

# Collaboration for advancing chronic disease prevention research, practice, and policy

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## Introduction

The *National Preventive Health Strategy* (NPHS) advocates for the optimal health and wellbeing of all Australians throughout the life course.<sup>1</sup> This special issue of *Public Health Research & Practice*, focuses on chronic disease prevention and explores themes arising from the NPHS, with relevance to prevention strategies in other international settings.<sup>2,3</sup> These include collaborative partnerships, health determinants, and systemic policy and practice change. The issue features contributions from the Collaboration for Enhanced Research Impact (CERI), formed in 2020, that brings together the work of The Australian Partnership Prevention Centre (Prevention Centre), and 11 prevention-focused National Health and Medical Research Council (NHMRC)-funded Centres of Research Excellence (CREs). These CREs represent approximately A\$27.5 million in funding awarded to more than 200 leading prevention and public health researchers since 2016 and support over 100 early- and mid-career researchers (EMCRs)<sup>4</sup> and include extensive associated research networks and collaborators internationally. Together with the Prevention Centre, CERI was formed to better align the translation and communication of prevention research evidence; expand multi-institutional collaboration through shared networks and resources; and enhance research impact for supporting policy and practice in Australia.<sup>4</sup> Vitaly, the Prevention Centre and CERI respond to the too often 'siloes' and disparate landscape of disease prevention, where singular approaches and initiatives lack coordination and collaboration. In this special issue, led by CERI EMCRs, we curate articles that address key enablers of the NPHS and showcase a selection of key preventive health areas that bring together CREs from within the CERI network to demonstrate the value of collaboration to address wide-ranging public health issues.

## Key focus areas for prevention

Tobacco harm, obesity, nutrition, physical activity, and mental health are key focus areas for chronic disease prevention. Although significant headway has been made in reducing tobacco harm, those living in subsidised housing

continue to shoulder a disproportionate burden of harm from secondhand smoke exposure. Policies to address this are explored by [Lai et al.](#)<sup>5</sup>, concluding that while common strategies are effective, the risk of unintended consequences needs to be considered. Also exploring policy effectiveness is a two-part review focusing on health-promoting food and beverages in hospital food retail settings. The review includes a current summary of Australian policies and implementation processes and a national and international scoping review of the effectiveness of these types of interventions. The authors, [Tran et al.](#)<sup>6</sup>, identify effectiveness in existing policies, yet emphasise that greater monitoring and evaluation activity and enhanced visibility of these documents would allow for future policies and their implementation to be better informed.

One central topic across the CERI collaboration is addressing how obesity prevention initiatives can be more effective. An analysis of major research and Federal Government funding by [Tran et al.](#)<sup>7</sup> reports that despite the development of the *National Obesity Strategy 2022–2032*<sup>8</sup>, funding for obesity prevention research has remained consistently low relative to the total funding awarded. The authors call for targeted and sustained funding to implement the Strategy and achieve population-level reductions in chronic disease risk. Acknowledging the need for prioritisation of optimal physical activity, diet, and mental health, [Madden et al.](#)<sup>9</sup> assessed the availability of workplace support for the health and wellbeing of female university employees working during the preconception, pregnancy, and postpartum periods. They find that women expect appropriate support during the transition to parenthood, yet its availability varies across work sites. This underscores the need for continued recognition and strengthening of equal opportunity policies in the workplace.

## Progressing prevention

The NPHS identifies enabling principles of prevention to include communication, systems science, multisector collaboration, partnerships, and community engagement.<sup>1</sup> The clear communication of evidence is essential to support continued prevention improvement, with building science communication capacity across the prevention research community being a focus of CERI. Through the formation of a dedicated Community of Practice (CoP), EMCRs and science communication experts were able to build a better understanding of each other's roles and priorities and created joint communications circumventing limited resourcing and developing a more united prevention research voice, as described by [Naughton et al.](#)<sup>10</sup> In another paper, [Costa et al.](#)<sup>11</sup> use the Prevention Systems Change Framework<sup>12</sup> to examine the contextual factors influencing system change initiatives in falls prevention in older adults. They find that existing policies

lack focus, with the authors recommending a coordinated and interdisciplinary approach that engages stakeholders to identify and address factors that have structured the system in a way that leads to high falls rates.

Partnerships and engagement across organisations and systems, and between consumers, researchers, health professionals, and policymakers, are essential for a strong prevention system. In this issue, [Hill et al.](#)<sup>13</sup> present a perspective on what is needed to support the next generation of prevention researchers to build and maintain effective research-policy partnerships. Their recommendations include greater institutional and systemic support that recognises the investments required to make such partnerships successful. Consumer partnership and engagement are then explored by [Brammall et al.](#)<sup>14</sup>, who summarise current best practice consumer and community involvement (CCI), major barriers that remain, as well as key considerations to catalyse the implementation of meaningful CCI in research through a lens of equity and inclusion. Additionally, reflecting on a multidisciplinary research-policy partnership, [Chung et al.](#)<sup>15</sup> describe their process to produce a collaborative evidence synthesis to inform prevention policy and practice in the first 2000 days of life.

## Conclusion

This special issue explores key themes in preventive health, including collaborations to address the determinants of health, support research impact, and instigate systems change. These are embedded in the NPHS and considered as exemplars arising from the joint initiatives of members of CERI. The papers included in this issue highlight that it is important to both identify and address the many risk factors of chronic disease and to focus on the collaborations, partnerships and systemic changes that are required to support implementation for broad public health impact. Adoption of, and funding for, this dual approach by policymakers, funding bodies and academia will advance and strengthen public health research and practice. This will enable timely translation and effective implementation, and ensure impact for better health and well-being outcomes for Australians from conception throughout the life course.

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## Peer review and provenance

Internally reviewed, invited.

## Competing interests

None declared.

## Author contributions

All authors contributed to the writing, editing and review of the manuscript.

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