

Mr Damir Ivkovic
NHMRC Prevention Working Group
MDP 33
GPO Box 9848
Canberra ACT 2601

January 20, 2005

Dear Mr Ivkovic

Re: *Preventative Healthcare and Strengthening Australia's Economic Fabric*

Thank you for giving stakeholders an opportunity to comment on the proposed research program stated above. I write on behalf of the Australian Society for Medical Research (ASMR), in my role as a recent Board Member focused on clinical and healthcare issues. As you know, the ASMR is the peak professional society representing Australian health and medical researchers.

The proposed research program is a timely and very important aspect of healthcare in Australia. The link between social and economic disadvantage with poor health outcomes is particularly well established, although addressing the complex issues involved and actually improving health outcomes has been limited. In Australia, particular groups which are affected include the Aboriginal population, the elderly, those in isolated rural areas, and those with disabilities, both physical and mental.

The consultation document provided which outlines the proposed research themes, covers many of the important areas which need to be addressed. The cost of initiating such research programs will be very significant and will require significant increases in government spending on healthcare and medical research for these important research goals to be addressed. Investing in Australia's future by financially supporting such foundational and essential health and medical research is absolutely critical for the successful implementation, development and completion of the proposed research program. As you will be aware, the ASMR commissioned an independent review of medical research in Australia¹ (launched in Canberra in Oct 2003) which clearly identified the value to government of increased spending on health and medical research. This independent analysis showed that every dollar invested in Australian health research and development returns up to \$5 in national economic benefit as a consequence of improved lifespan and quality of life.¹ This investment in our future is particularly relevant in this proposed research program, where primary prevention is the main focus. Prevention, compared to say treatment or palliative care, is most likely to result in greater, cost-saving, health outcomes across a range of areas. In summary, *underpinning this proposed research program is the need to continue lobbying government to increase financial support for medical research in all areas, including the current research program.*

¹ "Exceptional Returns: the Value of Investing in Health R&D in Australia". Access Economics, 2003.

In terms of the proposed key research themes, all 4 areas are important and essential components of investigating and ultimately improving the problems associated with socioeconomic disadvantage and adverse health outcomes. A key component of all aspects of the proposed research program is education – providing accurate and relevant information, targeting which groups will be informed, making the information readily available to the target group based on community circumstances, and importantly, providing a network which will enable follow-up of communities to ensure the education process is working effectively and change can be initiated. Given the geographical expanse of Australia, implementation of outreach programs to ensure people are not disadvantaged due to geographical isolation is key.

With respect to the specific research themes:

1. **The Social and Economic Fabric:** This is a complex interaction of many factors including employment status, lack of education or misinformation, and community standards and expectations. Studies identifying these communities and investigating what the main problems for the particular communities are, is the first step in addressing this theme. Studies looking at how to best educate these communities about welfare programs, employment opportunities etc will also be important.
2. **The Communities of Place:** This ties in closely with the first theme, as everything discussed in the first theme really relates to disadvantaged communities and how to improve this situation.
3. **Autonomy, Poverty and Health:** Studies on the impact of poverty on health standards is well established. However research studies focusing on how to alleviate poverty is essential. Poverty is a collective term and can reflect both material poverty – poor housing, inadequate or unhealthy diet/nutrition etc, as well as poverty in terms of access to services, ability to read, self-esteem, and motivation, i.e. psychosocial poverty.
4. **Promoting Change:** This will require implementing what is found during the research stage to the communities at large. From the health promotion viewpoint, I think evaluating the role of national foundations and patient groups is warranted, as they in a very good position to be the mediator or translator. In my field of cardiovascular medicine, an excellent example is in health promotion and behavioural change related to coronary artery disease. The research study outcomes relating to cardiac risk reduction (e.g. cholesterol, diet, smoking, exercise) are being translated into the community by a number of programs run by the National Heart Foundation of Australia. These education programs come in many different forms, from educational materials, to public awareness events. The effectiveness of using national foundations to be involved in health promotion needs to be investigated, in conjunction with other methods of promoting change in our community.

Thanks again for allowing us to submit our thoughts. Please let me know if there are any points of clarification. I look forward to subsequent communications regarding the progress development of this research program.

Sincerely,

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