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**RACP Submission to Health Research
Council on setting New Zealand's first
health research priorities**

October 2018

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Health Research Council (HRC) on setting New Zealand's the next phase of the New Zealand Health Research Strategy ("the Strategy"), the draft Strategic Investment Area Framework.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Is the overall framework clear and easy to understand?

The RACP finds that the Framework is clear and easy to understand. The statement from the Development Group identifies the overarching objective of the Framework: "New Zealand needs a framework that promotes collaborative, interdisciplinary research and brings the skills and expertise of all our best researchers to bear on the biggest issues for our country, across sectors and research fields". These needs are clearly translated in the draft Strategic Investment Area (SIA) Framework.

This question asks you to rate your response to a series of questions about the framework.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Reflects the Treaty of Waitangi				✓	

See our response to Question 11 for further detail regarding the integration of Te Tiriti in the Framework and SIAs.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Identifies areas that will make the greatest difference to the health and wellbeing of all New Zealanders				✓	

The RACP supports the development of priorities which are strategic and responsive to the needs of New Zealanders and the health system without being overly prescriptive.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Supports excellent science				✓	

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Supports high-impact research				✓	

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Could be successfully implemented across the sector				✓	

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Is clear and easy to understand				✓	

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Is applicable to all types of health and disability research				✓	

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Will identify research that must be done in New Zealand				✓	

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Will assist in delivering on the vision of the Health Research Strategy				✓	

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Will contribute to getting the best value from New Zealand's investment in health research			✓		

It is difficult to comment at this stage of implementation whether or not the Framework and the SIAs will contribute to New Zealand deriving value from this health research investment.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Will be responsive to local and global challenges and opportunities				✓	

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Will help to identify the right balance of infrastructure and research priorities				✓	

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Reflects Government priorities				✓	

There is some alignment and synergy with the current government's priorities in the proposed SIAs, particularly around life course approaches, focuses on mental health and wellbeing, the importance of primary care and identifying the challenge of climate change. As governments work within the three-year election cycle, it is difficult to predict continuing alignment in terms of HRC's priorities and those of subsequent governments.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Will encourage interdisciplinary research				✓	

Draft Strategic Investment Areas for Implementation of the New Zealand Health Research Strategy 1. Strong Foundations of health and wellbeing in children and youth

Do you endorse this Strategic Investment Area?

Yes – the RACP endorses this SIA. The RACP welcomes the inclusion of early intervention and the life course approach as key components of this SIA. These are inherently multi and interdisciplinary concepts, which will enable a wide variety of researchers to make proposals under this SIA.

Is there anything that you would like to change about this Strategic Investment Area?

Yes – There is a tendency towards a linear understanding of the life course within this SIA, particularly in the language used in the 'thought provokers' listed under each Dimension, and perhaps intensified by the structured, compartmental graphic format used. The research characteristics at the end of the page suggest the need for different models and conceptualisations of health and wellbeing, and it may be beneficial to end-users of the SIAs to present the Dimensions in a format that does not suggest a structural hierarchy.

Do you agree with the proposed 'Dimensions' of this Strategic Investment Area? Yes/No (If 'Yes', comment optional; If 'No', comment required)

Yes – However the RACP notes that the word "whānau" is not mentioned anywhere in the discussion document. This is an oversight, as individuals – particularly tamariki and rangatahi Māori do not exist in isolation from their whānau. Western concepts of health and wellbeing tend to privilege the individual over the collective, which has limited relevance to the conceptualisation of wellbeing in te

ao Māori. From a mātauranga Māori perspective, the wellbeing of the individual is enmeshed with the wellbeing of the whānau; there is no strict dividing line¹.

Do you want to suggest specific priorities for this Strategic Investment Area?

The RACP has no specific suggestions other than those detailed in our response below.

In order of importance, what specific priorities do you think should be included within this Strategic Investment Area?

The RACP agrees that mental health and wellbeing should be a priority as part of this SIA. There are multiple connection points across and within the priorities listed; for example, healthy, happy and resilient children and young people is linked to a life course approach for health and wellbeing, in terms of understanding and managing life's transitions.

The RACP notes that the suggested priorities are people-focused, that is there is more emphasis placed on people than on systems or environments. Environments – particularly housing arrangements which are unhealthy, overcrowded or unsafe – can have a significant impact on the health and wellbeing of children and young people^{2 3}. The RACP supports the addition of research priorities which recognise the impact of the social determinants of health.

Disability is not referenced in relation to children and young people. While rates of disability increase with age, the 2013 NZ Disability Survey found that 95,000 children aged 15 years and under were living with disability – for 49 per cent of these children, their condition existed at birth, while for 33 per cent their disability was attributed to an “other cause” – autism spectrum disorder, attention deficit hyperactivity disorder and developmental delay. Tamariki and rangatahi Māori are more likely than non-Māori to live with disability⁴.

Further, the RACP supports the addition of transitions to work (including paid, unpaid and voluntary employment) as one of number of life stages which impact and shape health and wellbeing for individuals, whānau and communities. There is widespread consensus that the nature and shape of work is changing^{5 6}. In order to promote strong foundations of health and wellbeing, understanding how work impacts people's life course – as a positive and protective factor, and as a risk factor (for example, working in an industry with a higher rate of workplace accidents).

¹ Social Policy Evaluation and Research Unit. Subjective whānau wellbeing in Te Kupenga. Wellington: Social Policy Evaluation and Research Unit; 2017.

² Baker MG, McDonald A, Zhang J, Howden-Chapman P. Household crowding in New Zealand: a systematic review and burden of disease estimate. [Internet]. Wellington: He Kainga Oranga/Housing and Health Research Programme, University of Otago; 2013. Available from <http://www.healthyhousing.org.nz/publications/>. Accessed 8 October 2018.

³ Baker, MG. Household crowding an avoidable health risk. Build [Internet]. 2007; 98:36–37. Available from <http://www.buildmagazine.org.nz/issues/show/build-98>. Accessed 8 October 2018.

⁴ Statistics NZ. New Zealand Disability Survey 2013 [Internet]. Wellington: Statistics NZ; 2013. Available from <http://archive.stats.govt.nz/~media/Statistics/Browse%20for%20stats/DisabilitySurvey/HOTP2013/DisabilitySurvey2013HOTP.pdf>. Accessed 8 October 2018.

⁵ Royal Australasian College of Physicians Australasian Faculty of Occupational and Environmental Medicine. Improving workforce health and workplace productivity: a virtuous circle. Position statement. [Internet]. Sydney: Royal Australasian College of Physicians; 2013. Available from <https://www.racp.edu.au/docs/default-source/advocacy-library/improving-workforce-health-and-workplace-productivity.pdf>. Accessed 8 October 2018.

⁶ Organisation for Economic Cooperation and Development. Automation and independent work in a digital economy. Policy brief on the future of work. [Internet] Paris: Organisation for Economic Cooperation and Development; 2016. Available from <http://www.oecd.org/els/emp/Policy%20brief%20-%20Automation%20and%20Independent%20Work%20in%20a%20Digital%20Economy.pdf>. Accessed 8 October 2018.

Draft Strategic Investment Areas for Implementation of the New Zealand Health Research Strategy 2. Sustaining health and wellbeing throughout adulthood and ageing

Do you endorse this Strategic Investment Area?

Yes – the RACP endorses this SIA.

Is there anything that you would like to change about this Strategic Investment Area?

The RACP does not have changes to make to this SIA at this time.

Do you agree with the proposed ‘Dimensions’ of this Strategic Investment Area?

While the RACP agrees in general with the proposed Dimensions, we support a greater emphasis being placed on the importance of Good Work as a key determinant of health and wellbeing⁷.

The RACP agrees that there is a clear and demonstrable need to prioritise research which addresses the diseases and associated risk factors which have significant impact on the morbidity and mortality of New Zealanders. This emphasis should not be at the expense of research into rare diseases and disorders. Around 12 per cent of New Zealanders have a diagnosis of a rare disease or disorder and contributing to the literature and evidence base on these conditions is essential to improve treatment and management outcomes in New Zealand and globally⁸.

Do you want to suggest specific priorities for this Strategic Investment Area?

The RACP notes the SIA has a focus on adulthood and ageing, including acute and chronic disease. The SIA does not include reference to the end of life, which is part of the life course. Access to good quality, equitable end of life care is essential and greater research is needed into how this can be effectively provisioned in New Zealand, particularly considering our aging population, and the numbers of older people living in smaller, more rural communities⁹.

In order of importance, what specific priorities do you think should be included within this Strategic Investment Area?

The RACP strongly supports the SIA including priorities for research which investigates, evaluates and innovates in the area of Good Work. As Good Work includes both paid and unpaid labour, settings for interventions are not restricted to workplaces or contexts where labour is undertaken; but would consider how Good Work can have considerable benefits for individual and whānau wellbeing.

⁷ Good Work is engaging, fair, respectful and balances job demands, autonomy and job security. Good Work accepts the importance of culture and traditional beliefs. It is characterised by safe and healthy work practices and it strikes a balance between the interests of individuals, employers and society. Good Work moves beyond the “sense of safety at work” and amelioration of harm: it fosters wellbeing, personal growth, fulfilment, autonomy and meaning. The Royal Australasian College of Physicians Australasian Faculty of Occupational and Environmental Medicine. Realising the health benefits of good work: Consensus statement. [Internet]. Sydney: The Royal Australasian College of Physicians; 2013 (updated 2017). Available from https://www.racp.edu.au/docs/default-source/advocacy-library/afoem-realising-the-health-benefits-of-work-consensus-statement.pdf?sfvrsn=baab321a_14. Accessed 9 October 2018

⁸ NZ Organisation for Rare Disorders. [Internet]. Wellington: NZ Organisation for Rare Disorders; 2018. Available from <https://www.nzord.org.nz/home>. Accessed 7 October 2018

⁹ The Royal Australasian College of Physicians. Improving Care at the End of Life: Our Roles and Responsibilities. Sydney: The Royal Australasian College of Physicians; 2016. Available from https://www.racp.edu.au/docs/default-source/advocacy-library/pa-pos-end-of-life-position-statement.pdf?sfvrsn=14ce321a_6. Accessed 7 October 2018

Draft Strategic Investment Areas for Implementation of the New Zealand Health Research Strategy 3. Fostering the health and disability system New Zealand needs

Do you endorse this Strategic Investment Area?

The RACP endorses this SIA. This SIA is one of the three SIAs which have a global, macro-level and systems focus, where SIA One and Two consider research and innovation focused on people and populations.

Is there anything that you would like to change about this Strategic Investment Area?

The RACP notes there are no references in this SIA to the health workforce. A key component of a system which resonates and responds to the needs of New Zealanders is the people which power it – referenced in the refreshed NZ Health Strategy, which calls for a system which is ‘People Powered’ and works collaboratively as ‘One Team’ to foster integrated service delivery¹⁰. Research into the health workforce required for a connected and responsive system should be incorporated into this SIA.

Do you agree with the proposed ‘Dimensions’ of this Strategic Investment Area?

References to people-centred care – where people using health care services are active and equal partners in decisions made about them – are welcomed by the RACP¹¹. The Dimensions identified in the SIA are consistent with approaches to integrated care, including continuous quality improvement, flexibility to allow for local settings and the needs of communities, and developing effective pathways between different service providers¹². The RACP is supportive of the Dimensions for this SIA.

Do you want to suggest specific priorities for this Strategic Investment Area?

Members of the RACP’s Australasian Faculty of Occupational and Environmental Medicine (AFOEM) have identified research into models of care and specialities within the multidisciplinary team as potential priorities within this SIA. This could include research into the incorporation of an occupational medicine specialist as part of management of long-term conditions, or following a significant medical event, to enable a managed return to work¹³.

The RACP supports a system designed for the health and disability needs of New Zealanders and encourages the HRC to prioritise preventative interventions and strategies to reduce poor health outcomes, as public health services (many of which have a preventative focus) are a core business

¹⁰ Ministry of Health. NZ Health Strategy 2016-2026. [Internet]. Wellington: Ministry of Health; 2018. Available from <https://www.health.govt.nz/publication/new-zealand-health-strategy-2016>. Accessed 8 October 2018.

¹¹ World Health Organisation – Western Pacific Region. People at the Centre of Care. [Internet]. Philippines: World Health Organisation – Western Pacific Region; 2018. Available from http://www.wpro.who.int/health_services/people_at_the_centre_of_care/definition/en/. Accessed 8 October 2018.

¹² The Royal Australasian College of Physicians. Integrated Care: Physicians supporting better patient outcomes. Sydney: The Royal Australasian College of Physicians; 2016. Available from <https://www.racp.edu.au/docs/default-source/advocacy-library/integrated-care-physicians-supporting-better-patient-outcomes-discussion-paper.pdf>. Accessed 7 October 2018.

¹³ Lokman S, Volker D, Zijlstra-Vlasveld MC, Brouwers EP, Boon B, Beekman AT, Smit F et al. Return-to-work intervention versus usual care got sick-listed employees: health-economic investment appraisal alongside a cluster randomised trial. [Internet]. BMJ Open. 2017; 7(10): e016348. Available from <https://www.ncbi.nlm.nih.gov/pubmed/28982815>. Accessed 8 October 2018.

of the health system in New Zealand¹⁴. Research could consider a range of settings for health promotion and wellness programmes, including public and private sector workplaces.

In order of importance, what specific priorities do you think should be included within this Strategic Investment Area?

We welcome research priorities which identify new models of care and system innovation which addresses and responds to the health needs of Māori. Māori experience a greater burden of disease than non-Māori, and this is reflected in life expectancy statistics: Māori will, on average, die seven years' earlier than non-Māori, and experience higher rates of disability, including age-related disability earlier¹⁵.

Draft Strategic Investment Areas for Implementation of the New Zealand Health Research Strategy 4. Innovating for health and wealth

Do you endorse this Strategic Investment Area?

The RACP endorses this SIA, but finds it has a greater degree of ambiguity and is less fully-formed than other SIAs. This could be due to the inherent indefinite nature of innovation and development.

Is there anything that you would like to change about this Strategic Investment Area?

The RACP does not recommend further changes to this SIA, except to explore how the language used could improve clarity for the end user.

Do you agree with the proposed 'Dimension' of this Strategic Investment Area?

The RACP agrees with the proposed Dimensions for this SIA, and specifically supports the inclusion of a culture and ethics of innovation dimension. Large parts of the existing health system function with little integration and connection, and this can reduce efficiencies in patient management, records, and the effective implementation of novel technologies.

The RACP welcomes the references to Māori data sovereignty and supports Māori guardianship over biological samples and information about themselves, their whānau, hapu and iwi.

Do you want to suggest specific priorities for this Strategic Investment Area?

In order of importance, what specific priorities do you think should be included within this Strategic Investment Area?

The RACP has no further comments on this SIA.

¹⁴ Williams D, Garbutt B, Peters J. Core Public Health Functions for New Zealand. N Z Med J. [Internet]. 2015;128 (1418). Available from <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vo-128-no-1418-24-july-2015/6592>. Accessed 8 October 2018.

¹⁵ Ministry of Health. Life expectancy. [Internet]. Wellington: Ministry of Health; 2018. Available from <https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/life-expectancy>. Accessed 8 October 2018.

Draft Strategic Investment Areas for Implementation of the New Zealand Health Research Strategy 5. Meeting the challenges of our changing world

Do you endorse this Strategic Investment Area?

The RACP endorses this SIA, particularly the reference to climate change in the context of health. The RACP has been vocal in its assertion that climate change is a potential public health crisis, and New Zealand's response to this global issue must include health and wellbeing – particularly of Māori – as a key dimension¹⁶.

Is there anything that you would like to change about this Strategic Investment Area?

The RACP does not have further recommendations for this SIA.

Do you agree with the proposed 'Dimension' of this Strategic Investment Area?

Greater reference to Te Tiriti o Waitangi in the Dimensions of this SIA would be supported by the RACP. The RACP supports a response to climate changes which is informed by the principles of Te Tiriti, as stated in Ora Taiao's revised joint call to action on climate change and health¹⁷.

Do you want to suggest specific priorities for this Strategic Investment Area?

In order of importance, what specific priorities do you think should be included within this Strategic Investment Area?

The RACP does not have further recommendations for priorities under this SIA.

Q8. Are there any other priorities that you have not previously mentioned that you would like to see included in the overall framework? Please rank them in order of importance.

The RACP does not have further recommendations for priorities in the overall framework.

Q9. Are there any Strategic Investment Areas you would like to see included in the proposed Framework?

The RACP does not have further recommendations for SIAs in the overall framework.

Q10. Are there any Strategic Investment Areas in the proposed Framework you think should be removed?

The RACP does not have further suggestions on removing SIAs in the proposed Framework.

Q11. Are there any cross-cutting 'Dimensions' that you think should be included within Every Strategic Investment Area? Why?

The RACP notes that Te Tiriti o Waitangi is only highlighted at the systems level in SIA 3 (Fostering the health and disability system New Zealand needs). In order to promote understanding and adherence to the principles of partnership, participation and protection, systems and every facet

¹⁶ The Royal Australasian College of Physicians. Climate Change and Health Position Statement. Sydney: The Royal Australasian College of Physicians; 2016. Available from https://www.racp.edu.au/docs/default-source/advocacy-library/climate-change-and-health-position-statement.pdf?sfvrsn=5235361a_5. Accessed 7 October 2018.

¹⁷ Ora Taiao: New Zealand Climate & Health Council. Health Professional Joint Call for Action. Auckland: Ora Taiao: New Zealand Climate & Health Council; 2015 (revised 2018).

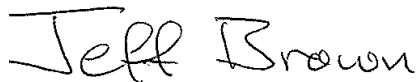
contained within it must be culturally safe. The RACP supports specific mention of Te Tiriti and the principles as cross-cutting Dimensions in every SIA.

The RACP strongly supports the Dimensions of Rangatiratanga and Equity being present in each SIA. While the metaphor used here is “bridging all Strategic Investment Areas”, the RACP sees the principles of rangatiratanga and equity as foundational: these values are at the flax-roots, rather than something imposed or applied at a later stage. The statement from the development group also reflects this: “... the two cross-cutting dimensions – Rangatiratanga and equity – form the whiri (plait) that binds the weaving together.” The RACP would encourage the HRC to consider how the statements of intent could be reflected visually in the infographics used to communicate the proposed SIAs.

Conclusion

The RACP thanks the Health Research Council for the opportunity to provide feedback on this consultation and looks forward to commenting on the final draft of the Framework and Strategic Investment Areas. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa, nā



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