigorous evaluation processes. However, it remains unclear how the other disbursements were decided, given that there was no open call for applications nor any obvious expert review process.

Since the inception of the MRFF, the ASMR has strongly advocated the need for transparency and veracity. Given the transformative potential of this Fund, it is essential that all MRFF disbursements be contestable, governed by a clear system involving an open and competitive application process, with the quality and potential of proposals evaluated by independent expert review. Only through such a mechanism can we guarantee the sustained integrity of this Fund in supporting outstanding research, without fear or favour. It is critical that the MRFF legislation be tightened to protect the Minister of the day and the Fund within the environment created by the vague and flexible nature of the current legislation.

Dr Daniel Johnstone

This will form a major focus of my advocacy efforts over the remainder of my Presidency.

New NHMRC Grants Structure

The new NHMRC grants structure was announced by Professor Kelso in Canberra on May 25. The structural review has been a highly consultative process. There are still many questions to be answered about some of the finer details, but from the arguments I have seen put forward, I believe the new structure has a good chance of meeting its primary objectives of reducing grant writing and reviewing burden, improving equity and reducing conservatism.

The ASMR will continue to work with the NHMRC to educate our membership on the new grants structure. It is important that we temper expectation around how the new structure will affect grant funded rates — it's important to remind our colleagues that increasing funded rates was never an objective of the structural review, and that achieving this is simply not possible without additional investment into the

In this issue:

The Australian Society for Medical Research

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NHMRC MREA. We also need to continue to advocate strongly for boosting NHMRC investment to support a workforce that is under immense pressure. While it is easy to get swept up in the excitement of the MRFF, we must continue to educate Government on the importance of NHMRC-supported investigator-initiated research to complement the priority-driven research of the MRFF.

ASMR Medical Research Week®

Early June saw a huge week of activity nationwide as part of ASMR Medical Research Week® (ASMR MRW®), with over 30 events spanning every state and the ACT. My deepest thanks to the invaluable contributions of the ASMR State and Regional Committees, ASMR MRW® Director Demelza Ireland and Cath West and Priscilla Diment in the engine room that is the Executive Office. I hope all of our members managed to attend an event and show their support for the Australian HMR sector.

I particularly enjoyed undertaking the gruelling but inspiring ASMR Medallist Tour, and meeting many of you at Gala Dinners around the country. Both ASMR Medallist Professor Richard Wilkinson and Media Director Matt Dun were delightful travel companions and pulled out all stops to spread the word of HMR and promote health equity more broadly. While the core business of ASMR is advocacy for HMR, our broader mission is to *improve the health and wellbeing of all Australians*. Achieving this mission will require us to reach beyond the confines of what we've traditionally considered HMR and draw in perspectives from social scientists, economists, community advocates and many other stakeholders. Having Professor Wilkinson communicate his research on the harmful effects of inequality on health is hopefully the first step towards a broader and more integrated national discourse around how we can use our collective knowledge and expertise to achieve better health and prosperity for all.

ASMR National Scientific Conference 2017

Preparations for the 2017 ASMR National Scientific Conference (NSC) are in full swing – I encourage you to check out the website at *https://asmr.org.au/asmr-nsc/nsc-welcome/*. Congratulations to Conference Convenor Jordane Malaterre, Program Convenor Sarah Meachem and Professional Development Director Joanne Bowen for putting together an exciting and inspiring program that integrates scientific presentations and professional development sessions. Given the importance of this conference for our membership, we have taken extraordinary steps to tighten the budget for this meeting, and are very pleased to offer incredibly low registration fees that should make the event accessible to all. I encourage you all to join us on the 14th-15th of November at the Charles Perkins Centre, University of Sydney by registering and submitting abstracts for NSC 2017.

Peter Doherty Leading Light Award

Arguably the toughest stage of a research career is during the mid-career years, where opportunities are limited relative to other career stages. Recognising this, the ASMR will this year launch a new award for the most outstanding contribution by a mid-career member (5 to 12 years post-doc) over the past 5 years. Assessment will be based primarily on the quality and impact of a single publication put forward by the applicant, but will also incorporate the applicant's track record relative to opportunity and engagement in scientific advocacy and community outreach. Named the "Peter Doherty Leading Light Award", the inaugural award will be presented by the Nobel Laureate himself at the 2017 NSC. I encourage all mid-career researchers who meet the criteria to apply for this prestigious award — more details can be found at *https://asmr.org.au/research-awards/*.

Looking forwards

There is clearly still much to do over the second half of 2017. After several years of low morale due to stagnant HMR investment, I see reason for optimism going forwards. The "golden goose" that is the MRFF has laid its first egg, and we are promised more over the coming years. Now that this additional investment into HMR is tangible, it is incumbent upon all of us to ensure that it is used responsibly. From the ASMR's perspective, based on its long-standing ideals of integrity and equity, we believe this can only be achieved by establishing an application process that is open to all and evaluating proposals by rigorous and independent expert review. I encourage you to unite with us in our advocacy for this important safeguard.

Equally important is the continued role of the NHMRC in supporting investigator-initiated research and, in particular, basic, discovery-driven research. The translation and commercialisation aspirations of the MRFF will ultimately fail unless underpinned by a solid foundation of basic research — the type of research that is a cornerstone of the NHMRC. It is our duty to remind Government of the importance of supporting all stages of the research pipeline.

There will always be battles to fight and arguments to make if we are to improve the outlook for the Australian HMR sector. The ASMR will, now and always, advocate vociferously for the sector, using its resources to fight these battles and make these arguments. The support of our membership enables us to achieve these objectives — it helps us to help you. So thank you for your ongoing support of the Society, and please encourage your colleagues to also join as members. The larger our membership, the more tools we will have at our disposal to advocate on your behalf.

For up-to-date news and information about what is happening with ASMR —

Follow us on Social Media!

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www.youtube.com/channel/UCq3Hqjgmyz3ZeYjyi5yOcJQ

https://asmr1.wordpress.com/category/presidents-blog/

Focus on Inequality

Health and Income Inequality

In Australia, death rates of working age men doing blue collar jobs and living in the most deprived 20% of local statistical areas are over three times as high as those in white collar jobs living in the least deprived 20% of areas.[1] The equivalent figure for women is twice as high. There are differences between indigenous and non-indigenous life expectancy of about 20 years.

A robust and growing body of evidence shows that populations of societies with bigger income differences tend to have poorer physical and mental health, more illicit drug use, and more obesity.[2] More unequal societies are marked by more violence, weaker community life, and less trust. Inequality also damages children's wellbeing, reducing educational attainment and social mobility. The differences in population health between more and less equal societies are often large. Among developed countries, mental illness and infant mortality rates are two or three times higher in more unequal countries; teenage birth rates and homicide rates can be 10 times higher. These differences are so large because inequality affects the majority of the population, not just a poor minority. The scale of income differences within a society immerses us all more deeply in issues of status insecurity and competition. A growing literature highlights the effect of inequality on status anxiety, depression, narcissism, self enhancement, and addictions.[3]

Inequality is also implicated in other global risks, from fiscal crises to increasing political polarisation.[4] Economists have identified the negative effect of inequality on economic stability and growth, and it has also been shown that inequality intensifies consumerism and overconsumption while increasing relative poverty.

During the 20th century, inequality in most rich countries fell almost continuously from the 1930s to the 1970s and then increased dramatically from the 1980s with the influence of neoliberal economics.[5] This widening inequality has been driven mainly by top incomes growing faster than others. Meanwhile, inequality between countries has fallen, and some countries, most notably in Latin America, have managed to reduce income disparities. Australia has had a slower rise in inequality but remains one of the more unequal of the OECD countries.

World leaders have made strong statements on the damage inequality does. In 2013 President Barack Obama said that income inequality is the "defining challenge of our time". In the same year, Pope Francis said "inequality is the root of social ills"; Christine Lagarde, the Director of the International Monetary Fund, said "a more equal distribution of income allows for more economic stability, more sustained economic growth, and healthier societies with stronger bonds of cohesion and trust"; and Ban Ki-Moon, then UN Secretary General, said "social and economic inequalities can tear the social fabric, undermine social cohesion and prevent nations from thriving. Inequality can breed crime, disease and environmental degradation and hamper economic growth."

You might think that evidence of harm, alongside the growing concerns of world leaders, academics, business, civil society, and government would be enough to turn inequality around. But there is no sign of a sustained narrowing of income differentials and, from the perspective of research on health inequalities, the record does not inspire optimism. Decades of research has led to a consensus among public health academics and professionals that we need to tackle the structural determinants of health if we want to reduce health inequalities; yet this has not happened and health inequalities have not diminished.

The long term failure, even of ostensibly progressive governments, to tackle these glaring injustices is perhaps one of the reasons why public opinion has swung so strongly away from the established political parties.[6] And the public's sense of being left behind will only be exacerbated by the negative health effects of austerity, which are starting to emerge in some countries.[7]

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2. Pickett KE, Wilkinson RG. Income inequality and health: a causal review. *Soc Sci Med* 2015;128:316-26. doi:10.1016/j.socscimed.2014.12.031 pmid:25577953.
3. Wilkinson, Richard G., and Kate E. Pickett. "The enemy between us: The psychological and social costs of inequality." *European Journal of Social Psychology* 47.1 (2017): 11–24.
4. World Economic Forum. The global risks report 2017. *https://www.weforum.org/reports/the-global-risks-report-2017*
5. Alvaredo F. Inequality over the past century. Finance Dev 2011;48. *http://www.imf.org/ external/pubs/ft/fandd/2011/09/picture.htm*.
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Professor Richard Wilkinson,
2017 ASMR Medallist

Professor Richard Wilkinson receiving the ASMR Medal from the Federal Minister for Health, Greg Hunt

Focus on Inequality

Driving change to improve Indigenous Australians' social and emotional wellbeing: collaboration is the key

Dr Maree Toombs

Mental health is the leading cause of health burden in the Indigenous Australian population. Whilst research is emerging, funding for dedicated Indigenous mental health programs and services is limited[1]. Indigenous views of mental health and social and emotional wellbeing are very different to those of non-Indigenous Australians. Aboriginal Academic Professor Pat Dudgeon, in her role as member of the National Mental Health Commission, notes that, 'this affects the way in which policies, programs, early prevention and intervention initiatives need to be framed, formulated, implemented, measured and evaluated'.

Community based participatory research (CBPR) is a highly accepted methodology for addressing complex Indigenous mental health concerns. This approach enables Indigenous communities the opportunity to co-design and actively participate in answering questions to their own community's needs. In 2013, after a year of consultation with communities across South East, South West and Darling Downs Q.L.D, my team and I were awarded two NHMRC grants. Both grants address mental health concerns raised by communities in the above mentioned regions.

The first project is a cross sectional study, documenting mental health prevalence using Scid-I in which N=544 Aboriginal participants have been interviewed. The sample consists of AMS (n=420), with small sub-samples recruited via 'reserve' communities (n=70) and community (n=54). Preliminary findings show that Indigenous Australians living on traditional lands appear to have a lower prevalence of mental disorders than those living in 'mainstream' communities. The results of this paper are about to be submitted for publication.

The second study addresses communities' desire to have trained suicide interventionists living within their communities. Therefore, a community-led multifaceted gatekeeper training program to increase knowledge and awareness of suicide risk factors among gatekeepers is being developed. The first rollout of the project started on the 23rd of July this year. The training program will be complemented by a dedicated smart phone application (App) that will facilitate information flow and connectedness of at-risk youth to community and support agencies. This project will be the first in Australia to use Social Network Analysis to assess the impact of the training program on connectedness between at-risk youth and the community, and on information flow between at-risk youth, community and support agencies. The aim of reducing suicide amongst Indigenous youth living in rural QLD addresses two national health priority areas: Indigenous health and mental health. It will ultimately help close the gap in the area of Indigenous mental health and reduce avoidable morbidity and mortality among Indigenous youth.

Both studies provide preliminary evidence that quantifies the burden of mental illness amongst Indigenous Australians. This work is building on a dearth of literature to better understand the underlying issues associated with mental health conditions within Indigenous Australian populations. Further, building Aboriginal research capacity should be an important goal of all Aboriginal community-based research and both these projects address a high priority of Aboriginal and Torres Strait Islander communities, and are relevant to the National Aboriginal and Torres Strait Islander Health Plan.

1. Dudgeon P, Walker R, Scrine C, Shepherd C, Calma T, Ring I. *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people.* Canberra Australian Institute of Health and Welfare, 2014.

Dr Maree Toombs,
ASMR Director,
Indigenous Health and Research

The Board of Directors of ASMR wish to acknowledge a bequest from the Estate of Maxwell John Smith

Mr Smith, late of Victoria, is not known to the Society but we are extremely grateful for his kindness in naming ASMR as one of the beneficiaries.

Five beneficiaries were named to receive equal parts of the proceeds of his Estate. Beneficiaries are:

- Magen David Adom
- The Alfred Hospital
- The Centre for Eye Research
- Guide Dogs Victoria
- The Australian Society for Medical Research

Focus on Inequality

The magnification of health inequalities among people who are homeless; a research and intervention challenge we cannot ignore

Associate Professor Lisa Wood

"Until a health care problem becomes life threatening, a homeless individual will likely choose shelter or food before going to the doctor. These priorities must be considered when dealing with the homeless population. What might, at first, seem like carelessness or noncompliance is, in reality, simply a struggle to survive."[1]

The magnitude of health inequalities among people who are homeless belies the notion of a gradual social gradient for health. Rather, the sharp differences in health for homeless people has been described in *The Lancet* as more akin to a cliff than a slope, with disproportionate morbidity and premature death among people experiencing homelessness.[2] This cliff is evident in Australia also, with people experiencing homelessness more likely to have complex, compounding health needs and comorbidities, and greater usage of acute health services.[3]

As espoused by Wilkinson,[4] the causes and solutions to health inequalities often lie outside the remit of the health sector, and the vexed issue of recurrent homelessness exemplifies this. Health issues among people who are homeless invariably cluster with, and are exacerbated by other social determinants of health, including trauma, poverty, unemployment, domestic violence and social disconnection. This constellation of underlying issues challenges traditional clinical boundaries and health system responses. It presents a challenge for health research also, as marginalised groups are not only excluded from health services but also from routine health statistics.[3]

As we are discovering in our current research around homelessness and health, even where data exists, it is often messy; date of birth can be uncertain for those who are stolen generation, home address is a misnomer, and people can often fall through the cracks of the service and data systems. Randomised control trials and conventional study designs with neat methodologies do not easily lend themselves readily to homelessness research. Yet if we truly care about reducing health inequalities for those who are most vulnerable, homelessness presents a challenging litmus test for health and medical research.

In an era of strained health and research budgets, there is also an economic rationale for building the evidence base for tackling the nexus between homelessness and health inequalities. The health sector bears much of the cost and consequences of the revolving door between homelessness and health in Australia, with people who are homeless over-represented in ED presentations and preventable hospital admissions. Conversely, our recent data linkage study found that there were significant reduction in hospital use and associated costs among formerly homeless people who were provided with public housing and support.[3] The most dramatic reduction in health service use in this study was among formerly homeless people with mental health issues, with the compounding relationship between mental health and homelessness poignantly articulated by one of the participants:

"Being unable to afford private housing and not having a safe place to stay long term is all consuming. Stress, anxiety and hopelessness become everyday occurrences"[3]

Viewed through a social determinants lens, homelessness is not only a key driver of poor health, but also a symptom of adverse social and economic conditions.[5] Moreover, having a safe place to live and sleep is also a fundamental human right, and imperative in tackling broader health inequalities.

1. Wise, C and Phillips, K (2013) Hearing the Silent Voices: Narratives of Health Care and Homelessness, *Issues in Mental Health Nursing*, 34:5, 359–367.
2. Story, A. 2013. Slopes and cliffs in health inequalities: comparative morbidity of housed and homeless people *The Lancet*, Volume 382, S93
3. Wood L, Flatau P, Foster S, Zaretzky K, Vallesi S. (2016). *What are the health and economic benefits of providing public housing and support to formerly homeless people?*, Australian Housing and Urban Research Institute (AHURI).
4. Wilkinson, R and Pickett, K (2009). *The Spirit Level: Why More Equal Societies Almost Always Do Better*. London: Allen Lane..
5. McLoughlin, P and Carey, G (2013). Re-framing the Links Between Homelessness and Health: Insights from the Social Determinants of Health Perspective. *Parity*, Volume 26, Issue 10

**Associate Professor Lisa Wood,
School of Population and Global Health
and Centre for Social Impact,
The University of Western Australia**

Calendar of Events

Upcoming conferences —

46th Annual Scientific Meeting of Australasian Society for Immunology
27 November – 1 December 2017
Brisbane Convention and Exhibition Centre

New Directions in Leukaemia Research 2018 Meeting
25 March – 28 March 2018
Brisbane Convention and Exhibition Centre

Focus on Inequality

Inequality is everyone's problem

Dr Kirsten Hancock

A recent report from the Mitchell Institute estimated that 38,000 young Australians left school prior to completing Year 12 in 2014. With an increased likelihood of unemployment, welfare dependency, crime, poor health and mental health and their associated costs, the study estimated that this cohort of young people would cost Australian taxpayers approximately $23 billion over their lifetime.

Similarly, last year *Nature Human Behaviour* published an article on the Dunedin Study, which has followed 1,000 children since their birth in 1972-73. The study found that 80% of adult economic burden could be attributed to 20% of the study sample, a group characterised by growing up in socioeconomically deprived environments. As adults, this group accounted for 81% of criminal convictions, 66% of welfare benefits, 78% of prescription fills, 58% of nights spent in a hospital bed, smoked 54% of the cohorts cigarettes and 40% of excess obese kilograms.

Both of these studies show that socioeconomic inequality has implications for all members of society. Whether you're a child struggling to keep up at school or a taxpayer funding these services, these issues affect us all. The intergenerational and multidimensional nature of these issues, along with siloed government portfolios, make socioeconomic inequality one of the hardest topics to address, but also one of the most important.

The Dunedin study clearly shows that the pathway to relative disadvantage in adulthood often begins in infancy, if not before. Children who have more books in the home, who are read to and who have strong home education environments arrive at the school gates more prepared to take on the challenges of formal schooling. Well-resourced parents can choose to live in better neighbourhoods, or pay substantial school fees to ensure their children are surrounded by like-minded peers from similar families. These families can invest in other educational opportunities, and on average will place a higher value on education. It's understandable why families make these decisions, but the end result is a concentration of high-achieving and low-achieving students within schools that allow some students to flourish in academic hothouses, and others to struggle in schools where opportunities may be more limited.

Outside of the school environment, some families are unencumbered by financial stress, disability, unstable housing or chronic health problems and find it easy to make sure their children show up every day at school. Others may grapple with multiple issues that mean regular school attendance becomes a lower priority, even with the best intentions. It's hardly a surprise that the learning gaps between high-SES and low-SES students, apparent before children even start school, continue to get wider throughout the school years.

Of course, there are plenty of young people growing up in disadvantaged circumstances who do well and who go on to live happy, fulfilled and successful lives. History is not destiny. However, socioeconomic disadvantage can provide multiple obstacles along the life course that can make successful outcomes that much harder to reach.

Schools shoulder much of the responsibility for reducing educational inequality, but it's clear they can't do it alone. Support from health and social services that in turn support students and their families is essential. These sectors also grapple with their own similar issues and budget constraints. Our health care system, for example, could have all the bells and whistles, and gold star care supported by gold star medical research, there will be less benefit for patients who can't receive that care because they lack access, transport, funding, health literacy or family support.

Education reform is hard, but if we continue addressing the same problems with the same solutions we'll end up right back where we started. Typically, the approach has been to figure out ways of making students fit within our education system. This approach makes sense, since the system works for the majority of students. However, there is a substantial minority for whom it doesn't work, and we should be looking at ways of adjusting how education is delivered to these students. It may be an expensive undertaking, but education reform should be considered an investment. If nothing changes, the cost to society will be far greater in the future.

Dr Kirsten Hancock,
ARC Centre of Excellence for Children and Families over the Life Course,
Telethon Kids Institute

Focus on Inequality

Childhood change: disconnecting the complex web of disadvantage through societal understanding and compassion

There is increasing evidence about the impact of negative childhood experiences on adult mental and physical health (for example see CDC Adverse Childhood Experiences research[1]). This is valuable (indeed prized) information that should guide many comprehensive interventions. Disappointingly however, there are few concerted or collaborative efforts to redress the current high rates and impact of childhood trauma and adverse experiences.

In Australia, 10–20% of children are exposed to family and domestic violence [2, 3] and, of those who are homeless, just over one quarter (27%) are under the age of 18 (17% under 12). The immediate impact of trauma on children and adolescents is clear; they are more likely to display delinquent/dysfunction behaviours, have mental health problems, be perpetrators of violence, and have lower educational achievements.[4] Our recent West Australian research identified a strong link between post-traumatic stress symptoms, psychological distress and delinquent behaviours in a small sample of disadvantaged adolescents.

An underlying factor associated with both family and domestic violence and homelessness for children is the family's socioeconomic status. Even without considering trauma, discrepancies between the health of children based on differences in socio-economic status are evident from birth. These discrepancies become larger as children get older.[5] Vulnerability related to social determinants provides further disadvantage; for instance those who are socio-economically deprived are less likely to receive adequate health care, may have to wait longer in the Australian public health system and to not complete treatment programs.

A strong cycle of poverty, poor mental and physical outcomes, dysfunctional behaviour, trauma and inadequate care is set in motion which is lifelong for individuals as well as inter-generational. Traumatised children often grow into adults with lower incomes, poorer housing and lower educational attainment, higher alcohol and other drug use (and more). In addition to these factors impacting their own mental and physical health, the resultant housing, social, income and educational status impact their own children. This is not just a cycle but a complex web of disadvantage and suffering. Just addressing one of the factors supporting the 'cycling complex web' is unlikely to stop this tightly woven structure; it is through targeting all (or at least multiple) contributing factors that positive shifts are most likely to occur.

How does a society target multiple, complex problems concurrently? A good place to start would be to establish links between programs and services that are sustainable and genuine. The competitive nature of program funding has led to organisations being protective of their programs and reluctant to work collaboratively. New approaches to collaborating which assist with gaining and sustaining funding whilst strengthening interventions are required. We also need a shift in societal understanding about the impact of trauma on behaviour as well as the strength of, and difficulty in stopping, the poverty cycle. Most importantly, we must increase support and compassion for the people caught up in a terrible 'state of affairs' that usually begins at birth. Most services whose primary role is assisting disadvantaged children and families work through a trauma-informed lens; they understand the cycle and its viciousness, they offer support that includes compassion and understanding. This understanding must expand into all areas of our society. We urgently require people in education, justice, health, policy and beyond to make decisions and take action based on knowledge about the critical role that social determinants play in our society and the vicious cycle that is so hard to break.

Dr Karen Martin

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3. Australian Centre for Posttraumatic Mental Health and Parenting Research Centre (2013). *Approaches Targeting Outcomes for Children Exposed to Trauma Arising from Abuse and Neglect*, Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.
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5. CSDH (Commission on Social Determinants of Health) 2008. Closing the gap in a generation: health equity through action on the social determinants of health. *Final report of the Commission on Social Determinants of Health*. Geneva: WHO.

Dr Karen Martin,
Research Assistant Professor,
School of Population Health,
University of Western Australia

ASMR MRW® 2017 Report

ASMR MRW® week is a flagship activity for The Australian Society for Medical Research, and a highlight of the Australian health and medical research calendar. A major focus of the week is to showcase the outcomes and the benefits of health and medical research to the Australian public.

ASMR President Daniel Johnstone, ASMR Medallist Richard Wilkinson and ASMR Director Matt Dun

This annual and national event occurred during the first full week of June (June 1 – June 9, 2017) and featured the ASMR medallist tour, public outreach events (including *Science in the Cinema* events, *Dinners with Scientists* and *Science Trivia Nights*); career events for primary school, high school and tertiary students (including career expos, school visits and an online schools quiz); and academic events including scientific meetings and professional development programs for junior and senior medical researchers. The range and reach of these events continues to grow every year.

This year, the Society awarded the **ASMR Medal** to **Professor Richard Wilkinson**, a scientist, author and advocate of health and medical research, and in particular health equality. Throughout ASMR MRW®, Professor Wilkinson shared his findings that economic inequality is the key driver for numerous health (and social) problems in developed countries such as Australia. He addressed audiences at *Gala Dinners* across the country and at the National Press Club in Canberra. The ASMR medallist tour promoted debate and discussion amongst scientists, politicians and the public, and this year attracted a strong media interest.

During ASMR MRW® we also celebrated and acknowledged the breadth of talent amongst the health and medical researchers of Australia. We hosted student and early career researcher conferences and networking events in many of our capital cities which provide a fabulous opportunity to share new discoveries and developments but also for conversation and collaborations between researchers young and old. Our generous sponsors enabled us to provide prestigious and nationally-recognised awards to many outstanding researchers that will be valued and cherished for many years to come.

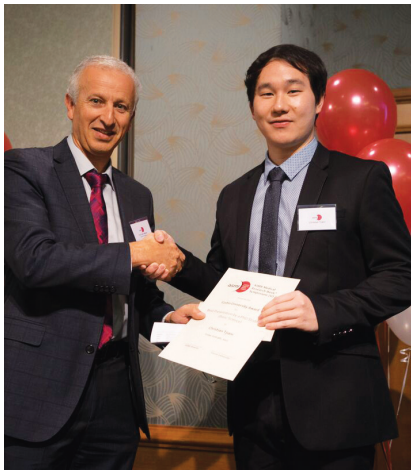
As the public's ability to search for and find information about health and medicine on the internet increases, we are reminded of the importance of sharing our health and medical messages in an accurate, accessible, but also understandable way. Through our outreach activities including *Science in the Cinema*, *Dinner with a Scientist*, and *Science Trivia Nights* we engaged the public in an evidence-based way on topics ranging from neurological disorders such as concussion and motor neurone disease, to genetics and the ethics of genetic manipulations, and cancer immunotherapy.

ASMR is future-focused as we work towards a sustainable health and medical research sector. Part of this commitment is to inspire the next generation of health and medical researchers for Australia and the World. We do this via our *National School Quiz* which achieved more than 1000 entrants this year, and by hosting or partaking in multiple career days or expos in each of the states.

The ASMR Board whole-heartedly thanks the state and regional branches for their motivation and commitment to bringing these events to life each year. We appreciate the hours spent planning, organising, delivering, reviewing and renewing. We acknowledge the support of our more senior researchers who deliver plenary lectures, keynote addresses, join panel discussion, judge awards, or host our *Gala Dinners* as MCs. Finally, we thank our membership for participating in our events thereby strengthening our voice and message.

We trust you enjoyed ASMR MRW® 2017.

Dr Demelza Ireland,
ASMR Director, ASMR Medical Research Week® 2017



Professor John Mamo, Curtin Univesity with the WA Best Basic Science PhD Award Winner M. Christian Tjiam

Deputy Premier of Western Australia Roger Cook with the WA Best Clinical PhD Award Winner Karen Redhead

56th ASMR National Scientific Conference — REGISTRATION IS OPEN!!!

It is now time to register for the 56th ASMR National Scientific Conference (NSC) to be held in **Sydney**, at the **Charles Perkins Centre**, from **November 14th to 15th, 2017**. Entitled ***"Science and Survival — equipping you with the tools to further your research career"***, the 2017 NSC has an exciting new format with both scientific sessions and very unique professional development workshops for early and mid-career researchers from all fields of Health and Medical research.

We are proud to announce the highlights of our low registration cost and high value conference including the unique sessions below:

Inside the scientist studio or "becoming Peter Doherty" is a rare and in-depth interview with Nobel laureate Peter Doherty, who will share his journey and inspire our current generation and yet to come talented HMR leaders. **Professor Peter Doherty** will be interviewed by the multi-award winning producer and broadcaster **Dr Norman Swan**, also producer and presenter of the ABC Radio National's *Health Report*. In addition, the ASMR will launch the **Peter Doherty Leading Light Award** to recognise the outstanding contributions of Australia's mid-career researchers.

The **Politics of Promotion** session will provide invaluable insights into the intricate and necessary journey to Associate Professorship.

The **Mock GRP** session will feature all the elements of a grant review panel (GRP) and the perspective of a narrator will unravel the myth around GRPs.

The **ASMR Signature Networking and Mentoring Breakfast** is a unique opportunity for students in particular to share their concerns and ask questions to experienced mentors.

Finally, the NSC will showcase scientific research excellence and we will hear from eminent scientists. To note this year:

The **Edwards Orator**, **Distinguished Professor Jagadish Chennupati** from ANU, is a stellar nanotechnologist and charismatic leader and mentor who will inspire our participants. Professor Jagadish was awarded Companion of the Order of Australia (AC) last year.

Dr. Bon-Kyoung Koo from the University of Cambridge will deliver the prestigious **Firkin Oration**. He is a worldwide emerging champion in the stem cell field who will share his journey to the summit.

!!! Abstracts from all fields of Health and Medical research are welcome!!!

Join the NSC this year, this is a fantastic opportunity to BOOST your career and **don't miss out!**

ASMR Peter Doherty Leading Light Award

The ASMR invites mid-career researcher members (who have maintained ASMR Membership for at least 12 months prior to applying) to apply for the inaugural **ASMR Peter Doherty Leading Light Award**. This award seeks to recognise the outstanding work of ***mid-career researchers*** (5 – 12 year post-doctoral) in Australia. Assessment is based on the impact of a single outstanding publication within the past 5 years. Applications are open to researchers from all fields of health and medical research.

The award is named in recognition of Nobel Laureate Professor Doherty's career achievements, scientific accomplishments, and ongoing support and mentoring of Australia's next generation of researchers. Professor Doherty was the inaugural 1998 ASMR Medallist and continues to inspire the research community through his science advocacy.

Self-nominations and institute-led nominations are welcome. Each application will include a *publication* (applicant must be first or last author) accompanied by a 300 word *statement of research* impact, and a two-page *curriculum vitae*. The winner will present a 10 minute seminar at the *ASMR National Scientific Conference* in November 2017 and receive a cash prize.

Applications close August 30th 2017.
All applications are to be submitted to *asmr@asmr.org.au* with the subject line: *Peter Doherty Leading Light Award*.
For more information please contact Associate Professor Joanne Bowen: *joanne.bowen@adelaide.eu.au*

Obituary — Mr Malcolm Samuels

It is with deep sadness that I announce the passing of a very good friend of the Society.

Mr Malcolm Samuels, the larger than life Proprietor of Management Services-4-U Pty Ltd was, since 1995, the Attache Accounting Software Consultant to the Society. He died in May at the age of 82, only two weeks after having solved a knotty accounting problem for us. Malcolm was a rare human being who embraced life with contagious enthusiasm. He presided over the installation of software updates, supervised financial year roll-overs, designed reports and systems to suit our needs, rescued us after hardware failures and gave invaluable advice.

A seasoned traveller and raconteur, I believe he had been to every corner of the globe during his long life and had something to say or advice to give on every probable or improbable destination. Semi-retired, Malcolm kept looking after three or four favoured clients of which ASMR was one. He charged us very little for the outstanding service provided and we are indebted to him.

He touched my life; it was a privilege to know him and when his memory pops into my head, I will smile.

Cath West, Senior Executive Officer and Chief Financial Officer, ASMR

ASMR Research Awards

ASMR offers two Research Awards annually. These awards support a postgraduate student member of the ASMR nearing completion of their studies or a recently graduated (3 years maximum) postdoctoral member to undertake a short period of research in a laboratory outside of Australia ($5,000) or in a distal laboratory ($2,000) within Australia. The award specifically excludes support for conference attendance and travel for an extended period of postdoctoral studies. Applicants for these awards must have been members of the ASMR for at least 12 months immediately preceding the year in which the Award application is to be considered.

Application forms available at *https://asmr.org.au/research-awards/* Applications close 29th September, 2017

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