PREVENTION AND COMMUNITY HEALTH COMMITTEE (PCHC)
13 OCTOBER 2009
CANBERRA
9.00am-5.00pm
Agenda

Agenda No	*Agenda Title*	*Purpose*	*Time*	*Presenter*	*Drafting Paper*
Meeting Open					
1	Welcome and opening	Acknowledgement of country Apologies Declarations of Interest Confirmation of agenda		Chair	Secretariat
2	Introduction to NHMRC	• The Act, NHMRC structure and role of Council, PCs etc • Committee Operating Procedures • Declaration of Interests • Confidentiality • Advisory process • Relationship between Council/CEO/Minister Annual report against the current Strategic plan			CRU
Standing Items					
3	Chair's Report	Standing Item (verbal for first meeting)			
4	NHMRC CEO Report	NHMRC CEO to report on NHMRC activities.		CEO	CRU

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5	Members' Forum	Members to raise matters and issues of relevance for advice to the NHMRC CEO		CEO	CRU
Items for discussion and advice to the NHMRC CEO					
6	NHMRC and National Health Care Reform Initiatives				
7	NHMRC Strategic Plan	• Legislative status of Strategic Plan • Status of 2007-09 plan and overlap with new plan • Development of 2010-12 plan • Major Health Issues Likely to Arise– Items 8.1-8.10		CEO	CRU and PEO
8	Major Health Issues Likely to Arise (MHILA)				
	8.1 Towards an Evidence Based Health System				
	8.2 Chronic Disease	• See also item 11			
	8.3 Genomic Medicine and Frontier Technologies				
	8.4 Healthy Ageing				
	8.5 Informed Choices				
	8.6 Mental Health				
	8.7 Planning for Unexpected Health Threats				

	8.8 Aboriginal and Torres Strait Islander Health				
	8.9 Global Health				
	8.10 Health Consequences of Climate Change				
9	Guidelines	Outline of current and proposed health guideline/advice work			Evidence Translation
	9.1 Australian Drinking Water Guidelines				
	9.2 Dietary Guidelines				
	9.3 Health-based Investigation Levels for Contaminated Sites				
10	Review of Public Health Research				
11	Obesity	To inform members of NHMRC activities relating to obesity in the last triennium, and seek advice on future activities		David Abbott	Emerging Issues
Not for discussion - the following items are accepted as recommended					
*12	Iodine Public Statement	For noting			Emerging Issues
*13	Vitamin K Public Statement	For noting			Evidence Translation
*14	Lead Public Statement	For noting			Evidence Translation
Information items					
15	Out of Session Items	Note: Standing Item		Chair	Secretariat
16	Dates of future meetings	Note: Standing Item		Chair	Secretariat

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Closing Administration					
17	Other Business	Note: Standing Item		Chair	Secretariat
18	Meeting Close				

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Prevention and Community Health Committee
13th October 2009

Endorsed Minutes

Attendance

Members

Professor Kerin O'Dea (Chair)
Professor Louise Baur
Dr Tony Hobbs
Dr Kylie Cripps
Mr Sebastian Rosenberg
Professor Ian Olver
Professor David Roder AM
Professor Mike Daube
(via teleconference)

NHMRC Attending

Professor Warwick Anderson
Dr Clive Morris
Ms Hilary Russell
Mrs Cathy Clutton
Dr David Abbott
Mr Phil Callan
Ms Vesna Cvjeticanin
Ms Caroline Mills
Ms Cathy Mitchell
Ms Melissa Chester
Mrs Esther Doherty

Apologies

Professor Steve Wesselingh

Item 1 Welcome and opening

The meeting was opened by the Chair of the Prevention and Community Health Committee (PCHC), Professor O'Dea, who acknowledged the traditional owners of the land where the meeting was being held, welcomed all Members to the first PCHC meeting, and noted the apologies.

Members were reminded of their obligations in respect of confidentiality and conflict of interest declarations.

The CEO thanked Members for accepting their invitation to PCHC and congratulated the Chair on her appointment.

Outcome:
Members noted that all starred items will be accepted unless Members raise substantial concerns prior to the meeting.

Item 2 Introduction to NHMRC

The CEO spoke to this item and drew Members attention to the tabled paper '10 things to know about NHMRC' and the Induction package.

The CEO emphasised his high ambitions for the committee.

Outcomes:
Members noted the information provided and agreed to familiarise themselves with the Induction Package provided.

Once enacted, NHMRC will be provide Members with a copy of the *Australian National Preventive Health Agency Act 2009* and it will be an agenda item for the next meeting.

Item 3 Chair's report

Members noted this is a standing item with no report for the first meeting. For future meetings the Chair will provide a brief written report of her activities on behalf of NHMRC.

Members noted the Chair and CEO's expectation that the committee, with support from NHMRC staff, should remain active between meetings.

The CEO emphasised that if approached by the media or liaising with Ministers as a PCHC member and therefore on behalf of NHMRC, Members should first contact NHMRC's Strategic Communications area on 6217 9190 or 0422 008 512.

Item 4 NHMRC CEO's report

Members noted the CEO's written report on NHMRC activities and that this is a standing item for each meeting.

Members noted that is within NHMRC's scope to work with the States and Territories to foster consistent health standards, and to take steps to influence portfolios outside the health sector if this is considered the route of most impact.

Members advised that steps be taken to ensure the Global Health Alliance is not driven by pharmaceutical companies.

Outcome:
Members noted the CEO's written report on NHMRC activities and that this will be a standing item for each meeting.

Item 5 Members' forum

Members noted this is a standing item enabling Members to raise issues of concern and matters to be brought to the attention of the CEO.

Members advised that NHMRC should have an increasing role in translational research.

The CEO advised that it is outside NHMRC's scope to have direct involvement in improving the collection and use of biostatistical data, but NHMRC may play an informal role in supporting this.

Outcome:
Members agreed that priority action areas identified by PCHC should align with the report of the Preventative Health Taskforce, *Australia: the healthiest country by 2020: National Preventative Health Strategy,* and that obesity, alcohol and tobacco should be on PCHC's workplan.

Item 6 NHMRC and National Health Care Reform Initiatives

Members noted that this is a key moment for health reform.

Members discussed the tabled paper on NHMRC Contribution to Health Reform which consisted of four issues:

1. NHMRC is ready to provide evidence based advice to the Government on health reform, including advice on preventive health strategies.
2. A national approach to the development, implementation and evaluation of evidence based guidance to practitioners to improve the quality and consistency of patient care.
3. Targeted applied research to ensure optimal application and value of the Pharmaceutical Benefits Scheme and the Medical Benefits Schedule.
4. Integrating leadership in patient care, research and research translation, and health professional education.

In discussion, Members suggested that NHMRC contribute to the health reform agenda by developing an overarching quality framework for primary care.

Outcomes:
The CEO noted comments from Members on NHMRC's proposed contribution to health reform.

The CEO and Dr Tony Hobbs agreed to have further discussions about opportunities for linkages between primary health care and NHMRC Centres of Research Excellence.

Item 7 Strategic Plan

The CEO spoke about the development of the next Strategic Plan noting that components of the Plan must include identification of the major health issues likely to arise (MHILA) and a strategy for addressing them as well as a strategy for public health research and medical research. The CEO advised that the previous Council and Principal Committees were consulted on the possible content and there has been considerable work within NHMRC on the development of the MHILAs.

Members noted that the Strategic Plan 2010-2012 must be delivered to the Minister before the end of 2009.

The Chair advised the meeting that PCHC have an important role in providing input to the Strategic Plan. A draft Plan has been discussed by Council but Principal Committee input is now needed before final sign-off by Council in December.

Outcome:

Members agreed to provide comments on the draft Strategic Plan for the calendar period 2010-2012 by 3 November 2009 to the Chair and nhmrc.secretariat@nhmrc.gov.au .

The CEO noted that Members comments will be considered in the redevelopment of the Strategic Plan.

Item 8 Major Health Issues Likely to Arise

Members were provided with information on the 10 MHILAs for discussion noting that these were the overarching issues for NHMRC in the next Strategic Plan. The CEO explained that the Principal Committees of NHMRC will have responsibility for the way forward for particular priorities.

The CEO advised that across all the MHILAs there will be consideration of prevention, all parts of the health system, health literacy and lessening socioeconomic and Aboriginal and Torres Strait Islander peoples inequalities.

Members advised that once the deliverables are agreed to, it is critical that they be measurable and evaluated.

Outcomes:

Members agreed to provide concrete actions against the potential deliverables section for each MHILA, with a specific focus on prevention and community health, by 3 November 2009.

The Chair requested that Members nominate themselves to take carriage of a MHILA for which they could best contribute. This will be agenda item for finalisation at the next meeting.

NHMRC is to provide Members with an update of the Harmonisation of Multi-centre Ethical Review (HoMER) out of session.

8.1 Towards an evidence based health system

Members noted this paper is still under development and will be linked to NHMRC's contribution to health care reform.

Members advised that there be an emphasis on the improvement of data collection, management and analysis, including data outside the health portfolio.

8.2 Chronic Disease

Members advised that there be greater emphasis on:

- the actions identified in the report of the Preventative Health Taskforce;
- the prevention and policy component;
- maternal and child health;
- comorbidities with mental illness and the impact on carers; and
- empowering local communities to influence their own health outcomes.

Members advised that due to the upstream determinants of chronic disease (e.g. climate, food supply) it is essential to have strong linkages with external bodies, within and outside the health portfolio.

Professor Daube expressed an interest in this MHILA.

8.3 Genomic Medicine and Frontier Technologies

Members noted that this MHILA will be predominantly managed by NHMRC's Human Genetics Advisory Committee (HGAC).

Outcomes:
NHMRC staff to organise a presentation from HGAC about how HGAC intends to progress this MHILA at the next meeting.

NHMRC staff to provide Members with HGAC's Paper on Genetics and Prevention out of session.

8.4 Healthy Ageing

Members advised that there be greater emphasis on:

- acknowledging that conditions of ageing are earlier for Aboriginal and Torres Strait Islander populations;
- identifying role models for communities to aspire to;
- the role of communities in planning for ageing; and
- preventing the burden on carers.

8.5 Informed Choices

Members advised that activities in this area should be kept to a minimum.

The CEO advised that public statements (rather than formal guideline development) may be preferable outputs for this MHILA.

Members advised that there be a particular emphasis and action on:

- products promoted as effective by trusted sources such as pharmacies; and
- improving the standard of product information provided to consumers, e.g.
- accurate, completeness and consistency of product labelling.

Members advised that key partners include the Pharmacy Guild of Australia, the Australian Commission on Safety and Quality in Healthcare, and the National Prescribing Service.

8.6 Mental Health

The CEO advised that a targeted call for research on mental health services for persistent and severe mental illness is underway.

Members advised that there be a greater emphasis in this MHILA on:

- early intervention and engaging young people;
- health advice for medical practitioners and carers; and
- the development of community mental health models.

Members advised that in the interests of having the most impact, mental health literacy should not be the focus of NHMRC activities, as this is done reasonably well by other bodies.

Outcomes:
Mr Rosenberg volunteered to be the liaison point with NHMRC staff to ensure the potential deliverables align with those of the Mental Health Council of Australia.

8.7 Planning for Unexpected Health Threats

The CEO advised that post Council discussions, the scope of this MHILA needs review, as most of the environmental aspects will be addressed in 8.10.

Members advised that if this is the case, it may be more appropriate for the Health Care Committee to be the lead committee.

Members advised that there be an emphasis on the increasing close proximity of humans to wild animals and the public health consequences of these diseases spreading to previously unaffected regions, especially when there is a prolonged dormancy period.

Outcome:
The Chair to approach Professor Wesselingh, (an apology for this meeting), for input on this MHILA.

8.8 Aboriginal and Torres Strait Islander Health

Members advised that there be a greater emphasis on:

- improving data collection and linkage, e.g. coroners approaches to recording suicide, linkages with ABS Census data;
- children and young people as the target group;
- mental health and social wellbeing; and
- encouraging Aboriginal and Torres Strait Islander researchers into challenging areas of public health research.

8.9 Global Health

Members advised that this is a two way partnership, i.e. it is also an opportunity to learn from developing countries.

Members advised that there be a greater emphasis on:

- translating evidence into policy and practice;
- lifestyle related chronic disease as well as infectious diseases;
- prevention and early life issues; and
- supporting people to better understand their disease, e.g. registries.

8.10 Health Consequences of Climate Change

Members noted that water quality and heat extremes are priorities.

Members advised that there be an emphasis on:

- the impact of climate change on diseases that are already of most burden, e.g. cancer, mental illness;
- the expansion of infectious disease;
- the need to better plan agriculture; and
- developing health advice on actions people can take at a community level.

Outcome:
NHMRC staff to work with the Chair to bring a small group together to develop specific actions against this MHILA, e.g. Professors O'Dea, Baur and Daube, plus Professor Tony McMichael and Dr Charles Guest.

Outcome:
The CEO noted the Members comments and advised the meeting that these comments will be considered in the redevelopment of the MHILAs.

Item 9 Guidelines

The CEO advised that NHMRC's process for guideline development and priority setting of guidelines is being reviewed, and it is the CEO's preference to work within rather than amend the *NHMRC Act 1992*.

Members advised that in revising NHMRC's guideline processes there be consideration of embracing electronic technology, e.g. blogs for public consultation and regular updating to keep the evidence base current.

Members agreed that NHMRC needs to improve its guideline implementation and evaluation activities.

Members advised that there be ongoing research on the uptake of guidelines and evaluation of their impact.

Outcome:
NHMRC staff to prepare a paper on alternative health advice products, such as Public Statements, for the next PCHC meeting.

9.1 Australian Drinking Water Guidelines

Members noted the information provided.

9.2 Dietary Guidelines

The CEO asked that due to the expected controversies, the PCHC be involved in the development of this suite of guidelines.

Outcome:
NHMRC staff to ask Dr Amanda Lee to present on the dietary guidelines work program at the next PCHC meeting.

9.3 Health-based Investigation Levels for Contaminated Sites

Members noted the information provided.

Item 10 Review of Public Health Research

Members considered the recommendations and current status of NHMRC's response to the Nutbeam review as outlined in Attachment D.

Professor Mike Daube (a member of the review committee) stated he was very pleased with NHMRC's response to date to the Nutbeam review.

Members advised that there be a separate grant assessment process for intervention research, with a specific and specialised panel (recommendation two – that NHMRC develop a national public health research strategy to identify priority research streams, and emphasis intervention research).

Outcome:
Professor Roder would like to contribute to recommendation seven – that NHMRC facilitate the development of a large scale, long-term and nationally relevant public health research infrastructure, as much as possible.

Item 11 Obesity

Members advised that there be an emphasis on:

- ongoing monitoring, e.g. health checks including height, weight and comorbidies with mental illness, especially in children;
- having a care plan for obesity on the MBS;
- analysing the evidence base for reducing children's exposure to advertising and marketing; and
- greater analysis of data collected on Aboriginal and Torres Strait Islander populations by the Australian Institute of Health and Welfare.

Outcomes:
Members agreed that PCHC should follow-up on some of the actions in the Preventative Health Taskforce report. Professors O'Dea, Baur and Daube to begin to develop an NHMRC action plan for this by the next meeting.

NHMRC staff to prepare a paper on evaluations of the UK's trial of the traffic light system of food labelling in consultation with Professor's Daube, Baur and O'Dea for the next meeting.

NHMRC staff to provide Members with an in depth analysis of NHMRC funded obesity research from the last 3-4 years at the next meeting.

Item 12 Iodine Public Statement

Members noted the information provided.

Item 13 Vitamin K Public Statement

Members noted the information provided.

Item 14 Lead Public Statement

Members noted the information provided.

Item 15 Out-of-Session Items

Members noted that this is a standing item for all meetings and that PCHC has not yet made any OOS decisions.

Item 16 Dates of Future HCC Meetings

Outcomes:

Members noted the next PCHC meeting is scheduled for 15-16 December 2009.

In the next fortnight NHMRC staff to work with Members to schedule PCHC meetings for all of 2010.

Item 17 Other Business

Members agreed that they were interesting in influencing policy development in government and elsewhere.

The CEO advised that NHMRC staff can assist with arranging meetings with other governments or industry, both within and outside the health portfolio.

Members agreed that they would like to have some rigour in the way they evaluate projects driven by the committee.

Outcomes:

NHMRC staff to ensure agenda papers and attachments for future meetings are succinct.

Item 18 Meeting Close

The Chair closed the meeting at 1620.

PREVENTION AND COMMUNITY HEALTH COMMITTEE (PCHC)
15 DECEMBER 2009
Marshall and Warren Room, Level 1, 16 Marcus Clarke Street, Canberra City
9.00am-5.00pm

Agenda No	*Agenda Title*	*Purpose*	*Presenter*	*Drafting Paper*
9:00am MEETING OPEN				
1	Welcome and Opening	Acknowledgement of country Apologies Declarations of Interest Housekeeping items	Chair	Secretariat
1.1	Acceptance of Recommendations of all starred items	The recommendations of all starred *items will be accepted unless Members request that the item/s be discussed.		Secretariat
2	Minutes of Previous Meetings	To confirm the minutes and note the status of actions arising.	Chair	Secretariat
Standing Items				
3	Chair's Report	To receive a report from the Chair on activities on behalf of NHMRC.	Chair	Chair/Secretariat
4	NHMRC CEO Report	For the CEO to report on NHMRC activities, including an update on the *Australian National Preventive Health Agency Act*.	CEO	Saraid Billiards

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5	Members' Forum (Chair may prefer to discuss this after item 16)	For Members to raise matters they wish to bring to the attention of the CEO.	CEO	Secretariat
6	Aboriginal and Torres Strait Islander Health Advisory Committee	To provide a report about ATSIHAC considerations and seek input as necessary.	CEO	CRU
Items for discussion and advice to the NHMRC CEO				
7	NHMRC Strategic Plan 2010-2012 and Minister's Statement of Expectation	To note the final Strategic Plan and copy of Statements of Expectation and Intent.	CEO Unit	Saraid Billiards
10:15 - 10:30am MORNING TEA				
8	Major Health Issues Likely to Arise (MHILA)	To assign priorities to identified deliverables of the updated MHILA papers from a PCHC perspective.	David Abbott	HEAB
	8.1 Genomics and Frontier Technologies	To receive an update from the Human Genetics Advisory Committee (HGAC) on how they intend to progress deliverables for this MHILA.	Chair, HGAC -via teleconf.	Emerging Issues (in consultation with Ron Trent)
9	National Health Care Reform Initiatives	To provide an update on NHMRC's proposed contribution to health reform, following discussions at Council	CEO Unit	Saraid Billiards
10	Preventative Health	To advise on the currency and relevance of the information provided	CEO Unit	Emerging Issues
11	Targeted Calls for Research	To inform members of the process for developing Targeted Calls for Research.	CEO Unit	Emerging Issues
12:30 - 1:15pm LUNCH				
12	Obesity	To discuss an analysis of NHMRC funded obesity research from the last 3-4 years.	Chair	Emerging Issues
13	Front of Pack Food Labelling	To provide an overview of evaluations that have, or are, being undertaken on traffic light food labelling.	Chair	Emerging Issues

14	Public Health Guidelines	To provide information on NHMRC's role in public health guidelines and a national approach to guideline development and implementation	Clive Morris	NICS and HEAB
15	Forms of NHMRC Advice and Guidance	To define NHMRC outputs and products, including associated timeframes and stages of development.	David Abbott	Strategic Partnerships with input from QRB and Evidence Translation
3:00 - 3:15pm AFTERNOON TEA				
16	Dietary Guidelines	To receive an update from the Dietary Guidelines Working Committee (DGWC) on how the dietary guidelines program is progressing.	Chair, Dietary Guidelines Working Committee	Evidence Translation (in consultation with Amanda Lee)
17	Preventive Health Initiatives in Australian Emergency Departments	For PCHC to consider and approve a proposal to identify strategies applicable for a national intervention to promote smoking cessation in Australian Emergency Departments	Sue Phillips	NICS
***For noting only or accepted as recommended**				
*18	Out of Session Items	To note decisions made out of session, if any.	Chair	Secretariat
Closing Administration				
19	Other Business		Chair	Secretariat
20	Dates of Future Meetings and Close	To confirm dates of 2010 meetings.	Chair	Secretariat

Prevention and Community Health Committee
15th December 2009

Endorsed Minutes

Attendance

Members

Professor Kerin O'Dea (Chair)
Professor Louise Baur
Dr Kyllie Cripps
Professor Mike Daube
Dr Marlene Kong
Dr Tony Hobbs
Professor Ian Olver
Professor David Roder
Mr Sebastian Rosenberg
Professor Steve Wesselingh

NHMRC Attending

Professor Warwick Anderson (CEO)
Dr Clive Morris (Deputy Head and General Manager)
Dr David Abbott
Mr Phil Callan
Ms Melissa Chester (Minute taker)
Mrs Cathy Clutton
Mrs Esther Doherty
Ms Caroline Mills
Ms Cathy Mitchell
Dr Sue Phillips

Guest Presenters

Professor Ron Trent
Dr Amanda Lee

Apologies

N/A

Item 1 Welcome and Opening

The meeting was opened by the Chair of the Prevention and Community Health Committee (PCHC), Professor O'Dea, at 0910. The Chair acknowledged the traditional

owners of the land where the meeting was being held - the Ngunnawal people, and welcomed all Members and NHMRC staff to the meeting. The Chair brought Members attention to the updated list of Members' areas of expertise and interest.

The Chair noted there were no apologies and acknowledged that there would be guest speakers for items 8.1 (Professor Ron Trent - Genomic Medicine and Frontier Technologies), and 16 (Dr Amanda Lee - Dietary Guidelines).

Members were reminded of their obligations in respect of confidentiality and conflict of interest declarations.

Item 2 Minutes of Previous Meetings

The Chair noted that the Minutes had been previously circulated for comment.

Outcome:
PCHC endorsed the draft Minutes and noted the Actions Arising from their 13 October 2009 meeting.

Item 3 Chair's Report

Members noted the Chair's written report and her meeting with the Parliamentary Secretary for Health, The Hon Mark Butler MP, on 14 October 2009. At this meeting Mr Butler encouraged PCHC to have a key role in supporting NHMRC's relationship with the proposed Australian National Preventive Health Agency (ANPHA).

The Chair advised of her intention to meet with the Parliamentary Secretary for Health, or his Senior Adviser, Meagan Lawson, shortly after each PCHC meeting.

The Chair reminded Members of the expectation that they progress PCHC's agenda between meetings.

Item 4 NHMRC CEO's Report

Members noted the CEO's written report on NHMRC activities and that this is a standing item for each meeting.

Dr Marlene Kong and Professor Mike Daube joined the meeting at 9.20am.

The CEO highlighted a number of recent activities as follows:

- recent NHMRC workshops on "comparative-effectiveness" research, integrated leadership in patient care, and H1N1;
- the extended timeframe for Centres of Research Excellence grants;
- all NHMRC grant applications will now need to be submitted online;
- NHMRC's Partnerships for Better Health initiative, including the Partnership Projects scheme and Partnership Centres for Research Excellence program.

Members were concerned that NHMRC's current funding schemes may not accommodate non traditional health and medical research questions that are relevant to population and

preventive health, e.g. urban planning. The CEO advised that there is no restriction on applying for NHMRC grants, however, such applications may present a challenge for Grant Review Panels. He also informed Members that NHMRC does not intend to co-fund with the Australian Research Council's Linkage Projects scheme.

The CEO alerted Members that NHMRC has an opportunity to present ideas to the National Research Infrastructure Council (NRIC) relating to health and medical related research infrastructure investments.

Outcome:
PCHC is encouraged to put ideas forward that are of relevance to NRIC (they would first need to be approved by NHMRC's Council and CEO).

Action: NHMRC to provide Members with a list of partner organisations under the Partnership Projects scheme.

Item 5 Members' Forum

Members noted this is a standing item enabling Members to raise issues of concern and matters to be brought to the attention of the CEO.

Members discussed three questions raised prior to the meeting. These related to (a) managing prevention and public health nationally, (b) the merit of, and possible sources of support for, the Pacific Information Network, and (c) encouraging and supporting research relevant to developing and implementing public policy. These questions were raised by Professors O'Dea, Roder and Daube respectively.

In relation to (a) there were mixed opinions on the message sent by the Senate's decision to delay passing the Bill to establish the ANPHA. The CEO was optimistic that the Government remains committed to establishing the ANPHA, despite progress being slower than anticipated.

See the outcome below in relation to (b). The CEO advised that support for the Pacific Information Network could not come out of the Medical Research Endowment account.

In relation to (c) Members noted that NHMRC's support for research relevant to developing and implementing public policy is provided mainly through the Partnership Projects scheme and Partnership Centres for Research Excellence program. NHMRC workshops are also opportunity for researchers and research policy makers to engage.

Members discussed how PCHC could address issues around alcohol and tobacco and where NHMRC could make the most useful contribution. The CEO suggested that building the evidence base on the effect of alcohol on the developing brain (up to 25 years) may be a possibility. Professor Daube offered to talk some of the lead figures in the area (e.g. Professors Steve Allsop, Robin Room, Margaret Hamilton and Dr Peter Miller) to identify areas where NHMRC could make the most useful contribution.

Outcomes:
In relation to (b) it was suggested that Professor Roder approach AusAID's Principal Health Advisor, Dr Jim Tulloch, and that he present his arguments in the context of the Port Moresby Declaration. Alternative avenues suggested were the Bill and Melinda Gates Foundation or the Pacific Health Research Committee. Professor Wesselingh will support Professor Roder in this action.

Professor Roder to email NHMRC's CEO regarding the Victorian Registry of Births, Deaths and Marriages decision to withhold its data, and the detrimental effect this may have on cohort studies. NHMRC to consider taking steps to try and resolve this issue within government.

CEO to consider hosting an NHMRC workshop on data linkage, which includes an assessment of best practice models from overseas. Professors O'Dea and Roder could contribute ideas if agreed to.

Professor Daube to talk some of the lead figures on alcohol (e.g. Professors Steve Allsop, Robin Room, Margaret Hamilton and Dr Peter Miller) to identify areas where NHMRC could make the most useful contribution.

Item 6 Aboriginal and Torres Strait Islander Health Advisory Committee (ATSIHAC)

Members noted the outcome summary from ATSIHAC's first meeting of 23 November 2009 and that implementation of the *NHMRC Road Map: A strategic framework for the improvement of Aboriginal and Torres Strait Islander health through research*, will be a significant task for this committee.

The Chair noted that two Members of PCHC also sit on ATSIHAC- Drs Cripps and Kong.

Outcome:
The action plan for implementation of the *NHMRC Road Map* to be tabled at PCHC's next meeting.

Item 7 NHMRC Strategic Plan 2010-2012 and Minister's Statement of Expectation

Members noted that the draft Strategic Plan has been approved by Council and submitted to the Minister for Health and Ageing. It is not final, until approved by the Minister.

Members noted the detailed Statement of Expectation from the Parliamentary Secretary for Health, The Hon Mark Butler MP, and NHMRC's responding Statement of Intent.

In the context of improving the consistency of care across Australia, the CEO acknowledged Members comments that developing consistent health standards is insufficient on its own and requires implementation and evaluation.

PCHC reinforced the importance of fostering public health research, education and training throughout Australia. The CEO advised that although NHMRC does not fund research training, NHMRC can work with key players on how to further develop and support Australia's public health workforce.

Item 8 Major Health Issues Likely to Arise (MHILAs)

Members were provided with the revised MHILA papers and noted that they are internal working papers still subject to change.

Members agreed that eight of the ten MHILAs were of particular relevance to PCHC: Towards an Evidence Based Health System, Chronic Disease, Ageing and Health, Examining Alternative Therapy Claims, Mental Health, Planning for Emerging Infectious Disease Threats, Global Health and the Health Consequences of Climate Change.

Members noted that ATSIHAC will be the driving committee for the Aboriginal and Torres Strait Islander Health MHILA. If ATSIHAC require input from the perspective of cancer epidemiology, food supply and community intervention, or mental health, Professors O'Dea and Roder, and Mr Rosenberg, offered their assistance in these respective areas.

Outcomes:

Under each of the MHILAs listed above, Members to identify one key deliverable that PCHC will take responsibility for. This will be progressed in small subgroups via out of session teleconferences in January 2010 as follows:

- Towards an Evidence Based Health System- Professors Olver and Roder, Dr Hobbs and Mr Rosenberg
- Chronic Disease- Professors O'Dea, Baur and Daube, and Drs Hobbs and Kong.
- Ageing and Health – Professors O'Dea and Baur, and Dr Hobbs
- Examining Alternative Therapy Claims – Professors O'Dea, Olver and Wesselingh
- Mental Health- Mr Rosenberg, and Drs Cripps and Hobbs
- Planning for Emerging Infectious Disease Threats – Professor Wesselingh and Dr Hobbs.
- Global Health – Professors O'Dea, Baur, Daube and Roder (although it was noted that NHMRC's efforts in this area will be predominantly focused on the Global Alliance for Chronic Disease)
- Health Consequences of Climate Change – Professors O'Dea and Wesselingh, Dr Hobbs and Mr Rosenberg. (This subgroup to convene after PCHC's March meeting, instead of January 2010).

The CEO requested a maximum of five deliverables for PCHC across all of the MHILAs to be developed by PCHC's next meeting.

Action: NHMRC to arrange a guest presenter from the Department of Climate Change on what they are doing from a health perspective, for PCHC's next meeting.

Item 8.1 Genomics and Frontier Technologies

Professor Trent, Chair of the Human Genetics Advisory Committee (HGAC), gave an overview on how HGAC intends to progress deliverables under this MHILA, with a particular emphasis on areas of prevention, via teleconference.

Professor Trent highlighted a number of areas as follows:

- the potential of predictive DNA genetic testing versus the current lack of evaluation of their clinical utility and validity;
- the potential of pharmacogenomics to tailor prescription drugs (and their dosage) to individuals, versus the current lack of evidence demonstrating their clinical effectiveness;
- educating the broader community about genetic testing via NHMRC's pilot subsite *eGenetics*;
- developing an information paper on epigenetics and epigenomics to show how environment can influence gene expression; and
- marketing of Direct to Consumer testing.

Members were reminded of the draft paper *Preventative and Treatment Strategies Using Knowledge from Genetics and Genomics*, emailed to them on 29 October 2009.

Item 9 National Health Care Reform Initiatives

Members noted the communiqué from the Council of Australian Governments meeting on 7 December 2009 and that the three key areas identified by NHMRC for consideration as part of the Government's health reform agenda are (a) development of a national approach to the implementation and evaluation of evidence based guidance to practitioners, (b) targeted "comparative-effectiveness" research, and (c) integrating leadership in patient care, research and research translation, and health profession education.

The CEO advised that the Minister intends to announce her final approach to health reform in June 2010.

Item 10 Preventive Health

Members noted NHMRC's response to the National Preventative Health Taskforce's discussion paper, *Australia: The Healthiest Country by 2020*.

Members advised that a dedicated group be established to refine the funding policy and peer review process for intervention research, and that NHMRC should encourage better use and linkage of data from cohort studies.

Outcome:
PCHC to work with Professor John McCallum in relation to developing a national proposal for better use and linkage of data from cohort studies, and to refine the funding policy and peer review process for intervention research.

Item 11 Targeted Calls for Research

Members noted the purpose and proposed process for developing requests for application (RFA).

Members noted that PCHC is invited to consider and propose one to two major health issues for the 2009-2012 triennium that could be best addressed through targeted research. Members noted that these issues should align with the Strategic Plan, are likely to fall within the MHILAs, and will require a consultative approach to their development beyond PCHC.

Members noted that the sample RFA in mental health system reform (draft only), is instead being progressed as a strategic priority area under NHMRC's project grants.

Outcome:
A framework for developing a targeted call for research will be presented at PCHC's next meeting.

Item 12 Obesity

Members noted the NHMRC Obesity Strategy, relevant recommendations from the *National Preventative Health Strategy*, and research funded by NHMRC.

Members discussed the benefit of reintroducing regular health checks for school children, and within this the pros and cons of opt-out consent and its end purpose i.e. in the interests of intervening or to monitor long term trends.

The CEO advised Members that efforts to influence legislation and regulation may not be activities of most impact for NHMRC.

Dr Morris raised the need to review the *Clinical Practice Guidelines for the Management of Obesity and Overweight in Children and Adolescents* and *Clinical Practice Guidelines for the Management of Obesity and Overweight in Adults* (2003). It was noted that a sub group of PCHC and Health Care Committee may need to be formed to assess this reviews against other priorities in obesity.

Outcomes:
A sub group of PCHC – Professors O'Dea, Baur and Daube, and Dr Hobbs, to meet out of session and develop a targeted proposal on how NHMRC can address the issue of obesity. It may include a proposal to the Minister and/or ideas for a targeted call for research. In developing this proposal the group should be guided by the Obesity Strategy, relevant recommendations from the *National Preventative Health Strategy*, and research funded by NHMRC. This proposal to be presented at PCHC's next meeting.

Members agreed that no further analysis is required at this stage of NHMRC funded obesity research.

Action: NHMRC to send Members the link to NHMRC's *Child Health Surveillance and Screening: A Critical Review of the Evidence (*2002).

Item 13 Front of Pack (FOP) Food Labelling

Members discussed possible reasons for the results of the UK's trial of various FOP methods. The Chair suggested that the results may have been different if the trial was restricted to a single FOP method, if participation had been mandatory not voluntary, and if it were introduced for a longer period, putting more pressure on manufactures to improve the quality of their products.

Members noted that as FOP labelling in Australia is currently being considered as part of the Food Labelling Law and Policy Review, PCHC should not duplicate work underway.

Outcome:
NHMRC to keep a watching brief on the opportunity to make a submission to the above review.

Item 14 Public Health Guidelines

Members noted *NHMRC's additional levels of evidence and grades for recommendations for developers of guidelines*, and the need to adapt it for assessing the quality of evidence in public health. While the quality of evidence in population health may not be of the same standard as randomised controlled trials, this may be outweighed by the potential for benefit or overwhelming evidence for action.

The CEO emphasised that NHMRC's mandate is to gather the evidence-base. He would like PCHC to think about how to accumulate and treat the evidence, and how policy makers can and should use it.

Members noted that NHMRC's capacity to undertake the key steps in evidence based guideline development and implementation is limited. Members also noted that a subgroup of Council is working on the prioritisation of guideline needs in Australia.

Outcomes:
For PCHC's next meeting, NHMRC to compile:

a) papers on developing standards and acceptable levels of evidence for public health guidelines, e.g. by Michael Frommer, the National Institute of Clinical Excellence UK), National Institute of Health (US), Canadian Health Services Research Foundation, the US Centres for Disease Control and Prevention, and the World Health Organization; and
b) a list of national and jurisidiction based public health guidelines available in Australia, with input from the Chief Health Officers on Council.

At this meeting a subgroup of PCHC will need to be tasked with developing a paper regarding standards and acceptable levels of evidence for public health guidelines, and identifying gaps in public health advice available in Australia.

Item 15 Forms of NHMRC Advice and Guidance

Members noted the suite of NHMRC 'products'.

Members agreed that NHMRC could raise its public profile by developing more rapid, policy relevant, health and medical advice, and that these areas should be selected and/or prioritised by NHMRC.

Members advised that NHMRC should develop consumer friendly versions to accompany most advisory products. It was acknowledged that these accompanying documents may require external funding.

Dr Phillips informed Members that the Cochrane Centre is interested in building stronger linkages with guideline developers. At present, topics for Cochrane's systematic literature reviews are selected by the authors, who conduct the reviews on a voluntary basis.

Item 16 Dietary Guidelines

Members noted the presentation delivered by Dr Amanda Lee, Chair of the Dietary Guidelines Working Committee (DGWC). Issues highlighted by Dr Lee included:

- the diversity of expertise on the DGWC, including an ex industry representative;
- the huge scale of the work program, including dietary modelling to update the *Core Food Groups* (1994), a systematic literature review and revision of some of NHMRC's key dietary guidelines;
- considering the evidence in the context of environmental impact, multicultural and vegetarian style cuisines; and social equity;
- engaging stakeholders early in the consultation process;
- the novelty of applying clinical processes to a public health issue;
- having the most advanced dietary modelling in the world, yet lacking current data on Australians food intake; and
- taking a food-basis rather than nutrient-basis approach due to the evidence supporting the first of these.

Dr Lee acknowledged the tremendous efforts of Marisa Bialowas, Vesna Cvjeticanin and Cheryl Cooke in supporting the DGWC.

PCHC were very supportive of the approach being taken by the DGWC to consider environmental issues and alternative cuisines. Members noted that there was not enough evidence on organic or genetically modified foods, or the carbon footprint of particular foods, to warrant inclusion in the new guidelines.

Outcomes:

The CEO encouraged public release of the systematic literature review and that the DGWC develop a clear rationale on how they have considered environmental issues.

PCHC encouraged the DGWC to formally document the challenges they have faced in applying a clinical process to a public health issue.

Item 17 Preventative Health Initiatives in Australian Emergency Departments

Dr Phillips, Executive Director of the National Institute of Clinical Studies, spoke to this item. Members noted the opportunity to provide a preventive health care intervention in emergency departments regarding smoking cessation. The emergency care setting offers promise in that a large portion of patients are smokers and from lower socio economic groups. Dr Phillips clarified that the interventions being considered were in the context of what can be achieved in a single presentation to emergency care.

Members agreed that emergency department interventions should not be a priority area for NHMRC's work plan on tobacco. Members agreed that an analysis of hospital policies and advice to patients regarding tobacco would be a worthwhile exercise, although the CEO stated that this was beyond the scope of NICS.

Outcome:
PCHC advised against further progressing this proposal.

Item 18 Out-of-Session Items

Members noted that this is a standing item for all meetings and that there were no out of session items since the last meeting.

Item 19 Other Business

No other business was raised.

Item 20 Dates of Future Meetings and Close

The dates for 2010 meetings were noted as 23 March, 20 July and 5 November.

Action: Members to advise if the proposed dates are unsuitable in the following 24 hours.

The Chair closed the meeting at 1630.

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NHMRC

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Prevention and Community Health Committee (PCHC) Obesity Subgroup
22 January 2010

Endorsed Minutes

Attendance

Members

Professor Kerin O'Dea (Chair)

Professor Louise Baur

Professor Mike Daube

Dr Tony Hobbs

Professor Jim Bishop (Chief Medical Officer and Member of NHMRC Council)

NHMRC Attending

Professor Warwick Anderson	Chief Executive Officer
Dr Clive Morris	Deputy Head and General Manager
Dr David Abbott	A/g Executive Director, Health Evidence and Advice Branch (HEAB)
Ms Vesna Cvjeticanin	Director, Evidence Translation Section, HEAB
Ms Caroline Mills	A/g Director, Emerging Issues Section, HEAB
Ms Marisa Bialowas	Senior Project Officer
Ms Melissa Chester (Minute taker)	PCHC Secretariat

Purpose

To develop a targeted proposal on how NHMRC can address the issue of obesity. It may include a proposal to the Minister and/or ideas for a targeted call for research. This proposal to be presented at PCHC's next meeting of 23 March 2010.

Background

In developing this proposal the group should be guided by the 'NHMRC Strategic Approach to Obesity', relevant recommendations from the *National Preventative Health Strategy* and research funded by NHMRC (as per agenda papers for item 12 at the PCHC meeting of 15 December 2009).

Discussion Items

The meeting opened at 10:10am.

1 'NHMRC's Strategic Approach to Obesity'

Members agreed that recommendations of 'NHMRC's Strategic Approach to Obesity' (as developed in the 2006-2009 triennium) are still relevant. There was particular discussion on recommendations 1-3, 4, 5, 6, and 9 as follows:

Recommendations 1-3: NHMRC Funded Obesity Research
Members agreed that PCHC should not focus on further evaluation or analysis of NHMRC funded obesity research.

It was noted that NHMRC funded obesity research has been predominantly bio-medical, investigator-initiated research. Members agreed that research is still needed in areas not traditionally funded by NHMRC, such as the economic and socio-cultural determinants of obesity; why some population groups are at higher risk than others; and cross sectoral research that focuses on reducing obesity through interventions outside the health system (e.g. effects of climate change, food supply, public transport, urban planning, food marketing). Members discussed that it may not be possible to prioritise intervention research through NHMRC's existing funding schemes, and until a distinct process is developed for assessing intervention research, NHMRC Partnerships for Better Health initiative, including the Partnership Projects scheme and Partnership Centres for Research Excellence program, may be the most appropriate avenue.

Members advised that the direct impact of an intervention on obesity can be difficult to measure and isolating interventions has limitations. Effectiveness may be measured in terms of improvements in adverse health impacts associated with obesity (e.g. decreased blood pressure or cholesterol), rather than reduced prevalence of obesity.

Actions Arising:

- NHMRC to provide a list of successful and unsuccessful grants from the obesity related Strategic Plan initiative under the 2009 Project grant round (for funding commencing in 2010).
- NHMRC to provide details from the Australian Research Council's dataset on obesity-relevant research (health and non health sectors).

Recommendation 4: Ongoing System of Monitoring Overweight, Obesity and Related Lifestyle Behaviours

It was agreed that there is a need for reliable and ongoing systems to monitor changes in the prevalence of overweight and obesity in Australia and its related lifestyle behaviours. Members identified the need for a common approach and while the Australian Institute of Health and Welfare and State/Territory governments may need to drive these systems, NHMRC could communicate with the relevant agencies to encourage action.

Recommendation 5: Ethical Issues Related to Population Monitoring and Screening Programs

Members discussed the possibility of taking biometric measurements when people make contact with primary care or through schools, but acknowledged that the ethical issues around this would need to be properly managed. It was suggested that NHMRC could undertake to review ethical issues related to population monitoring and screening programs and develop national ethical guidelines on the required conditions for opt-out consent, particularly for children and adolescents accessed through school settings. Members agreed that the collection of data may be beyond NHMRC scope. Instead, NHMRC could contribute by offering guidance on how the data is used.

Outcome

PCHC to raise this issue formally with the CEO, and thus the Australian Health Ethics Committee.

Action Arising: Professor Baur to draft a letter to the CEO on the ethics of obesity monitoring. This is to be discussed and refined at PCHC's next meeting prior to presenting it to the Australian Health Ethics Committee and CEO.

Recommendation 6: Review of the *Clinical Practice Guidelines (CPGs) for the Management of Overweight and Obesity in Children and Adolescents* (2003) and the *CPGs for the Management of Overweight and Obesity in Adults* (2003)

Members acknowledged that review of these is well overdue and more recent evidence is available. However, Members agreed that the decision of whether or not to review these guidelines and the need to develop strategies for their implementation rests with NHMRC's Health Care Committee (HCC).

Action Arising: review of the *CPGs for the Management of Overweight and Obesity in Children and Adolescents* (2003) and the *CPGs for the Management of Overweight and Obesity in Adults* (2003) to be an agenda item at HCC's next meeting.

Recommendation 9: Capturing 'Opportunistic Research'

Members discussed NHMRC's capacity to call for rapid research as per the call for urgent research on H1N1 influenza, as opportunities arise. This could include evaluating policy interventions that may impact on obesity, such as policies aimed at carbon emissions which may affect physical activity levels.

2 Influencing Policy through Evidence

Members discussed whether NHMRC could have a role in generating or collating evidence to support governments in implementing evidence-based policies.

Professor Bishop advised that under the current Government there is an increasing demand for evidence based programs and policies. At present, there is lack of evidence around optimal intervention strategies for obesity at a population level. There are a number of good ideas, but few are supported by evidence. It would be useful if NHMRC could provide a list of the top five interventions that will have the most impact on reducing population levels of obesity and/or its associated health impacts.

The CEO supported Professor Bishop's comments. He would like to be in a position to advise the Minister on possible public health interventions and an assessment of their effectiveness (based on the quality of evidence) and sustainability. One of NHMRC's roles is to have a view on the state of the evidence and this would provide strong tool for political decision making.

Members discussed how there are occasions when policy decisions have to be made in the absence of unequivocal evidence, e.g. the decision to restrict tobacco advertising. Similar restrictions may need to be imposed on the marketing of energy-dense nutrient-poor foods and beverages before it is possible to demonstrate the effectiveness of such restrictions. The CEO agreed that there are occasions when there is a need to act in the absence of clear-cut evidence, although a policy decision is made easier if it is clear for which areas evidence exists and for which areas it is lacking.

Members advised that there are already a number of good quality international reports available, such as the Organisation for Economic Co-operation and Development report *Improving Lifestyles, Tackling Obesity: The Health and Economic Impact of Prevention Strategies*, the UK Foresight Report- *Tackling Obesities: Future Choices* and the Centers for Disease Control and Prevention (CDC) report *Recommended Community Strategies and Measurements to Prevent Obesity in the United States.* It may also be worthwhile examining some of Professor Theo Vos's work on the ACE-Prevention project which over the coming five years will model the cost-effectiveness of 100 prevention options for non-communicable disease in Australia.

It was recommended that a specialist research group review the evidence. While collating and assessing the evidence, and making evidence-based recommendations will take more than 6 to 12 months, in the shorter term NHMRC could develop an obesity specific proposal for a NHMRC's Partnership Centre in Research Excellence. The CEO advised that these Centres are designed to target areas where there is a clear policy need. The Centres may be funded to address a particular health issue and/or to develop research capacity in designated areas of interest to one or more partner policy agency. The actual research undertaken would be determined by the centre. The Centres will work on large scale programs of research and have in place strategies to meet the evidence needs of the partner agency.

Outcome
PCHC to develop a proposal for a National Obesity Policy Research Centre as one of the new Partnership Centres in Research Excellence. The proposal will outline what is expected of the centre and the desired policy outcomes. Amongst other things, this should include scoping and assessing the current literature and evaluation of the effectiveness of food marketing. Policy partners may include the National Preventive Health Agency, state and local governments and partners from sectors outside of health. An assessment of intervention research grants that have previously been successful may assist to refine the wording.

Actions Arising:
- This subgroup, led by Professor O'Dea, to commence developing a proposal outlining what would be expected of a National Obesity Policy Research Centre for discussion and refinement at PCHC's 23 March 2010 meeting.
- Professor Bishop to advise on potential future directions of the CDC.

3 Monitor and Evaluate the Effectiveness of Interventions

The *National Preventative Health Strategy* recommends establishing a national series of comprehensive five-year intervention trials in 10 to 12 communities (including low SES and Indigenous communities). Members discussed the possibility of evaluating interventions already being undertaken, or due to commence, by the states and territories, such as those around urban design and physical activity.

It was agreed that other interventions required national evaluation, for example, food supply, especially in hard-to-reach population groups.

Members discussed how the results of the North Karelia Project show that a large scale, comprehensive and well planned community intervention can have a major impact on health-related lifestyle diseases and on population risk factor levels. Despite its national and international implications, it has not been replicated.

It was agreed that it would be important to trial and evaluate interventions in both adults and children. While intervening in childhood may be the best preventive approach, adults influence children's behaviour. In disadvantaged communities, children may be the most appropriate target group in the short term, as it is very difficult to overcome poverty in a short period. In disadvantaged communities, where people's basic needs are not met, it is unlikely that interventions will work.

Outcome
PCHC to scope out a plan for a significant (>500,000 population) community intervention program for reducing the prevalence and adverse health impacts of obesity. The intervention would need to include a plan for evaluation from the outset, be trialled over a long time period and be championed by a relevant charismatic leader. It is possible that evaluation could be built into the National Health Risk Survey (NHRS[1]) and the states

[1] The NHRS is due to commence in mid 2010. It is designed to collect nutrition, physical activity, physical measurement and chronic disease risk factor data in the Australian population, predominately adults.

could contribute funding for the research itself. Details of the plan to be discussed at PCHC's 23 March 2010 meeting.

Additional action arising: Professor O'Dea to investigate the details and key partners in an Expression of Interest (EoI) a number of years ago for a CRC addressing obesity through a multisectoral approach which included urban planners, public transport as well as the more traditional food supply and physical activity options. Unfortunately this EoI was not shortlisted but Prfoessor O'Dea will contact Professor Richard Head, CSIRO (source of this intelligence) to try and locate the scientists behind it.

4 Mobilise and Engage Communities

The *National Preventative Health Strategy* recommends that strategies be developed to mobilise and engage local communities. Members discussed the importance of effectively communicating the seriousness of obesity to communities, and enabling them to take action. This is particularly relevant for high risk population groups. The *Australian Absolute Cardiovascular Disease Risk Calculator* was cited as a simple electronic tool that alerts people to their risk of developing cardiovascular disease.

Members discussed how a starting point for better informing the public could be releasing joint statements, or at least reaching consensus from key industry groups on the risks associated with obesity and physical inactivity. At present there is some competition between these groups for attention and government funding, and potential for messages to be confused. Members acknowledged that following the release of clinical or public health guidelines, NHMRC often releases accompanying consumer-friendly documents.

Members discussed the importance of informing the community that weight loss is not the sole measure of success, e.g. exercise can improve metabolic health and diet can improve cholesterol levels. It was acknowledged that the key messages would need to be tailored to specific sub populations.

Outcome
Develop NHMRC risk communication statements for the Australian community which outline risk factors for developing obesity, the health consequences of being obese, what actions can be taken to reduce these risks and the associated health benefits. Ideally, these simple messages could be jointly endorsed by NHMRC and relevant key partners (e.g. the National Heart Foundation, Diabetes Australia).

Action Arising: all subgroup members to start developing key points for risk communication statements for the Australian community (risks for obesity, consequences of being obese, and benefits of interventions). These to be collated for PCHC's 23 March 2010 meeting.

5 Food Labelling and Food Marketing

Members discussed NHMRC's role in relation to food labelling and food industry marketing, and that a possible role for NHMRC is to encourage research in these areas in

Australia and opportunistically call for research to evaluate the outcomes. Evaluating the level of awareness of marketing messages (e.g. 'go for 2 and 5') is not sufficient.

It was noted that given Front of Pack food labelling is currently being considered as part of the Food Labelling Law and Policy Review, PCHC should not duplicate work underway. There may be opportunities for PCHC to liaise with the review group.

Action Arising: NHMRC to provide members with the final report - *Australia's Future Tax System Review*, regarding tax on alcohol and tobacco.

The meeting closed at 13:40pm.

PREVENTION AND COMMUNITY HEALTH COMMITTEE (PCHC)
23 MARCH 2010
Marshall and Warren Room, Level 1, 16 Marcus Clarke Street, Canberra City
9:00am – 5:00pm

Agenda

Agenda No	*Time*	*Agenda Title*	*Purpose*	*Presenter*	*Drafting Paper*
9:00am MEETING OPEN					
1	9:05am	Welcome and Opening	Acknowledgement of country Apologies Declarations of Interest Acceptance of all starred (*) items Housekeeping items	Chair	Secretariat
2	9:10am	Minutes of Previous Meetings	To endorse the minutes and progress the actions arising	Chair	Secretariat
Standing Items					
MOVE TO ITEM 7.1					
3*	9:45am	Chair's Report	To receive a report from the Chair on activities on behalf of NHMRC	Chair	Chair/ Secretariat
4*	9:55am	NHMRC CEO Report	For the CEO to report on NHMRC activities, including an update on the *Australian National*	Clive Morris	Phil Callan

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			Preventive Health Agency Act, and NHMRC Workshops		
10:15am MORNING TEA					
(Item 16 - Members' Forum is also a standing item)					
5*	10:30am	Aboriginal and Torres Strait Islander Health Advisory Committee	To provide a report about ATSIHAC considerations and seek input as necessary	John McCallum	Secretariat
Items for discussion and advice to the NHMRC CEO					
6*	10:40am	Aboriginal and Torres Strait Islander Health Performance Framework	To note the Framework	John McCallum	Cathy Clutton
7.1	9:15am	Obesity- Presentation from the Department of Health and Ageing (DoHA)	To receive a presentation from DoHA on updates on initiatives under the National Partnership on Preventive Health	***Guests:*** Erica Kneipp & Masha Somi, DoHA	Secretariat
RETURN TO ITEM 3					
7.2	10:45am	Obesity- PCHC's proposal	To discuss PCHC's proposal on how NHMRC can address the issue of obesity	Chair	Caroline Mills and obesity subgroup
8	11:30am	Integration and Collection of Health Monitoring and Surveillance Data	To receive a presentation from the Australian Bureau of Statistics (ABS) on potential projects on the integration and collection of health monitoring and surveillance data	***Guest:*** Paul Jelfs, ABS	Secretariat
9	12:00pm	Health Consequences of Climate Change	To receive a presentation from Department of Climate Change (DCC) on their activities regarding the health impacts of climate change	***Guest:*** Ian Carruthers, DCC	Heather Bishop
12:45pm LUNCH					
10	1:15pm	Major Health Issues Likely to Arise (MHILAs)	a) To provide an overview of how the MHILAs are progressing b) To discuss the deliverable identified by each	John McCallum Chair	Caroline Mills/ Program

			PCHC subgroup and prioritise them		Coordinator
11	1:45pm	Living Well Ageing Well - NHMRC considerations on ageing in the 2006-09 triennium	To update Members on NHMRC activities on 'living well ageing well' from last triennium, including discussions with DoHA and NHMRC Principal Committees.	Cathy Mitchell	Cathy Mitchell
12	2:15pm	Public Health and Intervention Research	To discuss how the funding policy and peer review process for intervention research could be refined	John McCallum	Secretariat
13	2:45pm	Public Health Advice	To discuss HEAB's approach to improving and developing public health advice	John McCallum	John McCallum with input from HEAB
14	3:15pm	Targeted Calls for Research	a) To inform Members of the process for developing Targeted Calls for Research b) To discuss ideas for PCHC's proposed call for targeted research	CEO Unit	Richele Rasmussen
3:30pm AFTERNOON TEA					
15	3:45pm	Allergy and Anaphylaxis	To discuss whether NHMRC should proceed with recommendations from the 'Allergy and Anaphylaxis' report	John McCallum	Nicole Craig
16	3:55pm	Members' Forum *(this is a standing item)*	For Members to raise matters they wish to bring to the attention of the CEO	Chair with updates from Professors Daube and Roder	Secretariat
17	4:15pm	Out of Session Items	To note decisions made out of session	Chair	Secretariat
Closing Administration					
18	4:20pm	Other Business	To raise any other business	Chair	Secretariat
19*	4:30pm	Dates of Future Meetings and Close	To remind Members of dates of 2010 meetings	Chair	Secretariat

***For noting only or accepted as recommended**

VERSION: 12 MARCH 2010

Prevention and Community Health Committee
23 March 2010

Endorsed Minutes

Attendance

Members

Professor Kerin O'Dea	Chair, Prevention and Community Health Committee (PCHC)
Professor Louise Baur (only attended for some items via teleconference)	Member with expertise in public health
Dr Kyllie Cripps	Member with expertise in Aboriginal and Torres Strait Islander health
Professor Mike Daube	Member with expertise in public health
Dr Tony Hobbs	Member with expertise in public health
Dr Marlene Kong	Member with expertise in Aboriginal and Torres Strait Islander health
Professor Ian Olver	Member-in-common with Australian Health Ethics Committee (AHEC)
Professor David Roder	Member with expertise in public health
Mr Sebastian Rosenberg	Member with expertise in consumer advocacy
Professor Steve Wesselingh	Member with expertise in public health

NHMRC

Professor Warwick Anderson	NHMRC CEO
Dr Clive Morris	Deputy Head and General Manager
Professor John McCallum	Executive Director, Health Evidence and Advice Branch (HEAB)
Mrs Cathy Clutton	Executive Director, Corporate Services

Mrs Vesna Cvjeticanin	Director, Evidence Translation Section, HEAB
Ms Cathy Mitchell	Director, Strategic Partnerships Section, HEAB
Ms Caroline Mills	Assistant Director, Emerging Issues Section (EIS), HEAB
Ms Melissa Chester (Minute taker)	Assistant Director, Secretariat Section, HEAB
Ms Esther Doherty	Secretariat Section, HEAB

Guest Presenters

Dr Mashi Somi	A/g Assistant Secretary, Population Health Strategy Unit, Population Health Division, Department of Health and Ageing (DoHA)
Ms Erica Kneipp	Director, National Partnership Prevention Health Unit, Healthy Living Branch, Population Health Division, DoHA
Dr Paul Jelfs	Assistant Statistician, Social Analysis and Reporting Branch, Australian Bureau of Statistics (ABS)
Mr Ian Carruthers	First Assistant Secretary, Adaptation and Land Management Division, Department of Climate Change (DCC)

Observers

Janis Baines	Director, Surveillance, Population Health Strategy Unit, Population Health Division, DoHA (Item 8)

Item 1 Welcome and Opening

The meeting was opened by the Chair of PCHC, Professor O'Dea, at 9.05am. The Chair acknowledged the traditional owners of the land where the meeting was being held – the Ngunnawal people, and welcomed Members and NHMRC staff.

The Chair noted that Professor Baur would only be available for some items via teleconference as she is speaking at the World Congress of Internal Medicine in Melbourne and launching the Royal Australasian College of Physicians policy on bariatric surgery in adolescents.

Professor O'Dea introduced Professor McCallum who has recently been appointed to NHMRC as a Senior Scientist in Public Health and is heading up HEAB. He has responsibility for PCHC, the Human Genetics Advisory Committee and the Consumers Consultative Group. He previously spent 12 years in the Research Schools at the Australian National University and was involved in the development of the National Centre for Epidemiology and Public Health.

The Chair reminded Members to advise any conflicts of interest, if and when they arise.

The Chair noted that there would be guest speakers for items 7.1, 8 and 9 and that Dr Kong, Professors Daube and Wesselingh would leave the meeting around 4:00pm due to limited flight availability or other meetings.

Item 2 Minutes of Previous Meetings

Outcomes:
The Chair requested that the spelling of Michael Fromer be amended to 'Frommer'. Otherwise PCHC endorsed the draft Minutes of the 15 December 2009 meeting.

Professors McCallum and Roder to prepare an agenda paper for Research Committee (RC) on a national proposal for better use and linkage of data.

Item 3 Chair's Report

Members noted the Chair's written report as provided at Attachment A to this item.

Item 4 NHMRC CEO's Report

Members were presented with NHMRC lapel badges.

Members noted the CEO's written report on NHMRC activities. The CEO highlighted a number of recent activities as follows:

- After a decade of growth in funding for health and medical research we have now reached a steady state. With increasing number of applicants, the success rate is set to decline.

- Applications for Project Grants (via the new Research Grants Management System) have now closed. Regrettably during the Project Grants round the system performed well below predictions with associated frustration for many applicants. The deadline for receipt was extended and an assurance given that no grant application would be barred from peer review due to these problems. Staff were working 24 hours a day, 7 days a week over the past two months supporting helpdesks and RGMS itself. NHMRC is committed to ensuring that the problems encountered this year are eradicated so that that RGMS can meet demand in the future.

- Since the written CEO report things have moved in relation to the proposed establishment of an Australian Research Integrity Committee. An expression of interest will be released in the next few weeks. NHMRC would like a strong group of about ten people for this.

- The Clinical Practice Guidelines Portal and Register is now live.

- NHMRC is rethinking its Enabling Grants Scheme to achieve a priority driven system and allow for a broader range of research. This will be discussed by RC.

There was some discussion on opportunities for joint announcements of funding. The CEO explained that the Minister for Health and Ageing, the Hon Nicola Roxon MP makes NHMRC's funding announcements.

The CEO was asked whether he expected funding for health and medical research to increase. It was acknowledged that the government has an appetite for an evidence-driven approach, yet it is the CEO's belief that increased funding for health and medical research is unlikely to increase this budget.

Outcomes:
The proposed revised approach to NHMRC's Enabling Grants Scheme to be an agenda item for PCHC's next meeting.

Item 5 Aboriginal and Torres Strait Islander Health Advisory Committee

Ms Cripps spoke to this item. She and Dr Kong are joint Members of PCHC and ATSIHAC. ATSIHAC last meet on 22 and 23 February 2010. The first day was a planning meeting. Discussions focused predominantly on engaging with key stakeholders in Aboriginal and Torres Strait Islander communities.

Ms Cripps mentioned a number of key items discussed by ATSIHAC on the second day as follows:

- there are concerns that child and adolescent health has not been sufficiently captured in the MHILAs. The CEO suggested that issues of maternal, infant and childhood health instead be addressed as part of NHMRC's response to the Australian Government's National Research Priority of A Healthy Start to Life for Aboriginal and Torres Strait Islander Children;

- Council has recommended that the NHMRC adopt Road Map II and the Road Map II Action Plan as the NHMRC's framework for research in Aboriginal and Torres Strait Islander health;

- strategies to increase the number of Indigenous applicants for NHMRC 'People' Schemes;

- commencing a mapping process for engaging with key stakeholders in Aboriginal and Torres Strait Islander communities;

- opportunities to show case Indigenous journeys into research (similar to 10 of the Best); and

- the assessment process for applications involving Aboriginal and Torres Strait Islander health research.

Item 6 Aboriginal and Torres Strait Islander Health Performance Framework

Members were provided with hard copies of the *Aboriginal and Torres Strait Islander Health Performance Framework*, 2008 Report.

Item 7.1 Obesity – Presentation from the Department of Health and Ageing (DoHA)

Dr Somi and Ms Kneipp from DoHA gave a presentation on initiatives under the National Partnership Agreement on Preventive Health (NPAPH). Key points of their presentation are highlighted below.

- Prevention is a key element of the Government's agenda. In 2007, Mr Rudd launched a Directions paper - *Fresh Ideas, Future Economy: Preventative health care for our families and our future economy*. The paper outlined Labor's commitment to develop a National Preventative Health Strategy, a Preventative Health Care Partnership, and provide incentives for GPs to practice quality preventive health care.

- In 2008, the Council of Australian Government's (COAG) agreed to a national health reform package. This saw a shift towards measuring outcomes rather than outputs, and giving increased responsibility to State/Territory governments.

- Under the new framework for federal financial relations, the Commonwealth and the States implemented 18 reform-based National Partnership Agreements, three of which are relevant to the Health portfolio.

- NPAPH was established to address the rising prevalence of lifestyle related chronic diseases. The Commonwealth Government is providing $872 million over six years for the NPAPH, starting from 2009-10. This is the largest investment ever by an Australian Government in preventive health.

- NPAPH will address lifestyle risks associated with chronic disease through three key settings- workplaces, communities and childhood settings.

- Healthy lifestyle programs established beneath NPAPH need to be sustainable and infrastructure established to monitor and demonstrate outcomes. Outcomes include increased proportion at healthy body weight and proportion meeting national guidelines for healthy eating and physical activity, reduced proportion of adults smoking daily, and reduced consumption of alcohol.

- NPAPH consists of 11 initiatives. Points highlighted under each of these initiatives were as follows:

Healthy Communities

- targeted at disadvantaged groups and those not in the workforce
- designed to empower local government agencies to deliver effective community-based physical activity and dietary education programs
- 12 local governments have been awarded grants under the pilot phase, and these grants cover the spectrum of regional, urban and disadvantaged populations
- non-government organisation have the opportunity to bid for national program grant that will provide services that local governments can access
- capacity building components include a national quality framework for programs and service providers, and an evaluation
- consideration is being given to web based portal for linking community initiatives

Healthy Children

- designed to increase physical activity and improve nutrition in children from birth to 16 years of age, including uptake of breastfeeding
- focused on community settings (e.g. child care centres, schools, children and family centres) rather than individual families
- includes primary and secondary intervention
- designed to build on existing efforts with adaptation to suit demographic and social inclusion factors

Healthy Workers

- focused on engaging workplaces to facilitate healthy living
- funding will support the States and Territories to implement healthy lifestyle programs in workplaces targeted at overweight and obesity, physical activity, healthy eating, harmful alcohol consumption and smoking
- an additional $5 million is managed by the Commonwealth to support these programs, e.g. developing a National Healthy Workplace Charter, voluntary competitive benchmarking, nationally agreed standards, and national awards for excellence

Social Marketing – Measure Up and Tobacco

- includes funding to extend the *Measure Up* campaign with a focus on reaching high risk groups, supporting local level activities and promoting 'how' messages
- new tobacco campaigns to increase awareness of risks associated with smoking
- formative research underway for both campaigns

Industry Partnership

- initiative will develop and support partnerships between Governments and the food and beverage industry to encourage changes in their policies and practices so they are consistent with the Government's healthy living agenda. The aim is to assist consumers to make more healthy choices
- builds on the work of the Food and Health Dialogue
- engagement lessons learnt from this initiative may be extended to the fitness and weight loss sectors

Eating Disorders Collaboration

- aims to ensure a consistent, comprehensive and best practice approach to the prevention, early intervention and management of eating disorders

- will build on work initiated by The Butterfly Foundation, including the development of a national evidence-based framework and a national strategy to communicate appropriate evidence-based messages

Australian National Preventive Health Agency (ANPHA), Workforce Audit and Strategy, and Research Fund

- the Bill to establish the ANPHA is still held up in the Senate. It is anticipated that an agency working to all Health Ministers, via the Australian Health Ministers' Conference, could aid collaboration across all areas of health and in relationships with the State/Territory governments
- ANPHA would manage national level social marketing activities targeting obesity and tobacco, and oversee the workforce audit and strategy, surveillance and research activities
- the workforce audit and strategy aims to identify the workforce required and any existing gaps in capacity, to deliver some of the initiatives funded through the NPAPH
- the translational research fund will be used to identify what does and does not work and to support the roll out of activities and programs across jurisdictions

Surveillance

- this includes enhanced State/Territory Surveillance and the National Health Risk Survey, for which discussion was left to Dr Jelfs at Item 8
- achieving nationally comparable data is challenging
- system will provide data for assessing whether states have met their performance targets, and therefore whether reward payments can be made

- Under the Healthy Workers and Healthy Children initiatives, 50% of funding is provided as a facilitation payment to assist programs and 50% is withheld as reward, paid proportionate to achievement of performance benchmarks. Assessment will occur in June 2013 (20%) and December 2014 (30%).

PCHC Members had a number of questions/ concerns in regards to DoHA's presentation. These included the rigour of the evaluation of the NPAPH process and the reward system of payment. DoHA advised that an evaluator is about to be appointed for the Healthy Communities initiative and while DoHA has started to develop a framework for evaluation, it is anticipated that ANPHA will be the lead agency for evaluation overall. Members advised that to ensure transparency, an independent agency should conduct the evaluation, rather than evaluator funded by the same body funding the programs. It was suggested that a Partnership Centre could be established for the purposes of evaluation, consisting of researchers who have specific expertise in evaluation.

Members commented that the current initiatives appear to be limited to health promotion, which on its own may have minor impact and can even have the unintended consequence of increasing the disparities across the social gradient, due to differential uptake of health messages in different socio-economic groups. Collaboration with other sectors, including urban planning, public transport and food supply, will also be important, if the underlying causes of obesity and related conditions are to be addressed.

It was noted that a component missing from the NPAPH is the correlation between mental illness and poor physical health. DoHA intends to address this in the implementation phases.

Action Arising:
An out-of-session teleconference should be arranged with DoHA to discuss how NHMRC can align its work with activities under the NPAPH.

Item 7.2 Obesity – PCHC's proposal

The Chair summarised outcomes from PCHC's subgroup meeting of 22 January 2010, at which five recommendations for a targeted proposal on how NHMRC can address the issue of obesity were developed.

PCHC approved the letter drafted by Professor Baur suggesting NHMRC undertake a review of ethical issues related to population monitoring and screening programs, and requested that it be provided to the CEO, for consideration by AHEC.

In relation to the development of a plan for a significant (>500,000 population) community intervention program for reducing the prevalence and adverse health impacts of obesity, the CEO suggested that PCHC work with the Office of NHMRC to draft one page proposal for a potential Targeted Call for Research (TCR) which outlines what ought to be done and how Australians will benefit, rather than the process required to make it happen. It was noted that once PCHC develops an initial proposal and rationale, NHMRC's proposed framework for TCRs (Item 14) allows for consultation with the health and medical research sector, external experts, consumer groups and other relevant organisations, covering multiple disciplines to further develop the proposal.

Members discussed how they could sell the idea based on the potential impact a major community intervention could have, and that the North Karelia Project could be used as a guide. There were concerns that the money available for TCRs may be insufficient for such a large scale trial. Members discussed that if this goes ahead, the scale would need to be that of a whole State or Territory, and it would need to incorporate biological and psychosocial outcomes.

It was PCHC's preference that the decision to review of the *Clinical Practice Guidelines (CPGs) for the Management of Overweight and Obesity in Children and Adolescents* (2003) and the *CPGs for the Management of Overweight and Obesity in Adults* (2003) sit with Health Care Committee. PCHC Members were unclear about what was envisaged should these revised guidelines incorporate recommendations around prevention of overweight and obesity, and concerned about the lengthy timeframes involved. The development of risk communication statements for the Australian community was considered an alternative and timelier process. There was uncertainty amongst Members about who would prepare these statements and how they would align and add to information produced by other stakeholders.

Dr Morris noted that a proposed process for the new Partnership Centres in Research Excellence is going to Council and PCHC's proposal for a National Obesity Policy Research Centre included as part of this.

Outcome:
PCHC approved the letter drafted by Professor Baur and requested that it be provided to the CEO, for consideration by AHEC.

Professor O'Dea to work with the Office of NHMRC to draft a half page proposal for a National Obesity Policy Research Centre. This should be distributed to all PCHC Members for comment and included as an attachment to the Council agenda paper on a proposed process for Partnership Centres (Council next meets on 15 July 2010).

Professors O'Dea and Daube to work with the Office of NHMRC to draft one page proposal for the CEO on a potential TCR on a significant (i.e. jurisdiction wide) community intervention program for reducing the prevalence and adverse impacts of obesity. The proposal should outline what ought to be done and how Australians will benefit, rather than the process required to make it happen.

Professor Daube to provide a one page update on the North Karelia study to the Office of NHMRC.

Item 8 Integration and Collection of Health Monitoring and Surveillance Data

Dr Jelfs from the ABS gave a presentation on the Australian Health Survey (AHS). Key points of his presentation are highlighted below.

- The broad policy questions being asked include, what are Australians eating and drinking? How often do Australians smoke? Do Australians have high cholesterol levels? How do our eating habits relate to our height and weight? How do our physical activity patterns play a role?

- The National Health Survey (NHS) has been running since 1987, and the National Aboriginal and Torres Strait Islander Health Survey since the early 1990s. These surveys collect data on demographics, health status, health conditions, health risk factors, health actions and physical measures.

- Gaps in data on Australians' nutrition, physical activity and biomedical risk factors have been identified. DoHA and the National Heart Foundation are collaborating with ABS to expand the NHS, and take a new innovative approach to the collection of population health information.

- New measures will include blood pressure, waist and hip measurements, height and weight measurements in Aboriginal and Torres Strait Islander populations (previously measured only in the general population), 2 x 24-hour recall, the Food Frequency Questionnaire, new physical activity measures (e.g. pedometer monitoring), and biomedical tests.

- The AHS will include about 50,000 participants, including children, adults and Aboriginal and Torres Strait Islander populations. The general population survey will occur between April 2011 and May 2012, with the results available in approximately December 2012. The Indigenous population survey will occur between September 2011 and October 2012, with results available in approximately May 2013. The Indigenous component is deliberately timed to commence after the Census to provide increased time for consulting and consideration of cultural sensitivities, and allows the workforce from the Census to move onto this survey.

- The AHS is designed so that the whole survey population completes Part A which includes core questions around demographics, risk factors, self reported height/ weight and screening questions. Approximately 2/3 of the sample undertake Part B, which includes an assessment of health status, health conditions, medications and dietary supplements, health actions, mental health, physical activity and food consumption. Results from Parts A and B effectively replicate the NHS, which is important for comparison purposes. As these parts are contained within the Census and people are compelled to report, a response rate of around 90% is expected for the general population, and around 80% for Aboriginal and Torres Strait Islander populations.

- Approximately 1/3 of the sample will undertake Part C which assesses physical activity and nutrition via 24 hour food recall, the Food Frequency Questionnaire, questions relating to physical activity and sedentary behaviour, and the issuing and collection of data from pedometers.

- Part D includes the voluntary collection of biomedical information (e.g. blood and urine tests) and Part E a follow-up nutrition survey via Computer-assisted telephone interviewing. A poorer response rate (approximately 60%) is expected for these components, raising questions over the generalisability of the data.

- Self report data from interviews will go directly to ABS for analysis and dissemination. Biomedical results will go via a pathology collection centres and pathology processing centres. The management of information between the collection centres, pathology processing centres and ABS is still being debated.

- Each respondent will receive a summary of their results. ABS cannot give medical advice, although there is an option for respondents to seek advice from medical practitioners. There will be some rebate to cover costs such as travel to appointments, and a helpline may be established where respondents can talk to a qualified health practitioner. In the event of an adverse result he respondent will be asked to contact their medical practitioner.

- The protection and confidentiality of information is hugely important. Individual's data will be protected by the Census and Statistics Act and there is strong legislation to prevent any risk of individual data release.

- The data will be used to meet COAG reporting requirements and an outcome/ output strategy is being designed upfront. DoHA is also interested in establishing a national research repository.

- Data will be accessible to researchers via publications, web data cubes, special data requests, RADL and Data labs etc.

- ABS and DoHA have and will continue to consult widely as the project evolves. A Survey Reference group and a Specialist Advisory Group are being established to oversee the project's governance.

- The next steps of the project are to conduct a pilot test and dress rehearsal, develop a communications strategy, establish a survey website and protocols for pathology collection and processing centres (protocols), train interviewers and liaise with Aboriginal Medical Services.

- Options still under consideration include obtaining consent for blood storage and further analysis, data linkage (e.g. MBS and PBS, Cancer Registries) and further follow up over time.

The Chair stated that this project is very exciting and will have a pivotal role in ongoing monitoring and surveillance of population health. She is pleased to see the integration of biomedical data and that researchers will have access to the data.

PCHC Members had a number of questions/ concerns in regards to Dr Jelfs' presentation. This included whether there were options to simplify the risk of respondent burn-out, especially for Aboriginal and Torres Strait Islander populations. Dr Jelfs noted that the NHS takes about 50 minutes and is well tolerated by respondents. This new design, which is expected to take 60-70 minutes could be challenging.

It was acknowledged that the survey has limited capacity to provide results about the link between physical and mental health. The National Survey of Mental Health and Wellbeing has not been included due to limited funding capacity, nor is it possible to include a thorough mental health assessment within the 60-70 minute survey design. A K10 mental health assessment is included at Part B.

Members discussed the advantages and disadvantages of long term follow-up and noted that repeating the AHS at future points in time would be valuable.

There was serious concern that with only a 60% response rate expected for Parts D and E there is a high risk for selection bias. Dr Jelfs agreed but noted that as all respondents complete Part A, biases can at least be made explicit.

Members also raised concerns specific to the Aboriginal and Torres Strait Islander population regarding storage of biomedical samples and using 2 x 24 hour food recall by telephone. Dr Jelfs confirmed that biomedical samples will not be stored for this population. In regards to 2 x 24 hour food recall, Members stated that this will specifically disadvantage people in remote communities where telephone ownership is often not common and ownership of mobile phones is sporadic. Furthermore, food intake data varies greatly depending on the pension cycle and income status generally. Dr Jelfs indicated that as results are being collected over a long time period, they should accurately reflect variations in patterns of food consumption and physical activity at the population level.

The Chair will meet with Dr Jelfs to discuss the Indigenous components of the AHS in more detail, highlighting the challenges presented in obtaining representative coverage for important (but voluntary) aspects of the survey in remote communities in particular.

Outcome:
Professor O'Dea to meet with Dr Jelfs out of session to further discuss the Aboriginal and Torres Strait Islander component of the AHS.

Action Arising
NHMRC to circulate a copy of Dr Jelfs' slides to Members.

Item 9 Health Consequences of Climate Change

Mr Carruthers gave a presentation on DCC's activities in relation to the health consequences of climate change. Key points of his presentation are highlighted below.

- The Australian Government is taking a three pillared approach to addressing climate change. This includes mitigation (reducing emissions), adaptation (adapting to unavoidable changes), and international engagement.

- For Australia, climate change science predicts increased temperatures and sea levels, less rainfall in the southern parts of Australia, and more frequent and intense storms, cyclones and bushfires. There is already evidence that these changes are occurring.

- Potential impacts of these changes on health include increases in temperature related mortality, gastrointestinal bacterial infections, vector borne disease, airway diseases, mental illness (from heat stress, drought and homelessness following bushfires/ floods), and trauma/accidents (due to extreme weather events).

- Implications for the health system include increased demand on emergency health services and the workforce more broadly. The effect will vary based on demographics and region.

- An initial step to navigating such risk is identifying at risk populations and regions. One of DCC's roles is mapping the vulnerability of different regions of Australia.

- DCC has published an Australian Government Position Paper: *Adapting to Climate Change in Australia*, to establish a framework and provide appropriate information to allow the private sector to make well-informed decisions. Governments, non-government agencies, communities and individuals all have a role in adapting to climate change.

- COAG has started to develop a national adaptation agenda. This will clarify roles and responsibilities for adapting to the impacts of climate change and identify priorities for action.

- DCC sees its role as providing an overarching strategy and policy outline that sets out what is required. Carriage for health related.

- DCC has invested $50 million over 5 years into the National Climate Change Adaptation Research Facility (NCCARF). In the area of health, NCCARF has published *National Adaptation Research Plan for Human Health*, is co-funding successful applicants that address priority questions under the NARPHH (via a Special Initiative under NHMRC's Project Grants), and has established an Adaptation Research Network for Human Health.

Members discussed what fundamental issues NHMRC can address beyond adaption (which is not really primary prevention). Developing a primary prevention strategy to build resilience in communities was one suggestion. A step before this may be further research to determine what makes communities resilient and what populations are the most vulnerable.

Mr Carruthers agreed that tracking emerging risk in communities and measuring the effectiveness of responses is very important. DCC has committed to producing a Climate Futures Report every five years that will capture the state of readiness of the nation in terms of preparedness and the effectiveness of policy measures taken by governments to improve resilience to climate change.

The Committee agreed that there is a need to raise the profile of this issue now so that people will make the investment today to get the data needed for the future. Denial and short term political interests have been barriers to action. A role for NHMRC could be to clearly communicate the results of research to create a sense of autonomy in communities to act now.

Mr Carruthers acknowledged that DCC was disappointed with the outcomes of the first round of research funded under the 'Health Challenges of Climate Change' via NHMRC's 2009 Project Grant Funding Scheme. It is hoped that the 2010 round will have attract more high quality applications. Mr Carruthers stated that he looks forward to continuing the relationship with NHMRC in the future.

Outcomes:
Members agreed that there is a need to raise the profile and sense of autonomy in communities about the health consequences of climate change. Clearly communicating the results of research is one option.

Action Arising:
NHMRC to provide Members with a link to the *National Adaptation Research Plan for Human Health.*

Item 10 Major Health Issues Likely to Arise (MHILAs)

The Chair stated that she has been overwhelmed with the amount of input being sought across NHMRC Council and Principal Committees (PC), and questioned how much more time would be spent on this process. Professor McCallum stressed that PCHC should focus on what NHMRC should aim to achieve at the end of the 2009-2012 triennium and NHMRC's capacity to support the ideas raised.

PCHC were satisfied with the deliverables they had identified via their subgroup meetings throughout January and February 2010. Mr Rosenberg emphasised the importance and potential benefits of large scale multi-centre trials of primary and secondary prevention in mental health (as described in the Minutes of PCHC's Subgroup teleconference on the mental health MHILA at Item 17).

Professors Daube and Olver emphasised the need to focus on 'shonky' alternative therapy claims. It was suggested that NHMRC develop clear position statements on such therapies, based on the evidence available and that these statements include their interaction with prescription medicine and conventional therapies.

Under the Planning for Emerging Infectious Disease Threats MHILA, embers stressed the need to develop a nationally coordinated approach to collecting data on antimicrobial resistance (AMR), update the JETACAR report and emphasis community acquired AMR.

Discussions focused on identifying a series of overarching issues that apply across the MHILAs and where PCHC wants to see action. This included obesity, data linkage and connections to external activities, early intervention and the need for a shift in culture towards intervention research, and evaluation of programs and policies. In relation to data linkage Members discussed caveats for NHMRC and the need to complement activities being undertaken by other bodies such as AIHW and ABS. It was suggested that niches for NHMRC could be developing principles for accessing and linking data for research purposes, and advocating that the collection of data is evidence based.

Professor Roder stated that PCHC sees NHMRC as having a role in evaluating the impact of existing or soon to be implemented, preventive health programs being undertaken by other agencies. Professor Olver agreed with the above, and suggested that NHMRC may also have a role in encouraging the research industry such that applicants applying for funding are required to incorporate a suitable methodology for evaluation from the outset.

Professor McCallum stated that it may be beyond NHMRC's scope to conduct the evaluation of external programs, and NHMRC does not have the funding for this. However, NHMRC may have a role in developing an advisory document outlining best practice for undertaking evaluation, for use by government and non governments. It was suggested that a good start would be engaging with bodies collecting data.

Outcome:
NHMRC to draft a matrix for approval of PCHC. This should map the ten MHILAs and deliverables identified to date against overarching issues of obesity (policy changes and interventions), data linkage and connections to external activities, early intervention and the need for a shift in culture towards intervention research and evaluation of programs and policies.

Item 11 Living Well Ageing Well – NHMRC considerations on ageing in the 2006-09 triennium

Ms Mitchell spoke to this item. Key points included:

- In 2007 NHMRC began a comprehensive cross organisation process to consider 'End of Life" issues, initiated by developing a Background Paper on the topic. NHMRC was focussed on considering a broad age range, addressing healthy ageing for all Australians; hence the terminology 'Living Well Ageing Well' (LWAW) is now used.

- The former AHEC developed a discussion paper on the ethical issues faced by individuals of all ages who have a chronic life limiting illness, and the issues they face in the transition from treatment and management of a chronic condition, to palliative and other treatments.

- A Partnerships Centre is currently being considered, focussed on improving quality of care in residential aged care.

- Whether the newly appointed ATSIHAC will aim to capture LWAW issues in the Implementation Plan for Road Map II is still to be determined.

Members commented that the issues raised in this agenda paper have been adequately picked up in the Ageing and Health MHILA. PCHC was interested in opportunities for older people to be role models to challenge the common perception that aging is a problem.

Item 12 Public Health and Intervention Research

Members noted the verbal report provided by Professor McCallum and that the office of NHMRC has grouped Project Grant intervention applications under one Grant Review Panel. The office of NHMRC is also considering a proposal for Research Committee to improve NHMRC's focus on intervention research in public health, develop a transparent process for how intervention grants are assessed, and the use of milestone funding similar to the National Institutes of Health model.

Item 13 Public Health Advice

Professor McCallum spoke to this item and highlighted five key points currently being considered by NHMRC as follows:

- What is the demand for public health advice now and in the future?
  NHMRC has long been criticised for taking too long to develop advice and that the end product (a lengthy hard copy) is not being used. NHMRC is considering moving towards web based products and regular updates rather than five yearly reviews.

- Matching the type of health advice to evidence available.

- Skills and skills development in analysing the evidence, writing the guidance document and developing web based products.

- Audit and assessment of exiting public health advice.

- The unique opportunity to develop world's best practice in developing public health advice and get this issue on the national agenda.

Members supported the idea that NHMRC develop more online health advice and that a 'how to' document for public health advice be developed and available online. Professor Olver has learnt a number of lessons through the Cancer Council of Australia's experience in developing web based guidelines which he could share with NHMRC. This has included incorporating mechanisms to update sections as more research becomes available, and the ability to print across guidelines instead of linearly.

There was some discussion on opportunities to engage and seek funding from key partners, that other types of advice will not have the same legislative limitations as guidelines, and that and that NHMRC's standards price some agencies out of the market, meaning they develop their own guidelines using self developed standards.

Outcome:
NHMRC to meet with Professor Olver on the Cancer Council of Australia's experience in developing web based guidelines.

Item 14 Targeted Calls for Research

Members noted the information provided, and that one avenue for identifying a TCR is via NHMRC's PCs. If a PC identifies a concept to be developed for a TCR, the PC in consultation with the health and medical research sector, external experts, consumer groups and other relevant organisations will develop the proposal.

Proposals are then presented to RC who will accept the TCR for consideration or provide feedback to the proposers on how it could be refined. Once refined, RC will make recommendations to NHMRC Council, based on the funds available and their view on the priority of the various bids. The final decision to proceed will be the CEOs.

TCRs are to be reserved for research that cannot be met by other existing NHMRC funding schemes. Unlike other schemes, TCRs will allow for a prescribed set of research questions.

Outcome:
The CEO encouraged PCHC to continue to progress a proposal for a TCR on a significant community intervention program for reducing the prevalence and adverse health impacts of obesity, as discussed under Item 7.2.

Item 15 Allergy and Anaphylaxis

Outcomes:
Members agreed that this is not a priority area for PCHC. It was suggested that NHMRC could provide the Victorian Department of Human Services with a list of successful grant recipients in this area so that they can contact researchers directly.

Item 16 Members' Forum

Members noted issues raised prior to the meeting by Professor Baur, who was available for this item via teleconference. Members expressed concern that the national health reform initiatives are currently focused on the hospital sector and want to see prevention and population health back on the agenda and at the forefront of the public awareness. Professor Wesselingh suggested that it is not useful to emphasise the dichotomy between preventive health and primary care. Using the hospital sector and its networks to enhance population health could be beneficial.

Professor Daube stressed that NHMRC should not duplicate prevention activities underway by other governments or non government agencies. He suggested that PCHC focus on what they can do in the short term via making specific recommendations to NHMRC. There was some debate over whether NHMRC should or should not take on an advocacy role. Professor McCallum stated that NHMRC is not normally an advocacy body.

The CEO suggested that PCHC write a formal letter to him advising that preventive and population health be back on the Commonwealth Government's agenda. He can then decide whether to provide this letter to the Minister for Health and Ageing, the Hon Nicola Roxon MP.

Mr Rosenberg expressed concern that community health, including engaging with services beyond health, is missing from the recently released report- *A National Health and Hospitals Network for Australia's Future*. It is unclear where it will fit, or how it will be funded under this policy document.

Professor Daube provided a verbal update on his communications with some of the lead figures on alcohol to identify areas where NHMRC could make the most useful contribution. A number of responses have been received with varying depth and scope. Other responses are still expected.

Professor Roder gave an update on the Victorian Registry of Births, Deaths and Marriages issue around providing death information to the National Death Index at the AIHW. Any cessation of this activity, which has been ongoing for more than two decades, would have extremely detrimental effects on cohort studies. Discussions indicate that there may not be a legal impediment to continued supply of this death information and verbal agreement has been given for its continuance.

Professor Roder informed Members that he had approached AusAID in relation to seeking support for the Pacific Information Network. AusAID expressed interest and identified some key players in the area who are interested in collaborating. While no funds have been confirmed, these conversations have been positive.

Outcomes:
This item to be discussed after the CEO Report at future PCHC meetings.

The CEO suggested that PCHC write a formal letter to him advising that preventive and population health needs to be back on the Commonwealth Government's agenda. A case that fits the reform agenda needs to be mapped out for the CEO. The CEO will decide whether to provide this letter to the Minister for Health and Ageing, the Hon Nicola Roxon MP.

Professor Daube to work with NHMRC to synthesise comments received from some of the lead figures on alcohol on areas where NHMRC could make the most useful contribution is this area, for discussion at the next PCHC meeting. It is expected that this will inform a statement (e.g. to other governments) about changes in policy.

Action Arising
NHMRC to circulate copy of *Supporting data* (Editorial), 2010, *Nature Medicine*, 16(2) to PCHC Members.

Item 17 Out of Session Items

PCHC endorsed the Minutes from each of the MHILA teleconferences. It was acknowledged that Members would like to move on with the MHILAs as discussed under Item 10.

Outcome:
PCHC endorsed the Minutes from each of the MHILA teleconferences and the Obesity subgroup meeting of 22 January 2010.

Item 18 Other Business

No other business was raised.

Item 19 Dates of Future Meetings and Close

The dates for 2010 meetings were noted as 20 July and 5 November.

The Chair closed the meeting at 4:15pm.

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PREVENTION AND COMMUNITY HEALTH COMMITTEE (PCHC)
WORKSHOP OF MEMBERS AND INVITED GUESTS

Date: Tuesday 27 July 2010
Time: 9:00am – 4:30pm
Venue: Burnet Room, Level 1,
16 Marcus Clarke St, Canberra City

AGENDA

9:00am	**1.** Welcome and Opening • acknowledgement of country • apologies • declarations of interest	Professor O'Dea, Chair PCHC
9:05am	**2.** Endorsement of Previous Minutes and Progressing Outstanding Actions	Professor O'Dea, Chair PCHC
9:10am	**3.** Chair's Report (for noting)	Professor O'Dea, Chair PCHC
	4. *(This item has been moved to 9:30am)*	
	5. *(This item has been moved to 9:40am)*	
9:15am	**6.** Introduction to the workshop discussions	Professors O'Dea and McCallum
9:30am	**4.** NHMRC CEO Report (for noting)	Professor Anderson, NHMRC CEO
9:40am	**5.** Update on the MHILAs (for noting)	Professor John McCallum, Senior Scientist in Public Health and Executive Director, HEAB
9:45am	**7. OBESITY WORKSHOP DISCUSSION**	
	10:30- 10:45am MORNING TEA	
10:45am	**7. OBESITY WORKSHOP DISCUSSION cont.**	
	1:00 - 1:30pm LUNCH	
1:30pm	**8. ALCOHOL WORKSHOP DISCUSSION**	
	4:00 - 4.10pm AFTERNOON TEA	
4:10pm	**9.** Summary of the Day, Dates of Future Meetings and Close	Professor O'Dea, Chair PCHC

Prevention and Community Health Committee
27 July 2010

Endorsed Minutes

Attendance

Members

Professor Kerin O'Dea	Chair
Professor Louise Baur	Member with expertise in public health
Dr Kyllie Cripps	Member with expertise in Aboriginal and Torres Strait Islander health
Professor Mike Daube	Member with expertise in public health
Dr Marlene Kong	Member with expertise in Aboriginal and Torres Strait Islander health
Professor Ian Olver	Member in common with Australian Health Ethics Committee (AHEC)
Professor David Roder	Member with expertise in public health
Mr Sebastian Rosenberg	Member with expertise in consumer advocacy
Professor Steve Wesselingh	Member with expertise in public health

NHMRC

Professor Warwick Anderson	Chief Executive Officer
Professor John McCallum	Executive Director, Health Evidence and Advice Branch (HEAB)
Ms Cathy Mitchell	Director, Strategic Partnerships Section, HEAB
Mr Tim McInerey (Item 7)	Director, Research Activity Section, Research Investment Branch (RIB)
Ms Melissa Chester (Minute taker)	Assistant Director, Secretariat Section, HEAB
Ms Maryanne Haslam (Item 8)	Assistant Director, Research Activity Section, RIB

Ms Jacqueline Fahy (Item 7)	A/g Assistant Director, Research Activity Section, RIB
Ms Tess Winslade (Item 8)	Senior Project Officer, HEAB
Ms Esther Doherty	Secretariat Section, HEAB

Invited Guests

Professor Steve Allsop	Director and Project Leader, National Drug Research Institute (NDRI), Curtin University of Technology
Professor Dan Lubman	Clinical Director, Turning Point Alcohol and Drug Centre, and Professor of Addiction Studies and Services, Monash University
Professor Robin Room	Director, Centre for Alcohol Policy Research at Turning Point Alcohol and Drug Centre
Professor Maree Teesson	Acting Director, National Drug and Alcohol Research Centre

Apologies

Dr Tony Hobbs	Member with expertise in public health

Item 1 Welcome and Opening

The meeting was opened by the Chair of PCHC, Professor O'Dea, at 9.00am. The Chair acknowledged the traditional owners of the land where the meeting was being held – the Ngunnawal people, welcomed all Members and NHMRC staff, noted the apology from Dr Hobbs and congratulated Professor Louise Baur for being awarded with an Order of Australia award. It was noted that Health Care Committee (HCC) is also being held today and Members may have an opportunity to interact over lunch.

The Chair reminded Members to advise of any Conflicts of Interest (CoI), if and when they arise, and of their obligations in respect of confidentiality.

Item 2 Endorsement of Previous Minutes and Progressing Outstanding Actions

Outcome:

- PCHC endorsed the draft Minutes of their 23 March 2010 meeting.

Actions Arising:

- It was noted that Professors O'Dea and Baur are meeting with the Chair of the AHEC and the Executive Director of the Quality and Regulation Branch in August 2010 to further discuss options/ alternatives of the ethical issues related to population monitoring, particularly "opt-out" consent for children and adolescents accessed through school settings.

- The Outstanding Action - “Professor O’Dea to investigate the details and key partners in an Expression of Interest (EOI) .....”, to be removed fro the Actions Arising list, as it did not pogress beyond an EOI so will be of little value to PCHC deliberations.

Item 3 Chair’s Report

Members noted the Chair’s written report as provided at Attachment A to this item. It was also noted that at the Strategic Planning meeting on 15 July 2010 of Council Members and Principal Committee Chair’s, Professor O’Dea and Dr Jeannette Young both identified obesity as the most pressing health challenge for Australia currently.

Item 4 NHMRC CEO Report

Members noted the CEO’s written report on NHMRC activities.

Actions Arising (as the CEO was not available at the time to answer questions):

- PCHC to be provided with an update at their next meeting as to:
  - whether NHMRC will be expanding its Australia-China Fellowship to include other Asian countries
  - the CEO’s vision for global health research, particularly in terms of promotion in NHMRC’s Program Grants scheme.

Item 5 Update on the Major Health Issues Likely to Arise

Members noted this item and acknowledged that HCC’s work plan for this triennium includes examining alternative therapy claims, and genomics and frontier technologies.

Members were advised that NHMRC is currently appointing an Antimicrobial Resistance (AMR) Advisory Committee, which will advise on the public health implications of AMR.

Actions Arising:

- PCHC to be provided with an update of the recently established Expert Advisory Panel on AMR, particularly the public health aspects of its remit.
- PCHC to be provided with the outcome summary from NHMRC’s Mental Health Workshop being held on 28 July 2010.

Item 6 Introduction to the Workshop Discussions

It was acknowledged that the objective of the meeting is to:

a) draft an outline of a proposal for a Targeted Call for Research (TCR) in obesity

b) identify where NHMRC could make the most useful contribution in relation to preventing and reducing alcohol related harm.

Action Arising:

- PCHC to further discuss whether tobacco should/ should not be added to PCHC's work plan and if/how NHMRC could add value to activities already underway by other bodies.

Item 7 Obesity Workshop Discussion

Declaration of Conflicts of Interest

It was acknowledged that Members have declared actual or potential CoIs at the time of being appointed to PCHC. However, as the Committee is now designing research proposals, Members were asked to declare any potential CoIs regarding this new situation. Such interests may include but are not limited to:

- financial relationships or interests
- involvement in future applications for NHMRC funding
- collaborations or supervisory relationships with potential future applicants for funding.

Members declared a range of potential CoIs with this item and Item 8 as follows:

- Professor O'Dea has strong research interests in obesity and has been working on obesity related health problems for a long time, particularly in relation to Aboriginal and Torres Strait Islander populations. She is actively advocating for interventions to improve the quality of the food supply and is a member of the Board of Outback Stores, and is planning to evaluate a number existing and future interventions. She is likely to apply for funding to support interventions in these areas, either individually or with colleagues.
- Professor Wesselingh declared he has no personal interests in obesity or alcohol research. However, his faculty (Faculty of Medicine, Nursing and Health Sciences at Monash University) and Turning Point Alcohol and Drug Research Centre, conduct alcohol related research and may apply for future NHMRC funding. He is also on the board of Directors at the Baker IDI which has research interests in obesity.
- Professor Cripps declared she has no personal interests in obesity research. She does have research interests in violence related harm caused by alcohol use.
- Mr Rosenberg declared that neither he nor his institution have a personal interests in obesity research. He does have an interest in the design and evaluation of services for people with co-morbid mental illness and alcohol misuse.
- Professor Roder declared a possible perceived conflict of interest as his son owns a winery.
- Dr Kong stated that she had no interests to declare.
- Professor Olver declared that he or the organisations he works for (Cancer Council Australia, the Sydney Medical School at the University of Sydney and the Faculty of Medicine at the University of Adelaide) may fund or seek funding from NHMRC and other funding bodies on risk factors for cancer, which include alcohol and obesity.

Cancer Council Australia may also develop policies on these issues such as the *National Cancer Prevention Policy*.

- Professor Daube declared that through his roles[1] and being co-located at Curtin University with the National Drug Research Institute, he is actively advocating for alcohol and obesity prevention and involved in policy related activity. His colleagues may apply for funding in alcohol and obesity research.
- Professor Baur has a strong interest in obesity as a researcher, clinician, advocate and policy maker. The University of Sydney may apply for future NHMRC funding and she may be involved in groups that apply or evaluate successful projects. She also has close colleagues in the alcohol field who may apply for funding in alcohol research.

Professor McCallum thanked Members for declaring these interests and acknowledged that this work cannot proceed without inviting comment from experts who have a good knowledge of the issues, and are therefore likely to have actual or potential CoIs.

From here, PCHC's recommendations will include recommendations that will need to be approved by Research Committee, Council and the CEO, and therefore distance decisions from PCHC alone.

Discussion

The Committee discussed three key activities for NHMRC to pursue as summarised in the outcomes box below. Other issues discussed were:

- Obesity began to increase sharply in Australia in the early 1980's and there is a need to look at what changed, e.g. more *obesogenic* environments which affect energy expenditure (urban planning which encourages dependence on the automobile, technological developments that encourage sedentary lifestyles), and energy intake (e.g. changes in the food supply resulting in cheaper, widely available, processed foods high in sugar, fat and salt, while healthy foods have become more expensive).
- Looking at the current Project Grant applications under the 'obesity-interventions' strategic initiative, it is unlikely that any of the studies funded will make a big difference at a population level.
- The need for a large scale "North Karelia" type intervention which involves system wide change and is likely to make a substantial impact on the obesity epidemic, as well as the need to call for smaller novel and innovative interventions that may have less impact but can be evaluated on their own.
- The need to look beyond health promotion activities which can increase the disparities across the social gradient, due to differential uptake of health messages in different socio-economic groups.
- The need to look beyond interventions focused on individual behaviour change.
- More funds for opportunistic evaluations of interventions introduced nationally or in jurisdictions (e.g. fast foods having labels clearly stating their calorie content; increase in fuel costs etc).

[1] Professor Daube is Professor of Health Policy at Curtin University, Director of the Public Health Advocacy Institute of WA, President of the Public Health Association of Australia, President of the Australian Council on Smoking and Health, President of the WA Heart Foundation, Chair of the WA Alcohol and Drug Authority, and is on various other committees and editorial boards.

- The importance of regulation (e.g. reducing children's exposure to junk food advertising, taxes on high calorie, low nutrient foods and beverages).
- The importance of engaging people through new appealing communications (e.g. Master Chef).
- The value of drawing on evidence and experience from comparable issues (e.g. restrictions on advertising, price interventions and public education as the major factors leading to reduced tobacco use).
- The need for improved data quality, access to data (e.g. sales data from major supermarket chains) and linkage of different data sets and population health surveys.
- The need for rigorous evaluation of interventions that are introduced by governments.
- The need to prepare for opposition from industry.
- The importance of targeted interventions in remote communities, and urban and regional Aboriginal and Torres Strait Islander populations.

Outcomes:

PCHC advised NHMRC's CEO to consider progressing three key activities:

1. Commission a brief (approx. 20 page) report that will provide a snapshot of what we know, what works and what we still need to know to set the scene for step 2. This report should:

- provide a brief case for action (i.e. now an epidemic, upward trend in obesity rates, recognise the long-term nature of the problem and that there are no quick fix solutions)
- build on existing reports such as the Preventive Health Taskforce Report
- summarise interventions currently underway in Australian and internationally, focusing on:
  - population level interventions rather than ones focused on individual behaviour change
  - interventions outside the health sector (e.g. urban design, curbs on advertising, food labelling, price)
- summarise activities underway nationally and internationally that have not yet been evaluated and may require ongoing monitoring and/or further study
- consider whether international programs (e.g. EPODE), or some of their broad principles, could be applied in an Australian context (e.g. OPAL in SA)
- be structured similar to an article in *Addiction* 2010, 'Alcohol: No Ordinary Commodity – a summary of the second edition'.

2. Develop a concept paper for a TCR (or large scale NHMRC Partnership Centre) in obesity that can be presented to Council. This should:

- look at interventions with goals of a) primary prevention of obesity in children, adolescents and adults who are not yet overweight, and b) harm minimisation in those already overweight and obese
- look at the upstream drivers of obesity outside the health sector. For example, interventions to improve the quality of the food supply (e.g. food pricing, labelling, curbs on advertising) and interventions to encourage physical activity to be built into daily routines (e.g. innovations in urban design, walking and cycling paths, incentives to take public transport)
- be designed by NHMRC (as per the criteria in NHMRC's Policy for TCRs)
- long term, i.e. at least 5 years, preferably with longer term commitment, subject to achievements
- involve multiple funding partners (e.g. federal, state and local governments, urban planning authorities, schools, work environments, non-government organisations who have a wholistic approach to health and wellbeing)
- open to jurisdictions through a competitive process, where one to three applicants may be successful
- implemented in a discrete area, most likely a State/Territory, that can be clearly defined as a community and is defined by the residents as a community, has identifiable and discrete media and a capacity for decision making
- have qualitative and quantitative evaluation built into the methodology, including routinely collected data for ongoing monitoring, learning/ improvement purposes
- have transparent management process, including governance of the projects and overall governance and evaluation
- measure outcomes beyond just body weight, i.e. improved quality of life though reduced diabetes, heart diseases, and blood cholesterol levels.

3. Make a more concerted effort to attract and award innovative studies in obesity interventions, noting that the current strategic initiative under Project Grants has had limited success. These interventions should be:

- targeted at the upstream drivers of obesity, including those in pre-pregnancy
- targeted at local communities
- replicable, evaluable and sustainable
- involve partnerships.

Actions Arising:

- Once available, Secretariat to provide Members with a list of successful grants funded under the 'Obesity – Intervention' strategic plan initiative in the 2010 Project Grant round (for funding commencing 2011).
- Office of NHMRC to manage (1) above, with the aim of receiving a complete report by early September 2010. PCHC Members to be given the opportunity to comment on early drafts of the report.

- Office of NHMRC to table a brief proposal for (2) and (3) above, seek PCHC comment, and table a paper at a subsequent Council meeting.
- Further discussion required on developing a brief principles document for best practice evaluation to guide governments in rolling out programs that are evidence based. This would need to consider a definition of meaningful evaluation (i.e. varies from the perspective of the researcher, politician, consumer) and the need to build capacity in this area.
- The CEO to consider inviting Pekka Puska, architect of the North Karelia Project, to NHMRC's 75th Anniversary celebrations.

Item 8 Alcohol Workshop Discussion

The Chair welcomed Professors Steve Allsop, Dan Lubman, Robin Room and Maree Teesson who joined the group to contribute their expertise in preventing and reducing alcohol related harm.

Declaration of Conflicts of Interest

Members and guests were asked to declare any actual or potential CoIs with future research proposals in this area. Members declared a range of potential CoI with this item as Minuted under Item 7. The invited guests declared a range of potential CoIs as follows:

- Professor Lubman is Clinical Director of Turning Point Alcohol and Drug Centre and Professor of Addiction Studies and Services at Monash University. He is likely to apply for future funding in alcohol related areas, either individually or with colleagues.
- Professor Teesson is Acting Director at the National Drug and Alcohol Research Centre at the University of New South Wales and an NHMRC Senior Research Fellow. She is likely to apply for future funding in alcohol related areas, either individually or with colleagues, or a supervisor of colleagues. None of her research is funded by industry.
- Professor Allsop is currently conducting alcohol research funded by NHMRC and other Commonwealth funded activity. He is likely to apply for future funding in alcohol related areas, either individually or with colleagues, or a supervisor of colleagues. None of his research is funded by industry.
- Professor Room currently holds an NHMRC project grant. He is a Professor of Alcohol Policy Research at the School of Population Health, University of Melbourne and the Director of the Centre for Alcohol Policy Research at Turning Point. He is likely to apply for future funding in alcohol related areas, either individually or with colleagues, or a supervisor of colleagues.

Professor McCallum thanked guests for declaring these interests and acknowledged that this work cannot proceed without inviting comment from experts who have a good knowledge of the issues, and are therefore likely to have actual or potential CoIs.

From here, PCHC's recommendations will include recommendations that will need to be approved by Research Committee, Council and the CEO, and therefore distance decisions from PCHC alone.

Discussion

The Chair advised that the purpose of today's discussion is to identify where NHMRC could make the most useful contribution in relation to preventing and reducing alcohol related harm. This may include targeted research or supplementary and targeted health advice to the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol.*

Professor O'Dea proposed that the discussion focus on identifying evidence gaps and opportunities, prioritising these gaps and identifying how they can be addressed.

Key issues discussed were:

<u>The Need for Better Access to Data</u>

This includes:

- the need for accurate and current data on alcohol consumption and alcohol related harm.
- the difficulties in accessing good quality data, namely alcohol sales data down to local level, police records and emergency department admissions
- the lack of meaningful data from Aboriginal and Torres Strait Islander groups who are a high risk population
- the need to develop more appropriate, regular and relevant surveys of alcohol consumption (i.e. current ABS and AIHW data are likely to be substantial underestimations due to poor response rates)
- the need for nationally consistent collection and coding of data (e.g. use of ICD-10).

<u>Evidence Gaps</u>

This includes the need for further research into the efficacy of interventions on:

- controlling affordability through pricing and tax
- controlling physical availability
- modifying the drinking context
- drink-driving prevention and countermeasures
- regulatory enforcement
- restrictions on advertising and other marketing
- education and persuasion strategies (e.g. mass media, school-based education programs).

These research areas were acknowledges as being hugely important to inform public policy.

In relation to these points it was noted that:

- availability and supply are the major issues
- while taxation can be effective in poorer socioeconomic groups it is less effective in affluent groups and can therefore lead to inequities
- mass media bans have been highly contentious, so firm evidence is needed to enforce their regulation

- there is evidence that health messages around alcohol inform, but do not necessarily change behaviour.

Other areas that the group agreed need more research were:

- managing complex/co-morbid conditions
- health services research (e.g. designing and implementing treatment responses to counteract or minimise marginalisation and stigmatisation associated with being identified with alcohol problems)
- policy impact studies e.g. impacts of new legislation such as changes to the number, density and/or opening hours of alcohol outlets
- understanding barriers that prevent people seeking help
- innovative early interventions to engage populations that do not seek help, particularly young adults[2]. (Currently only 1 in 5 people with an alcohol problem seek help and there is a lack of services for practitioners to refer people who do not perceive themselves to be at risk.)
- harm to others due to alcohol use
- alcohol consumption and patterns of drinking on cognitive and behavioural development in young adults
- cultures of drinking in Australia, particularly amongst young people where it is a common social past time. There is some evidence that simple changes in parenting behaviours can change behaviour in youth
- Australia's weaknesses in implementing evidence-based programs in relation to alcohol-related harm
- the value of making alcohol intervention research a priority so it is not competing with other areas, and in reserving a portion of funding to monitor changes as new policy interventions are introduced (as per the Centre for Disease Control ad Prevention in the United States).

<u>Need to Build Workforce Capacity</u>

It was agreed that there is need to make substantial and long term investments in research on reducing alcohol related harm, and if there is reliable and longer term funding available, the researchers will follow. This is a particular issue for Aboriginal and Torres Strait Islander research.

<u>Other Issues</u>

- the need to change public and professional perception of what constitutes an alcohol problem. It was noted that workplaces may be an appropriate setting to change these attitudes
- the value of drawing on evidence and experience from tobacco in terms of what works.

The invited guests and Professors Kong and Wesselingh left the meeting at 4 pm.

[2] Throughout these Minutes young people is used to refer to people under 25 years of age.

Outcomes:

PCHC's advice to the CEO is that NHMRC progress two key activities:

1. Develop a statement/ concept document for Council on the importance of improving access to data in order to design and conduct good quality intervention research for reducing alcohol related harm. This will be developed with the view that the Chief Medical Officers can take these messages back to their colleagues within and outside the health sector and get some momentum on improving the situation.

2. Develop a discussion document for Council on how to better attract and award studies in preventing and reducing alcohol related harm, particularly in regards to:
- young people
- harm alcohol causes to others
- why populations of risky drinkers do not seek help services
- innovative interventions for young people and populations of risky drinkers who do not seek help services.

This paper will also need to address the issue of building workforce capacity.

Actions Arising:

- Secretariat to circulate an article (yet to be published) in *Addiction* to PCHC Members showing how very few people with alcohol problems actually seek help.
- Office of NHMRC to source a Victorian report (still to be released) on data needs and requirements for improved alcohol research as a basis for 1 above.

Item 9 Summary of the Day, Dates of Future Meetings and Close

The date for PCHC's next meeting was noted as 5 November 2010.

The Chair closed the meeting at 4:30pm.

Action Arising:

- Secretariat to work with Members to schedule meeting dates for 2011.

Note for file
Teleconference 24 August 2010, 1.05pm-1.35pm
RE: Opt-out consent

Present: Tim Dyke (NHMRC)
Matt Sammels (NHMRC)
Kerrie Griggs (NHMRC)
Louise Baur (PCHC)
Sandra Hacker (Chair AHEC)
Kerryn O'Dea (Chair PCHC)

Background

PCHC were seeking resolution of the issue of consent. In the context of monitoring obesity/weight status in children there has historically been low participation rates. Low participation rates lead to issues concerning the accuracy of data. Planning and investment rely on accurate figures. Opt-out consent was perceived by researchers as an option for achieving higher participation rates.

Discussion

NHMRC advised that opt-out consent is a conflation of two issues;

1. Opting out – which is a term used to refer to withdrawing from research activities, and
2. Consent

In the 'opt-out consent' consent hasn't formally been given, and the term mislabels the process.

AHEC and NHMRC cannot subscribe to participants not giving consent as the situations described in the National Statement where researchers are permitted to not obtain consent do not apply in this case. Parental consent is required to obtain actual measurements of height and weight. Data use after collection is another matter, particularly if the use satisfies the complex conditions for waiver.

If people are choosing not to participate, then there must be reasons for this, and this is the basis of concerns in the National Statement. The National Statement precludes any arguments around this. PCHC members suggested the possibility of raising the issue at Council.

It was noted that participation rates can be very high in similar studies overseas (notably the United States - Arkansas). Obtaining more information on similar studies and approaches taken in other jurisdictions was agreed to be a worthwhile way to start looking for a way forward. A cautionary approach in seeking consultation on the issue was advised, as it is likely to raise many other issues. NHMRC agreed to adopt a co-ordinating role in this work.

It was suggested that a long term solution may be the use of data linkage units.

Kerrie Griggs
24 August 2010

PREVENTION AND COMMUNITY HEALTH COMMITTEE (PCHC)
5 November 2010
Marshall and Warren Room, Level 1, 16 Marcus Clarke Street, Canberra City
9:00am – 5:00pm
Agenda

Agenda No	*Time*	*Agenda Title*	*Purpose*	*Presenter*
Standing Items				
1	9.00am	Welcome and Opening	Acknowledgement of country Apologies Declarations of Interest Acceptance of all starred (*) items Housekeeping items	Chair
2	9.10am	Minutes of Previous Meetings	To endorse the minutes and progress the actions arising	Chair
3*	9.20am	Chair's Report	To receive a report from the Chair on activities on behalf of NHMRC	Chair
4*	9.40am	NHMRC CEO Report	For the CEO to report on NHMRC activities	CEO
5	10.00am	Members' Forum	For Members to raise matters they wish to bring to the attention of the CEO	Chair

VERSION: 26 OCTOBER 2010

Morning Tea – 10.30am				
Items for discussion and advice to the NHMRC CEO				
6	11.00am	Preventive Health	To provide an update on the Australian National Preventive Health Agency (ANPHA) legislation and the National Partnership Agreement in Preventive Health (NPAPH) To discuss possibilities for NHMRC's involvement with the ANPHA and NPAPH	Nathan Smyth
7	11.30am	Obesity	To consider the draft obesity report provided by the Boden Institute of Obesity, Nutrition and Physical Exercise (presented by Associate Professor Tim Gill)	John McCallum
8	12.30pm	Interventions	To discuss a process for NHMRC involvement in evaluating natural experiments	John McCallum
9	1.45pm	9.1 – Data Access 9.2 – Data linkage update	To provide an update on the outcomes from the discussion by Council To discuss work underway to establish more uniform and systematic governance and institutional arrangements for undertaking data linkage projects	John McCallum
Lunch – 1.00pm				
10	2.00pm	'Opt-out' Consent	To discuss consent in data collection for population health monitoring	Chair
11	2.30pm	Project Grants	To provide an update on NHMRC project grant funding	Marcus Nicol

Afternoon Tea – 3.00pm				
12	3.15pm	Policy Framework for the National Health Enabling Facilities Scheme (former Enabling Grants)	To provide an update on the proposed revised approach to NHMRC's Enabling Grants Scheme	Roy Goldie
13	3.30pm	Antimicrobial Resistance	To inform PCHC about the newly formed Antimicrobial Resistance Advisory Committee and NHMRC's role in Antimicrobial Resistance activities	David Abbott
Closing Administration				
14*	3.45pm	Out of Session Items	To note decisions made out of session	Chair
15	4.00pm	Other Business	To raise any other business items	Chair
16	4.30pm	Dates of Future Meetings and Close	To remind Members of dates of 2011 meetings	Chair

***For noting only or accepted as recommended**

Prevention and Community Health Committee
5 November 2010

Final Minutes

Attendance

Members

Professor Kerin O'Dea	Chair, Prevention and Community Health Committee
Professor Louise Baur	Member with expertise in public health
Dr Kyllie Cripps	Member with expertise in Aboriginal and Torres Strait Islander health
Professor Mike Daube	Member with expertise in public health
Professor Ian Olver	Member in common with Australian Health Ethics Committee
Professor David Roder	Member with expertise in public health
Mr Sebastian Rosenberg	Member with expertise in consumer advocacy

NHMRC

Professor John McCallum	Executive Director, Health Evidence and Advice Branch (HEAB)
Mrs Cathy Clutton	Executive Director, Corporate Services
Ms Cathy Mitchell	Director, Strategic Partnerships Section, HEAB
Ms Jen Walton (Minute taker)	Assistant Director, Secretariat Section, HEAB
Ms Esther Doherty	Secretariat Section, HEAB
Dr Greg Ash	Executive Knowledge and Development Officer, Communications and Strategic Support Branch
Mr Roland Wise	Assistant Director, Communications and Strategic Support Branch
Ms Sue Huckson	Director, Leadership Program, National Institute of Clinical Studies (via telephone for agenda item 6 & 7)

Guest Presenters

Ms Janet Quigley	Assistant Secretary, Healthy Living Branch, Population Health Division, Department of Health and Ageing
Ms Erica Kneipp	Director, Healthy Living Branch, Population Health Division, Department of Health and Ageing
Associate Professor Tim Gill	Boden Institute of Obesity, Nutrition and Exercise

Apologies

Professor Warwick Anderson	CEO
Dr Tony Hobbs	Member with expertise in public health
Dr Marlene Kong	Member with expertise in Aboriginal and Torres Strait Islander health
Professor Steve Wesselingh	Member with expertise in public health

Item 1 Welcome and Opening

The meeting was opened by the Chair of PCHC, Professor O'Dea, at 9.10am. The Chair acknowledged the traditional owners of the land on which the meeting was being held and welcomed Members and NHMRC staff.

The Chair reminded Members to advise any conflicts of interest, if and when they arise.

The Chair noted that there would be guest speakers for agenda items 6 and 7.

Item 2 Minutes of Previous Meetings

Outcomes

PCHC Members:

- endorsed the draft minutes of its 27 July 2010 meeting,
- noted that ATSIHAC has revised the Road Map II action plan,
- noted that grant funding can be awarded to international organisations providing the CEO is Australian,
- noted that the action item from 27 July 2010 – 8 Alcohol is actually a survey by Melanie Wakefield and not a report.

Action
NHMRC to:

- provide an update on the status of the Australia China fellowships (as per actions arising from 27 July 2010 meeting); and
- determine the priority research issues in tobacco by contacting a list of experts to be provided by Professor Daube and provide a paper to the next PCHC to stimulate discussion.

Professor Daube to provide a list of tobacco experts to the NHMRC.

Item 3 Chair's Report

Outcome
Members noted the Chair's written report as provided at Attachment A to this item.

Action

- NHMRC to provide PCHC Members with an e-copy of the ACE prevention report.

Item 4 NHMRC CEO's Report

Outcomes
Members noted the CEO's written report on NHMRC activities.

Members requested that large documents such as the Homeopathy report, attached to the CEO' report for this meeting, are to be sent as separate attachments rather than as part of the combined meeting documents.

Item 5 Members' Forum

Discussion
With respect to obesity, Members:

- expressed concern at the direction being taken, noting its potential to duplicate the work of the National Preventative Health Taskforce,
- discussed the NHMRC processes regarding the request for quotation to produce the obesity report,
- suggested that if the issues were prioritised, the action with the highest priority could be progressed,
- suggested that Chief Health Officers around Australia be consulted about evaluating work already underway, and
- noted that there needs to be activity on a policy-focussed Partnership Centre.

The NHMRC referred the Members to the outcomes of the PCHC meeting of 27 July 2010 in which it said that a report was to be commissioned that would build on work already being undertaken.

Outcomes

Members noted that:

- Professor Baur declared a conflict of interest in relation to Item 7. While A/Prof Gill and his team are colleagues of hers, she has not had any involvement in the work they are doing for PCHC
- Professor McCallum has been invited to represent the NHMRC at an intervention research conference in Canada.
- The Department of Education, Employment and Workplace Relations is considering intervention research where the markers of progress are determined by the subjects of the research.
- Professor O'Dea would like a sub-group from PCHC to meet with the Food Labelling Review committee, if it was not too late.
- NHMRC could consider establishing a dedicated working group to examine how to facilitate more high quality intervention research to be supported by NHMRC. The membership would needto have experience in program evaluation and/or intervention research.
- Professor Daube highlighted the value in developing a consensus approach to indentifying cost effectiveness of interventions across obesity, alcohol and tobacco research. It is essential to provide a consistent framework for the measurement of return on investment for a range of population-level and community-based interventions. NHMRC may need to contract the services of a health economist to do the initial work.

Actions

NHMRC to:

- hold a teleconference with Professors McCallum, O'Dea, Baur, Roder, Olver, and Mr Rosenburg and Research Committee Members to discuss intervention research and the possibility of establishing a subgroup whose focus would be in this area,
- determine the status of the food labelling review and report back to PCHC,
- scope a project to improve consistency in public health research methodology in the area of measuring the cost effectiveness of intervention research across obesity, alcohol and tobacco, and
- NHMRC to follow-up on the establishment of a policy-focussed Partnership Centre in obesity.

Item 6 Preventive Health

The PCHC received a verbal update on the CoAG National Partnership Agreement on Preventive Health (the Agreement) by Ms Quiqley and Ms Kneipp from DoHA.
Ms Huckson (from NICS) joined the meeting via telephone.

The main points of the presentation were:

- The Agreement provides $872 million for 11 initiatives over 6 years from 2009/10 This money is allocated for staged implementation of programs across local government authorities in all States and Territories and some Commonwealth agencies or areas.
- The initiatives are:
    - **Healthy Communities**

        - $72 million over four years from 2009/10 to fund local government authorities to provide programs to people not in the workforce.
        - A pilot program has been running since June 2009 and the results will be fed into phase two and three.
        - There is a quality framework for the program which is also being piloted.
        - A national program grant is available of which a percentage will be open to local government authorities.
        - KPMG has been contracted, via an open tender, to evaluate the individual elements of the pilot and undertake a bigger evaluation of the Agreement as a whole. A steering committee, including academic members, advising KPMG was formed after the KMPG contract was finalised.
    - **Healthy Children**
        - $325 million over four years from 2011/12 for programs for children in settings from birth to 16 years.
        - Implementation plans will be agreed by States and Territories and signed-off by the Minister for Health and Ageing.
        - Healthy Children and Healthy Workers attract facilitation and reward payments of 50% with the rest of the money tied to 7 benchmarks.
        - The evaluation is yet to be determined.
    - **Healthy Workers**
        - $289 million (including $5 million for soft infrastructure such as a toolkit) over four years from 2011/12 for engaging workplaces to facilitate healthy living. This will involve a national charter with trade unions.
    - **Industry Partnership**
        - $1 million to develop consumer messages
    - **Australian Health Survey**
        - Currently being pilot tested and will be in the field next year. Work is continuing on the issues with Indigenous communities and the collection and storage of biomedical samples.
    - **Social Marketing**
        - $102 million to extend the measure-up campaign.
    - **Tobacco Campaign**
    - **Eating Disorders collaboration**
        - $3 million for the Butterfly Foundation to continue work on early intervention and management.
    - **Australian National Preventive Health Agency (ANPHA)**
        - $17.6 million - the Agency has been through the House of Representatives and is expected to be put before the Senate in November 2010.
    - **Workforce Audit**
        - $500,000 - the workforce audit will consider the competencies required to provide healthy lifestyle programs.
    - **Translational research fund**
        - $13.1 million – to be managed by ANPHA.

General discussion

The Members noted that Computer Assisted Telephone Interviewing (CATI) in New South Wales shows a higher rate of obesity than the state base physical measurement. DoHA stated that it has been focussing on a national framework for measurement and that $10 million is being provided to supplement the CATI survey.

The baseline for measurement has been agreed for 2009 and the framework is being provided to AHMAC for agreement. The National Health Information Standards and Statistics Committee assisted DoHA with the data aspect of the evaluation framework. The performance monitoring and evaluation will be using different data and the CoAG reform council will consider the data.

Successful models will guide the future choices of local government authorities. There will be six national programs that local government authorities can choose or adapt or they can choose to use their own. Local government authorities are also required to consider changes in infrastructure.

A website showing progress against the Agreement is being developed and DoHA will advise when it is operational.

Item 7 Obesity

Members received a verbal presentation and hardcopy of powerpoint slides on the current status of the developing obesity report from Associate Professor Tim Gill from the Boden Institute of Obesity, Nutrition and Exercise. The report aims to provide a "current state of knowledge" in relation to multi-sectoral interventions and their evaluation, aimed at addressing obesity in Australia and internationally.

Professor Daube declared the following interests: President, Public Health Association Australia and Director, Public Health Advocacy Institute.

Discussion
The following points were raised:

- Interventions undertaken in obesity need to learn from what was done in tobacco, alcohol and road trauma. There are valuable lessons, for example, to be learnt from the road safety, HIV and drink driving campaigns.
- Which interventions are likely to have the greatest impact?
- Regulation is a the key enabler and could contribute importantly to a comprehensive, multi-sector approach.
- The report should focus on interventions where there has been an evaluation of the impact on energy balance.
- The strength of the evidence is variable so there needs to be a broader understanding of what constitutes evidence.
- Long timeframes are essential in order to achieve significant outcomes.
- It is preferable to align the report with the recommendations in *Australia the Healthiest Country by 2020 – National Preventative Health Strategy* by the National Preventative Health Taskforce so that the same message is being repeated and augmented by the report's recommendations.

Action

- Associate Professor Gill to restructure the report's action areas in line with the recommendations of *Australia the Healthiest Country by 2020 – National Preventative Health Strategy* by the National Preventative Health Taskforce.
- NHMRC will provide Members with a copy of the draft report and arrange a teleconference of available Members in mid-December to discuss outcomes and next steps. The proposed consultation workshop will not take place.
- NHMRC to follow-up on the establishment of a partnership centre.
- Ms Huckson to provide PCHC with a written update on the development of the clinical practice guidelines for obesity.

Item 8 Interventions

Discussion

Professor McCallum highlighted the importance of NHMRC developing a coherent strategy to facilitate the evaluation of 'natural experiments' (interventions introduced by governments and other agencies at the national and jurisdictional level). Ideally such interventions should have such evaluation built into the design and roll-out. However, in practice that is seldom the case. NHMRC needs a rapid response process (as in Urgent Research on disease outbreaks etc) for supporting quality evaluation proposals, including fast-tracking ethics approvals where required.

Outcomes

Members noted:

- That any research undertaken on "natural experiments" should be selected to align with the NHMRC strategic framework.
- The focus should be on obesity, alcohol and tobacco.
- Any ethics approval would need to be expedited.

Action

- Professor McCallum to provide a report to PCHC on work being done internationally on intervention research after attending a conference in Canada in November 2010.

Item 9.1 Data Access

Outcome

Members noted the information provided.

Action

- NHMRC to hold a teleconference with Chief Health Officers, alcohol research experts, the Australian Institute of Health and Welfare and the Department of Health and Ageing to discuss access to data for alcohol interventions.

Item 9.2 Data linkage update

Outcome

Members noted the information about the various data linkage initiatives that are underway or being developed

Actions
NHMRC to:

- liaise with Dr Merran Smith, Chief Executive, Population Health Research Network for PCHC to receive regular reports on data linkages and the consumer perspective,
- determine the composition of the groups considering data (specifically the Australian Commission on Safety and Quality in Health Care and the cross jurisdictional committee) to consider whether research interests are appropriately represented, and
- provide a paper at the next PCHC meeting on the results of the Consumer Consultative Group survey on the Participation Statement: Involving Consumers in Research. This may include issues on how consumers data is being collected and used.

Item 10 'Opt-out' Consent

Outcomes
Members discussed the information provided on opt-out consent and raised the following points:

- The issue of opt-out consent arose in response to the unacceptably low participation rates in obesity monitoring surveys.
- Active (or 'opt-in') consent leads to participation rates that are so low as to predispose to statistical bias.
- Some jurisdictions (eg,South Australia) have authorising legislation that can be used in health data collections with opt-out consent, which has resulted in opt-out rates circa 1%. Under this legislation specific data collections can be authorised, which generally involves prior clearance by ethics and/or scientific committees.
- Andrew Stanley from the Public Health Research Network is considering whether legislation will be functional.
- The Melissa Wake article attached to the meeting papers suggests a short-term alternative of using opt-out consent only for monitoring and surveillance.
- It is important to recognise that no public health monitoring system has a focus on the individual, with de-identified data being used in these systems to describe population-level trends.
- Examples of opt-out consent processes currently in place include:
    - Some cancer registries
    - Specified cancer cluster investigations
    - Certain preinatal, post-neonatal and other mortality and health audits
- Opt-out consent should include information for consumers to read prior deciding whether to 'opt-out', and such information should be available when information is collected through legal compulsion (eg, as stated in the SA Code of Fair Information Practice)
- The Australian Commission on Safety and Quality in Health Care has provided a paper to the Australian Health Ministers' Advisory Committee indicating a need for opt-out consent to ensure the functional integrity of clinical quality registries.
- Clear statements need to be made that quality data will improve public health and that consumers can be confident that researchers have followed a recognised process before being able to access the data.
- Consideration should be given to changing the NHMRC National Statement.

Action

- NHMRC to draft a paper on pursuing a national approach for opt-out consent, for public health surveys and monitoring including the potential for enabling legislation, to take to the NHMRC CEO and then Professor Bishop, Chief Medical Officer, DoHA.

Item 11 Project Grants

Outcome
Members noted and discussed the information provided.

Item 12 Policy Framework for the National Health Enabling Facilities Scheme (former Enabling Grants)

Outcomes
Members:

- discussed the National Health and Research Enabling Capabilities scheme,
- noted the national e-research taskforce considered that the tools needed to underpin research included good data, and
- suggested the public health researchers would benefit from linked databases with secure servers and analytic capacity.

Action
Professor O'Dea to explore whether a concept paper should be developed for PCHC outlining research data needs and the potential advantage of a large scale secure electronic environment that provides access and support to the public health research community.

Item 13 Antimicrobial Resistance

Outcome
Members noted the information provided and that the paper will be emailed directly to Dr Steve Wesselingh as he requested this item at the July 2010 meeting.

Action
NHMRC to email the Antimicrobial Resistance agenda paper to Dr Steve Wesselingh.

Item 14 Out of Session Items

There were no out-of-session recommendations or decisions made by PCHC.

Item 15 Other Business

Outcomes

- Members discussed the creation of a communication stream to engage with the public health research community. Streams that Members considered effective included:
    - those that have a purpose not dealt with by other communications and provide tangible benefits,
    - a wiki set up by NICS, on emergency units, because of its interactive nature,
    - emails to targeted mailing lists that have are descriptive headings and embedded links, and

    - the targeted questions and answers managed by the Public Health Association of Australia.
- Members were informed that the Human Genetics Advisory Committee is engaging with the insurance industry to discuss the disclosure of participation in research.
- Members discussed the potential addition of a new PCHC Member.

Action

- NHMRC to give further consideration to developing a communication stream that will engage the public health research community.
- NHMRC Secretariat to review the provision of the news alert to PCHC Members.

Item 16 Dates of Future Meetings and Close

Outcome

Members noted that the Secretariat has confirmed the 2011 meeting dates out-of-session. The meeting closed at 3.30pm.

PREVENTION AND COMMUNITY HEALTH COMMITTEE TELECONFERENCE ON THE DRAFT BODEN INSTITUTE REPORT

Date: Tuesday 21 December 2010
Time: 1.00-2.00pm EST

Attending

PCHC

Professor Kerin O'Dea
Professor Mike Daube
Professor David Roder
Dr Tony Hobbs
Professor Ian Oliver
Professor Louise Baur,
Dr Marlene Kong,

NHMRC

Cathy Mitchell (Chair)
Tanja Farmer
John McCallum (apology)

Aim:

To provide feedback on the draft report to:

- Enable the authors to finalise the document, and
- Facilitate PCHC's consideration of next steps

AGENDA

1. Declarations of Conflict of Interest
2. Members feedback on the Boden Institute "State of knowledge" assessment of comprehensive interventions that address the drivers of obesity
3. NHMRC context for addressing obesity
4. Future actions – development of Concept paper

Dial in
1800 440 253, after a couple of rings participants will be answered with two rapid beeps, you should then enter the PIN **5875**

NHMRC's context for addressing Obesity

Political environment

COAG/ Department of Health and Ageing
As discussed at the last PCHC meeting the National Partnership Agreement on Preventative Health: $872 million to be provided over six years for:

Healthy communities,
Healthy workers
Healthy children
Social marketing
Enabling infrastructure.

This will include submissions provided by jurisdictions on their implementation plans to reach the prescribed COAG targets and benchmarks.

Prevention Agency
Will be operating from early 2011 and will be responsible for three specific programs under the National Partnership Agreement on Preventive Health:

- National social marketing programs relating to tobacco and obesity ($102 million over four years);
- A preventive health research fund focussing on translational research ($13.1 million over four years); and
- A preventive workforce audit and strategy ($0.5 million over two years).

Key elements defined by PCHC

At the July 2010 PCHC meeting, the following key elements were defined for future interventions addressing obesity:

- look at interventions with goals of a) primary prevention of obesity in children, adolescents and adults who are not yet overweight, and b) harm minimisation in those already overweight and obese
- look at the upstream drivers of obesity outside the health sector. For example, interventions to improve the quality of the food supply (e.g. food pricing, labelling, curbs on advertising) and interventions to encourage physical activity to be built into daily routines (e.g. innovations in urban design, walking and cycling paths, incentives to take public transport)
- be designed by NHMRC (as per the criteria in NHMRC's Policy for TCRs)
- have qualitative and quantitative evaluation built into the methodology, including routinely collected data for ongoing monitoring, learning/ improvement purposes
- have transparent management process, including governance of the projects and overall governance and evaluation
- measure outcomes beyond just body weight, i.e. improved quality of life though reduced diabetes, heart diseases, and blood cholesterol levels
- long term, i.e. at least 5 years, initially with longer term commitment, subject to achievements
- implemented in a discrete area, most likely a State/Territory, that can be clearly defined as a community and is defined by the residents as a community, has identifiable and discrete media and a capacity for decision making

- open to jurisdictions through a competitive process, where one to three applicants may be successful.
- involve multiple funding partners (e.g. federal, state and local governments, urban planning authorities, schools, work environments, non-government organisations who have a holistic approach to health and wellbeing).

Concept Paper on Obesity

NHMRC is developing a concept paper to advise Minister Butler on what actions areas and products NHMRC can provide to address the issue of obesity. This paper will consider the activities already occurring in Australia and identify the NHMRC contribution to preventing obesity

This paper will be considered by NHMRC Council in March 2011.

Feedback on Boden Institute's report

Given the above context, members are invited to comment on the draft report, with particular attention to table 5.1 on page 122.

Next Steps

1. In light of the Boden Institute's report, members will be asked to consider and refine key elements of any proposed obesity intervention that NHMRC can drive from 2011.
2. NHMRC staff recommend convening a teleconference of interested PCHC members at the earliest opportunity in 2011 to hear and discuss these suggestions.
3. Members will be asked how they wish to contribute to the development of the Concept paper on obesity. This will need to be drafted by mid February.
4. A draft Concept Paper can go to Council at the 4 March 2011 session

PCHC Obesity Workshop – Meeting notes

1 February 2011

Attendees:
Committee Members
Professor Kerin O'Dea AO
Professor Mike Daube
Professor Ian Olver AM
Professor David Roder
Professor Louise Baur
Dr Tony Hobbs
Dr Kyliie Kripps

NHMRC Staff
Professor John McCallum
Ms Cathy Mitchell
Ms Tanja Farmer
Ms Jen Walton (Minute taker)

Apologies:
Dr Marlene Kong
Professor Steve Wesselingh
Mr Sebastian Rosenberg

The meeting discussed the following four areas:

- Large scale, multi-sector intervention/s addressing the drivers of obesity;
- Evaluation;
- Obesity Policy Research Partnership Centre; and
- NHMRC processes – innovative options for intervention research.

1. Large scale, multi-sector intervention/s addressing the drivers of obesity;

Points discussed:

The concept paper must engage the Minister and cover why a large scale population wide approach complementing current activities and partnering with appropriate bodies is the right option

The precedent for undertaking a large scale intervention can be made on the fact that the North Karelia project had an impact.

The intervention:

- needs to address the drivers of obesity in a comprehensive way (not fragmented)
- must have political support
- must use language that the community understands eg. weight reduction
- must have a framework (including surveillance monitoring and evaluation) that can be replicated and scaled up

- must be long term and coordinated covering urban, regional, rural and remote settings of around ½ million people
- must be undertaken in a community that identifies itself as discrete so that it is not subject to other agendas
- could attract funding from the Australian National Preventive Health Agency (ANPHA), non-government and private organisations and state and federal governments
- must be undertaken in partnership with the above
- could have state governments competing to be involved
- needs to bring science and evidence into the exercise (this is the NHMRC's role)
- must embed a focus on disadvantaged groups but proceed carefully so that they are not worse off afterwards
- must acknowledge and complement other related activities
- must acknowledge the perception that money is being spent in this area, but that it is not the reality
- must address the industrialisation of food drivers and food supply (one project could involve addressing the food supply in Indigenous communities)
- EOI must discuss government issues and how the intervention will address them
- must define the governance frameworks and how to prevent poor governance
- must recognise the potential to influence national policy
- must address the challenge of involving local authorities and structures without them taking control
- should determine what has been learnt from the COAG Indigenous trials.

The NHMRC's role in the intervention includes:

- developing the proposal,
- overseeing the relationships,
- bringing science into the evaluation,
- facilitating the evaluation of the whole intervention, possibly including economic evaluations where appropriate, and
- involving the Chief Health Officers as Members of Council, in its development.

Actions:

Professors O'Dea, Daube and Baur to comment on and augment a two page concept paper on PCHC/NHMRC proposed obesity intervention "package" for circulation.

Secretariat to circulate the concept paper to PCHC Members for comment.

2. Evaluation

Points discussed:

Best practice guide

- Produce a guide with a high level principles based framework making the case for rigorous monitoring and evaluation appropriately tiered to the end points of interest, including policy outcomes.
- The guide should outline that evaluations need to be objective, independent and transparent (including those undertaken on situations where self regulation occurs) and that we need to evaluate research to learn from what we are doing.
- Use of the guide could be a condition of receiving NHMRC funding.
- There exists a challenge in ensuring the use of the guide.
- Chief Health Officers will be very interested in this work.
- The guide needs to capture why evaluation is needed, particularly when in some instances evidence is seen as a risk.
- There are different levels of evaluation:
    - Interventions, with outcomes,
    - Policy development,
    - Regulation, and
    - Effectiveness and governance.

Data

- Determine the routinely collected health and non-health obesity intervention data and existing gaps.
- Some data sources suggested included:
    - School canteens
    - Supermarkets
    - Bettering the Evaluation And Care of Health (BEACH)
    - AIHW data diabetes
    - High school survey
    - Computer Assisted Telephone Interviewing (CATI) surveys
    - South Australian health monitoring
    - Australian Health Survey (2011-13)
    - Medicare locals
    - Dental caries
    - Food and health dialogue
    - Urban design

Food Labelling Review Report

- The Report is a well written accessible report giving clear recommendations.
- The Report has a high calibre approach that supports evidence based recommendations and conclusions.

Actions:

Professor Roder to provide an outline of the Best Practice Guide.

Secretariat to circulate Professor Roder's outline to PCHC Members for comment.

NHMRC to contact Chief Health Officers to determine available datasets of obesity interventions.

Professor O'Dea to provide a brief set of comments on the Food Labelling Review Report indicating the recommendations supported by PCHC.

Secretariat to circulate Professor O'Dea's comments to PCHC Members for comment and provide the final document to Council.

3. Obesity Policy Research Partnership Centre

Points discussed:

- The scale of obesity as a public health issue dictates the need for a centre.
- The partnership centre
    - could inform and support research, evaluate policy and cost effectiveness of research;
    - could encourage rigour in monitoring and evaluation;
    - could provide advice to governments;
    - would be separate to other activity;
    - would involve the leaders in research and establish strong linkages with industry, policy makers and practitioners;
    - would consider all the health and non-health drivers of obesity; and
    - like the National Collaborative Research Infrastructure Strategy model, would broker parties to participate.
- Funding sources to be investigated include:
    - Partnership grants;
    - ANPHA;
    - Program grants; and
    - External funding for administration and NHMRC funding for the research.
- The Rudd Center for Food Policy and Obesity and the National Drug Research Institute provide a model to be considered.
- The Centers for Disease Control and Prevention develop Community Guides for each advice activity and this provides a review of evidenced based practice and discusses obesity.

Action:

NHMRC to outline a proposal for an Obesity Policy Partnership Centre in the Australian context including the rationale, suggested models, linkages, structures and potential funding sources.

NHMRC to explore funding options.

4. NHMRC processes

Points discussed:

- Targeted Calls for Research (TCR) can be submitted to the CEO by each Principal Committee.
- The TCR could cover the capacity to improve population health through quality science.
- Translational intervention research is underrepresented and needs to be encouraged to better inform policy.
- PCHC is keen for a Grant Review Panel on obesity.
- Conflict of interest:
    - Conflict of interest can result in inexpert review when those conflicted are out of the room.
    - There is a need for quality peer review.
    - ANAO conflict of interest requirements that need to be met.
    - Need to investigate ways of keeping the expert knowledge in the grants process such as experts answering questions providing comments to the panels to assist in decision making.
- Feedback on why grants aren't funded would assist people for future applications.

Action:

NHMRC to provide Professor O'Dea with the TCR template and some background into how the TCR can be developed.

Professor O'Dea to consider the TCR template with potential obesity research interventions for discussion at the March PCHC meeting.

Professor O'Dea to discuss conflict of interest with Professor Best, Chair, Research Committee.

PREVENTION AND COMMUNITY HEALTH COMMITTEE
29 March 2011
Marshall Warren Room, Level 1, 16 Marcus Clarke Street, Canberra City
9:00am – 4:30pm
Agenda

Agenda No	Time	Agenda Title	Purpose	Presenter
1	9.00am	Welcome and Opening	Acknowledgement of country Apologies Declarations of Interest	Chair
2	9.15am	Members' Forum	Members to raise matters for the attention of the NHMRC CEO	Chair
Priority items for discussion and advice to the NHMRC CEO				
3	9.45am	Obesity strategy	Progressing NHMRC Obesity initiatives • Long term intervention • Obesity policy partnership centre • Evaluation guide Increasing intervention research in public health	Chair, Mrs Farmer & Professor Papadakis
Morning Tea – 11.00am				
4	11.15am	Australian National Preventive Health Agency	Discussion re possible partnership options	Professor McCallum
5	11.45am	Opt-out consent	Discuss AHEC consideration in context of PCHC recommendations	Mr Sammels & Ms Mitchell
6	12.15pm	Data and data linkage	Presentation from Dr Merran Smith, CEO Population Health Research Network Seek members advice on a national health and police data workshop	Dr Smith Dr Barrow
Lunch – 1.00pm				
7	1.30pm	Food labelling Review	Develop a response regarding ONHMRC input to Government response	Ms Mitchell
Information updates				
8	2.00pm	Aboriginal and Torres Strait Islander Health Advisory Committee	Update on the Indigenous Scientific Forum	Ms Faulkner

Afternoon Tea – 2.30pm				
Routine items - accepted as recommended unless Members choose to discuss				
9	2.45pm	Minutes and actions arising	Endorsement of the minutes and review of actions arising	Chair
10	3.00pm	Chair's Report	Report from the Chair	Chair
11	3.30pm	NHMRC CEO Report	Report from the CEO	CEO
12	4.00pm	Out of session items	Note decisions made out of session	Chair
13	4.10pm	Other business	Raise and discuss any other business	Chair
14	4.30pm	Dates of future meetings and close	Dates of 2011 meetings	Chair

Prevention and Community Health Committee
29 March 2011

Final Minutes

Attendance

Members

Professor Mike Daube	Acting Chair - Member with expertise in public health
Professor Louise Baur	Member with expertise in public health
Dr Kyllie Cripps	Member with expertise in Aboriginal and Torres Strait Islander health
Dr Tony Hobbs	Member with expertise in public health
Dr Marlene Kong	Member with expertise in Aboriginal and Torres Strait Islander health
Professor Ian Olver AM	Member in common with Australian Health Ethics Committee
Professor David Roder	Member with expertise in public health
Mr Sebastian Rosenberg	Member with expertise in consumer advocacy
Professor Melanie Wakefield	Member with expertise in public health
Professor Steve Wesselingh	Member with expertise in public health

ONHMRC

Professor Warwick Anderson	CEO
Professor John McCallum	Head, Research Translation Group
Ms Cathy Mitchell	A/g Executive Director, Research Translation Canberra (RTC)
Professor Elim Papadakis	Executive Knowledge Development Officer (RTC)
Ms Tanja Farmer	A/g Director, Strategic Partnerships, RTC
Ms Samantha Faulkner	Director, Indigenous Health Unit
Ms Jen Walton - (Minute taker)	Assistant Director, Secretariat Section (RTC)

Date prepared: 10 May 2011

Ms Esther Doherty	Secretariat Section, RTC

Invited Guests

Dr Merran Smith	Chief Executive, Population Health Research Network

Apologies

Professor Kerin O'Dea	Chair, Prevention and Community Health Committee
Mrs Cathy Clutton	Executive Director, Corporate Services
Ms Lisa McGlynn	Senior Executive, Health Group, Australian Institute of Health and Welfare (AIHW)

Item 1 Welcome and Opening

The meeting was opened by the Acting Chair, Professor Mike Daube, at 9.25am. Professor Daube acknowledged the traditional owners of the land on which the meeting was being held. Professor Daube:

- welcomed Members, in particular Professor Melanie Wakefield, and NHMRC staff,
- noted that Professor O'Dea and Ms McGlynn were apologies,
- congratulated Professor Wesselingh on his appointment to the Board of South Australian Health and Medical Research Institute as the inaugural Executive Director, and
- noted that there would be a guest speaker for agenda item 6.

Professor Daube also reminded Members to advise any conflicts of interest, if and when they arise.

Item 2 Members' Forum

Discussion

Members discussed:

- the possible options for PCHC to support a case for increased funding for population health research,
- data access and consent issues for population health research and for policy and practice, and
- the fact that the National Statement is silent on opt-out consent.

Outcomes

Members noted that Professor Roder will develop a paper, with assistance from PCHC Members, for the 12 July 2011 PCHC meeting to foster discussion on why different levels of monitoring and research have different participation rates and data requirements. The aim of the discussion at the 12 July 2011 PCHC meeting is to develop a better understanding of data needs and outline the specific barriers where NHMRC can assist.

Action

- Professor David Roder to develop a paper, with assistance from PCHC Members, for the 12 July 2011 PCHC meeting on increasing public health survey and monitoring participation rates by adjusting the requirements for consent.

Item 3 Obesity Strategy

Professor Wakefield declared a conflict of interest because her employer, the Cancer Council Victoria, advocates for policy in relation to food marketing, and her Centre undertakes research on food marketing and labelling and undertakes secondary school student surveys on diet and activity.

3.1 Obesity – Targeted Calls for Research

Proposal 1 – Obesity Intervention Research

The meeting discussed the importance of the Obesity Intervention Research proposal pursuing a comprehensive approach through a large scale multi-sectoral project. The logistics of implementing a large scale, multi-sector intervention that would address the drivers of obesity through a TCR were discussed by members

The NHMRC CEO discussed the COAG context in relation to this proposal and raised the possibility that states and territories might be already fully committed to action under the National Partnership Agreement on Preventive Health (the Agreement).

This proposal would need to be well targeted, coordinated and complement the work being undertaken in the States and Territories through the CoAG Agreement and its associated reporting. The Australian National Preventive Health Agency (the Agency) will undertake the evaluation of the Agreement. The Agency only has a small research budget but Obesity is one of its main areas.

It is considered that once the states and territories have their implementation plans established it may be more feasible to discuss possible partnerships with a jurisdiction. The intervention will differ to those of the Agreement in that it will focus on upstream drivers of obesity. The ONHMRC can explore new avenues for funding and brokering partnerships with jurisdictions to evaluate policies.

Members discussed the concept of a jurisdiction or community which would initially undertake the project. A specific jurisdiction such as Tasmania or alternatively a sub-group of the population such as the recipients of benefits (unemployment or disability pension) or a Medicare Locals area were discussed. It was suggested that geographic entities such as jurisdictions have a range of advantages in terms of a comprehensive approach and capacity for evaluation.

The committee was advised that the scope of the Obesity Intervention Research proposal is not within the parameters of a TCR but rather an activity in which NHMRC would have a brokering role to facilitate partnerships and provide support through its funding schemes.

Proposal 2 – Centre of Research Excellence (CRE) in Public Health – Obesity Policy
The meeting discussed the TCR proposal to develop an Obesity Policy research centre. The focus of the centre would be on research translation and provide evidence distillation to bridge the gap between research and policy.

Key elements for success were discussed for inclusion in the TCR. A primary objective of the policy research centre would be to develop collaborations/consortiums. In addition a clear governance framework is required .

The emphasis should be on the capacity to undertake research translation activities and evaluation of its success and not simply to fund research. The breadth and depth of the CRE's scope is an important consideration with evidence translation as the goal. Policy advocates/makers could provide assistance in deciding the CRE's priorities and determine links to current policies.

The ONHMRC Centre of Research Excellence in Public Health funding scheme has the potential to progress the policy research centre. CRE's are traditionally established to develop research capacity however the CRE model could also be adapted to facilitate translational research as well.

Outcomes

Proposal 1 - Obesity Intervention Research

- The Obesity Intervention Research proposal needs to be reconsidered:
    - into a large scale project that elevates the importance of a comprehensive approach through partnerships, and
    - to consider the suggestion of starting with a specific jurisdiction.

Proposal 2 – CRE in Public Health – Obesity Policy

- The CRE proposal requires refining:
    - noting that it is a research translation device that provides a bridge between research and policy,
    - noting that the emphasis is on both capacity to undertake research, and
    - to involve policy advocates/makers in the development of the proposal to assist in determining priorities.

3.2 Obesity - Evaluation guide

- The aim of the evaluation guide is to provide a framework of principles that encourages methodological evaluation of research with an end point being publication of findings that enhances the knowledge base on evaluation.
- A community perspective may assist in determining what needs to be evaluated.
- The Agency is establishing an Advisory Council and it may have an interest in the evaluation guide.
- The development of the evaluation guide should link with progress in intervention research internationally eg. CIHR.

Outcome

Professor McCallum to pursue some contacts with a possible action for NHMRC to commission the development of an Evaluation Guide.

Actions

Proposal 1 - Obesity Intervention Research

- ONHMRC to explore new avenues for funding a large scale Obesity Intervention Research proposal targeting upstream factors. The ONHMRC and the Agency are potential brokers.

Proposal 2 – CRE in Public Health – Obesity Policy

- ONHMRC to refine the CRE proposal to:
  - emphasise capacity building,
  - outline potential collaborations,
  - scope the breadth and depth, and
  - outline the governance structure.

Obesity - Evaluation guide

- The ONHMRC to:
  - discuss the evaluation guide with the Agency when the Advisory Council is established,
  - determine current international situation in evaluation of public health intervention research, and
  - feed back any opportunities to commission the development of an Evaluation Guide through Commonwealth Procurement Guidelines processes.

Item 4 Australian National Preventive Health Agency

Discussion

The ONHMRC has met several times with the Agency CEO on several occasions and continues to discuss potential collaborations

The Agency's initial remit is to respond to the challenges posed by chronic conditions and their lifestyle related risk factors but it may in the future consider issues such as mental health. Their focus is on using the appropriated funds to progress research in line with the recommendations of the Preventive Health Taskforce. The Agency is in the process of establishing the Australian National Preventive Health Agency Advisory Council.

Outcome

Members noted that the:

- ONHMRC will work with the Agency to develop a national preventative health research strategy.

Item 5 Opt-out consent

Discussion

Members discussed that:

- the National Statement is silent on opt-out consent and this provides an opportunity for NHMRC to reconsider this section of the Statement , and
- currently, long term surveys are greatly affected by changing consent parameters.

Outcomes

The Meeting noted that:

- AHEC has been discussing opt-out consent and will be putting a paper to Council,
- there was support for PCHC to develop a paper with the scientific perspective for the CEO and Council to consider with respect to addressing opt out consent,
- during the Members' Forum (item 2) the CEO indicated his interest in receiving PCHC's advice in relation to opt-out consent, and
- it has been debated that the public may not appreciate the difference between opt-in and opt-out consent, and that there was an opportunity to address this.

Actions

- ONHMRC to provide to the NHMRC CEO the previously discussed background to this issue.

- Professor Olver to develop a paper for the CEO and Council on opt-out consent, for PCHC's consideration, that includes:
  - the scientific perspective,
  - studies and legislation where opt-out consent already exists,
  - its importance in surveys,
  - the difficulties when surveys have low participation rates, and
  - potential inclusion in the National Statement.

- Ms Mitchell to advise Professor Olver on NHMRC policy on submitting a paper on opt-out consent for publishing.

Item 6 Data and data linkage

The Committee received a presentation from Dr Merran Smith, Chief Executive, Population Health Research Network and then discussed researcher access to data.

Dr Smith stated that there is currently a two stage protection with research data - firstly the data is de-identified and then the researcher agrees to not try and identify the data. To date there have been no breaches of privacy.

Discussion took place around different data sets and the associated issues and the potential for PCHC to develop a code of practice or principles in relation to public health data. Professor Daube asked Dr Smith to advise PCHC in the future when it is appropriate for it to take a further interest in supporting data linkages.

OHNMRC and Professor Roder provided feedback on the February teleconference between researchers and jurisdiction representatives. Attendees agreed that a national 'show and tell' workshop would assist in showing best practice access to data.

Outcomes
Members supported the recommendation to hold a data access workshop noting that:

- the development of an NHMRC statement is one possible outcome,
- there is a number of potential data sources to be discussed eg. mental health, police and justice,
- the inconsistencies in data, blockages and barriers discussed at the teleconference could be further discussed, ,
- PCHC members can provide a list of potential invitees, and
- representatives should include senior health people and a senior police officer, possibly a police commissioner.

Actions

The ONHMRC to:

- organise a workshop to provide an opportunity to showcase best practice data access and aim to improve access, and
- contact PCHC Members to develop a list of possible workshop participants.

Item 7 Food labelling review

Outcomes
Members agreed to form a subgroup consisting of Professors O'Dea, Baur, Wakefield, Daube and Olver to discuss a response to the Food Labelling Review report.

Actions

The ONHMRC to:

- undertake a literature review to determine the effectiveness or otherwise of the self regulation of food labelling,
- provide the subgroup with a copy of the recommendations for it to comment on within a fortnight of circulation, and
- organise a teleconference of the subgroup after this.

Item 8 Aboriginal and Torres Strait Health Advisory Committee

Discussion
Ms Faulkner and Dr Cripps provided an overview of the NHMRC Indigenous Scientific Forum held from 24-25 February 2011 at the ACT Aboriginal and Torres Strait Islander Cultural Centre. The Forum is one of the action areas in the Road Map II action plan and it highlighted the challenges and barriers faced by students but also discussed solutions.

The Forum was attended by 17 emerging research students, some senior research students and stakeholders. While there were no representatives from universities, there was attendance by the Indigenous Higher Education Advisory Council, the Australian Research Council and the Department of Innovation, Industry, Science and Research. The Maori perspective was provided through the Forum attendance of Dr Sue Crengle.

Outcomes
Members noted that:

- a draft communiqué has been approved and will be circulated shortly, and
- after the ATSIHAC meeting on 8 April 2011 Ms Faulkner will advise PCHC on any appropriate actions.

Item 9 Minutes and actions arising

Outcomes
PCHC Members endorsed the draft minutes of its 5 November 2010 meeting and discussed the actions arising.

Item 10 Chair's Report

Outcome
Members noted the Chair's written report.

Item 11 NHMRC CEO's Report

Outcomes
Members noted the CEO's written report on NHMRC activities.

Item 12 Out-of-Session Items

There was no discussion about the out-of-session items.

Item 13 Other Business

There was no other business.

Item 14 Dates of Future Meetings and Close

Outcome
Members noted that the next meeting will be held on 12 July 2011. The meeting closed at 2.30pm.

PREVENTION AND COMMUNITY HEALTH COMMITTEE
18 August 2011
Teleconference
10am to 12pm EST
Agenda

Agenda No	Time	Agenda Title	Purpose	Presenter
1	10.00am	Welcome and Opening	Acknowledgement of country Apologies Declarations of Interest	Chair
2	10.10am	Members' Forum	Members to raise matters for the attention of the NHMRC CEO	Chair
Priority items for discussion and advice to the NHMRC CEO				
3	10.30am	Data - Alcohol Workshop	To advise NHMRC in planning the Alcohol Workshop.	Mrs Farmer
4	11.00am	NHMRC/ASSA Public Health - Workshop	For information and discussion	Ms Connor
5	11.30am	Centre of Research Excellence – Obesity Policy Centre	To discuss development/progress.	Mrs Farmer
Routine items - accepted as recommended unless Members choose to discuss				
6	11.40am	Minutes and actions arising	Endorsement of the minutes and review of actions arising	Chair
7	11.45am	Chair's Report	Report from the Chair	Chair
8	11.50am	NHMRC CEO Report	Report from the CEO	CEO
9	11.55am	Out of session items	Note decisions made out of session	Chair
10	12.00pm	Other business	Raise and discuss any other business	Chair
11	12.10pm	Dates of future meetings and close	Set meeting dates until the end of the triennium.	Chair

Prevention and Community Health Committee Meeting

Final Minutes

18 August 2011

Attendance

Members

Professor Kerin O'Dea	Chair, Prevention and Community Health Committee
Professor Mike Daube	Member with expertise in public health
Dr Tony Hobbs	Member with expertise in public health
Dr Marlene Kong	Member with expertise in Aboriginal and Torres Strait Islander health
Professor David Roder	Member with expertise in public health
Mr Sebastian Rosenberg	Member with expertise in consumer advocacy
Professor Melanie Wakefield	Member with expertise in public health

ONHMRC

Ms Cathy Mitchell	A/g Executive Director, Research Translation Group - Canberra (RTG-C)
Ms Tanja Farmer	A/g Director, Strategic Partnerships, RTG-C
Ms Joanna Bencke	A/g Assistant Director, Strategic Partnerships, RTG-C
Ms Jen Walton	Assistant Director, Secretariat Section RTG-C

APOLOGIES

Professor Louise Baur	Member with expertise in public health
Dr Kyllie Cripps	Member with expertise in Aboriginal and Torres Strait Islander health
Professor Ian Olver AM	Member in common with Australian Health Ethics Committee
Professor Steve Wesselingh	Member with expertise in public health

Date prepared: 14 September 2011

Item 1 Welcome and Opening

The teleconference was opened by the Chair, Professor Kerin O'Dea, at 10am. Professor O'Dea acknowledged the traditional owners of the different lands on which the teleconference was being held and noted the apologies.

Professor O'Dea also reminded Members to advise any conflicts of interest, if and when they arise.

Item 2 Members' Forum

Discussion
The Committee discussed the:

- data integrating authority review and noted the review will call for submissions, and
- Paper on Plain Packaging of Cigarettes, proposed by several members of PCHC.

Actions
ONHMRC to liaise with Greg Coombs, DoHA, about the data integrating authority review.

Item 3 Alcohol Data Workshop

The Committee discussed the Alcohol Data Workshop, in particular:

- the need for a well organised program;
- the importance of capturing the perspective of data custodians regarding achievements to date, current barriers and options for the future;
- the importance of ensuring that the Workshop does not just go over old ground
- that the primary care databases have great potential and it would be valuable to have a presentation from some "primary care champions" such as AGPN or RACGP and
- the importance of data linkage and the need to invite David Kalisch, AIHW.

Outcomes
ONHMRC to revise the Alcohol Data Workshop program as per the actions below.

Actions
Professor Roder to liaise with the ONHMRC to develop the Workshop agenda.

PCHC to provide the ONHMRC with amendments and additions to the list of invitees.

Dr Tony Hobbs to provide the ONHMRC with contact details for a representative within AGPN or RACGP to invite to the workshop.

ONHMRC to:

- develop a background paper for the workshop
- take the topics from session 2 and 3 and put them into the background paper.
- leave session 4 as an open discussion and have a session for questions,
- contact AGPN and RACGP to invite a speaker on primary care databases,
- contact Victoria White, Cancer Council Victoria, about the Australia Secondary Students Alcohol and Drug Survey,
- invite David Kalisch, AIHW, to provide a data linkage perspective, and

- determine if the DoHA National Alcohol Knowledgebase report can be circulated and if so provide it to Members.

Item 4 NHMRC/ASSA Public Health Workshop on the Social Determinants of Health (SDOH)

Discussion
ONHMRC discussed the SDOH workshop, planned for the late 2011.The Committee noted that there have been a number of public health workshops that define the SDOH but do not contribute to solving the issues. The Committee agreed that it would like to have an opportunity to be involved in the planning of the workshop.

Dr Kong noted that it was important that the speakers chosen for the NHMRC/ASSA Public Health Workshop also discuss what works in Indigenous health.

Outcome
ONHMRC to delay the NHMRC/ASSA Public Health Workshop until PCHC has had an opportunity to discuss its meeting on 8 December 2011.

Action
ONHMRC to put the NHMRC/ASSA Public Health Workshop on the PCHC agenda for 8 December 2011.

ONHMRC to invite Professor Fran Baum,(or delegate) and Dennis Trewin (ASSA) to this meeting.

Item 5 Centre of Research excellence – Obesity Policy Centre

Outcome
The Committee agreed that the CRE – Obesity Policy Centre needs to focus more on infrastructure such as urban development and less on food.

Action
Professor O'Dea will circulate some suggested changes to the CRE – Obesity Policy Centre to Members for comment.

Item 6 Minutes and actions arising

Outcomes
PCHC Members endorsed the draft minutes of its 29 March 2011 meeting and discussed the actions arising.

Action
ONHMRC to provide Professors Roder and O'Dea with a copy of the opt-out-consent information provided to the NHMRC CEO.

Item 7 Chair's Report

Outcome
Members noted the Chair's verbal report.

Item 8 NHMRC CEO's Report

The CEO's report will be provided to the Committee out of session.

Item 9 Out-of-Session Items

There were no out of session items.

Item 10 Other Business

Dr Hobbs congratulated Professor Daube on his recent television appearance discussing the changes to alcohol labelling.

Item 11 Dates of Future Meetings and Close

Members noted that the next meeting will be held on 8 December 2011 and the Secretariat will provide a poll to Members to determine the meeting dates for the rest of the triennium.

PREVENTION AND COMMUNITY HEALTH COMMITTEE
Meeting
Marshall Warren Room
8 December 2011 - 9am to 4pm
Agenda

Agenda No	Time	Agenda Title	Purpose	Presenter
1	9.00am	Welcome and Opening	Acknowledgement of country Apologies Declarations of Interest	Chair
2	9.10am	Members' Forum	Members to raise matters for the attention of the NHMRC CEO	Chair
Priority items for discussion and advice to the NHMRC CEO				
3	10.00am	Data - Alcohol Workshop and ethics draft issues paper	To discuss the Workshop postponement and the ethics draft issues paper.	Chair Ms Connor
Morning tea 10.15am				
4	10.30am	NHMRC CEO report	To receive a report from the CEO	CEO
5	10.45am	Advice for 2012/15 Triennium	To discuss priorities for 2012/15 triennium.	CEO
6	11.30am	Centre of Research Excellence – Obesity Policy Centre	To provide a progress update	Ms Farmer
7	11.45am	Public Health Funding outcomes	For noting	Ms Farmer
Lunch 12.00pm				
8	1.00pm	NHMRC/ASSA Social Determinants of Health Workshop 2012	To discuss an agenda for a February 2012 workshop	Chair Ms Connor
Routine items - accepted as recommended unless Members choose to discuss				
9	2.00pm	Minutes and actions arising	Endorsement of the minutes and review of actions arising	Chair
10	2.30pm	Chair's Report	Report from the Chair	Chair
Afternoon tea 3.00pm				
11	3.15pm	Out of session items	Note decisions made out of session	Chair
12	3.30pm	Other business	Raise and discuss any other business	Chair
13	3.45pm	Dates of future meetings and close	Note final meeting dates for the triennium as 7/2/12 and 16/5/12	Chair


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Prevention and Community Health Committee
8 December 2011

Draft Minutes

Attendance

Members

Professor Kerin O'Dea	Chair, Prevention and Community Health Committee
Professor Mike Daube	Member with expertise in public health Attended via teleconference
Professor Louise Baur	Member with expertise in public health Attended via teleconference
Dr Kyllie Cripps	Member with expertise in Aboriginal and Torres Strait Islander health
Dr Tony Hobbs	Member with expertise in public health
Dr Marlene Kong	Member with expertise in Aboriginal and Torres Strait Islander health
Professor Ian Olver AM	Member in common with Australian Health Ethics Committee Attended via teleconference
Professor David Roder	Member with expertise in public health
Professor Melanie Wakefield	Member with expertise in public health

ONHMRC

Professor Warwick Anderson	CEO
Professor John McCallum	Head, Research Translation Group
Ms Samantha Robertson	Executive Director, Research Translation Group - Canberra (RTG-C)
Ms Cathy Connor	Director, Strategic Partnerships, RTG-C
Dr Marcus Nicol	Director, Evaluation and Reporting, Research Group
Ms Tanja Farmer	Assistant Director, Strategic Partnerships, RTG-C

Ms Joanna Bencke	A/g Assistant Director, Strategic Partnerships, RTG-C
Ms Jen Walton	Secretariat Section RTG-C
Ms Kimberley Glass	Secretariat Section, RTG-C

Invited Guests – Attended Item 8

Dr Lisa Studdert	Australian National Preventive Health Agency
Mr Denis Trewin	Academy of the Social Sciences in Australia
A/Prof Peter Sainsbury	School of Public Health, Sydney
	Attended via teleconference
E/Prof Anne Edwards	Academy of the Social Sciences in Australia
	Attended via teleconference

Apologies

Professor Steve Wesselingh	Member with expertise in public health
Mr Sebastian Rosenberg	Member with expertise in consumer advocacy

Item 1 Welcome and Opening

The meeting was opened by the Chair at 9.00am. The Chair acknowledged the traditional owners of the land on which the meeting was being held and:

- welcomed the Members and NHMRC staff,
- noted the apologies, and
- noted that there would be guests attending for agenda item 8.

Professor O'Dea also reminded Members to advise any conflicts of interest, if and when they arise.

Item 2 Members' Forum

Discussion

Professor Olver highlighted that the Australian Health Ethics Committee (AHEC) is considering the National Statement and in particular the issue of Opt out Consent. Professor O'Dea congratulated Professors Olver and Roder for their contribution and work in this area.

Professor Roder discussed the importance of translating research into practice and policy, in particular that there is an enormous volume of untapped evidence/information in scientific literature. Professor Wakefield noted that Non-Government Organisations already undertake translation activities.

Professor Wakefield also mentioned a periodic review on tobacco and its broader scope of the study system design.

Professor McCallum told the Committee that the NHMRC is setting up a clinical research faculty and is committed to developing a Public Health Faculty in the future.

Action
Professor Wakefield to circulate the tobacco periodic review.

Item 3 Data – Alcohol Workshop

Discussion

Ms Connor addressed the committee about the postponement of the Alcohol Data Workshop, due to a current Department of Health and Ageing (DoHA) tender and the resulting possible conflicts of interest. Ms Connor thanked the committee for their work and effort so far. Professor O'Dea commented on the lack of communication between DoHA and the ONHMRC, however acknowledged that the papers prepared were excellent.

Professor O'Dea acknowledged the 'National Alcohol Harm Reduction Strategy: Qualitative Evaluation of Resources' Report that DoHA commissioned Horizon Research to undertake. The Report evaluated the effectiveness of DoHA's promotional resources that convey a range of messaging based on the evidence in the NHMRC Alcohol Guidelines, and found that public awareness of the NHMRC Guidelines could be raised, as many people are still following the drink-driving guidelines of two standard drinks in the first hour and one per hour thereafter.

Professor Daube commented on the NHMRC Issues Paper on 'Ethical issues in alcohol and other drugs research', and questioned if it was appropriate that the committee prepare a submission. Professor Daube suggested that the document focuses on alcohol and other drugs and not on the fundamental issues. Professor Daube also identified the issue of researchers working with industries e.g. tobacco and alcohol and the associated ethical problems, including the broader issue of the implications of industry funding. The Committee noted that this could be an issue for the next triennium.

Professor McCallum notified the group that they can comment on the document if desired and that responses are required by 16 December 2011.

Professor McCallum stated that the Committee will also be able to provide individual submissions to the McKeon review of health and medical research next year.

Item 4 NHMRC CEO's Report

Discussion
Professor Anderson informed the committee:

- about the Public Service Efficiency dividend and said that the reduction is on business operations not on research funding,
- that DoHA will be seeking nominations of committee members for the next triennium, and
- that the Australian Dietary Guidelines will be released for public consultation next week.

The Committee expressed concern that when people access the NHMRC guidelines portal and it takes them to an external guideline, they can be misled into believing that they are viewing an NHMRC guideline. Professor Anderson noted this and also mentioned that the guidelines landscape is changing with new stakeholders in the area such as the National Lead Clinicians Group and the Australian Commission on Safety and Quality in Health Care.

Professor Anderson gave a breakdown of research funding within the public health sector and noted the gap in the number of grants applied for by Western Australian institutions compared to other Australian states.

NHMRC recently undertook public consultation on a draft policy for identifying and managing conflicts of interest. A report of this will be provided to Council and Principal Committees.

Outcome
Members noted the CEO's written report.

Item 5 – Next triennium

Discussion
The Committee discussed potential topic areas for the next triennium. Initial topic areas included:

- research translation, in particular drawing on the enormous untapped evidence in the scientific literature so that it can be used in policy and practice;
- environmental health;
- a dedicated program on intervention research;
- eHealth;
- implications around Industry funding for research;
- obesity; and
- Indigenous health.

The CEO informed the Committee that all PCs will be approached to assist in the development of the next NHMRC Strategic plan and that the identified major health issues will provide the framework for PCs for the next triennium.

Outcome
Professor O'Dea requested the 'next triennium' to be the major item at the next meeting, and asked the Committee to consider areas for further discussion at this meeting.

Action
ONHMRC to place Next Triennium on the PCHC agenda and develop some draft terms-of-reference for discussion at its next meeting.

ONHMRC to circulate the draft terms of reference prior to the next PCHC meeting.

Item 6 Centre of Research Excellence – Obesity Policy Centre

Discussion
The Committee noted that the CRE in Population Health Research opened on 28 October 2011 and closes on 30 January 2012.

The committee raised the possibility of holding an obesity workshop with a focus on the drivers of obesity, prevention and intervention techniques.

Action
ONHMRC is to have an internal discussion on the option of holding an obesity workshop this triennium prior to further consideration by PCHC.

Item 7 Public Health Funding Outcomes

Discussion
Dr Nicol discussed and presented to the committee with recent funding round outcomes. He advised that for the first time, the success rate for public health was higher than for basic science.

Item 8 NHMRC/ASSA Social Determinants of Health Workshop 2012

Discussion
The Committee agreed that the goal of the Social Determinants of Health Workshop is to determine the research, interventions and policy activities and actions needed to make a difference in social inequalities that impact on health outcomes for Australians.

The Committee discussed the following points in relation to preparing for the Workshop:

- A broad range of views need to be represented with examples from international, national, macro and micro experiences that can be applied in the Australian context.
- It must set the scene quickly and result in tangible, practical outcomes and directions.
- It should discuss the:
    - translation of research into advocacy and policy,
    - interventions and societal models – what has worked and failed? Why?
    - gaps in current research,
    - social gradients in health (e.g. Denmark vs. Australia),
    - what is it in power structures that support/effect policy,
    - Drivers of inequality - exploration of the current policies that are increasing inequality (e.g the rebate for private health and private education etc) and how and why they are making things worse, and
    - structural changes in society needed in the next 20 years and the research that will enable the change.
- It needs to be solutions focussed and must not just describe the problem.

Outcome
The Committee advised the ONHMRC to redevelop the Social Determinants of Health Workshop draft program, develop a list of speakers and canvass potential workshop dates.

The Committee suggested that a senior representative from the Australian National Preventive Health Agency should attend the PCHC meetings from now on.

Actions

The ONHMRC to:

- redevelop the Social Determinants of Health Workshop draft program,
- request nominations for Workshop speakers from PCHC Members, guests attending for this agenda item and Professor Fran Baum, and
- canvass a potential workshop date for discussion at the next PCHC meeting.

Item 7 Minutes and actions arising

Outcome

PCHC Members endorsed the draft minutes of its 18 August 2011 meeting and discussed the actions arising.

Item 8 Chair's Report

Outcome

Members noted the Chair's verbal report.

Item 10 Out-of-Session Items

There were no out-of-session items.

Item 11 Other Business

There was no other business.

Item 12 Dates of Future Meetings and Close

Outcome

Members noted that the next meeting will be held on 17 February 2012. The meeting closed at3.30pm.