

Supporting the next generation of prevention research leaders to conduct effective research-policy partnerships

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Abstract

Successful research-policy partnerships rely on shared vision, dedicated investment, and mutual benefits. To ensure the ongoing value of chronic disease prevention research, and support research translation and impact, Australia needs funding, university, and policy systems that incentivise and support emerging leaders to drive effective partnerships.

Key points

- Research-policy partnerships enhance the value and impact of chronic disease prevention research

Key points (continued)

- Successful partnerships rely on relational, institutional, and systemic support
- We propose incentives, mechanisms, and opportunities to support emerging leaders in leading effective partnership research
- Prevention systems must address the potential opportunity cost of partnership research for emerging leaders and recognise and reward the public health value and impact of such partnerships

Introduction

Combating the high prevalence rates of chronic disease is a national and global priority¹, yet for many conditions, the implementation of effective and sustainable solutions supported by evidence remains elusive.² Collaborative partnerships between researchers and other stakeholders are an important instrument for enhancing policy and program effectiveness.^{3,4} For example, research-policy partnerships can generate more applied, policy-relevant research, as well as support evidence mobilisation for system change.^{3,5,6}

In this perspective, we consider some of the core elements of successful research-policy partnerships in chronic disease prevention and propose how the Australian research funding systems, university sector, and applied prevention systems could better support our next generation of research leaders to participate in and lead such collaborations. Supporting emerging leaders will enable the ongoing evolution and success of research partnerships, contributing to research impact and co-benefits for early and mid-career researchers (EMCRs), policymakers, and the population.⁷ To identify elements of successful research-policy partnerships, we compiled and synthesised findings from a brief review of the international literature (See Supplementary file 1, available from: osf.io/d2jgs/?view_only=e6e66c9092cb4d86b63e54c663ee931f), our own experience, and the shared experience of colleagues leading established partnerships: Professor Andrew Wilson from The Australian Prevention Partnership Centre (Prevention Centre)⁸, and Professors Anna Peeters, Louise Baur and Luke Wolfenden, who together with authors LR and HS co-founded the Collaboration for Enhanced Research Impact (CERI).⁹ Suggestions for systemic support for emerging leaders are derived from iterative dialogues (all authors) on the needs and challenges faced by EMCRs, and some of the existing gaps and opportunities.

Successful chronic disease prevention research-policy partnerships

Research-policy partnerships in chronic disease prevention, and more broadly in public health and health promotion, can take many forms, and vary by context, aims, stakeholders involved, and forms of collaboration.^{4,6} Their development may be opportunistic or strategic, emerge organically or be purposefully planned, be researcher or policy-led, or both. Success often relies on a shared vision, common goals and agreed programs of work that bring mutual benefits.^{6,10,11}

Successful partnerships are usually underpinned by relationship-based factors like mutual understanding and trust, as well as practical factors such as sound governance and explicitly agreed processes.^{5,12} Collaborations that entail high levels of co-design and co-production also require substantial investments of time, resources, and capacity building. The skills, time, and resources required to initiate and support co-design and co-production are often underestimated by research organisations and stakeholders.¹⁰

There is still much to learn about sustaining successful research-policy partnerships.^{4,5,10} Creating opportunities and providing system-level capability and capacity building for the next generation of prevention leaders is essential. Table 1 outlines the core elements required for effective research-policy partnerships and the types of challenges that often arise. Suggestions for supporting emerging leaders in chronic disease prevention research to conduct effective partnerships are outlined further below.

Systemic support for emerging leaders to do chronic disease prevention partnership research

Australian prevention system stakeholders, including funding agencies, universities, and prevention policy and program agencies, could augment their support for

Table 1. Attributes and challenges of successful research-policy partnerships

Common elements for success	Common challenges
<p>Shared vision and contribution:</p> <ul style="list-style-type: none"> • An identified shared vision, agreed goals, and mutual benefits for partners (organisations and individuals) • Formal and informal opportunities for reflexive learning across the partnership e.g. discuss progress, exchange ideas, provide and respond to feedback • Agreed scope for innovation e.g. exploration of new agendas, opportunities, research and/or policy questions, and sufficient flexibility (funding, resource allocation) to be responsive • Agreed purpose and scope for evaluation of outcomes and impact • Agency for partner representatives to make and implement commitments and respond to changed circumstances • Systemic analysis and mutual understanding of partnership context, and contributing partner perspectives e.g. different organisational priorities and constraints, incentives, competing interests • Distributed leadership and relationships to bolster stability and sustainability of partnerships <p>Sound governance:</p> <ul style="list-style-type: none"> • Agreed terms of reference, processes for governance, decision-making, budget allocations, and resolving disagreements • Recognition of internal and external power dynamics and strategies for managing these <p>Substantial investment:</p> <ul style="list-style-type: none"> • Formal written agreements, agreed financial and in-kind contributions by partners, and institutional commitments • Investment in relational infrastructure e.g. partnership coordination functions, internal and external communication capacity 	<p>Longer-term established partnerships can be affected by significant changes in partners' organisational and contextual circumstances e.g.:</p> <ul style="list-style-type: none"> • Changes to partnering organisations' goals, needs, or priorities • Changes to key personnel resulting in lost corporate knowledge and established relationships and trust or misaligned new perspectives • Reduced capacity of a contributing partner to meet or maintain previously agreed commitments • Partner agency loses momentum due to other unanticipated or unplanned demands on time and resources • The partnership runs out of funding or key people are not replaced when they leave • Partnerships may not progress as planned <p>Emerging developments can offer unanticipated benefits or create new challenges, for example:</p> <ul style="list-style-type: none"> • Require renegotiation of the underlying premise, agreements, and expectations • Draw on additional investments of time, resources or require conflict resolution • Partner representatives not adequately supported by their organisation • Returns on investment not as expected <p>Establishment of new partnerships may take longer than anticipated with loss of momentum e.g.:</p> <ul style="list-style-type: none"> • Delayed execution of contracts and agreements or required approvals to progress work • Cashflow and resource challenges, delayed recruitment, falling behind on deadlines • Complexity of stakeholder relationships reveal unexpected differences e.g. language, expectations, hindering progress on finding common ground

EMCRs in forming effective research-policy partnerships (Figure 1). Such partnerships will then be fostered to hold many of the elements described in Table 1. While we recognise that many examples of such initiatives exist, we propose this support could be more explicit and systemic to enhance the policy and practice relevance and impact of future Australian prevention research.

Funding systems

A greater proportion of overall research funding must be allocated to the type of multiagency population-based studies on which effective chronic disease prevention relies. This could be achieved with new dedicated funding streams, such as the former National Health and Medical Research Council (NHMRC) partnership centres scheme that established the Prevention Centre¹³, and more relevant grant assessment criteria for population health research.¹⁴ This could also include a dedicated public health and prevention stream for initiatives such as the NHMRC's Research Translation Centres¹⁵, as well

as capitalising on the Australian Research Council (ARC) Linkage Program.

Further, many EMCRCs are employed in volatile fixed-term positions, requiring them to prioritise academic outputs, research dissemination, and short-term impact to remain competitive for grants and positions. Systems for funding prevention research need to work with emerging leaders and other stakeholders to identify effective ways to incentivise and enable them to build effective partnerships across applied settings such as "researcher in residence" models. Funding criteria should also acknowledge the opportunity costs in academic advancement that can occur with investment in research-policy partnerships. Funding systems should incorporate metrics assessing partnership development in track record and impact evaluations, and where appropriate, grant panels should acknowledge and assess EMCRC involvement in research-policy partnerships. This may involve rating both impact (as in the NHMRC schemes) and the progress towards impact.

Figure 1. Summary of recommendations to support emerging leaders in chronic disease prevention research to build research-policy partnerships

 Funding Systems	<ul style="list-style-type: none"> ▪ Include core partnership support across all levels and funding schemes (e.g. relational infrastructure, co-design etc) ▪ Fund EMCRs to contribute and lead research-policy partnerships (e.g. co-joint research-policy roles, partnership scholarships, postdocs and future leadership schemes) ▪ Recognise and reward the value-add of research-policy partnerships (e.g. via track record and impact metrics) ▪ Embed funding for EMCR capacity building and research-policy partnership support in research development, translation and knowledge mobilisation plans
 University Systems	<ul style="list-style-type: none"> ▪ Create career pathways that support research-policy partnership development for EMCRs ▪ Create and reinforce (e.g., by training and metrics) opportunities for senior leaders to mentor and support EMCRs to build their research-policy partnership skills
 Applied Prevention Systems	<ul style="list-style-type: none"> ▪ Support opportunities for EMCRs to build sustainable relationships within policy and practice ▪ Create embedded opportunities for EMCRs to learn through ‘watching and doing’ (i.e. the practices, and strategic and operational elements of successful partnerships)

EMCR=early and mid-career researchers.

Finally, funded knowledge mobilisation strategies offer key pathways for researchers and policymakers to connect. A good knowledge mobilisation and science communication strategy, especially one developed early and in collaboration, can open researcher dialogue with policymakers, build opportunities for co-production, and help to embed and maintain mutually beneficial partnerships.¹⁶ For example, the Medical Research Future Fund (MRFF)-funded ‘Boosting Prevention’ grants (2018 – 2020) awarded through the Prevention Centre included explicit requirements for early development of knowledge mobilisation plans and central support for EMCR capacity building from a dedicated Knowledge Mobilisation lead.¹⁷ CER1⁹ has enabled NHMRC Centres of Research Excellence (CREs) to collaborate with the Prevention Centre to provide coordinated and shared EMCR capacity building, including knowledge mobilisation and science communication. Additional funding could significantly expand such initiatives. Further support and incentives to upskill and enable researchers to habitually develop and implement knowledge mobilisation plans are also needed.

University systems

The university system supports a range of teaching and research career pathways. In addition to providing partnership support for research-only and teaching/learning positions, there is potential to expand new academic career pathways focused on leading research-

policy partnerships. We propose such roles (e.g., co-funded roles focused on partnership research) should be more widely available as university-funded public health ‘backbone’ positions. These might differ from or enhance current embedded researcher models by providing additional, formally recognised programs, work plans, training, and mentoring on partnership building. Collaborative models with state or regional prevention services, such as conjoint research-policy or program positions or secondments can create environments where research-policy collaborations are expected and research findings are more readily translated.¹⁸ Dedicated policy-partnership roles can reward the time and specialist skills required, encourage EMCRs with interest and talent in stakeholder engagement, and invite senior academics with professional policy experience into universities. Such career pathways can help universities meet their strategic goals of engagement and impact, while also better supporting EMCRs in research-only tracks who are trying to ‘do it all’.

At the more granular school or unit level, many senior leaders are incredibly generous in sharing opportunities for EMCR development in partnership building, but the experience is not ubiquitous. We also recognise the strategic management of partnerships within research groups can be fickle. Care must also be taken that learning opportunities do not hinder meeting project goals or the needs of partners. Good mentorship and opportunities to “learn by doing” with appropriate support are essential, as well as recognition of potential

opportunity costs for senior leaders. We suggest that including 'partnership mentoring' in research funding, leadership training for senior academics, and metrics for track record and promotion of senior academics would facilitate wider opportunities for embedding partnership roles for EMCRs.

Applied chronic disease prevention systems

We recognise the importance of emerging leaders working in chronic disease prevention research to better understand the complexities of applied policy and practice. Opportunities may include training and/or direct exposure to contexts across core elements of the Australian prevention system, including population health policy and practice, healthcare services, nongovernment organisations, and the private sector. Survey and anecdotal feedback from the Prevention Centre's national emerging leaders network also highlights great interest among EMCRs, policy officers and practitioners to connect, collaborate, and learn from each other.

We believe there is a growing appetite among EMCRs to better understand the theory, processes, steps, and opportunities of research-policy partnerships. This should include addressing the governance mechanisms for successful partnerships from both research and policy perspectives, co-production theory and methods, and science communication. Some training opportunities exist (often run by universities or independent organisations) and could be expanded and more widely supported with in-kind contributions (e.g., from industry partners).

In addition to supporting training opportunities, the wider prevention system could further invest in new opportunities for emerging research leaders to initiate, develop, and sustain research-policy partnerships. Mechanisms can include dedicated research engagement roles embedded in policy agencies or healthcare services to facilitate partnership development or other research collaborations. Such roles can have a dual purpose, i.e., to support partnerships and contribute to local EMCR capacity building.

Conclusion

Engaging with stakeholders, such as those linked with CERi and the Prevention Centre, to collaboratively identify and tailor pragmatic steps towards validating and acting on the recommendations outlined in Figure 1 is now essential. Such efforts will support the premise that all prevention systems will see greater returns on investment from future research that addresses priority-driven, policy-relevant questions.

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Competing interests

All authors are members of CERi, a joint initiative between the Prevention Centre and several NHMRC CREs, established in June 2020 to enhance the profile and impact of chronic disease prevention in Australia.

Author contributions

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