

# Response ID ANON-VUZH-JJ7Q-9

Submitted to MRFF Australian Medical Research and Innovation Strategy and Priorities consultation  
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## Introduction

### 1 Full name

Full Name:

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### 2 Submission type

Organisation affiliated

### 3 Organisation type

Non-government

### 4 Organisation sub-type

Other

### 5 Residential state or territory

Victoria, New South Wales, Australian Capital Territory, Queensland, Northern Territory, Western Australia, South Australia, Tasmania

## Strategy Consultation Questions

### 6 Could the current Strategy (2016-2021) be altered to better meet the purpose set out in the MRFF Act? If so, how?

Max 200 words :

The strategy describes key health and economic benefits to be achieved via research translation into policy and practice through collaboration and innovation. Pre-requisites to achieving the Strategy such as improved transdisciplinary collaboration, consumer input and improved access to research infrastructure are highlighted. However, the strategy is weighted towards research funding for disease treatment. To address priorities such as Diabetes, Cardiovascular Disease, cancers, dementia, particularly in the context of an ageing population, a stronger emphasis on prevention is needed. Primary and secondary prevention with a focus on modifiable risk factors such as smoking cessation, nutrition (including alcohol moderation) and activity represent the best return on investment to deliver reduced burden on the health system.

### 7 What are the most critical current and future issues and factors impacting on the health system, including primary prevention, and on the health and medical research sector that the next Strategy needs to address?

Max 200 words :

Poor diet contributes 5.4% to non-communicable disease burden in Australia (AIHW 2018). Nutrition also influences other top risk factors for obesity, high blood pressure, high blood glucose and alcohol intake, which are all risk factors for obesity, Type 2 diabetes and cardiovascular disease, age-related diseases as well as twenty cancer sites (WCRF). If the diet quality of Australian's was aligned to national recommendations, the burden of disease would drop by 62% for CVD, 41% for T2DM, 34% for stroke and 22% for bowel cancer (AIHW 2015; AIHW 2019). This suggests that achieving even small improvements in population diet would deliver major economic and health benefit. Despite reviewing the Australian Guide to Healthy Eating and the Australian Dietary Guidelines each decade, limited research funding has been allocated to support the effective implementation of evidence-based recommendations into across the health system. Substantial societal impact including health gain and economic benefit would be achieved through a targeted nutrition mission to support research translation to optimise dietary patterns, diet quality and nutritional status whether it be prevention or treatment programs.

### 8 Suggest options for how the next Strategy could address these critical issues and factors?

Max 200 words :

A five-year Nutrition Mission to support research translation to optimise diet quality and nutritional status across health system prevention and treatment touchpoints. This Nutrition Mission should focus on improving nutrition in key life stages. On an annual basis, research funding should be prioritized to improve nutrition and food literacy of Australians to improve dietary choices and to implement programs in settings that improve the access and availability of healthy food to enable better choices. Nutrition support for chronic disease such as CVD, T2DM and cancers and newer areas such as mental health, cognitive decline and dementia as well as diseases of the gastrointestinal tract, including the role of the microbiome should also be included. Improving the effectiveness of nutrition advice and support in key implementation settings such as Primary care, Aged care and maternal health settings should be prioritized. When targeted calls for vulnerable populations are made (for example, CALD populations, Indigenous Australians, people living with disadvantage (including those living rurally and those experiencing disability), nutrition should be included as an explicit reference to encourage application and funding.

9 Given the new and significant impact of COVID-19 on health services and health research, how should the new Strategy address COVID-19 related topics and impacts?

Max 200 words :

Nutrition is relevant to immune function, and underpins conditions increasing vulnerability to morbidity and mortality with COVID-19, namely diet related obesity, chronic disease, and also communities living with disadvantage. Improving dietary patterns and nutritional status is strongly linked with improved mental health. Therefore, the strategies described above, delivered through a specific Nutrition Mission, would support prevention efforts to minimize the impact of COVID-19.

### Priorities Consultation Questions

10 Could the current Priorities be improved to better address the requirements under the MRFF Act? If so, how? This could include consideration of what elements of the Priorities work well to guide MRFF investments and what could be improved for research translation and impact?

Max 200 words :

As part of development or evolving the MRFF priorities, there should be consideration of what elements of the Priorities work well to guide MRFF investments and what could be improved for research translation and impact. There is also a need to embed important elements within the assessment criteria used to rank application. For example, health economic evaluation; an assessment of the quality of the partnerships; and consideration of scalability and sustainability to ensure impact and effective translation of research into policy and practice.

11 What are the most critical current and future issues for the health system and the health and medical research sector that the next Priorities need to address through research translation/implementation?

Max 200 words :

Nutrition is a modifiable risk factor contributing both independently to the burden of disease and as a contributor to most chronic conditions. A five-year Nutrition Mission would support implementation of current nutrition and dietary improvement evidence into existing health and communities setting. Nutrition is a primary risk factor for hypertension, hypercholesterolemia, overweight and obesity. Each of these contribute to chronic conditions of cardiovascular disease and type 2 diabetes. Poor diet (for example low whole grain intake and high sodium intake) is linked with the greatest burden of disease globally. Diet and obesity are also linked to cancer. In order to translate this advice, we need cooperation of all sectors in health and research from primary prevention to the tertiary health sector. Currently funding preferences treatment rather than prevention and medical practitioner researchers rather than additional health disciplines.

12 Suggest options for how the next Priorities could address these critical issues?

Max 200 words :

Within health systems and particularly primary care, specific work should be included on the nutrition education and food literacy of health professionals (doctors and nurses in primary care, as well as other allied health). This would assist in the underpinning of clear nutrition messaging to combat the wealth of misinformation available, and specifically to target primary prevention. As described in the Decadal Plan for Nutrition Science there is a lack of a trusted voice, in part due to commercial interests and promotion from non-qualified professionals, but also from health professionals who are not taught nutrition in their education programs. A priority of health professional nutrition education would support initiatives in public health and health promotion to ensure consistent messaging in prevention of disease.

In the context of Allied Health disciplines, there remains a significant issue with access to funding between health systems and universities. Recognition of allied health practice as a significant track record in translation potential in the same way medical practitioners are recognised. Medical practitioners without PhDs are commonly funded, this rarely occurs in allied health, despite the major scientific training undertaken to become a qualified health professional.

13 Given the new and significant impact of COVID-19 on health services and health research, how should the new priorities address COVID-19 related topics?

Max 200 words :

The expansion of telehealth showed a range of outcomes could be achieved with less regular face to face appointments and more frequent telehealth. This is particularly relevant in rural settings. Research should consider outcomes to ensure that health informatics is not just considered as telehealth appointments, but rather medical, nursing and allied health professionals are involved in systems development to best utilise technology in health promotion, not just treatment of disease. Support should be provided to consider the best health service delivery models especially related to settings such as primary care. Additionally, there is a need to evaluate the cost-effectiveness and impact of telehealth intervention to inform policy in the post COVID-19 era.