

Response to Draft Report by South Australian Productivity Commission (SAPC),
Inquiry into Health and Medical Research in South Australia

9 October 2020

From: School of Public Health, Faculty of Health and Medical Sciences, University of Adelaide

This feedback is submitted in response to the SAPC's invitation to interested parties to comment on the Commission's draft report on health and medical research in South Australia. It follows on from the School of Public Health's initial submission to the SAPC's review.

We are grateful that the SAPC has considered several of the suggestions made in our initial submission and that some of these have been included as recommendations in the draft report. We would like, however, to raise a few additional points.

The Review's Terms of Reference state that health and medical research is an important part of South Australia's health care system because it fosters innovation and improvement in health service delivery "that lead to improved health outcomes for the community and provide cost savings to the health system".

However, we note that the report is almost solely focussed on clinical research (hospital-based, LHNs) and clinician researchers and does not consider that community-based or public health research is also undertaken (and often not by clinicians). Public health research, of which health services research is a part, along with enablers of public health research, receive little mention in the SAPC report.

Public health research is arguably the single most cost-effective contributor to achieving improved community health and cost savings to the health system. Examples of benefit include evidence-based interventions in skin cancer, smoking, obesity/nutrition, exercise, immunisation programs, infection control, and occupational health. Public health expertise, including in epidemiology, study design and health economics, also contributes directly to clinical research through for example clinical trials and evidence based practice. ***Public health research expertise and interventions have saved many more lives from COVID-19 in Australia than have our excellent intensive care facilities.***

The SAPC report is clinically focused, and the words *public health* has limited presence in the entire document*, except with regard to the 'public health system' and with reference to the name of our School (when citing our original submission). We feel that this is a significant and self-defeating shortcoming of the report, if the genuine aim is to improve community health and improve the efficiency of the health system. Clinical research is essential in determining new diagnostic, treatment and rehabilitative approaches. Public health research aims at prevention, surveillance and monitoring of the health of the whole population, including identifying those at high risk, and of optimising the efficiency of the health system as a whole.

We concur with the Commission's view that a set of sustained long-term reforms is needed, including creating a better institutional architecture to achieve close alignment of HMR incentives among the key institutions, beginning with the state government setting HMR as a priority for South Australia. It is interesting that the University of Adelaide is rated number 2 in Australia in terms of industry collaboration

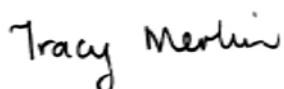
<https://specialreports.theaustralian.com.au/1540291/30/>

Unfortunately, this collaboration does not seem to be in health, perhaps as a result of the scale of the existing HMR sector. So, perhaps there can be more political emphasis on health industry collaborations in SA, as has been done with the wine and wheat industry.

As a final point, much of public health is not in the health portfolio, and grant success metrics in the name of public health extend to portfolios such as education, environment, housing and agriculture. Public health can be a bridge across industries, leading to innovation in those industries. As such, reform of public health research should be considered through greater cross-portfolio communication and collaboration within SA Health on public health topics, and through enhanced partnerships with Local Government, which also has responsibility for public health under the *SA Public Health Act 2011*.

Thank you for the opportunity of providing this feedback, and in the interest of our community, we hope that the profile of public health research can be improved in the revised document.

Yours sincerely,



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* Need for non-commercial research (p197); defunding of public health research (p 198); and data access for precision public health (p 174). There is some discussion of the *Health and Wellbeing Strategy 2020–2025*, but that in no way addresses the leading role of Public Health as a critical and cost-effective research contributor to achieving improved community health.