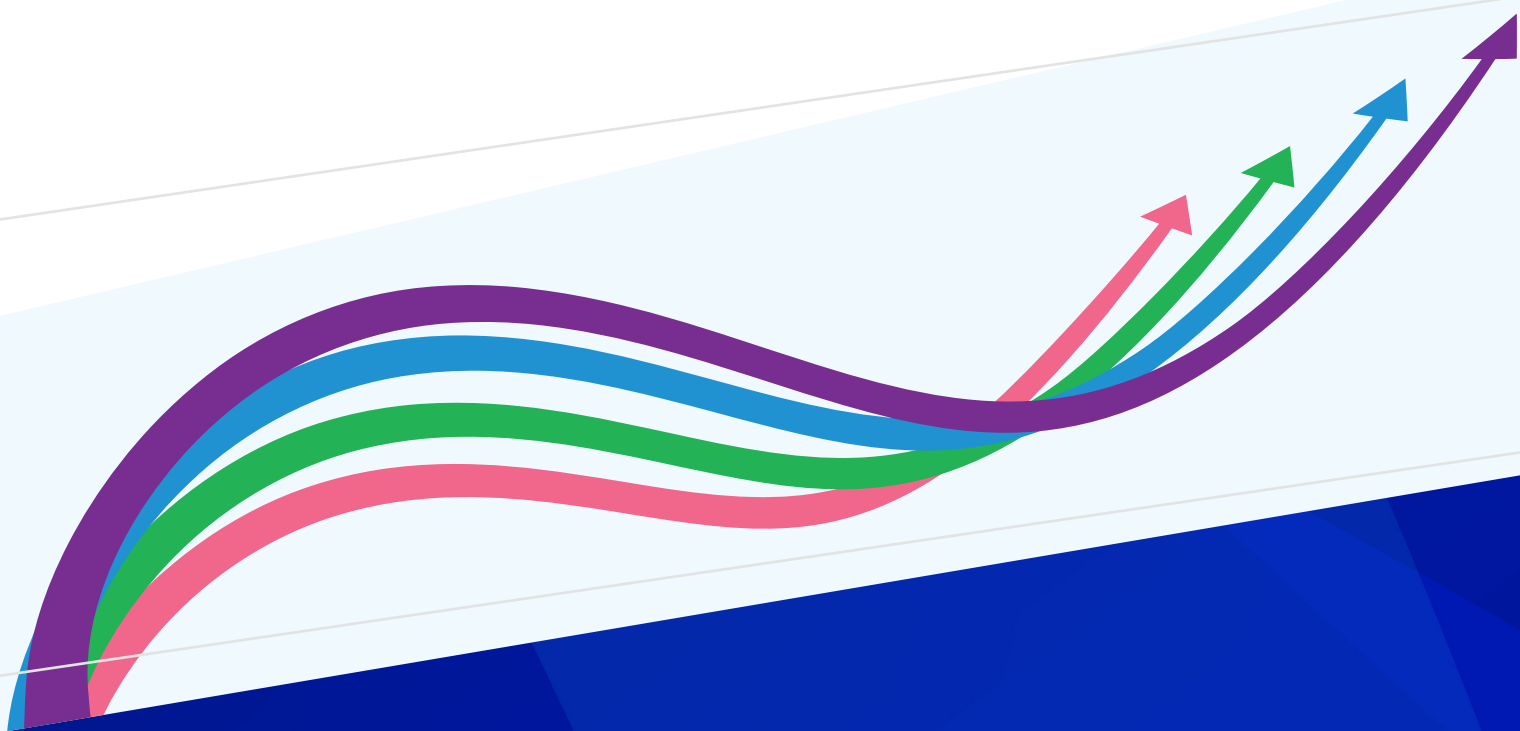# Department of Health translational research priorities 2022–24

The department proudly acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past and present.

We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.

We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us.

We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

About

The Victorian Department of Health (the department) aims to improve the health and wellbeing of all Victorians by supporting health and medical research that strongly aligns to our translational research priorities.

This document outlines the health and medical research priorities for the department in 2022–24 and how they have been developed.

Contents

Introduction

Our vision is for Victorians to be the healthiest people in the world. The research sector is vital to achieving this vision.

Research helps us to identify effective, evidence-based ways to deliver better health outcomes. We want to support and partner with researchers and health services to translate research findings into policy and practice that will improve population and public health and our healthcare system.

In this way, we can translate research into real action to help keep Victorians healthy and well.

Our approach

We have developed nine departmental translational research priorities and five underlying research principles. These support our organisational priority areas, as outlined in the *Department of Health Operational Plan 2022–23* <https://www.health.vic.gov.au/department-of-health-operational-plan-2022-23>, and delivery of the *Victorian Health and Medical Research Strategy: 2022–2032* <https://djpr.vic.gov.au/medical-research/vision/health-and-medical-research-strategy-2022-2032>.

We consulted with researchers and members of the Victorian community to identify policy-led priorities.

These priorities aim to:

- address key health or health system problems, challenges, or opportunities
- support the priority areas outlined in the *Department of Health Operational Plan 2022–23*
- address disparity or need in priority cohorts, groups, and communities
- reflect patient and consumer needs
- have tangible impacts on the health of Victorians.

Partnering with researchers

We want to progress priority research by:

- engaging with the research sector and health services to build research partnerships
- enabling priority research through funding (where possible) and access to data
- strengthening collaboration between researchers, consumers, and policymakers to translate research findings into policy and practice.

The department will continue to support sector-led research where possible, as well as cancer research priorities, as outlined in the *Victorian Cancer Plan 2020–2024* <https://www.health.vic.gov.au/health-strategies/victorian-cancer-plan>.

For more information, or to register interest in partnering with the Department of Health, visit: https://www.health.vic.gov.au/about/medical-research

Translational research priorities 2022–24

Population and public health

Enabling communities to improve mental health and wellbeing

Strengthening trust and engagement with populations at risk of COVID-19

Strengthening the evidence base for Victorian climate-related health impacts

Health service delivery and system capability

Implementation of home and integrated models of care for priority populations

Improving collection of Aboriginal-defined performance measures

Enabling consumers to partner in health decision-making

Identifying and reducing low-value care in our health system

Implementing a Learning Health System for continuous improvement

Addressing sex and gender differences in healthcare

Research principles

There are five research principles that underpin all priority research supported by the department. These principles ensure priority research is designed to maximise outcomes for all Victorians.

Equity and inclusion

Sex and gender

Person-centred

Collaboration

Translation

Population and public health priorities

Enabling communities to improve mental health and wellbeing

The *Royal Commission into Victoria's Mental Health System Final Report (2021)*[2] identified a need to reform Victoria's mental health and wellbeing system. As part of the Victorian Government's commitment to implement all of the Royal Commission's recommendations, we are seeking to empower communities, workplaces, and education settings to actively improve mental health and wellbeing outcomes. Priority research will focus on how Victoria can implement evidence-based approaches that promote good mental health and wellbeing, and enable treatment, care, and support in these settings. The research will align with the work of the Victorian Collaborative Centre for Mental Health and Wellbeing, which is currently under development.

Strengthening trust and engagement with populations at risk of COVID-19

COVID-19 and other diseases disproportionately affect Victorians who experience disadvantage. These health inequities are exacerbated by a lack of trust and engagement with the health system, which remain low following the COVID-19 response. We are seeking to understand the factors that contribute to this issue to improve prevention and control of COVID-19 and other diseases. Research will engage priority populations to inform tailored public health communication strategies and models of care that build trust and sustain engagement with the Victorian community.

Strengthening the evidence base for Victorian climate-related health impacts

The World Health Organisation identifies climate change as the greatest threat to global health in the 21st century.[3] Tackling climate change could also be the single greatest global health opportunity we have today, with health benefits provided through lower carbon ways of living, such as active transport or more healthy and environmentally sustainable diets.[4] The direct and indirect health impacts are felt disproportionately by people who experience disadvantage; we are seeking to reduce the impacts of climate change on the health of Victorians and mitigate this inequity in health outcomes. Priority research will draw on multidisciplinary approaches to improve the evidence base for the impacts of climate change on the health of Victorians and on health system demand, and how these impacts may be mitigated. The aim is to inform more targeted interventions at a local level, as soon as possible and into the future.

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2 State of Victoria. *Royal Commission into Victoria's Mental Health System, Final Report, Summary and recommendations.* Parl Paper No. 202, Session 2018–21.

3 World Health Organisation. (2015, October 6). WHO calls for urgent action to protect health from climate change – sign the call. https://www.who.int/news/item/06-10-2015-who-calls-for-urgent-action-to-protect-health-from-climate-change-sign-the-call

4 The Global Climate and Health Alliance. (2021). *Tackling climate change could be the greatest global health opportunity of the 21st century.*

Health service delivery and system capability priorities

Implementation of home and integrated models of care for priority populations

The COVID-19 pandemic has strengthened the case for an integrated approach to healthcare that improves coordination across the health system. Such an approach would enable collaboration to better address the social and economic factors that impact health, and reduce health inequities. We are seeking to implement integrated care models for priority populations as part of a holistic approach to healthcare, which would include home-based and virtual models of care. Priority research will draw on international research and recent learnings from the COVID Positive Pathways program to explore the development and implementation of a similar system for priority populations in Victoria.

Improving collection of Aboriginal-defined performance measures

Despite significant investment and policy commitments in recent years, there is more work needed to ensure we are making progress in achieving Aboriginal health equity. We are seeking to understand the factors that impact Aboriginal Victorian health outcomes and Aboriginal place-based needs at the service level. However, we need better data collection methods to appropriately monitor services and programs for Aboriginal people using measures that align with the priorities of Aboriginal organisations and communities. Aboriginal-led priority research will aim to identify and define methods to collect Aboriginal-defined health service performance measures to inform future research.

This is an Aboriginal-led research priority that will be further developed in alignment with the Victorian Aboriginal Research Accord Project.

Enabling consumers to partner in health decision-making

Better care and health outcomes are achieved when health professionals and services work in partnership with consumers, patients, carers, and communities. Shared decision aids can enable this partnership, improve satisfaction with care, and foster better quality decision-making. The implementation of models of care that use decision aids, such as shared decision-making, was identified as a key domain for healthcare improvement in Safer Care Victoria's *Partnering in Healthcare framework*.[5] We are seeking to build on early work in this area to embed models for partnering in health. This work will enable greater consumer engagement, with priority research to address the current gap that exists between decision aids, research, and practical implementation.

5 Safer Care Victoria. (2019). Partnering in healthcare: a framework for better care and outcomes.

Identifying and reducing low-value care in our health system

Low-value care is care that provides little-to-no benefit, may cause patient harm, or yields limited benefits at a disproportionately high cost. We aim to reduce low-value care to ensure Victorians receive high quality and safe treatment, and that the health system is operating on the basis of best value and cost-effectiveness. The Victorian Agency of Health Information (VAHI) provides a range of adjusted low-value care data to Victorian health services. Priority research will build on this work to develop a system that engages clinicians and services in identifying and reducing low-value care, with a focus on identifying how interventions can be evaluated to enable best practice to be continuously embedded into the health system.

Implementing a Learning Health System for continuous improvement

Learning Health Systems respond to evolving issues and emerging challenges by rapidly embedding evidence-based best practice. This allows for continuous health system improvement and innovation, supporting health services to achieve value and equity in health. We are seeking to implement a Learning Health System to address health inequities, support a person-centred health system by enabling diverse consumer engagement in the design and delivery of services, and improve quality and value in healthcare. Priority research will initially focus on how to trial maternity, mental health, and cardiovascular Learning Health Systems, and how to embed evidence of sex and gender differences, in the Victorian context.

Addressing sex and gender differences in healthcare

Sex and gender can be determinants of health that impact susceptibility to, and experience of many common diseases, including health seeking behaviours, symptoms, and responses to health, medical, and behavioural interventions. A health system blind to sex and gender differences contributes to inequities and variations in care, which negatively impacts health experience, costs, and outcomes. Developing drugs, devices, or therapies without considering sex and gender differences has significant human and economic costs. We are seeking to explore how we can implement evidence from research into clinical practice to address sex and gender differences, and improve safety and quality, outcomes, and value in healthcare. This involves fostering and building capacity for sex- and gender-inclusive primary and translational research, including a sex- and gender-inclusive research workforce. Priority research will focus on improving equity of outcomes in heart disease, stroke, orthopaedics, cancer, and mental health.

Research principles

There are five research principles that underpin all priority research supported by the department. These principles ensure priority research is designed to maximise outcomes for all Victorians.

Equity and inclusion
Research proactively addresses disparity or need, and is inclusive of priority cohorts, groups, and communities.[6]

Sex and gender
Research workforce and activity is inclusive of different sexes and genders, and includes analysis and reporting of sex and gender differences, where relevant.

Person-centred
Research directly addresses patient and consumer needs by considering community perspectives and involvement.

Collaboration
Research incorporates multidisciplinary perspectives, including economic considerations, where relevant.

Translation
Research considers how knowledge can be transferred, with a clear pathway for findings to be translated into policy and practice.

6 Focus areas include Aboriginal health, rurality, place and disadvantage, sex and gender differences, culturally and linguistically diverse cohorts, and life course stages.

Assessment of translational research priorities

Translational research priorities were identified using a systematic and evidence-based process[7, 8] which included consultation with Victorian community members[9] and researchers. Policy-led priorities were assessed and ranked by an expert panel of researchers using the assessment criteria below.

Translational research assessment criteria

Criterion	Questions to ask
Equity and inclusion	› How specifically does the research consider inclusion of and/or address disparity or need in priority groups, cohorts, or communities?
Relevance	› How strongly does the research align with Department of Health priority areas? › How big or important is the health problem? › To what extent would new research address a knowledge or evidence gap that would not otherwise be met by the research sector alone or duplicate existing research? › To what extent could research leverage strategic research partnerships or funding opportunities?
Significance	› How likely will research improve health outcomes, build capacity, or lead to innovation in the health system? › How readily and appropriate would it be to implement research findings into policy and practice?
Appropriateness and person-centredness	› To what extent does the research address consumer priorities or need (i.e. research is person-centred)? › To what degree does the research question address a well-understood problem from all stakeholder perspectives?
Feasibility	› How likely can research be feasibly conducted in a reasonable timeframe, considering Department of Health and sector resources, capacity, and preparedness? › To what extent are the potential benefits of research likely to exceed the expected cost (i.e. research is likely to be cost-effective)?

7 Ioannidis, J. P. A. (2016). Why most clinical research is not useful. *PLOS Medicine,* 13(6), e1002049.

8 Research Prioritisation Framework 2020, Australian Clinical Trials Alliance (ACTA).

9 Consumer consultation on proposed assessment criteria was facilitated by Monash Centre for Health Research and Implementation (MCHRI) in partnership with the Department of Health.