



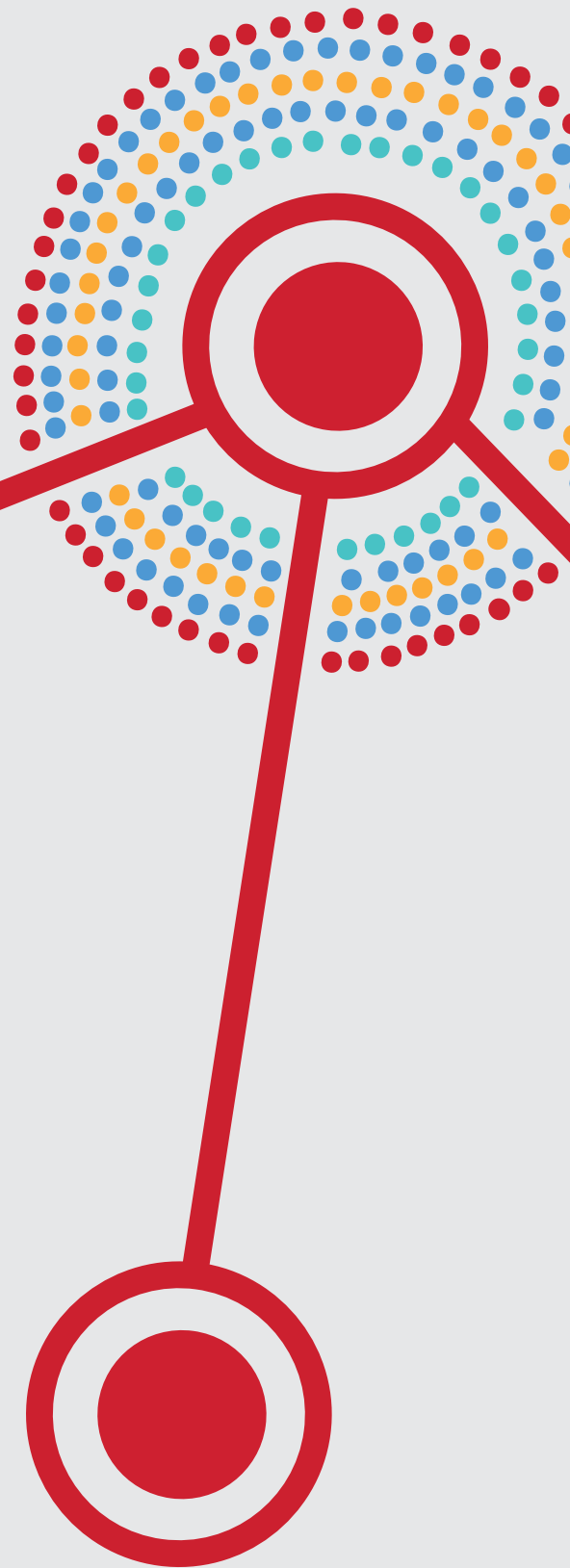
**Health
Translation SA**
› RESEARCH › ACTION › IMPACT

HTSA Impact Report

July 2019 - June 2021

Driving leadership, collaboration and scientific evidence to advance healthcare practice and policy for a healthier South Australia





Acknowledgement

Health Translation SA (HTSA) respectfully acknowledges Aboriginal and Torres Strait Islander people as the traditional owners and custodians of the land and waterways on which we meet and where our facilities are located.

We acknowledge the deep feelings of attachment and relationship of Aboriginal and Torres Strait Islander people to their Country. We pay respect to the Elders past, present and future, community members and culture and continue to uphold their ongoing relationship to the land and waterways.

Our logo motif is derived from an original art piece painted by Professor Alex Brown, an Aboriginal man from the New South Wales south coast. Alex is a Deputy Director at the South Australian Health and Medical Research Institute (SAHMRI), SAHMRI Aboriginal Health Equity Theme Leader and a former board member of HTSA.

The artwork represents "collaboration" and highlights the importance of connecting the efforts of individuals, organisations and communities if we are to realise the potential of the partnership approach that underpins HTSA. It acknowledges that a collaborative effort with a common vision is required to tackle the issues that currently undermine the health of South Australians.

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Contents

Message from the Chief Executive.....	5
Message from the Chair.....	7
Message from the Research Director.....	9
Our vision.....	10
Our partners.....	10
Who we are.....	11
Our purpose.....	11
Australian Health Research Alliance.....	12
A look back - historical summary.....	13
Our history.....	14
HTSA at a glance.....	16
HTSA strategy 2019-2021.....	18
Strategic priority ONE - Leadership & collaboration.....	21
Strategic priority TWO - Translation pathway.....	31
Strategic priority THREE - Capacity-building.....	39
Strategic priority FOUR - Better care projects.....	45
MRFF applied research translation projects summary	
overview 2018-2021.....	58
Board of Partners.....	60
Staff team.....	61
Acronyms.....	62



"By bringing together leading academics, researchers, health service organisations and consumers we aim to facilitate the "right" people from the "right" organisations to collaborate to make a clear and lasting difference."

Ms Wendy Keech, HTSA Chief Executive Officer



Message from the Chief Executive Officer

Wendy Keech

Health Translation SA
Chief Executive Officer

Health Translation SA (HTSA) has been really pleased to have the opportunity to reflect on the past few years in developing the content for our 2019 - 2021 Impact Report.

The building blocks we have put in place, the relationships that have been fostered and the outcomes that have been achieved are all a consequence of the National Health and Medical Research Council accreditation that was received in 2015 and the ongoing support of all partner organisations.

As we mature as an organisation, it is critical that the ongoing contributions from our partners to shape and own our strategic directions are embedded in everything we do. This report is a demonstration of the journey we are all on.

Being guided by our strategy, HTSA has been able to work towards fulfilling its aim of accelerating the translation of research into impact to improve health outcomes.

Many of the stories in this report demonstrate our ability to build and support collaborative efforts to address health issues, as well as health service and system problems. We do this by bringing together clinicians, researchers, policy makers and community members.

Under the guidance of our Board Chairs, Professor Steve Wesselingh (2018 - 2019) and Dr Leanna Read (2020 to 2021), we are proud of the significant advancements we have made in our strategic priority areas.

This impact report highlights a selection of projects and initiatives to demonstrate the diversity and variety of our involvement across the state.

HTSA is excited to see how we can continue to grow as an organisation over the next strategy period from 2021 - 2024.

None of our success would have been possible without the support of our Board of Partners, the hard work of our small dedicated staff team and the many individuals and organisations we have worked with to help achieve our vision.



Health
Transition SA
Leanna Read
MHA



Message from the Chair

Dr Leanna Read

Health Translation SA
Board Chair

At the start of 2020 I was very excited to be appointed as Health Translation SA's (HTSA's) new independent Chairperson. I bring a range of relevant experience gained from board, Chief Executive Officer (CEO) and investment roles across government, industry and the academic sectors, particularly in biotechnology.

In particular, I held the position of SA's Chief Scientist for four years which gave me good insight into the health and medical research industry and the role of Federal and State Governments including the opportunities for financial and other support.

Our role at HTSA isn't to do the research - our role is to be a facilitator to boost South Australia's competitive edge in health and medical research and our ability to translate that research into better health outcomes for people living in South Australia and beyond.

Now more than ever, we need organisations such as HTSA to support our researchers to think nationally, and globally, and guide them as they navigate the complex journey towards successful, and enormously important, health research collaborations.

I have been very impressed with the commitment shown by all of our Board members to develop Health Translation SA as a well-respected, independent broker that brings together service providers across the healthcare system, researchers and community

members to deliver transformative health research to address major health system challenges.

Our very effective Board is supported by a small but efficient and hard-working operational team led by HTSA's outstanding CEO, Wendy Keech.

Not all Australian Translation Centres adopt a state-wide approach but HTSA has partnerships with all the key South Australian health research organisations, universities, government health services and community health, as well as community members. Connecting incredibly busy and passionate researchers, health services and community groups takes significant leadership, time and effort and it requires patience and HTSA's extensive networks. The fact that they all sit around the table with us working to connect everyone is uncommon and therefore a focus and a benefit for South Australia.

HTSA has just finalised a new three-year Strategic Plan, developed in conjunction with all partners and our key stakeholders, to provide even stronger leadership as a trusted broker working to achieve better health translation outcomes for all South Australians.

As well as clearly communicating HTSA's role as an independent broker working to achieve health research translation, we will be continuing to facilitate translational research projects that really focus on major health system challenges. Our other priority is to ensure we are measuring and demonstrating the impact of the incredible research being delivered by the health translation partnerships we help pull together.

I am very excited to be a part of this vital organisation that aims to create better health outcomes for people living in South Australia and beyond.





Message from the Research Director

Professor Steve Wesselingh

Health Translation SA
Research Director

Professor Steve Wesselingh, Executive Director of the South Australian Health and Medical Research Institute (SAHMRI), is the Research Director for Health Translation SA (HTSA). Steve was also the Chair of the HTSA Board of Partners during 2018 and 2019. SAHMRI is proud to be the administering agency and home base for HTSA.

I was pleased to be part of the driving force behind the establishment of HTSA in 2015, one of Australia's first National Health and Medical Research Council accredited translation centres. SAHMRI and several other partners recognised that, while many researchers in the Australian ecosystem were working through the myriad of steps from research proposal to project outcomes, there were very few organisations focusing on making sure research efforts addressed problems that really mattered and that the results improved health outcomes.

What is unique about HTSA is that it is a state-wide organisation that partners with all three universities, SAHMRI, the SA government, health providers and the community to address metropolitan and regional health needs.

I am also HTSA's representative on the Australian Health Research Alliance whose membership includes the ten NHMRC accredited Translation Centres - 7 Advanced Health Research Translation Centres and 3 Centres for Innovation in Regional Health - across Australia. This broad approach has delivered a stronger and clearer relationship with government health services, Ministers and the Australian Commission on Safety and Quality in Health Care. Additionally it has fostered strong relationships with funding bodies including the Medical Research Future Fund and the Australian Research Data Commons.

HTSA is the perfect example of how state-wide health research collaborations can be facilitated to improve health outcomes for people in metropolitan, regional and remote areas.

All over the state there are a range of exceptional health research projects underway and HTSA is at the table strategically bringing everyone together and enabling translation to occur at the level of health service delivery.

Our vision



Action

Research

Impact

To accelerate the translation of **Research** findings into **Action**, as quickly as possible, to ensure scientific evidence can positively **Impact** on the health of South Australians.

Our partners



Who we are

Health Translation SA (HTSA), formerly known as the South Australian Academic Health Science and Translation Centre, is an Advanced Health Research Translation Centre (AHRTC), accredited by the National Health and Medical Research Council (NHMRC) in 2015.

We bring together a network of people - researchers, clinicians, educators, policy makers, consumers and the community - and resources to advance healthcare practice and policy for a healthier South Australia, through driving leadership, collaboration and evidence.

Our core mission is to accelerate research translation, the process through which scientific evidence is developed into cutting edge, reliable and safe healthcare for our community.

We do this with the support of our Board of Partners which includes representatives from each of our eight partner organisations:

- > SA Health and its ten Local Health Networks
- > The State's two Primary Health Networks (PHN); Adelaide PHN and Country PHN
- > The South Australian Health and Medical Research Institute (SAHMRI)
- > The three South Australian universities; Flinders University, The University of South Australia and The University of Adelaide
- > The peak body representing the Aboriginal Community Controlled sector in South Australia; Aboriginal Health Council of SA

During the period of this Impact Report (July 2019 to June 2021), the peak body representing the consumer and community voice within SA, Health Consumers Alliance SA, was also a valued member until they were defunded by the SA Government in June 2020.

Our team of dedicated staff are based at SAHMRI, and SAHMRI is our administering agency.

Our purpose

Every day South Australian, national and international researchers make important scientific discoveries and breakthroughs in how to prevent and treat disease and promote health. The process of ensuring these discoveries are turned into cutting edge, reliable and safe healthcare for our community is known as research translation.

Research translation is a dynamic process taking place within a complex system and requires collaboration among diversely skilled teams and partners including the research community, health service providers, education and training providers, policy makers and consumers. Research translation can be time-consuming, and it is reported that it takes 17 years for only 14% of research to actually 'make it into the real world'.

To encourage excellence in research translation within Australia, the NHMRC accredited 7 AHRTCs and 3 Centres for Innovation in Regional Health – together they are known as the Australian Health Research Alliance (AHRA).

The Translation Centres, including HTSA, all share a common purpose, which is "to accelerate the pace and scale of research translation into healthcare and community health by supporting and connecting all phases of the research journey so that innovations and discoveries are implemented as soon as possible" (AHRA website, 2021).

HTSA recognises that to fulfil this purpose, we need to work collaboratively with our partners, in South Australia and interstate to:

- > Drive leadership and collaboration between researchers, clinicians, educators, policy makers, consumers and the community.
- > Improve the state-wide research translation pathway.
- > Advocate for the importance and value of research translation at each stage of the research pathway.
- > Provide education, training and professional development opportunities to build expertise and capacity in research translation.
- > Build relationships with industry to accelerate scientific evidence becoming part of health practice and policy.
- > Leverage and support research by promoting and, in some cases, coordinating funding opportunities.
- > Provide a framework for the systematic participation of consumers and community members in research.

Australian Health Research Alliance

Health Translation SA is one of ten National Health and Medical Research Council accredited Translation Centres - 7 Advanced Health Research Translation Centres and 3 Centres for Innovation in Regional Health - across Australia. Together these Translation Centres form the Australian Health Research Alliance (AHRA) and are members of the AHRA Council, supported by the AHRA Operations Group.

Currently AHRA and its members cover 95% of health and medical researchers and ~80% of our hospitals nationally. AHRA members are actively working to embed research in health services at a system, partnership, organisation and individual level by encouraging health services to identify and prioritise issues in collaboration with academics, researchers, policy makers, community and consumers, and then codesigning and implementing solutions to drive health improvements from within health systems and services.

Most members have links with primary care and other community services. These Translation Centres individually, and collectively through AHRA, are leading culture change across Australia; moving from a culture of isolated, investigator-initiated, competitive, and siloed research driven by traditional research metrics to collaborative, clinician and health service led initiatives with high-level consumer involvement driven by translation metrics such as health impact.



A look back – historical summary

In the last decade, across many parts of the world, particularly the United Kingdom and the United States of America, there has been a change in thinking to reorient health and medical research around research translation, improving health outcomes and impact. The emphasis is being placed on the benefits of research to end users, including patients or other service recipients, as well as the traditional bibliometric of publications and grant success. This reorientation responded to the realisation that the time lag and rate of implementation success of putting evidence into practice was unacceptable, leading to significant research waste and delays in health impact.

The need to refocus the research agenda around impact was articulated in the [McKeon Review](#) in 2013 and led to the National Health and Medical Research Council (NHMRC) strategically investing in the creation of Translation Centres. This concept is also gaining momentum across Australia with all major funding bodies now adjusting their focus to consider impact as a key objective to any research program including health impact, economic impact and social impact. For Health Translation SA (HTSA) to receive accreditation in the first competitive call for Translation Centres, as one of the four nationally, was a cause for celebration.

In 2016 and 2017 HTSA focussed on implementing the Road Map that was proposed in its original application. At this time, it was evident that embedding research in health services as part of normal business and using data to drive health service decision making needed specific and considerable attention. Additionally, research projects were successful when a clinical research champion took the lead and was involved in all aspects of the project development including clear problem identification.

It was during this period that some lead researchers and clinicians made significant investments in specific projects, with the evaluation of Transforming Health just one example of a cross-sector collaboration project led by HTSA. This example demonstrated that collaboration, data management and leadership could successfully bring researchers, health service leaders and other experts together to inform health system reform.

Since July 2018, all HTSA Partners have committed formally, through a Partnership Agreement, to participate in HTSA. The Agreement includes a governance structure that recognises a Board of Partners with all partners committing to supporting HTSA through a financial and/or in-kind contribution. The total operating budget for HTSA from partner contributions during this period was \$540,000. In 2018, the Centre was also renamed Health Translation SA.

In 2019 the original NHMRC accreditation, which was for 5 years until March 2020, was extended to March 2022.

From July 2018 to February 2020 the HTSA Board of Partners was chaired by the SAHMRI Executive Director and HTSA Honorary Director, Professor Steve Wesselingh.

In early 2020, the Board appointed Dr Leanna Read as its first independent chair and Professor Steve Wesselingh took on the role of HTSA Research Director. The Board of Partners meet four times per year and convenes time-limited working groups to undertake specific tasks as needed.

Our history

- A** NHMRC accredited for 5 years until March 2020
- V** To continuously enhance the rate of translation of research into health care in order to create a self-improving and high-quality health system which is also sustainable
- LG** Established an Executive Leadership Group led by Honorary Director, Professor Steve Wesselingh (Executive Director, SAHMRI)
- LG** 5 Subcommittees
- P** 10 Partner organisations

2017

- V** To accelerate the translation of research findings into action, as quickly as possible, to ensure scientific evidence can positively impact on the health of South Australians
- LG** Established a Board of Partners chaired by Honorary Director, Professor Steve Wesselingh
- LG** Professor Steve Wesselingh (HTSA, Honorary Director) chaired AHRA Council
- LG** Developed unincorporated joint venture with partner organisations
- P** 9 Partner organisations
- S** Chief Executive Officer
2x Senior Project Officers
1x Senior Project Officer, Consumer Engagement
1x Administration Officer

2015-2016

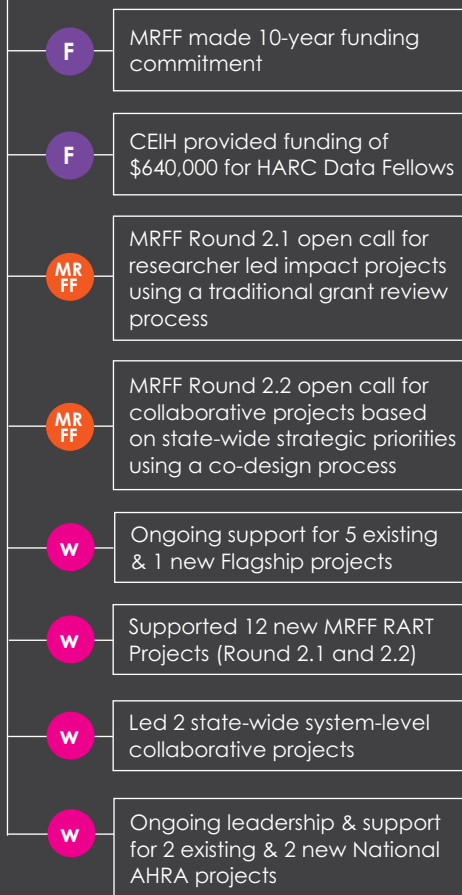
- BC** Named the South Australian Academic Health Science and Translation Centre
- BC** Established website
- F** Inaugural financial and/or in-kind partner contributions
- W** Established 5 Flagship Projects (2016) - Bowel Cancer, ROSA, SAACDC, Cardiac Rehabilitation, First 1000 days
- SF** Implemented the 'Road Map' submitted with original application
- S** 1x Senior Project Officer
- W** Ongoing support for 5 Flagship projects

2018

- BC** Renamed to Health Translation SA
- BC** Established a new brand, website & communication plan
- F** Formalised financial and/or in-kind partner contributions in-line with new Governance Agreement (from July)
- F** MRFF allocated \$2.2 million to each AHTRC
- MRFF** MRFF Round 1 "Shovel ready" health service-based projects
- W** Ongoing support for 5 Flagship projects
- W** Supported 9 new MRFF RART Projects (Round 1)
- W** Led & supported 2 National AHRA projects



2019

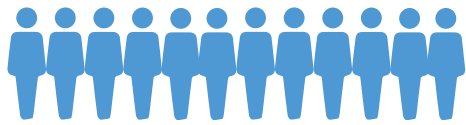


2020-2021



- A** Accreditation
- V** Vision
- LG** Leadership & governance
- P** Our partners
- SF** Strategic focus
- S** Our staff team
- BC** Branding & communications
- F** Funding
- MRFF** MRFF grant application process
- W** Our work

HTSA at a glance



142

consumers on our SAHMRI Community Interest Register and



initiatives and projects engaging Aboriginal and Torres Strait Islander communities at both state and national level

Investment in

29

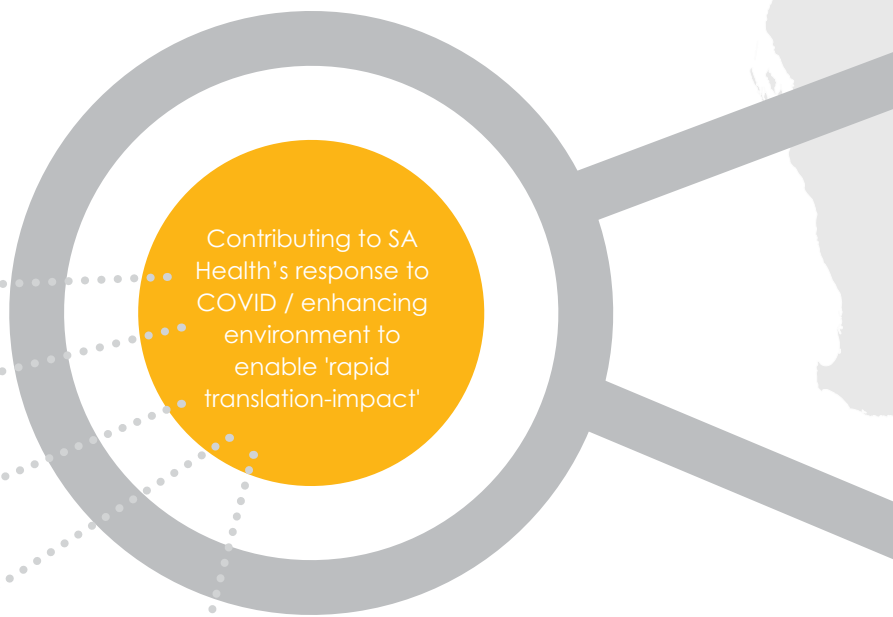


Health Translation SA (HTSA) sponsored Medical Research Future Fund (MRFF) Rapid Applied Research Translation Projects* and other funding sources valued at

\$9m+

35

research projects engaging consumers from the Community Interest register



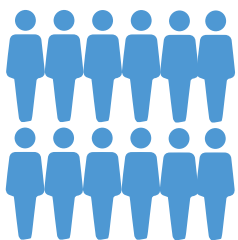
Research Register

Coordinating Group for Innovation Research and Development Committee

Evidence Reviews

HARC Data Fellows (special projects)

Contact Tracing Think Tank



240+

researchers, health services, industry and consumers collaborating across

41

projects, programs, and initiatives

21



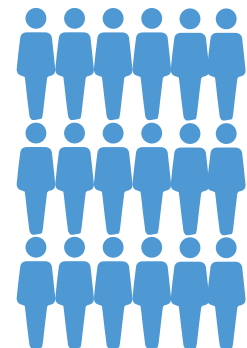
newsletters sent to over

800+

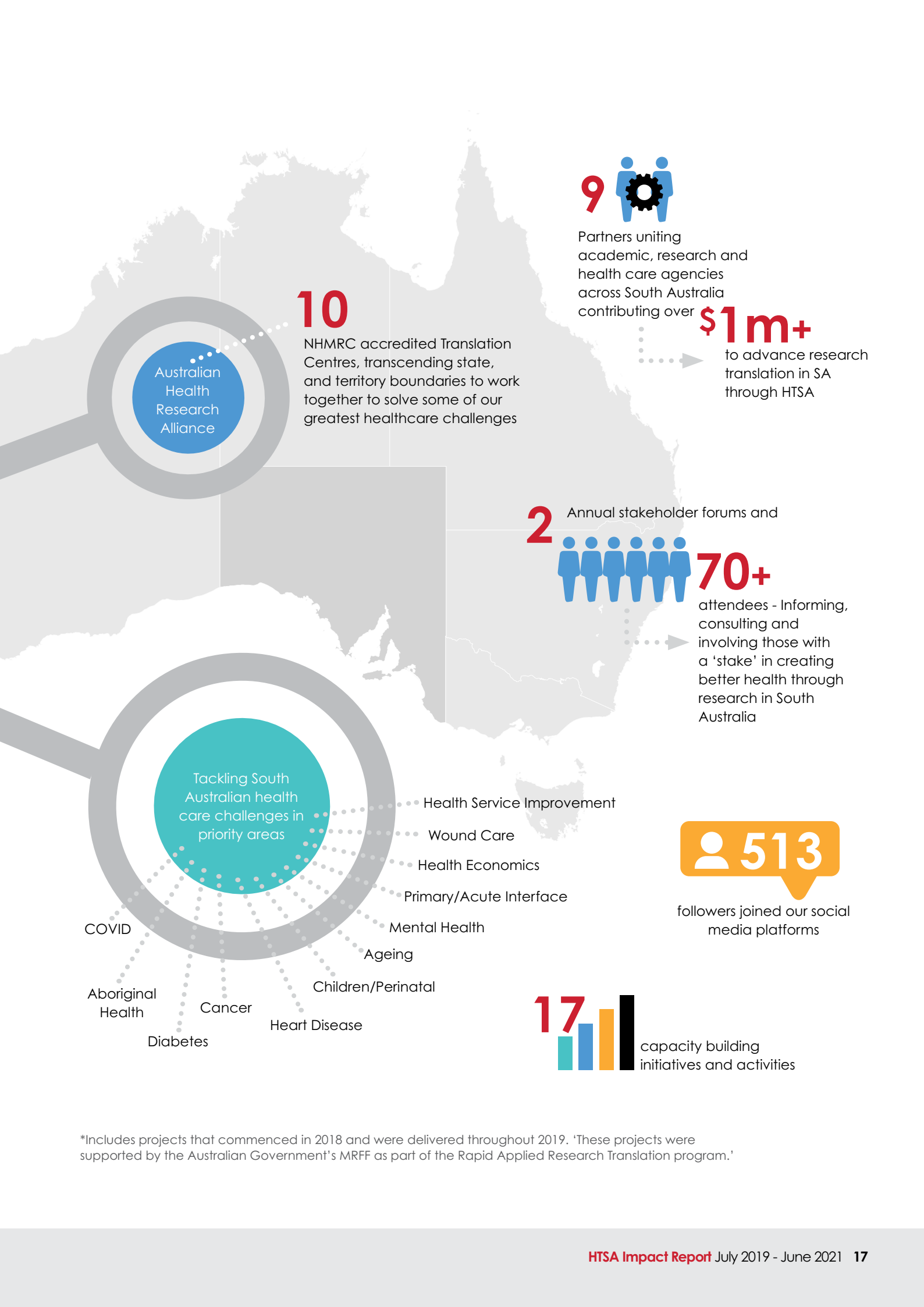
partners and stakeholders

16

HTSA hosted, facilitated and led events with



900+ attendees



Australian Health Research Alliance

10

NHMRC accredited Translation Centres, transcending state, and territory boundaries to work together to solve some of our greatest healthcare challenges



Partners uniting academic, research and health care agencies across South Australia contributing over

\$1m+

to advance research translation in SA through HTSA

2

Annual stakeholder forums and



70+

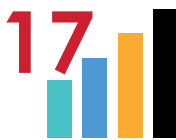
attendees - Informing, consulting and involving those with a 'stake' in creating better health through research in South Australia

Tackling South Australian health care challenges in priority areas

- Health Service Improvement
- Wound Care
- Health Economics
- Primary/Acute Interface
- Mental Health
- Ageing
- Children/Perinatal
- Heart Disease
- Cancer
- Diabetes
- Aboriginal Health
- COVID

513

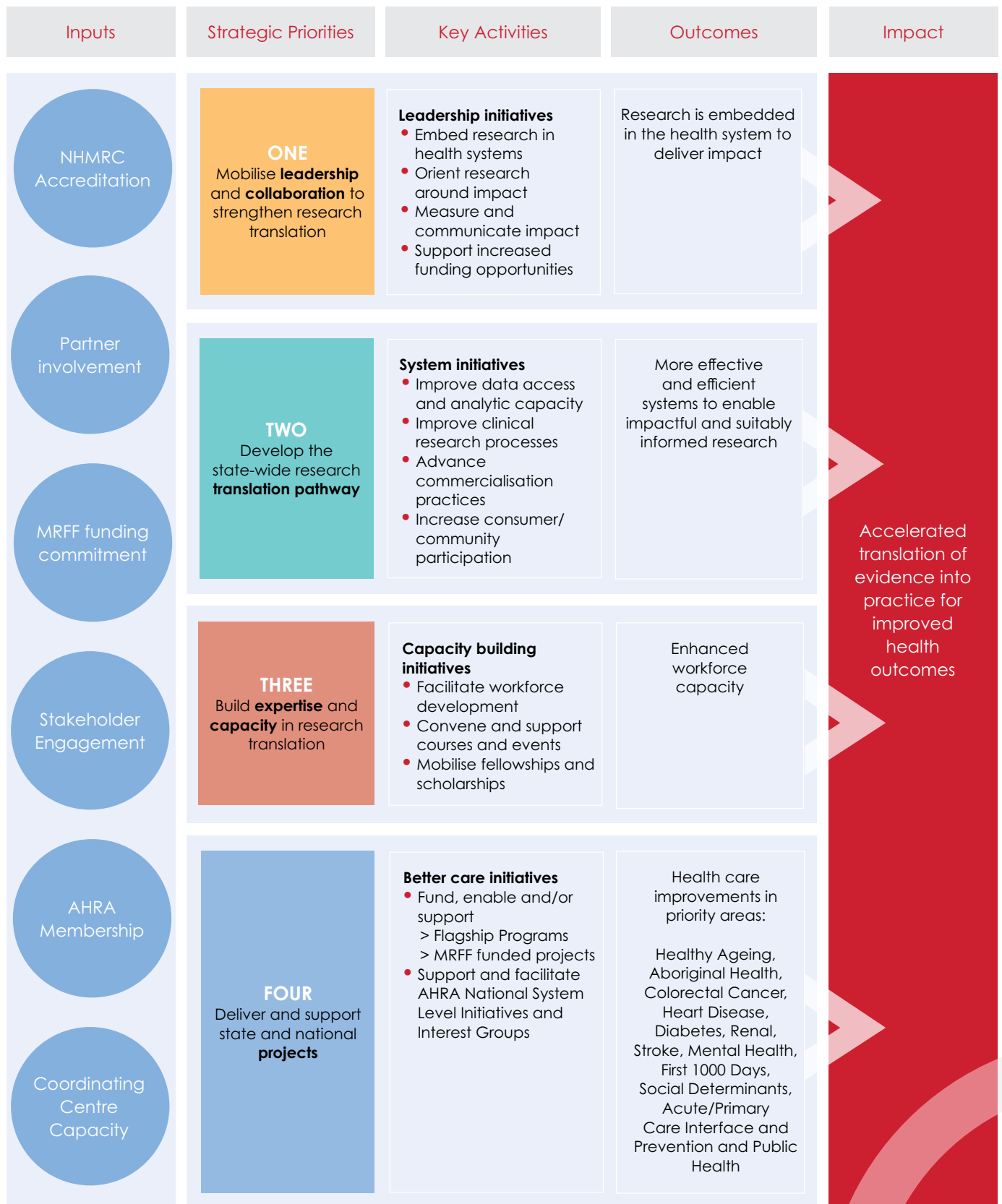
followers joined our social media platforms



capacity building initiatives and activities

*Includes projects that commenced in 2018 and were delivered throughout 2019. 'These projects were supported by the Australian Government's MRFF as part of the Rapid Applied Research Translation program.'

HTSA strategy 2019 - 2021





Delivering our strategy

In 2019 Health Translation SA (HTSA) staff, working with the Board of Partners, developed its strategy for the next 2 years. It revolved around four strategic priorities:

- > Mobilising leadership and collaboration to strengthen research translation
- > Developing the statewide research translation pathway
- > Building expertise and capacity in research translation
- > Delivering and supporting state and national projects

HTSA has worked with its partners and other stakeholders to deliver a range of key activities across these priority areas. The strategic priorities have guided our resource investment, our relationship development and has created a sound foundation for the next three-year cycle.

Our achievements during this period are detailed in the following sections of the report in accordance with each of the four strategic priority areas.

Demonstrating the impact of this work is paramount to our success, so each strategic priority area includes a series of feature and highlight stories.

HTSA gratefully acknowledges funds received from the Federal Government. Many of the HTSA translation projects are supported by the Australian Governments' Medical Research Future Fund as part of the Rapid Applied Research Translation program and have been acknowledged with an  in this section.

"While researchers working in individual groups have, and continue to do amazing work, to super charge better health outcomes for us all, community collaboration is essential."

Dr Leanna Read,
HTSA Board Chair



Leadership & collaboration

Mobilising leadership and collaboration to strengthen research translation

Our aim has been to ensure research is embedded in the health system to deliver impact and we've done this by mobilising leadership and collaboration to strengthen research translation. Our activities to deliver Strategic Priority 1 have included embedding research in health systems, orienting research around impact, measuring and communicating impact and supporting increased funding opportunities.



Achievements

- Established the HTSA Board of Partners and Partnership Agreement, formalising links with research, health services, education and community
- Established a staff team to drive and deliver the HTSA strategic priorities from July 2019 - June 2021
- Introduced an Independent Chair to the HTSA Board of Partners in 2020
- Established a new name, brand and identity and developed communication channels including a website, monthly newsletter and social media
- Contributed to NHMRC Translation Centres Review, MRFF RART Review and SA Productivity Commission Review into Health and Medical Research
- Built relationships and networks to support current and future action across South Australia and Australia
- Participated in various strategic committees and working groups for the South Australian Government, universities and health services
- Contributed to the AHRA Council, AHRA Operational Group and National System Level Initiatives and Special Project Working Groups
- Contributed to the Association of Australian Medical Research Institutes Research Impact Project

COVID-19 Specific Initiatives

- Developed the SA COVID-19 Research Register
- Co-facilitated a 'Contact Tracing Think Tank' with the Commission on Excellence and Innovation in Health
- Contributed to the SA COVID-19 Evidence Reviews and state-wide Coordinating Group for Innovation, Research and Development

Supporting researchers to embrace MRFF funding opportunities

Health Translation SA (HTSA) is built on the foundation that engaging a range of research stakeholders, including industry and the community, in the development of research projects is the key to accelerating the translation of that research into practices that truly improve health outcomes.

This collaborative guiding philosophy for HTSA - South Australia's state-wide Advanced Health Research Translation Centre – perfectly aligns with the relatively new Medical Research Future Fund (MRFF) funding initiative that has dramatically changed the Australian research environment.

Established in 2017, the MRFF is a \$20 billion sovereign fund, dedicated to supporting life-changing medical discoveries that engage researchers, healthcare professionals, governments, and the community in their development.

Since its inception the MRFF has grown significantly, transforming the Australian health research funding landscape by complementing more traditional research funding sources, such as the Australian Research Council and National Health and Medical Research Council, providing a different and focused funding stream that supports research around four key themes of patients, researchers, research missions and research translation.

Attaining funding for research is always a complex task but after reviewing SA's initial MRFF success rate HTSA Chief Executive Officer, Wendy Keech, says the HTSA Board of Partners decided to initiate an innovative approach to improve MRFF grant funding success for South Australian led research.

"While South Australia is a world leader in health and medical research, our success with the MRFF scheme started slowly and needed to be energised if we were to capitalise on the opportunity that it was presenting," Ms Keech says.

"We realised we needed to think differently and as a result we established the SA MRFF Working Group."

The SA MRFF Working Group - consisting of experienced leaders from each of the SA universities, the South Australian Health and Medical Research Institute (SAHMRI), the Office of the Chief Scientist, SA Health and the Department of Innovation and Skills - aims to raise awareness and build capacity to increase support for researchers, clinicians and industry partners to work across disciplines and win grants through the MRFF scheme.

"Together we are helping to leverage SA's research strengths, promote collaboration and deliver research that meets community needs," Ms Keech says.

"The SA MRFF Working Group initially focussed on connecting and developing capacity in each partner organisation by facilitating national and state-level networking events.

"Each partner organisation also realised they needed to establish MRFF-specific research office expertise with specialised skills to respond to this different approach."

SAHMRI Executive Director, Professor Steve Wesselingh, knows the MRFF presents a huge opportunity for South Australia, and along with the other SA MRFF Working Group partners, SAHMRI has been building expertise to make the most of the niche MRFF funding.

"We are seeing the benefits of this investment and it is vital that we collectively pivot to enable research outcomes to make a difference to the lives of Australians," Prof Wesselingh says.

Now that all the SA MRFF Working Group partners have specific MRFF knowledge and put the infrastructure supports in place, South Australian researchers need to reposition their work and research applications so they are pitching health research projects in priority areas that will deliver high impact translational outcomes.

To facilitate these outcomes the MRFF Working Group has developed important resources for researchers and their collaborators and can provide advice on grant applications, project development and structure, and community consultation.

“Together we are helping to leverage SA’s research strengths, promote collaboration and deliver research that meets community needs.”

Ms Wendy Keech, HTSA CEO

SA MRFF Working Group Members (left to right): Cadence Haynes (University of Adelaide), Sarah Lawson (SAHMRI), Olgatina Bushi (Department for Innovation and Skills), Ecushla Linedale (HTSA), Ben Shores (SA Health Department for Health and Wellbeing), Wendy Keech (HTSA), Marina Delpin (University of South Australia), Carmela Sergi (Flinders University), Jessica Southwood (SA Health Department for Health and Wellbeing) and Rui Hoo (Flinders University)



Group member and University of South Australia's Manager Research Projects Development, Dr Marina Delpin says MRFF funding has particular criteria that are different from the key funding bodies researchers are accustomed to.

“Any grant application process is time-consuming and quite prescriptive, so to maximise their success, researchers applying for MRFF funding need to understand

the intent of the MRFF and that scheme’s criteria before they commence mapping their projects and proposals,” Dr Delpin says.

“The MRFF focus is implementation and translation, so applications need to clearly demonstrate that if the project is successful, it will translate rapidly into well-defined outcomes.”

“It’s also vital to demonstrate how researchers will garner broad and meaningful involvement from consumers, the community, and research end-users during the research journey.”

She says the MRFF has recently published a clear guide for researchers which highlights measures of success, providing invaluable information for anyone wanting to apply for funding support.

University of Adelaide MRFF Opportunities Manager and Grant Strategist, Dr Cadence Haynes says consulting with a local grants support team early in the process can make all the difference.

"It's almost impossible for us to help once the deadline looms, but there are important and valuable ways we can assist earlier on," Dr Haynes says.

"It is important to keep top of mind that the MRFF is a translation fund and while it's not compulsory that a proposal deliver research outcomes to the clinic or market, a competitive bid must show a clear understanding of those parts of the journey, and an awareness of how consumers and stakeholders will implement those outcomes."

Flinders University (FU) MRFF Research Support Lead, Dr Rui Hoo, is currently leading all MRFF-related research development activities at Flinders University and says the funding is an enormous investment into health and medical research that also provides a national platform for collaborations across the entire sector to develop and realise solutions for real-world problems.

"The MRFF is changing how we traditionally approach grant funding – from putting forward investigator-driven ideas to having the ability to understand what the unmet needs are prior to establishing the right partnerships and teams in the process of developing a scalable solution for all stakeholders," Dr Hoo says.

"Research leadership, having the bigger picture, being creative and agile, solution and user-centric project design are all critical elements to successful research outcomes. At FU, we support our researchers in this journey - from ideation through to establishing partnerships and providing strategic grant writing advice to maximise our chance for success."

SA's Chief Scientist, Professor Caroline McMillen says that South Australia performs in the top quartile for excellence in the Organisation for Economic Co-operation and Development across a range of Science, Technology, Engineering, Maths and Medicine (STEMM) fields which is a testament to the quality of the researchers in SA universities, institutes, hospitals and in our health and medical industries."

The MRFF provides SA with an opportunity to realise this high-quality STEMM research and to deliver significant impact for health and health care. The MRFF supports collaborations across disciplinary and institutional boundaries, and enables research that may incorporate emerging technologies or new biomanufacturing processes to accelerate the delivery of new treatments at the bedside, in the clinic or in the community" Prof McMillen says.

"The MRFF also offers significant opportunities for research that improves health policy and practice and also leads to the development of new to world products and services to deliver economic and social benefits for all Australians."

"Our role as an SA MRFF Working Group is to support and encourage researchers at all stages of their careers, and across our great health system, to harness the MRFF and to promote excellence and collaboration to drive the next generation of innovation and translation."



Department of Innovation and Skills,
Flinders University, Office of the Chief
Scientist, SA Health Department for
Health and Wellbeing, South Australian
Health and Medical Research Institute,
University of Adelaide and University of
South Australia

A photograph of a meeting in progress. Several people are seated around a light-colored wooden table. In the foreground, a woman with blonde hair is out of focus, looking down at a notebook. Behind her, another woman with blonde hair and glasses is also looking down. In the middle ground, a woman with long blonde hair, wearing a dark blue blazer over a striped shirt, is looking towards the right and gesturing with her hands as if speaking. The table is set with water bottles, glasses, and papers. The background consists of a wood-paneled wall with vertical gold-colored trim.

*"Our role as the
SA MRFF Working
Group is to support and
encourage researchers at
all stages of their careers,
and across our great health
system to harness the MRFF."*

Prof Caroline McMillen, SA Chief
Scientist

COVID-19

An important role of Health Translation SA (HTSA) is to activate cooperation and collaboration between researchers, health services and consumers to address key healthcare challenges in our community. In response to COVID-19, HTSA undertook a range of coordinating activities to ensure South Australia's COVID-19 response was well informed, effective and efficient.

Throughout 2020 HTSA worked with our partners to map all COVID-19 projects, ranging from basic science, clinical trials and health service research, to data, predictive modelling, medical technology and drug/vaccine discovery projects via the SA COVID-19 Research Register (the Register).

The Register was made available on the HTSA website and allowed SA to:

- > Capture and promote COVID-19 research projects taking place
- > Enable coordination and collaboration between researchers, institutions, health services and industry
- > Reduce duplication of research
- > Maximise impact of COVID-19 research
- > Position itself for upcoming COVID-19 funding opportunities.

To support decisions made by the SA COVID-19 Taskforce and the Chief Public Health Officer, HTSA also worked with SAHMRI and the CEIH to establish a Rapid Evidence Review Taskforce. The rapid synthesis of COVID-19 evidence into "Evidence Reviews" was led by SAHMRI's Professor Caroline Miller, working with SA Health library service, and updates were made available via the HTSA website.

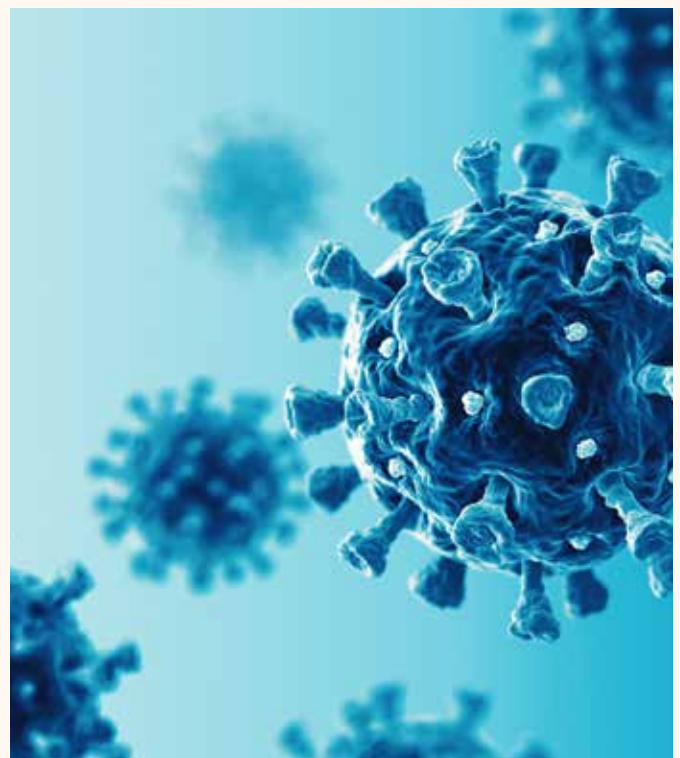
In addition, HTSA was an active member of the SA COVID-19 Coordinating Group for Innovation, Research and Development, led by Professor Paddy Phillips and Professor Caroline McMillen. This state-wide forum of experts and healthcare leaders from government agencies, research institutes and universities were convened to enable better communication regarding COVID needs.

A key activity of this group, supported by HTSA, the CEIH and the Communicable Disease Control Branch, was the facilitation of a Contact Tracking Think Tank. Forty-one thought leaders, researchers and industry experts came together to propose potential solutions to the COVID-19 contact tracing challenges.

As research translation advocates, it has been very exciting to see what South Australia can achieve when people and resources across various sectors work together to solve a problem.

Collaborators

Central Adelaide Local Health Network, Flinders University, Northern Adelaide Local Health Network, SA Health Department for Health and Wellbeing, South Australian Health and Medical Research Institute, Southern Adelaide Local Health Network, University of South Australia, University of Adelaide and Women's and Children's Health Network



Communicating Impact

Since Health Translation SA (HTSA) changed its name and logo in 2018, we have placed greater importance on developing our communication and marketing strategies, not only to promote what we do as an organisation, but also to have platforms available to our partners, researchers and other stakeholders to showcase the impact and achievements of their research projects, system-level initiatives and other activities.

In 2019, HTSA employed its first Communication Officer whose primary role was to maintain our website, publish our regular HTSA newsletter and grow our social media presence. During this time, we have expanded our newsletter subscribers to over 800 people, established Linked-In and Twitter accounts with regular weekly posts and almost doubled our website engagement from 2,768 times (1 March to 1 September 2019) to 4,653 times (1 March to 1 September 2020).

With the establishment of our core communications channels, the Communication Officer position was reorientated at the end of 2020 to take on a strategic coordination role. This change has seen the development of a formalised communication plan which outlines our high-level communication strategy and objectives and focuses on showcasing our translational research projects and other HTSA collaborative research projects and increasing brand recognition. Impact stories are also now being published on a regular basis.

Australian Health Research Alliance National System Level Initiatives and Networks

By leveraging national networks, the Australian Health Research Alliances (AHRAs) work is structured around key National System Level Initiatives (NSLIs) and Research Networks. AHRA is committed to progressing five innovative, collaborative national system-wide initiatives that aim to contribute to improvements in health systems across Australia. Each NSLI is led by one or more of the Translation Centres, and each has a cross-Translation Centre Steering Committee. These activities are primarily funded by the Australian Government's MRFF and align with national and government priorities.

Health Translation SA (HTSA) has financially supported specific projects that contribute to these national initiatives (see \$) and members of our staff team and broader network of expertise across South Australia directly lead or participate as follows:

- > Indigenous Research(er) and Capacity Building Network \$ – Led by HTSA – Professor Alex Brown and Dr Karla Canuto
(Further information available on page 43)
- > Health Service Improvement and Sustainability Framework and health technology assessment platform
 - a. Clinical Research Facilitation – Professor Maria Makrides and Professor Derek Chew
 - b. Embedded Economist – Professor Jon Karnon \$
(Further information available on page 42)
- > Data Driven Health Care – Professor Derek Chew, Wendy Keech (HTSA), Associate Professor Nicole Pratt and Professor David Roder
- > Consumer and Community Involvement \$ – Ellen Kerrins, Dr Agustina Gancia (HTSA) and Professor Caroline Miller
- > Wound Care \$ – Dr Rob Fitridge, Professor Allison Cowin and Associate Professor Christina Bursill

Additionally, AHRA has other special interest groups that benefitted from the active involvement of SA experts:

- > Aged Care Services Network – Associate Professor Maria Inacio and Professor Maria Crotty
- > Women's Health Research Translation Network – Dr Maria Makrides and Karen Glover
- > Workforce Development – Dr Ecushla Linedale (HTSA) and Wendy Keech (HTSA)

The following impact stories describe HTSA's involvement in two of the NSLI's.



Consumer and Community Involvement

Health Translation SA (HTSA) has continued to play an active role in AHRA's Consumer and Community Involvement (CCI) System Level Initiative via their CCI Steering Committee.

The Committee's program of work has aimed to embed the involvement of consumers and the community in health and medical research policy and practice, and has focused on four priority areas:

1. Develop minimum standards for good practice.
2. Facilitate sharing of existing resources and expertise.
3. Sponsor research and evaluation projects.
4. Formalise alliances with leading agencies.

Together with New South Wales (NSW) Regional Health Partners and Sydney Health Partners, HTSA has led activities relating to priority area 3; research and evaluation projects. These projects have been focused on collating the evidence for involving consumers and community members in research and identifying, and testing, evaluation tools for researchers to use to help determine whether involving consumer and community members in health research makes a difference.

Significant progress was made during 2020, with the publication of *The Value of Consumer and Community Involvement in Health and Medical Research: A Narrative Review*, which was referred to in the National Position Statement published by AHRA, and the completion of a scoping exercise which short-listed 4 preferred evaluation tools for measuring the impact of CCI, both nationally and internationally.

Most recently, HTSA's Senior Project Officer, Consumer Engagement facilitated a national workshop to identify and/or adapt the best evaluation tool(s) that should be used within an Australian context. The group's recommendation is currently being compiled into a report which will be circulated to the CCI Steering Committee for endorsement.



Collaborators (Project 3)

Health Consumers Alliance of SA, NSW Regional Health Partners, Sydney Health Partners and South Australian Health and Medical Research Institute

Wound Care

HTSA has partnered with local experts, Professor Allison Cowan and Professor Rob Fitridge, to represent South Australia in the AHRA Wound Care Working Group. The Group's program of work has aimed to address persistent wound care challenges at a system, policy and practice level, and has focused on four priority areas:

1. Determine the actual (not modelled) costs of wound care based on best practice-best product.
2. Update the 2016 National Wound Care Standards to include new guidelines and a self-audit tool.
3. Develop an integrated Training and Education Framework.
4. Plan for a coordinated program of research excellence.

Working on the priorities set by the national Working Group, HTSA has brought together experts and key stakeholders in South Australia to identify priorities from the national action plan.

To complement this work, Professor Allison Cowan, Professor Rob Fitridge and Associate Professor Christina Bursill have also led a South Australian-based wound care project looking at a personalised care strategy for patients with diabetic foot ulcers. Work is underway to develop a suite of biomarkers that can be used to identify people with diabetes who are at risk of acquiring a diabetic foot ulceration (DFU) and determine if people who already have a DFU are healing effectively. It is hoped that through the early treatment and/or prevention of DFUs, the potential risk of amputations will be reduced, and quality of life will be improved for the increasing number of people who may develop diabetes.



Collaborators

Central Adelaide Local Health Network, South Australian Health and Medical Research Institute, University of Adelaide and University of South Australia



"While there are many researchers in the Australian ecosystem working through the myriad of steps from research proposal to health service outcomes, it is the last step where we actually deliver research and translate innovations into health care that is missing without organisations like HTSA."










Prof Steve Wesselingh, HTSA Research Director

Translation pathway

Developing the statewide research translation pathway

Our aim has been to develop more effective and efficient systems to enable impactful and suitably informed research and we've done this by overcoming barriers to and enhancing the pathway to state-wide research translation. Our activities to deliver Strategic Priority 2 have included improving data access and analytic capacity, improving clinical research processes, advancing commercialisation practices and increasing consumer/ community participation.

Achievements

-  Coordinated the Clinical Research Governance Steering Committee which reported to the Minister for Health and Wellbeing and drove the implementation of the Birch Review recommendations
-  Led the Primary-Acute Care Interface Data Project Steering Committee and publication of a consumer report and situational analysis
-  Engaged with 100+ attendees from across the South Australian health and medical research community at the Clinical Research Governance Forum in February 2020
-  Linked with research ethics and governance activities across Australia to connect and inform South Australian activities
-  Contributed to creating a clinical trials initiative with our partners, health services and the Department for Trade and Investment
-  Advocated for improved data access with SA Health and the CEIH for researchers and partners
-  Participated in the SA Data and Analytics Plan Project Board, and connected to SANT Datalink
-  Supported AHRA Data Driven Health Care National System Level Initiatives (NSLI)
-  Established the Health Analytics Research Collaborative in collaboration with the CEIH, employing 4 Data Fellows working across 11 projects and capacity building initiatives
-  Promoted the SAHMRI/HTSA Community Interest Register across all partners to support community members to become more involved in health and medical research

South Australia's Research Sector is being reset, with patients and the economy set to benefit

There's a mood for change building in South Australia's health community.

Clinical research governance – the system that manages health research and clinical trials – is being reset. Enthusiasm to make this work is clear right across the sector, from researchers all the way up to Stephen Wade MLC, Minister for Health and Wellbeing.

"Clinical trials are important to the public health system – they give South Australian patients access to cutting edge treatment, and encourage the recruitment of world class clinicians," Minister Wade says.

"Key to this renewed focus is to refine and simplify our systems and processes to make clinical research approvals faster, fostering more consistency across our hospital networks and encouraging more research in South Australia."

Wendy Keech, Health Translation SA (HTSA) Chief Executive Officer says our goal at HTSA is to make sure research is translated into real actions to improve health outcomes in this state.

"We started this governance work in July 2019 when it became clear the existing system was presenting some problems in getting research done."

HTSA's research governance approach prioritises 17 key recommendations identified in The Birch Review. This document presents the findings of independent consultant Jim Birch, who undertook an investigation into the existing research governance system in 2018.

The review identifies four main areas of research governance requiring improvement: processes and structures, funding arrangements, training opportunities and ease of researchers working with patients.

What is clinical research?

Clinical research evaluates the effectiveness and safety of new approaches to prevent or treat human diseases and conditions.

"Better vaccines, new cancer treatments, targeted heart disease drugs, improved ways to treat patients – all of these and many more approaches for better health come about thanks to clinical research," says Ms Keech.

All clinical research goes through strict approvals processes, including ethical clearance and assessment of the site where the research will take place. While vital, administrative delays in these and other steps have slowed down South Australian research in recent years.

But improving research governance is not just about making research quicker, although of course that is a benefit when done safely.

"We don't want research to be done quickly at the price of quality," says Keech. "It has to be ethical, plus more efficient and more effective."

Human nutrition research leader Professor Maria Makrides says the nuts and bolts of medical research become way easier with an effective governance system.

"Improved governance will remove the stress of reporting, of discussing a slow and tedious governance system with collaborators, and it will facilitate the flow of funds," she says.

And patients will have improved opportunity to participate in clinical trials.

"A number of studies have shown that patients in clinical trials, regardless of their treatment allocation, have better outcomes than patients who are not in trials," says Prof Makrides.

This may be because clinical protocols are tighter, or that trial participants are better monitored than those not in trials.

Positive changes are already clear

Already HTSA is starting to see impacts of their work in research governance.

"The right people are starting to talk about research processes, and here I mean the chairs of health boards and people in management and senior leadership roles," says Ms Keech.

"They now see this is a problem that needs to be solved not just for researchers, but because it will lead to better patient care."



“Improved governance will remove the stress of reporting, of discussing a slow and tedious governance system with collaborators, and it will facilitate the flow of funds”.

Prof Maria Makrides, Human Nutrition Research Leader

Ms Keech believes early success comes from how they've set up the processes of refining clinical research governance in South Australia.

“This is collaboration,” she says.

“Our steering committee is made up of people who make decisions in the medical sector, and together they've paved a way forward.”

“We're starting to get research on the agenda in our health system,” Ms Keech says.

SA's Chief Scientist Professor Caroline McMillen is Chair of the SA Clinical Research Governance Steering Committee, and reports to Minister Wade.

Clinical research is good for patients, it's good for the health system, and it's good for the South Australian economy,” says Prof McMillen.

“There is a strong case that making clinical research governance processes more user friendly, quicker and efficient can deliver quality outcomes.”

A vision for research in South Australia

Ms Keech has a vision of what South Australian clinical research will look like in five years' time.

We will have a system that is predictable, reliable and practical,” she says.

From the consumer perspective, it will create better health. From the research side, it will be transparent and streamlined.

“Scientists and doctors wanting to do research will have expectations about timelines of their research, and these will be reasonable and accurate,” Ms Keech says.

And this will also have economic benefits.

“We will better attract medical technology and pharmaceutical companies to invest in South Australia when we can assure them the processes are efficient, and that research administration won't bog them down,” she says. Australia's program of advanced health research and translations centres aims to encourage excellent health

research and translation in Australia by bringing together researchers, healthcare providers, education and training to improve the health and well-being of patients and the populations they serve.

“As one of these centres, it makes sense for HTSA to play a role in research governance,” Ms Keech says.



Drug and Alcohol Services SA, Flinders University, Local Health Network Research Offices, South Australian Ambulance Service, SA Health Department for Health and Wellbeing, South Australian Health and Medical Research Institute, Torrens University, University of Adelaide and University of South Australia

Clinical Trials Eco-Mapping

Development of the clinical trials landscape in South Australia has emerged, as a shared priority for Health Translation SA (HTSA), the South Australian Health and Medical Research Institute (SAHMRI), SA Health including all Local Health Networks's, Adelaide BioMed City, the universities and a range of industry partners. The collective vision is to connect with an evolving Primary Care Clinical Trials Network and ensure trials are available across the whole of South Australia including regional and remote communities using tele-trials.

There has been a push from key stakeholders, including Health and Medical Industries and the Department for Trade and Investment, to better enable and promote clinical trials in academia, health services and industry. The first step has been for HTSA to map current clinical trial capability and activities across South Australia. This work is close to completion and will lead to a significant stakeholder forum where all interested parties, from ethics committees to researchers and industry partners, will come together to develop a Road Map for Clinical Trials Success for SA. It is anticipated that this will include the identification of three to five tangible activities that will make the most difference in progressing clinical trials in the state and gaining commitment from stakeholders to support short, medium and long-term progress.

Collaborators

Adelaide Bio-Med City, Avance Clinical, CMAX Clinical Research, Department of Trade and Industry, Flinders University, Local Health Network Research Offices, SA Health Department for Health and Wellbeing, South Australian Health and Medical Research Institute, Syneos, Torrens University, University of Adelaide and University of South Australia



Health Analytics Research Collaborative and Data Fellows

South Australia's ability to address health service challenges can be enhanced by linking academic and data analytics experts with clinical and administrative leads to suitably analyze data to provide insights for decision makers.

Working in partnership*, Health Translation SA (HTSA) and the Commission on Excellence in Innovation in Health have invested in an initial two-year project to employ four Data Fellows to work closely with health services and clinical networks to address health system challenges. Commencing in 2020, the Health Analytics Research Collaborative (HARC) has brought together members of the research community, including clinical researchers, registry analysts and data scientists, to boost collaboration and further develop the data analytic capacity in South Australia. They have formed a collaborative HARC Leadership group, comprising members from SA Health Department for Health and Wellbeing, the 3 South Australian Universities, Women and Children's Health Network (WCHN), Northern Adelaide Local Health Network, Central Adelaide Local Health Network (CALHN), South Adelaide Local Health Network and the CEIH, to provide strategic and practical guidance to the Fellows.

The Data Fellows have been influential in progressing a range of data focused projects that cross the research and health service interfaces. Most recently, the Data Fellows have been working with the Urgent Care, Palliative Care and Cardiology Statewide Clinical Networks, CALHN, WCHN and Aboriginal Health leaders to facilitate health data analyses that are relevant and impactful. These collaborative projects have also been a catalyst for digital and data access reform within the state, with access to specific health service level data now becoming easier.

In addition, the Data Fellows are leading a statewide capability and capacity building strategy with the health care system, research, and the greater community. Its aims are to encourage the South Australian health workforce, data analysts and professionals to improve their skills in data interpretation and visualization. The program is now offering workshops and seminars to promote the advances available within South Australia and have initiated a weekly meeting for users of the R programming language and is the first of its kind in South Australia.



Collaborators

Aboriginal Community Controlled Health Services, ACHSA, Central Adelaide Local Health Network, Cardiology Clinical Network, Commission on Excellence and Innovation in Health, Digital Health SA, Flinders University, Northern Adelaide Local Health Network, Palliative Care Clinical Network, SA Ambulance Service, SA Health Department for Health and Wellbeing, South Australian Health and Medical Research Institute, Southern Adelaide Local Health Network, University of Adelaide, University of South Australia, Urgent Care Clinical Network and Women's and Children's Health Network

HARC Data Fellows (left to right): Owen Churches, Lan Kelly, Greer Humphries and Lukah Dykes



*HTSA (with SAHMRI as their administering agency) acknowledges that this project has been funded and supported by the Government of South Australia through the Department for Health and Wellbeing. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Government of South Australia.

Consumer and Community Engagement

Health Translation SA (HTSA) is playing an important role in influencing and supporting our partner organisations to engage community members in health and medical research as active contributors to research, and to accelerate and improve the translation and application of findings into clinical practice, policy and treatments.

A HTSA Consumer and Community Engagement Action Group made up of representatives from our Partner organisations meets regularly to share resources and experiences. It assists HTSA to implement state-wide initiatives to increase the active involvement of consumers and community members in health and medical research in South Australia. Through the work of the Action Group, HTSA aims to change the way researchers work and involve consumers and community members in health and medical research as active members of their projects. The Action Group also provides advice to the HTSA Board of Partners. The Chair of the Action Group sits on the HTSA Board of Partners as the community engagement representative.

The Community Interest Register (the Register), which provides a database of community members who are interested in being involved in health and medical research. The Register was developed by the South Australian Health and Medical Research Institute (SAHMRI) and formally launched in May 2019. Since then, working closely with SAHMRI, HTSA has seen over a 100 community members register their interest. 2020 saw a focus on engaging with registrants via telephone interviews to better understand their motivations and needs in community engagement in research. Feedback from these interviews informed two induction sessions, held in July and December 2020, which introduced community members to the fundamentals of research and basic concepts of community engagement in research. This resource is available to researchers from all HTSA partner organisations.

HTSA has also facilitated a range of capacity-building activities to individual research groups across HTSA

partner organisations. In early 2021, talks were delivered to research units within the South Australian Health and Medical Research Institute (SAHMRI), Flinders University and the the University of South Australia, including delivering online lectures. HTSA, with SAHMRI, also presented an oral presentation at the National Consumer Health Forum in March 2021.

Both the Register and capacity-building activities have contributed to a doubling in the number of engagement requests by researchers who are interested in engaging community members in the early stages of their research. During 2020, the Consumer Engagement Project Officer supported 27 different research projects across 13 organisations, research groups and registries. Moving forward, HTSA aims to continue supporting researchers and will also look to develop 'community engagement champions' across partner organisations who can support researchers in their own organisations.

To complement this work, a dedicated consumer and community engagement page on the HTSA website has been developed to keep community members and researchers informed about engagement opportunities and resources available across HTSA and our partner organisations. Of particular note is the Consumer Engagement in Research Toolkit developed in collaboration with SAHMRI, which aims to offer community members and researchers practical resources to support community involvement in health and medical research and research activities.

Each year, HTSA and SAHMRI also host a Connecting with Community Forum, which brings together people currently involved in, or having an interest in, community engagement activities across HTSA and other partner organisations. The Second annual 'Connecting with Community' Forum was held in October 2019, bringing together over 60 consumers and researchers currently undertaking consumer engagement activities across SAHMRI, HTSA and Adelaide BioMed City. The 2020 Connecting with Community forum was cancelled due to COVID-19 restrictions. We are hoping to resume holding the forum later in 2021.




Adelaide BioMed City, Australian Health Research Alliance, Consumer representatives, Health Consumers Alliance of SA, Flinders University, South Australian Health and Medical Research Institute, University of Adelaide and University of South



Health Connections
Lana Kaur Kaur
Community Engagement

Health Connections
Lana Kaur Kaur
Community Engagement



Career Trackers is a national non-profit organisation with the goal of creating pathways and support systems for Indigenous young adults to attend and graduate from university, with high marks, industry experience and bright professional futures.

Capacity-building

Building expertise and capacity in research translation

Our aim has been to develop the skills and knowledge of all people involved in research translation by providing opportunities to build expertise and capacity and enabling collaboration. Our activities to deliver Strategic Priority 3 have included linking with, supporting and promoting current capacity-building activities and developing and implementing a strategic plan for the state-wide approach to research translation capacity building in SA.



Achievements

	Coordinated a State-wide Capacity Building Steering Committee with partner representatives		Co-facilitated 2 Consumer and Community Engagement Induction Webinars for members of the Community Interest Register with SAHMRI
	Identified and published a wide range of courses and resources on the HTSA website		Published a Community Engagement in Research Toolkit to support engagement of consumer and community members in research projects
	Developed the Good Clinical Practice train the trainer concept and ran a GCP webinar		Supported the Aboriginal Translation Fellows Initiative
	Led the SA MRFF Working Group and convened an expert panel to provide feedback to 5 MRFF Frontier Grant Applications		Supported multiple events including: <ul style="list-style-type: none">> SAHMRI Registry Centre Consumer Engagement Workshop> Post-Operative Complications Summit and SA Registry Centre events> National Indigenous Research Capacity Building Network and associated events> SA Aboriginal Chronic Disease Consortium Connection to Country event and associated work agenda across government
	Employed 4 Data and Informatics Fellows within the HARC to work on capacity building initiatives across SA including establishing a Community of Practice (CoP)		
	Launched, in collaboration with New South Wales Regional Health Partners, the Embedded Economist Research Project and established a CoP which includes membership of 50+ people		
	Convened the HTSA Consumer and Community Engagement Action Group with partner representatives		Supported a student registered in the Career Tracker Program with SAHMRI's Wardliparingga Aboriginal Health Equity Research Theme

Culturally safe connections the key to improved health outcomes

Recognising that Aboriginal and Torres Strait Islander health researchers and practitioners are best placed to translate research findings and improve health service delivery for Aboriginal and Torres Strait Islander people, the Health Translation SA (HTSA) initiative Strengthening Aboriginal Capacity in Health Research Translation and Development in South Australia (StACTD) Project is working to build a network of Aboriginal and Torres Strait Islander practitioners and researchers in South Australia skilled in health translation to help reduce the time between research findings and improvements in health outcomes.

The StACTD Project is supported through the MRFF and directed by a leadership group comprising mostly Aboriginal and/or Torres Strait Islander representatives from a range of HTSA partners, including SA Health; the University of South Australia; SAHMRI; and the Aboriginal Health Council of South Australia.

Senior Research Fellow and Platform Lead of Capacity Development within Wardliparingga Aboriginal Health Equity at SAHMRI, Dr Karla Canuto, is a Torres Strait Islander who understands balancing physical, mental, emotional, cultural, and spiritual health is the key to effective health service delivery for Aboriginal and Torres Strait Islander people.

"StACTD was established to support Aboriginal and Torres Strait Islander students, researchers, and health care workers to build their skills and confidence in health research translation, primarily through a Health Translation Training Program," Dr Canuto says.

"The Training Program gives Aboriginal and Torres Strait Islander participants the opportunity to upskill, or reskill, in health research translation, and is suitable for a wide variety of people, including people working in health services; working on research projects; or enrolled in a Higher Degree by Research.

"While the Health Translation Training Program is still in its relatively early days, we already have 26 participants gaining skills in health research translation that will see research evidence inform health services and policy."

Capacity Development Senior Project Officer, Eliza Schioldann, says one of the strengths of the Health Research Translation Training Program is that it is tailored to suit each participant.

"The expertise provided by HTSA has been instrumental in helping us to identify the core competencies for health translation that are important for our participants to have and therefore the relevant training opportunities the StACTD Program should offer," Ms Schioldann says.

"Our participants may have had different reasons for joining the program, and be hoping to gain different things from it, but it's been fantastic to have them come together as a cohort and see them making some really valuable connections with each other."

"A key benefit that has emerged is the ability of the cohort to feel comfortable gathering in a culturally safe space to discuss research-related, or other, issues."

"This is especially important for some of our Aboriginal and Torres Strait Islander participants who work with mostly non-Indigenous colleagues who may have little knowledge or experience of Indigenous ways of knowing, being, and doing."

Eastern Arrernte/Tanganekald woman, Courtney Hammond, is a Research Assistant within Wardliparingga's Implementation Science Platform, and is also completing the StACTD Training Program.



Karla Canuto (front right) and Eliza Schioldann (back right) with StACTD Program participants

"I didn't know what to expect at the beginning of the StACTD Program, but the StACTD team have created a supportive environment that allows both the project team and the participants to work together and support each other in developing our skills," Ms Hammond says.

"Through the StACTD Program I have been lucky enough to be involved in the Research Impact Academy, already completing three out of four of the interactive workshops to further increase my understanding of knowledge translation and how this can be directly incorporated into all of our research."

Sandra Van Diermen is a Yawarrawarrka/Western Arrernte woman with Afghani heritage on her father's side, and works as an Evaluator in the Child Health, Development and Education Team at the Telethon Kids Institute.

As a StACTD Participant, she says she will continue to draw on what she has learned through the project for a long time.

"I'm a firm believer in empowering community through research and evidence-based results that support

self-management, particularly around health and education for children," she says.

"My main goal is to ensure the work the Telethon Kids Institute does is inclusive of and beneficial to our First Nations children and their families and communities."

"This project is bringing together like-minded people and has created opportunities for building partnerships and collaborations for our future work."

"Having the option to access other learning programs and courses with support from the StACTD team has built my confidence to look at further education opportunities, something I haven't considered since I was a young woman."

As well as delivering the Training Program, the StACTD Project also aims to develop culturally safe environments for Aboriginal and Torres Strait Islander researchers and professionals across the health sector, to improve both their retention in the workforce, and their progress in health research and translation careers.

"An important part of developing culturally safe environments is the provision of cultural safety training, for employers and managers of Aboriginal and Torres Strait Islander workers, students and researchers in the health sector," Dr Canuto says.

"StACTD will soon be inviting research staff from HTSA partner agencies who, as part of their role may supervise Aboriginal and/or Torres Strait Islander members of the health/health research workforce, to participate in a series of Cultural Awareness and Cultural Safety training workshops that aim to develop the capacity of non-Indigenous managers in building and maintaining culturally safe and respectful work environments for Aboriginal and Torres Strait Islander peoples."



Collaborators

Aboriginal Health Council of South Australia, Aboriginal Community Controlled Health Organisations, South Australian Health and Medical Research Institute and University of South Australia

Promoting Capacity Building

Translating research into healthcare practice and policy requires unique skills and knowledge. Health Translation SA (HTSA) has played an active role in collating and promoting a wide range of state and national based courses on our website, that cover all aspects of research translation. We have also focused on identifying and supporting specific courses that should be delivered across South Australia with our partners and other stakeholders including Good Clinical Practice (GCP), Implementation Science/Knowledge Translation and Research Impact and Applied Health Economics.

Most recently, HTSA in association with PRAXIS and Dr Sophie Mephram, conducted a GCP webinar with 45 participants. The session was open to all HTSA partner organisations, with participants receiving a TransCelerate accredited GCP Certificate. This was the first phase in a program of work to help create a culture of good clinical practice in research in South Australia - one which unites stakeholders to assist with the development of a cohesive, collaborative sector, and a powerful clinical trials base.

Embedded Economist

The value of embedding economic expertise into daily health service decision making cannot be under-estimated. Working together with New South Wales (NSW) Regional Health Partners, the Translation Centre for regional NSW, HTSA has been supporting an initiative called 'the Embedded Economist' which has two primary aims:

- > Embedding health economists in health services to demonstrate the acceptability, feasibility and value of undertaking high quality local evaluations to inform decisions, and
- > Offering learning support to senior managers and decision makers to increase their capacity to use health services research and economic evaluation to develop and demonstrate high value health programs, services, initiatives and technologies.

Within South Australia, HTSA has collaborated with Professor Jon Karnon at Flinders University to establish a state-wide health economics Community of Practice (CoP) which gives people the opportunity to learn, share and connect with peers interested in the field. During 2020, over 55 people have joined this network. Additionally, Professor Jon Karnon has presented a series of lectures and "What is your problem?" sessions with clinical leads and CoP members within Southern Adelaide Local Health Network (SALHN).

In March 2021, the first health economist was embedded within SALHN. An extensive evaluation will be undertaken to document the value of this initiative to determine whether the integration of health economists in health services, and targeted education, could help the broader aim of reducing waste on ineffective or inefficient healthcare provision within Australia.



Collaborators

Flinders University, SA Health Department for Health and Wellbeing and Southern Adelaide Local Health Network

Other Stakeholders

NSW Regional Health Partners

Student Open Night

HTSA's annual Higher Research Degree Student Open Night provides an opportunity for prospective students (primarily PhD and Honours Students) to meet with representatives from the three SA Universities, the Commonwealth Scientific and Industrial Research Organisation (CSIRO) and the South Australian Health and Medical Research Institute (SAHMRI) to explore their options to undertake research projects with a translational focus.

Historically the Student Open Night has been run in collaboration with SAHMRI, however, in 2019 broader engagement was sought in the planning stages across all the institutions and the CSIRO. Adopting a new 'expo style' format, the night also included greater participation from student representatives who could assist prospective students in navigating the research options available and initiating connections with relevant research groups.

The SAHMRI Auditorium was buzzing on the night, with the event attracting 120+ students.

Sadly, the event was not held in 2021 due to COVID-19.



Commonwealth Scientific and Industrial Research Organisation, South Australian Health and Medical Research Institute, Flinders University, University of Adelaide and University of South Australia

Indigenous Researcher Capacity Building

Aboriginal and Torres Strait Islander peoples remain under-represented in the health and medical research workforce. This workforce is needed to design, implement and deliver research which overcomes inequalities and ultimately improves the health and wellbeing of our Aboriginal and Torres Strait Islander population.

The Indigenous Research(er) and Capacity Building Network (IRNet) is an initiative of the Australian Health Research Alliance (AHRA) and facilitated by the Capacity Development Platform of SAHMRI's Aboriginal Health Equity Theme. This body of work is led by Professor Alex Brown and Aboriginal and Torres Strait Islander researchers from across AHRA's 10 Translation Centres.

The vision is to support and grow the next generation of Aboriginal and Torres Strait Islander researchers working in Indigenous health. IRNet was established to build on and add value to existing connections in Aboriginal and Torres Strait Islander health across the Alliance. After completing a national survey, two national workshops were held to develop an AHRA IRNet Roadmap for Action. It includes a range of activities to connect researchers, projects, training, evaluation and knowledge translation to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

With these priorities in mind, IRNet hosted their third national event in February 2020. More than 170 researchers from across Australia came together over two days at SAHMRI, for the IRNet National Aboriginal and Torres Strait Islander Health Research Showcase. The Showcase facilitated discussions about current research addressing Aboriginal and Torres Strait Islander health priorities, and allowed attendees to reflect on progress and successes over recent decades and future directions. The Showcase was positively received and provided important opportunities for networking, with 90% of evaluation survey respondents reporting to have made new connections.

2020 also saw many IRNet representatives involved in a grant application for a National Health and Medical Research Council (NHMRC) funded National Network for Aboriginal and Torres Strait Islander health researchers. The application comprised of 47 Chief Investigators and 44 Associate Investigators, most of them Aboriginal and/or Torres Strait Islander people. The successful outcome was announced in the recent 2021-22 Budget, forming a \$10 million National First Nations Research Network as part of the NHMRC's 10-year strategy to improve the health of Australia's Aboriginal and Torres Strait Islander population.

The National Network will enable the establishment of the first culturally secure and inclusive network of First Nations researchers across Australia and is being led by some of Australia's most eminent Aboriginal and Torres Strait Islander researchers.



Australian Health Research Alliance, Aboriginal Community Controlled Health Organisations's and University of Adelaide



“Having a really independent facilitator like HTSA means that we can break down the artificial barriers between institutions so that we can all work effectively together and ultimately the benefit is for better health outcomes for South Australians”.

Prof Susan Hillier, HTSA Board of Partners Member

Better care projects

Delivering and supporting state and national projects

Our aim has been to use research and evidence to improve health care for South Australians, and we've done this by delivering and supporting Better Care Initiatives that focus on health care improvements in priority areas. Our activities to deliver Strategic Priority 4 have included funding, enabling and/or supporting Flagship Programs and Medical Research Future Fund (MRFF) funded projects and supporting and facilitating Australian Health Research Alliance (AHRA) National System Level Initiatives (NSLIs) and Special Interest Groups.



Achievements

- Supported training activities, promotion and showcase events for 6 Flagship Projects: Registry of Senior Australians, Aboriginal Consortium, First 1000 Days, Cardiac Health, Bowel Cancer and Health in All Policies
- Designed and managed the application, selection process, contracts, reporting and extensions for 17 Better Care Projects - MRFF RART Round 2.1 and 2.2
- Supported and reviewed applications for 5 Better Care Projects - MRFF RART Round 3
- Led and supported 2 AHRA NSLIs: The IRNet and Consumer and Community Engagement
- Contributed to other AHRA NSLIs and special projects including Wound Care and Data Driven Health Care
- Participated in the development and review of multiple funding applications including for the MRFF, Australian Research Council, Heart Foundation, Federal Department of Health and NHMRC
- Convened a MRFF Research Impact Showcase in 2020

Consultation and collaboration are powering game-changing ROSA research that is lifting the standard of care for older Australians

Flagship Programs

Since accreditation in 2015, HTSA has provided funding, strategic and operational support and capacity building opportunities to state-based and collaborative Flagship Programs that bring together teams - researchers, clinicians, policy makers and consumers - to address areas of significant need and build existing strengths within South Australia. These projects are designed to deliver health impact by using evidence to inform clinical, policy or system improvements and aim to exemplify the benefits of bringing the research and health services worlds together around a health challenge.



It was a national first when established in South Australia in 2017, a unique database that would allow researchers for the first time, to track how older Australians have navigated the aged care and healthcare systems and how the care they received has affected their health and wellbeing.

In the past 18 months, the Registry of Senior Australians (ROSA), has really come into its own - providing critical information and research to the landmark Royal Commission into Aged Care Quality and Safety, and invaluable tools to enable national assessment of the health and wellbeing of Australians who are receiving aged care services and the quality of the services they receive.

A flagship program of Health Translation SA (HTSA), ROSA's efficient model is leveraging existing information by bringing together diverse datasets collected by different organisations across the nation to provide a complete picture of the ageing pathway.

The ROSA research team, based at the South Australian Health and Medical Research Institute (SAHMRI), supported by HTSA and the South Australian government through the Department of Innovation and Skills, recently led four reports for the Royal Commission and contributed to a further four looking into areas such as the cost of quality care and hospitalisation rates of people in aged care.

Working with a deidentified ROSA dataset of 3.5 million older Australians, the SAHMRI research team examined a wide range of areas that are important to ensuring high quality, coordinated, efficient and age-friendly services and practices are available for older Australians.

Using a range of existing data sources across the health and aged care sectors, including ACAT assessments, hospitalisation records, and use of medications, the team has developed a 12-indicator Registry of Senior Australians Outcome Monitoring System, which is a data-based tool that provides quality and safety indicators for residential aged care, similar in concept to league tables, allowing comparisons to be made between different aged care providers to help drive quality improvement initiatives.

Sarh Bray (left) and Gillian Caughey (right)



"At the end of the day the work we do impacts some of the most vulnerable people in our community and having a reference group of community members with experience of the aged care sector and caring for older family members navigating the aged care system, keeps their needs front and centre."

Assoc Prof Gillian Caughey, ROSA
Associate Director

The tool has been embraced by the Royal Commission and the aged care sector, because not only has it been developed in close consultation with aged care providers, clinicians, consumers, and a range of peak bodies, it is for the first time providing powerful, evidence-based knowledge on how the sector is performing across Australia and how it can improve care provision for older people.

Associate Director at ROSA, SAHMRI and Adjunct Associate Professor at University of South Australia, Associate Professor Gillian Caughey says consultation with consumers, clinicians, aged care providers and peak bodies has been invaluable in guiding meaningful research.

"At the end of the day the work we do impacts some of the most vulnerable people in our community and having a reference group of community members with experience of the aged care sector and caring for older family members navigating the aged care system, keeps their needs front and centre," Assoc Prof Caughey says.

"The Royal Commission exposed serious shortcomings in how we care for older Australians, not only physically, but at the deepest level as human beings; how we deliver care that ensures their physical and mental well-being, but also their dignity and sense of personhood.

"Through the consultation and engagement strategies ROSA has established, and with high level data analytics using the ROSA national data platform, we are able to provide evidence-based research results to the sector, which is a powerful tool for them, as they work with governments to redress failings in the aged-care system."

The consultative and advisory relationships ROSA has established are integrated across all aspects of their research.

ROSA Project Manager and Consumer Engagement Officer, Dr Sarah Bray, is a linchpin for the team, establishing effective and productive partnerships between the researchers, clinicians, consumer, and industry representatives across all aspects of ROSA research, from developing proposals for new research projects to communicating the research findings effectively to different audiences.

"We have made consultation with community members, advocacy organisations for older Australians such as the Council on the Ageing (COTA SA), clinicians and aged care industry providers and peak bodies, such as Leading Aged Services Australia (LASA), central to our operations," Dr Bray says.

"And importantly, members of our reference groups, including community members, partner with us, working side by side with the researchers to shed light on issues that have relevance in the real world, and help us to communicate our research findings so they can improve choices and outcomes for people using aged care services."

That representation runs across ROSA's entire governance structure – its overarching steering committee and across its research, executive, and consumer and community committees.

Dr Bray says this kind of embedded engagement with consumers and industry groups, gives the research a meaningful compass and a focus on how its translation can transform policy and practice.

"In everything we do, from something as simple as advising us on the language used in public-facing information like press releases, to developing our quality and safety indicators for aged care, the engagement of our reference and community groups improves and refines our research and adds to its relevance and capacity to drive innovation," Dr Bray says.

HTSA has provided strategic advice regarding research translation and facilitated key networking opportunities for ROSA, as well as providing support and forums for consumer engagement activities.

The "Connecting with Community" events held at the SAHMRI auditorium bringing researchers and the community together to share stories of successful consumer engagement in research and two Data Research Fellows from HTSA who have recently commenced a collaborative research project with ROSA and the CEIH Palliative Care Clinical Network to better understand palliative care services provided to older South Australians, are just two examples of this support.



Collaborators

Adelaide Primary Health Network, Central Adelaide Local Health Network, Consumer representatives, Council of the Ageing SA, County SA Primary Health Network, Elderly Citizens Homes, Flinders University, Helping Hand, Northern Adelaide Local Health Network, SA Health Department for Health and Wellbeing, South Australian Health and Medical Research Institute, Southern Adelaide Local Health Network, SANT DataLink, Silver Chain, University of Adelaide and University of South Australia

SA Aboriginal Chronic Disease Consortium

The South Australia Aboriginal Chronic Disease Consortium (SA ACDC), a Health Translation SA (HTSA) Flagship Program, was established in 2016 through funding from SA Health. It aims to address needs identified by the Aboriginal community, the SA Health Aboriginal Health Directorate and the Wardliparingga Aboriginal Research Unit at South Australian Health and Medical Research Institute in three research-based plans that focus on diabetes, cancer control and heart and stroke for Aboriginal people. The SA ACDC takes a holistic, inclusive approach to Aboriginal chronic disease prevention and management that ensures the community, and all relevant stakeholders, are involved in the implementation of the findings of the three evidence-based plans.

The vision of the SA ACDC is to reduce the impact of chronic disease experienced by Aboriginal people living in South Australia. After receiving MRFF funding for specific translation projects, the SA ACDC has already demonstrated significant impact; firstly, with the development of an Aboriginal Chronic Disease Monitoring and Evaluation Framework, ensuring changes implemented can be measured and that the system can be held to account; and secondly, working with all relevant stakeholders to develop a model for improving ongoing care after a hospital stay at South Australia's largest hospital - the Royal Adelaide Hospital. This model is now being used to improve the transition between hospital and home for Aboriginal people, and ultimately health outcomes for patients and their families.

More recently, the community has wanted an increased focus of preventative activities and better disease management which has driven the development of a series of diabetes video resources featuring members of rural and remote Aboriginal communities sharing their diabetes stories, challenges and successes in managing diabetes and diabetes risks and complications. Supported by funding from the Country Primary Health Network, 24 Aboriginal community members from nine locations across South Australia were interviewed during the development of the videos. The resources also featured health professionals (including Aboriginal health professionals) who provide background information and explanations about the disease and management strategies.



Kim Morey

The SA ACDC has also been successful in progressing work in the following areas:

- > **Diabetes-Related Foot Complications:** Developing a 5 – year Aboriginal Diabetes-related Foot Disease Strategy to guide South Australian initiatives.
- > **Cancer Healing:** Obtaining funding from the Hospital Research Foundation – Regional Scheme to implement and evaluate a Cancer Healing Model in Whyalla
- > **Telehealth for Diabetes-Related Foot Complications:** Obtaining funding from the Alma Hazel Eddy Trust to implement and evaluate a continuity of care model that links hospital services with primary care.

As a result of involvement as a Flagship Program, the SA ACDC have gained a better understanding of research translation and the importance of considering it early in the development of their projects.

Collaborators

Aboriginal Community Controlled Health Organisation's, Adelaide Primary Health Network, Aboriginal Health Council of SA, Central Adelaide Local Health Network, Community representatives, Country SA Primary Health Network, Flinders Upper North Local Health Network, Northern Adelaide Local Health Network, SA Health Department for Health and Wellbeing - Aboriginal Health Directorate, South Australian Health and Medical Research Institute, Southern Adelaide Local Health Network, University of Adelaide, University of South Australia and Women's and Children's Health Network



No Australians Dying of Bowel Cancer

Australians risk of colorectal (bowel) cancer is amongst the highest in the world. Despite being a largely preventable disease, colorectal cancer (CRC) is the third most common cancer and the second leading cause of cancer death in Australia. Risk factors can be addressed through lifestyle changes, effective screening programs for early detection and improved surgical and medical care for better treatment and survival outcomes.

The No Australians Dying of Bowel Cancer Initiative (NADBCI), based at the South Australian Health and Medical Research Institute, one of Health Translation SA's Flagship Programs until 2020, aimed to markedly reduce (eliminate) preventable deaths from CRC in the South Australian population via increasing broader uptake and application of existing evidence, generating new evidence and accelerating translation. By engaging clinicians, researchers and policy makers this project impacted on health outcomes and made a difference to the way services are delivered. The NADBCI is locally embedded and led through an established, statewide multidisciplinary network bringing together leading academics, policy makers and health care delivery agencies. This includes front-line health services and providers including general practitioners (GPs), four major Adelaide public hospitals and consumers with identified priorities to eliminate preventable CRC deaths.

The NADBCI strengthened SA health services and systems research to deliver better quality of care for CRC as evidenced by short-term research-related (advancing knowledge and capacity building), translational related (strengthening and building collaborations), and community-related impacts.

The NADBCI has facilitated, advocated and achieved:

- > Established a realistic target of 60% bowel screening participation (currently 41%) and 90% follow-up colonoscopy (currently 70%) by 2020
- > Advocated at the State and Federal level to keep bowel cancer on the political agenda through Government attention to the urgent need to address public colonoscopy
- > Improved public colonoscopy wait lists over the last 6-months of 2018 and an upward trend in bowel cancer screening participation rates, with the SA rate of 47% being the highest in Australia
- > Helped GPs to refer well and efficiently and provide equitable, excellent and affordable colonoscopy for all South Australians
- > Formed a Colonoscopy Lead Committee, being the only group of frontline services addressing the long-standing colonoscopy wait list problem
- > Provided ongoing provision of robust data that highlights where inequalities exist and explores patterns of care and variations in CRC clinical practice in SA



Central Adelaide Local Health Network, South Australian Health and Medical Research Institute, University of Adelaide, University of South Australia and Oakden Medical Centre

First 1000 Days of Life

Each year around 15 million babies worldwide are born preterm (<37 weeks gestation). Preterm birth complications are the leading cause of death for children under 5 years of age and are directly responsible for more than 85% of all health complications in early life. In South Australia, 1 in 10 babies are born preterm.

The Omega 3 project, funded through the Medical Research Future Fund Rapid Applied Research Translation Funding program and part of Health Translation SA's First 1000 Days Flagship Program, aimed to synthesise the evidence from a Cochrane systematic literature review of the effect of omega-3 Fats on reducing the risk of premature birth, with an initial objective to develop and implement new clinical and community pathways for targeted omega-3 interventions. The Cochrane review showed supplementation of Omega-3 fats (mostly fish oil) can reduce the risk of preterm birth by 11% and early preterm birth by 42%. The findings provided a clear recommendation for health professionals and pregnant women and led to the development of materials containing information and actions for how these findings could be implemented into practice, including incorporation into the National Clinical Practice: Pregnancy Care Guidelines (the Guidelines).

To support implementation of the Guidelines within South Australia, SA Pathology partnered with SAHMRI in April 2021 to begin testing omega-3 levels for women with singleton pregnancies in South Australia. The omega-3 analysis will be performed at no cost to the patient or health service, using serum collected as part of the established SA Maternal Serum Antenatal Screening program. The project team have also worked with a supplement manufacturer, Pharmamark, to support their development of a sustainable, vegan omega-3 supplement for pregnant women.



Collaborators

Northern Adelaide Local Health Network, SA Health Department for Health and Wellbeing, South Australian Health and Medical Research Institute, Southern Adelaide Local Health Network, SA Pathology, University of Adelaide and Women's and Children's Health Network

Cardiac Rehabilitation

Cardiac rehabilitation and secondary prevention has been identified as the translation priority in this area, building on the previous work that had been advanced by the SA Cardiac Clinical Network.

A dedicated working group, with representatives from all key stakeholder groups, has the mission to provide appropriate evidence-based cardiac rehabilitation services to all eligible patients in South Australia. Their aim is for 100% of eligible Acute Coronary Syndrome patients in South Australia to be referred into recognised cardiac rehabilitation services, with at least 70% completing a program that suits the needs of the patient and their families. This will be a significant improvement from 2013 when only 18% of patients completed Cardiac Rehabilitation.

The working group has:

- > Developed a set of 10 internationally benchmarked, locally relevant quality indicators and an associated data dictionary for the measurement of Cardiac Rehabilitation service quality and clinical effectiveness
- > Convened a national "think tank" to take the state quality indicators to a national level. This has led to significant state and national activity to embed the indicators across the country
- > Facilitated a collaboration, led by Professor Robyn Clark, that led to a successful \$3.2 million NHMRC Partnership grant that has resulted in the Country Heart Attack Prevention Program

Collaborators

Barossa Hills Fleurieu Local Health Network, Central Adelaide Local Health Network, Northern Adelaide Local Health Network, SA Cardiac Clinical Network, SA Health Department for Health and Wellbeing and Southern Adelaide Local Health Network

Medical Research Future Fund Rapid Applied Research Translation Projects

Projects funded through the Medical Research Future Fund Rapid Applied Research Translation program are strongly collaborative with co-leads of researchers and clinicians, and are further enhanced by close links with HTSA partners including Universities, health organisations, the community and consumers. They focus on the integration of research, education and clinician care by building capacity across these three sectors. Additionally, they consider the interface between policy makers, consumers and other key stakeholders and are focused on driving impact across the state.



Kelli Owen (front left) and Janet Kelly, Kim O'Donnell and Rhanee Lester (back - left to right)

Transforming kidney care for Aboriginal Australians with respect and deep understanding

A transforming project that includes listening and responding to the experience of people living with Chronic Kidney Disease (CKD) is revolutionising kidney care for Aboriginal Australians in South Australia.

The early success of the Aboriginal Kidney Care Together – Improving Outcomes Now (AKtion) collaboration, which combines the expertise of doctors, nurses, academics, health care providers and managers with the experience of people living with Chronic Kidney Disease and their families, has been recognised and will now be expanded through a \$2 million Ideas Grant from the National Health and Medical Research Council.

In 2018, AKtion was funded as a Health Translation SA (HTSA) project, led by the University of Adelaide, and supported by the Australian Government's Medical Research Future Fund (MRFF) Rapid Applied Research Translation initiative.

It aimed to improve CKD care and patient experiences and develop proactive health strategies and three years on, project leader, Dr Janet Kelly says there have been significant wins.

"It was clear at the outset that there were so many layers of complexity that needed to be addressed if we were to improve care experiences and treatment outcomes for Aboriginal people with kidney disease," Dr Kelly says.

"We needed to understand what factors were having a negative impact on patients and access to the care they need, and how we might develop more effective strategies and models of care responsive to the needs of Aboriginal people.

"And the best place to start was with the people who were actually navigating the care system and trying to manage their illness and treatment."

The initial MRFF funded project enabled the diverse AKtion research team - comprised of clinicians, leaders in the field, peak bodies and academics - to come together and begin their transformative research.



"The funding, support and capacity building provided by Health Translation SA has enabled our team to go from strength to strength and successfully apply for an Ideas Grant," Dr Kelly says.

"In particular HTSA provided our team with networking, presentation, learning and marketing skills training and helped us develop our 'elevator pitch' so we were effectively communicating our aims and approach to diverse end users, including policy makers and funders.

Aboriginal and Torres Strait Islander communities are at higher risk of CKD for a range of complex reasons - from the impact of challenging socio-economic circumstances and the long-term impacts of colonisation and racism, to intergenerational trauma, low birth weights and other health conditions such as diabetes, obesity, and high blood pressure.

While research shows that Aboriginal people are very interested in better detection of early kidney disease, better care for people approaching dialysis and better access to a kidney transplant, health systems don't always support Aboriginal people in coordinated ways.

"The AKAction project established a reference group comprising 10 Aboriginal renal care patients who inform our work at every stage," Dr Kelly says.

"Elevating the voice and experience of community members to the same level as researchers has been key to our success, it has embedded a deeper understanding of the CKD health journey from the patient perspective. Having key decision makers on the research team working in collaboration has enabled AKAction to respond to community priorities more effectively."

Kaurna, Narungga, Ngarrindjeri woman and reference group member, Ms Kelli Owen, is one of the voices of experience making a huge difference to the journey of Aboriginal people facing the health, cultural and personal challenges of kidney dialysis and transplantation.

Having been a dialysis patient and kidney transplant recipient, Ms Owen is an AKAction Reference Group member and the National Indigenous Kidney Transplantation Taskforce Community Engagement Coordinator.

Ms Owen knows first-hand what it means to be heard and to know that medical specialists and researchers are responding to gaps identified by Aboriginal people.

"The work we are doing is building trust among our brothers and sisters because they know we are truly listening, engaging and responding to what they need and want as they move through their health journey," Ms Owen says.

"A lot of people had been trying to make individual changes and finding it hard but by working together our collective voices have been heard and actioned and that is so important for Aboriginal people."

Dr Kelly says an example of a new care strategy already having an impact is the establishment of dialysis chairs within the Kanggawodli Aboriginal Hostel.

"The reference group and health care providers were able to identify barriers for patients from remote areas, living in Adelaide away from their usual family support. Together they arranged a pilot project with two dialysis machines located at an Aboriginal hostel, making it simpler for some patients to reliably get the treatment they need," Dr Kelly says.

"And it is making a real difference, especially for patients from remote regions who have little experience of navigating transport options in busy city environments and have language barriers. Some dialysis patients have been able to stabilise their renal disease through regular dialysis and one on one wrap around care provided at Kanggawodli.

"Two people have been able to return to their remote community where there is a satellite dialysis service.

"By developing an action-based approach to our research and in leading real and deep engagement between Aboriginal people and health care workers, we have begun to fundamentally transform how kidney care is provided here in South Australia and share our findings, nationally and internationally.

"The next stage of our work, AKAction 2 has now been funded through a National Health and Medical Research Council Ideas Grant, and community members are now positioned as Chief Investigators. This will result in further embedding Aboriginal approaches to health care and research, using techniques such as Dadirri - the Aboriginal practice of deep and careful listening; and Ganma - the wisdom that comes from two types of knowledge coming together to create new knowledge, into the co-design and delivery of health care services."

Dr Kelly says that AKAction 2 will incorporate four key sub studies focusing on Indigenous governance, kidney journey mapping, peer support including patient navigators, and cultural safety.

"The end goal is to have a partnership service delivery model instead of a top-down approach. Health journey mapping in partnership can help us develop a health care framework designed to deliver the very best health care experiences and outcomes for Aboriginal CKD patients that is both culturally safe and respectful."



SA Aboriginal Chronic Disease Consortium, Aboriginal Community Controlled Health Services, Caring for Australasians and New Zealanders with Kidney Impairment, Ceduna District Health Services, Central and Northern Adelaide Renal and Transplantation Service, Community Outreach Dental Program, Kanggawodli Hostel, Kidney Health Australia, National Indigenous Kidney Transplantation Taskforce, Pika Wiya, Purple House, Port Augusta Renal Unit, SA Health, South Australia Health and Medical Research Institute and University of Adelaide



A1² – A digital support tool for mental illness

Non-adherence to medication is common among individuals with severe mental illnesses, and often leads to acute relapse requiring potentially avoidable hospitalisation. In practice, medication non-adherence is difficult to detect due to lack of effective monitoring systems. Developed by the Flinders University Digital Psychiatry and Personal Health Informatics Team, the 'AI²' program (Actionable Intime Insights, or 'AI squared') hosted by South Australia Health and Medical Research Institute, is a powerful e-health solution that can provide a safety net for people with serious mental health conditions by comparing Medicare data from My Health Record against standard care plans to allow clinicians to intervene early to prevent relapse and hospitalisation.

The project has been successful in receiving 3 rounds of Medical Research Future Fund Rapid Applied Research Translation funding. The most recent has allowed further enhancements of the AI² decision support application to enable collaborative decision making about side effects, dosage and patient choice, and evaluates the benefits of implementation in practice. It's adopting a user-centred approach and developing new components for AI² to:

- > Capture patient reported side-effects and treatment response such as trigger alerts on worsening side-effects or inappropriate dosing;
- > Extend the adoption of AI² in consultation with clinicians and consumers; and
- > Evaluate the value/benefits of implementation ultimately closing the evidence-practice gap.

Since commencing in 2018, the project has progressed well with a consumer and carer reference group established, and evaluation of implementation at some pilot sites either underway or complete. The project team is using this feedback to inform continuous improvement of the AI² digital application and future implementation, including the expansion to additional sites and development of an implementation training program.

The project outcomes will result in comprehensive enhancements to AI² that support medication adherence and address side-effects and medication dosage in an early and personalised manner. In turn, this will help to close the current information gap in management of people with severe mental illness; produce new knowledge on how to effectively translate digital innovation implementations into practice at scale; and evaluate the application in practice through a quantitative health benefits analysis, health economic evaluation and qualitative evaluation.



Collaborators

Adelaide Primary Health Network, Central Adelaide Local Health Network, Country Health SA, Flinders University, Mental Health Commission, Northern Adelaide Local Health Network, SA Department for Health and Wellbeing, South Australian Health and Medical Research Institute, Southern Adelaide Local Health Network and University of South Australia



Providing Better Out of Hospital Care for Senior Australians

SA hospitals are facing escalating demand from frail older people who have complex health and social care needs. While there is evidence about strategies to improve older patients' experiences of hospital discharge and reduce hospital readmissions, they are not implemented systematically across SA.

Commencing in mid-2019, the State Action on Avoidable Re-hospitalisations and Unplanned Admissions SA (STAAR-SA) project is taking a state-wide approach - partnering with Local Health Network's, Primary Health Network's, the 3 South Australian universities, consumers and key non-government agencies - to improve the pathways of care for older people aged 65 years and over after discharge from hospital. The project focuses on older people living in the community, including residential care, who have had an aged care eligibility assessment and are particularly vulnerable to admission and readmission to hospital.

STAAR-SA consists of three inter-related work packages:

- > Work Package 1 'Profile' - understanding the characteristics of older people who present frequently at hospital using data from Registry of Senior Australians;
- > Work Package 2 'Evidence' - evaluating existing 'out of hospital' programs, and;
- > Work Package 3 'Collaborative' - applying the findings from Work Package 1 and 2 by reviewing outputs, agreeing common goals and establishing local

implementation and evaluation plans, including teams coming together at regular intervals to learn, share practice and benchmark outcomes.

The project is progressing well, with stakeholder networks established and data collection analysis and evaluation underway, including the development and testing of a risk profiling tool. Work Package 3, which required active engagement from health service staff, was delayed until late 2020 due to COVID19, however, this has now commenced and is advancing quickly.

Following completion of the three work packages, this project has the ability to demonstrate the effectiveness of the current strategies to reduce unnecessary hospital admissions and readmissions of frail older people, improve coordination of care, reduce costs related to avoidable hospital admissions and enhance patient, family and care satisfaction with the health care system.



ACH Group, Adelaide Primary Health Network, Central Adelaide Local Health Network, Country SA Primary Health Network, Council on the Ageing SA, Flinders University, Helping Hand, Aged Care, Northern Adelaide Local Health Network, SA Health Department for Health and Wellbeing, Ottawa Hospital Research Institute, South Australian Health and Medical Research Institute, Southern Adelaide Local Health Network, Silver Chain, University of Adelaide and University of South Australia

Primary and Acute Care Interface Project

Continuity of care has been recognised as a long term and significant health system challenge in South Australia. One critical aspect underpinning continuity of care is the timely provision and effective flow of accurate patient information.

The Primary and Acute Care Interface Project is a state-wide collaborative project which aims to better use the rich supply of healthcare data in SA to improve continuity of care, particularly as people transition between community and hospital settings. Since the project's commencement in 2020, Health Translation SA and the broader Project Steering Committee, have focused on understanding the need, identifying what has been done in other states to address similar problems and what technical solutions are available that could be adopted within South Australia.

A situational analysis has been completed, which has been informed by interviews with health service decision makers, primary and acute care clinicians and focus groups with patients and carers. These discussions highlighted that there is a strong willingness for change, and that SA is well positioned to better use data to improve continuity of care with significant infrastructure, data assets and expertise available within the state.

Work is now underway to identify a technical solution that connects General Practice and hospital Electronic Medical Record data at the point of care. Further consultation is planned with hospital-based clinicians, GPs, patients and carers to identify and prioritise the needs of clinicians and patients regarding the real-time transfer of clinical information. These 'user requirements' will inform the technical solution described in a business case developed by Digital Health SA to attract additional funding.

This project has the ability to inform significant system reform needed to improve clinical care and healthcare services within South Australia.



Collaborators

Adelaide Primary Health Network, Aboriginal Health Council of SA, Central Adelaide Local Health Network, Commission on Excellence and Innovation in Health, Consumer representatives, Country SA Primary Health Network, Digital Health SA, General Practice representatives, SA Health Department for Health and Wellbeing and University of South Australia



Medical Research Future Fund Rapid Applied Research Translation Projects Summary Overview 2018 - 2021

Project Title	Project Lead	Lead Institution	Funding
Round 1 *			
SA Aboriginal Chronic Disease Consortium: Improving Care across the Continuum	Professor Alex Brown	SAHMRI	\$ 450,000
Reducing the Risk of Preterm Birth	Professor Maria Makrides	SAHMRI	\$ 245,000
The Beat Bowel Cancer Project: Prioritizing cancer control investments to reduce colorectal cancer deaths in SA	A/Professor Dan Worthley	SAHMRI	\$ 291,000
Measure and inform cardiac rehabilitation services across Australia	Professor Steve Nicholls	SAHMRI	\$ 237,000
State-wide Healthy Ageing Registry in South Australia	Professor Steve Wesselingh	SAHMRI	\$ 125,000
Reducing morbidity mortality and costs by initiation of in-hospital integrated care for patients with Type 2 Diabetes (The REMIT-2-D Project)	Professor Gary Wittert	University of Adelaide	\$ 240,000
Stakeholder Access to Real-time PROMs Data for Joint Replacement	Ms Cindy Turner	SAHMRI	\$ 167,000
Establishment of a SA Mental Health Registry for improving outcomes of SA Mental health care sector through better use of data	A/Professor Niranjan Bidargaddi	Flinders University	\$ 142,000
Stroke data linkage – tracking the implementation of stroke reform in SA	A/Professor Susan Hillier	University of South Australia	\$ 103,000
National System Level Initiatives			
IRNet	Professor Alex Brown	HTSA	\$ 150,000
Consumer and Community Involvement		HTSA	\$ 72,222



Medical Research Future Fund Rapid Applied Research Translation Projects Summary Overview 2018 - 2021

Project Title	Project Lead	Lead Institution	Funding
Round 2.1 *			
Improving wait times between a positive faecal immunochemical test (+FIT) and diagnostic colonoscopy: <120 days for all	Professor Ian Olver	SAHMRI	\$200,000
Translating evidence-based chronic breathlessness intervention services to South Australia: personal, clinical and cost effectiveness	Dr Kylie Johnston	University of South Australia	\$199,753
Acting fast to increase time-critical stroke treatments to all South Australians	Professor Susan Hillier	University of South Australia	\$196,000
Safely sleeping Aboriginal babies in South Australia – doing it together	A/Professor Julian Grant	Flinders University	\$196,860
Healthy South: Testing the feasibility of the rapid translation of Health in All Policies ideas to create healthy urban environments, create health promoting services and stem the non-communicable disease epidemic in the Southern area of Adelaide	Professor Fran Baum	Flinders University	\$199,863
Engaging with Aboriginal People to Improve Kidney Care and Outcomes in South Australia	Dr Janet Kelly	University of Adelaide	\$185,604
Implementing a decision support tool to facilitate early access to community-based care for people with severe mental illness	A/Professor Niranjan Bidargaddi	Flinders University	\$200,000
Initiation of a novel in-hospital intervention for patients with Type 2 diabetes	Professor Gary Wittert	University of Adelaide	\$195,300
National System Level Initiatives			
IRNet	Professor Alex Brown	HTSA	\$150,000
Consumer and Community Involvement		HTSA	\$75,000
Round 2.2 *			
Strengthening Aboriginal Capacity in Health Research Translation and Development in South Australia	Professor Alex Brown	SAHMRI	\$640,000
Providing Better Out-of-Hospital Care for Senior Australians / STAAR-SA. State Action on Avoidable Rehospitalisation's and Unplanned Admissions: An Integrated Knowledge Translation project across SA (collaborative project across multiple institutions)	Professor Maria Crotty Professor Gillian Harvey A/Professor Maria Inacio Lyn Dean	Flinders University Flinders University SAHMRI Wellbeing SA	\$790,000
Needs based community mental health services: Implementing timely and needs based interventions in the community by applying algorithms to transactional health care data	A/Professor Niranjan Bidargaddi	Flinders University	\$700,000
Health Analytics Research Collaborative - Data Fellows and Primary and Acute Care Interface Project	Wendy Keech	HTSA	\$890,000
National System Level Initiatives			
IRNet	Professor Alex Brown	HTSA	\$300,000
Consumer and Community Involvement		HTSA	\$170,000
Wound Care	Professor Robert Fitridge	University of Adelaide	\$50,000
Health Systems Embedded Economist	Professor Jon Karnon	Flinders University	\$100,000

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Board of Partners



Dr Leanna Read
HTSA Chair
(Joined Jan 2020)



Professor Steve Wesseling
HTSA Research Director
(Former Chair)
SAHMRI



Professor Alex Brown
SAHMRI
(Aug 2018 – Jun 2020)



Professor Andrew Zannettino
University of Adelaide



Professor Susan Hillier
University of SA



Professor Alison Kitson
(Shared Position)
Flinders University



Professor Jonathan Craig
(Shared Position)
Flinders University



Julia Overton
Health Consumers Alliance of SA
(Aug 2018 – Sept 2020)



Shane Mohor
Aboriginal Health Council of SA
(Re-joined May 2020)



Nahtanha Davey
Aboriginal Health Council of SA
(Oct 2019 – Mar 2020)



Gokhan Ayturk
Aboriginal Health Council of SA
(Proxy member)



Deb Lee
Adelaide Primary Health Network



Kim Hosking
Country SA Primary Health Network



Ali Krollig
Adelaide Primary Health Network
Country SA Primary Health Network
(Proxy member - joined Dec 2019)



Professor Paddy Phillips
SA Department for Health and Wellbeing
(Aug 2018 – Sept 2020)



Dr Michael Cusack
SA Department for Health and Wellbeing



Maree Geraghty
SA Health Local Health Networks



Staff team



Wendy Keech

Chief Executive Officer (1.0 FTE)



Jenni Carr

Senior Project Officer (0.6 FTE)



Nicole Sargent

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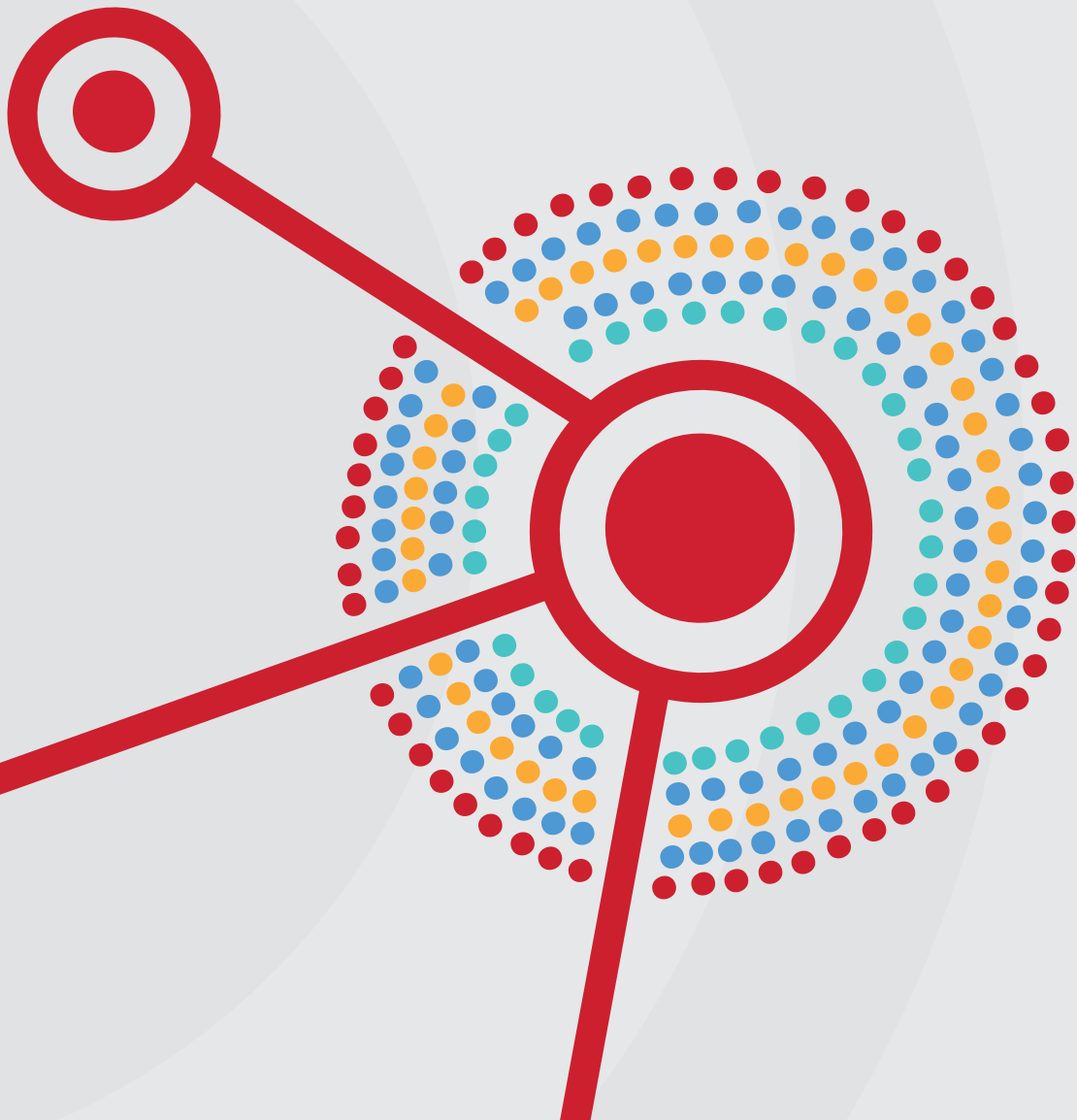
Nicole Duffy

Communications Officer (0.2 FTE)
(Mar 2019 - Dec 2020)



Jenny Richter

External Consultant
(Dec 2019 - Dec 2020)



Acronyms

ABMC: Adelaide Bio-Med City

ACCHS: Aboriginal Community Controlled Health Services

AHRA: Australian Health Research Alliance

AHRTC: Advanced Health Research Translation Centre

CALHN: Central Adelaide Local Health Network

CEIH: Commission on Excellence and Innovation in Health

CEO: Chief Executive Officer

CCI: Consumer and Community Involvement

CIRHs: Centres for Innovation in Regional Health

CKD: Chronic Kidney Disease

CoP: Community of Practice

COTA SA: Council on the Ageing

CRC: Colorectal Cancer

CSIRO: Commonwealth Scientific and Industrial Research Organisation

DHW: Department for Health and Wellbeing

GP: General Practitioners

GCP: Good Clinical Practice

FU: Flinders University

HARC: Health Analytics Research Collaborative

HTSA: Health Translation SA

IRNet: National Indigenous Research Capacity Building Network

LHN: Local Health Network

MRFF: Medical Research Future Fund

NADBCI: No Australians Dying of Bowel Cancer Initiative

NALHN: Northern Adelaide Local Health Network

NHMRC: National Health and Medical Research Council

NSLI: National System Level Initiatives

PHN: Primary Health Network

RART: Rapid Applied Research Translation

ROSA: Registry of Senior Australians

SA ACDC: SA Aboriginal Chronic Disease Consortium

SAAS: SA Ambulance Service

SAHMRI: South Australian Health and Medical Research Institute

SALHN: Southern Adelaide Local Health Network

StACTD: Strengthening Aboriginal Capacity Building in Health Research Translation and Development in SA

UniSA: University of South Australia

UofA: The University of Adelaide

WCHN: Women's and Children's Health Network



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