

Making research work for decision makers: innovations and priorities for action

CIPHER forum



This report has been developed as part of an NHMRC funded Centre of Research Excellence grant, the Centre for Informing Policy in health with Evidence from Research (CIPHER). CIPHER is a collaboration of eight Australian and international organisations: the Sax Institute; the NSW Ministry of Health, the University of Western Sydney; the Australasian Cochrane Centre; The University of New South Wales; The University of Newcastle; University of Technology, Sydney; and University of St Andrews in the UK.



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Foreword

The health landscape is changing dramatically. The way we deliver health care in the future will look quite different to our current system, and research evidence will play a vital role in this.

The past decade has seen remarkable changes in how health decision makers value and use research evidence and evaluation. Policy makers, researchers, service managers, not-for-profit organisations and funding agencies are placing increasing emphasis on the development and accessible dissemination of policy relevant research findings, partnership approaches, fit-for-purpose methodologies, and the development of strategies and resources that support timely access to relevant research evidence.

Making research work for decision makers was convened to build on these developments and identify a shared agenda for action. The forum was part of the work of the NHMRC Centre for Research Excellence, CIPHER (Centre for Informing Policy in Health with Evidence from Research), application number 1001436.

Over 70 leading researchers and health decision makers from government and the not-for-profit sector met to consider priority actions to 'make research work for decision makers' and to share information about national and international developments in knowledge exchange. The forum was privileged to hear from Professor John Lavis, Dr Rohan Hammett and Professor Warwick Anderson about challenges and innovations in this area. Dr Nigel Lyons facilitated an insightful discussion that canvassed the range of challenges and innovations experienced by the broad mix of policy makers and researchers participating in the meeting. The program (page 12), participants (page 16), links to the speakers presentations and the innovations case examples provided by participants (page 15), and the broad themes discussed at the meeting (page 5) are elsewhere in this report.

It was evident that there has been a significant movement in the views of both researchers and policy makers over the past decade. There is now widespread agreement that research can make a significant contribution to policy and indeed may well be critical to resolving the emerging challenges in health care. Discussion has moved to how best to develop systems and strategies that will deliver what is needed. Participants in the forum nominated many interesting innovations and several were the subject of particular discussion:

- The range of resources and pragmatic strategies proposed by Professor John Lavis for embedding consideration of research in policy and program development processes.

- NHMRC Partnership Centres which were regarded by researchers and policy makers as providing an opportunity for long term strategic partnerships that inter-twined research and policy perspectives.
- NSW Health initiatives for tackling prevention priority areas.

As our approaches develop, critical analysis of what works and under what circumstances will be very important. Professor Redman spoke of the initiatives through CIPHER, which is testing the impact of a range of strategies to assist policy agencies to use evidence from research. More information about CIPHER can be found at www.saxinstitute.org.au/our-work/cipher.

The forum resulted in a list of priority actions to better make research work for decision makers (page 3). The Sax Institute has undertaken to widely distribute the priority actions and to use them to inform its work.

Priorities for Action

The following were the major priorities for action identified by speakers or during the discussion at the forum; those priorities that are highlighted appeared to have the greatest support or engendered most discussion.

Foster research that better meets policy makers' needs

- 1. Produce health systems research evidence that helps policy makers tackle priority areas that offer the greatest returns: such as reducing clinical variation, treating patients in the right settings, integrating models of care that drive health system sustainability, and improving clinician communication.**
- 2. Incentivise researchers to work with policy colleagues. This requires better measures of policy and practice impact track record to guide funding and promotion decisions.**
3. Continue to support accelerated research translation funding strategies, including faster funding models that are responsive to emergent needs and cash flows.
4. Build researchers' capacity: create opportunities for them to learn about the health system from working with decision makers and placements/roles in policy settings.
5. Use methodologies that are appropriate to address messy real world problems. This includes implementation and evaluation methods from community and education sectors, cross-disciplinary research, and better integration of qualitative research into studies and syntheses.
6. Fund and conduct implementation research and evaluation that goes beyond examining impact to include description of the contexts of program to enable locally applicable implementation.

Build skills, systems and structures so that policy agencies can use research more effectively

- 7. Embed the consideration of research evidence in policy development, e.g. require decision makers to produce summaries of how research evidence informed problem clarification, policy options and implementation considerations before decisions are taken.**
- 8. Develop more effective approaches to embedding research and evaluation in the development and roll out of policies and programs.**
9. Enable agencies to better understand how they use research and what opportunities there are for improvement.

10. Provide training and resources so decision makers and stakeholders can find and use the best available data and research evidence – systematically and transparently – in the time available.
11. Develop incentives for and communicate priorities to researchers so they can prepare: (i) rapid research syntheses within days and weeks, and (ii) evidence briefs for stakeholder/community consultation within weeks and months.
12. Improve understanding of the need for decision makers to focus on bodies of evidence, not single studies, and make best use of international public health and health services databases to inform local situations.

Improve communication between researchers and policy makers

- 13. Monitor and carefully evaluate promising experimental approaches to increasing research and policy engagement such as the NHMRC Partnership Centres and centres such as PANORG.**
- 14. Engage with researchers early in the process of policy and program design using structured dialogue.**
15. Bring together research and policy expertise to make best use of existing health services data to inform policy and programs.
16. Develop better partnerships with not-for-profit and private sectors, including learning from private sector research and development strategies.
17. Curb the harm caused by single studies being promoted without the context of a systematic review and without clarifying the many other questions that need to be answered before action is taken.
18. Create structured platforms to facilitate decision maker / researcher engagement.
19. Identify and communicate areas where we have evidence that is not being used.

Themes from the Forum¹

During the course of the presentations and discussion, the following themes emerged:

Capacity building: Policy makers

Health decision makers need many skills to be able to use research evidence effectively in their work.

Training should support learning in critical areas such as:

- What questions to ask about problems, options and implementation considerations
- What types of research evidence can address these questions
- Where to look for different types of research evidence
- How these types of research evidence are
- How to think through applicability to their specific issue and context
- How to develop and evaluate innovative strategies where there is minimal or no research evidence.

Greater recognition and system support for 'policy maker researchers' (akin to 'clinician researchers') would facilitate better integration of research evidence in policy.

What is happening in this area? [See Innovation examples: 12, 17 and 19](#)

Capacity Building: Researchers

There would be value in increasing the capacity of researchers to understand the priorities and working context of health decision makers. Researcher training could include:

- Research communication
- How to engage with health policy, practice and systems
- Experiential learning: embedded placements in policy and practice environments

Capacity building also needs to foster skills that policymakers value such as:

- Responsivity - an ability to deliver within tight turnaround times because responses are needed in 2 days and sometimes 4 hours
- Understanding of the health system, including how it is financed, should underpin research design and implementation. Scaled projects can often be funded under existing sources.

What is happening in this area? [See Innovation examples: 1, 2 and 15](#)

¹ These themes cluster comments or questions that were expressed by one or more people during the forum and do not necessarily represent the views of all forum attendees

Capacity Building: Not-for Profit

- Focus is also needed on increasing the use of evidence in the 55% of health care in NSW that is managed by not-for-profit and private sector organisation.

Partnership practices

Partnership approaches that bring together researchers, policy makers and practitioners (in government, non-government and private sector) are more likely to result in research informed health decisions. A critical feature of partnerships is that all parties ask and answer questions together. Partnership approaches may include:

- Further centres based on the PANORG2 model which works extremely well in building researcher capacity as well as producing high quality policy relevant research (a new Centre for HIV, Hep B and Hep C is following suit)
- NHMRC Partnership Centres like the Prevention Partnership Centre of Australia which brings together co-funders and initiates partnerships from the start, attempts to answer critical policy questions, and builds capacity through PhDs and postdoctoral fellowships
- Co-locating researchers and policymakers in single units – this would require a revolution in how we think about and fund both research and policy
- Refocusing outside of the health system to engage with private sector and economic agents in government as partners, especially in relation to prevention which is ideological but vital in all policy domains.

In such partnerships, there is a need to balance a clear initial articulation of the work program with flexibility for change as the research progresses.

What is happening in this area? [See Innovation examples: 1, 6, 7, 14, 15 and 19](#)

Health systems research

We are in need of health systems research evidence that can help policy makers to tackle cost cutting priority areas. These include:

- Reducing clinical variation
- Treating patients in the right settings
- Integrating models of care
- Improving clinician communication.

What is happening in this area? [See Innovation examples: 2, 3, 13](#)

² Physical Activity, Nutrition and Obesity Research Group

Innovative and appropriate methodology

Use methodologies that are appropriate to address messy real world problems. This includes:

- Better understanding of methodologies other than randomised control trials which are often not possible or appropriate
- Using innovative methodologies from other areas such as community and education sectors
- Putting together research teams with complementary skills across disciplines and sectors
- Better integration of qualitative research into studies and syntheses
- Better integration of economic measures and scalability considerations
- Stimulating community discussion about the value of pilots or trials of large programs or policies.

What is happening in this area? [See Innovation examples: 5, 6, 13](#)

Evaluation of policies and programs

There is considerable opportunity to improve health service delivery and to build knowledge from the roll out of policies and programs. In addition to the approaches described above, evaluation could be strengthened by:

- Planning the evaluation early in the process of developing the policy or program where there is opportunity for flexibility of approach
- Strengthened approaches to measuring the value in cost terms of the program
- Making best use of natural experiments
- Making a clear distinction between, and use of both, jurisdictional scans ('What are others doing?') and outcomes evidence ('With what effect?').

What is happening in this area? [See Innovation examples: 9 and 15](#)

Timely access to research findings

Without timely and efficient access to quality research findings, policy decision makers are unlikely to be able to use research systematically. Policymakers can maximise whatever time is available by accessing the best quality and most local applicable body of available research as efficiently as possible. Strategies include:

- Promotion of 'one-stop shops' which are collections of pre-appraised user friendly systematic reviews that enable policymakers to search comprehensively for the best available, best quality research evidence in minimal time³
- Commissioning rapid reviews
- Funding rapid response units to deliver evidence syntheses within timeframes of days or weeks

³ For example: The Cochrane Library, Health Evidence, Health Services Evidence, and use of validated search strategies ('hedges') in PubMed.

- Formats and communications strategies that increase accessibility of research findings
- Use of evidence briefs in consultation processes.⁴

What is happening in this area? [See Innovation examples: 7, 10, 15, 16](#)

Implementation of policies and programs

We require more evidence *about*, and greater use of evidence *during*, policy and program implementation, including:

- Increasing the voice of stakeholders (including service deliverers such as clinicians, not-for-profit agencies and service users) by collaborative practices which increase their role the design and trialling of programs
- Paying more attention to research-informed change management strategies and implementation planning and monitoring as part of the study design
- Reporting the process and contexts of policy/program implementation.

What is happening in this area? [See Innovation examples: 3, 6, 8](#)

Community engagement

If Australians knew as much about health statistics as they do about sports statistics, the community would be empowered to engage in health debates. Politicians respond to public opinion so a better informed community can lead to better policy. Strategies that may help include:

- Using accessibly written, consumer-focused versions of evidence briefs as a jumping off point for informed community consultation
- Discouraging researchers and universities from marketing individual studies without situating them in the context of the broader knowledge base in the field
- Researchers working with journalists to increase media scrutiny of policy decisions and inform accurate and accessible reporting of research evidence to the public (including reduction of 'break through' coverage).

What is happening in this area? [See Innovation examples: 11](#)

⁴ Evidence Briefs inform stakeholder consultation. They cover: what is known about the problem; possible policy responses including known benefits, harms and costs; and implementation barriers and solutions. See <http://www.mcmasterhealthforum.org/index.php/stakeholders/evidence-briefs>

Helping researchers develop effective partnerships with policy agencies and address policy priorities

Some researchers already have excellent skills in working with policy agencies and in building effective relationships; however, there are opportunities to increase the numbers of researchers working in this way. Strategies that may help include:

- Develop forums to enable researchers and policy makers to come together early in the process of policy and program formulation
- Encourage applications for NHMRC Partnership Grants
- Encourage researchers to speak early with NSW Health pillars or the Ministry with initial research ideas to discuss for pragmatic research that falls within their priority areas
- Encourage researchers to attend forums like the annual NSW Health Innovation Symposium where new ideas and priorities in policy and program directions are being discussed
- Establish dialogue between policymakers, health service managers and researchers about health priority areas, including problems they are currently grappling with, to identify where research could contribute.

There are huge opportunities in NSW supported by a minister who is passionate about innovations in health and about research.

What is happening in this area? [See Innovation examples: 4, 11 and 19](#)

Mechanisms for embedding research evidence in policy processes

Processes which both support and oblige policymakers to seek and apply evidence may assist in the development of systematic approaches to using research, including:

- Building in documented indicators of how evidence was used in decision making processes e.g. mandatory forms to accompany cabinet and Treasury submissions and senior committee briefings which summarise how research evidence was used to clarify the problem, frame policy options, and plan the implementation approach
- Stakeholder consultation processes which start with the distribution of accessible overviews of available research using evidence briefs
- Performance reviews that require a case example of how research was used to inform decisions
- Staff training (see Capacity Building above)
- Dedicated staff member(s) appointed to engage with researchers and input into policy committees and think tanks
- Periodic policy roundtables where senior policymakers talk with researchers.

What is happening in this area? [See Innovation examples: 1, 3, 11 and 17](#)

Using research to support policy accountability

Research evidence can be very valuable in supporting transparent decision making processes. Evidence from research can provide some of the justification for decisions, serve as an audit trail for policy reviews and assist in challenging ideologically driven positions. Strategies in addition to those outlined above include:

- Ensuring guidelines development uses systematic processes in line with international best practice
- Questioning/critiquing the systematic use of research in organisational processes (e.g. asking if they are based on GOBSAT – Good Ol’ Boys Sitting Around a Table)
- Questioning/critiquing policy decisions that are not in line with research evidence.

What is happening in this area? [See Innovation examples: 10](#)

Incentives in academia

If researchers want to influence policy, they need to engage with it. Greater incentives are needed for researchers developing policy-useful research and working with policy makers. Strategies include:

- Development of impact measures that can be used by universities and funding bodies as part of track record assessment
- Credit from universities and funding agencies for researchers working with policymakers, and contributing to policy decision making
- Credit from universities and funding agencies for researchers who effectively promote evidence-informed decision making in the public domain (media etc.)
- Provision of incentives for work on systematic reviews and evidence briefs for policy or for forming partnerships with journalists
- Streamlining contracts for commissioned and partnership research, especially regarding intellectual property and publishing embargos.

Research funding

In the past, grant review panels tended to focus on the number of academic publications, leading to research with little chance of effecting policy or practice change. NHMRC has developed several important mechanisms for supporting policy-relevant research⁵ such as the partnership centres described earlier, and likely impact is considered seriously by partnership grant review panels. Funding decisions must continue to take account of and, where possible, strengthen support for the role of strategies that are likely to increase the production and useful dissemination of policy-relevant research, including consideration of:

- How research addresses policy priorities

⁵ One of these mechanisms is asking for applicants’ 5 best publications and requiring researchers to say why they are the best. This counters ‘more-is-better’ assumptions about publications and encourages researchers to address impact

- What methods are most appropriate for addressing policy questions
- How research will be translated
- Researchers' track record in getting research into policy
- Researchers' track record in getting research into practice
- Partnerships between policymakers and researchers
- Research impact

Researchers are concerned at the decreasing success rate of grants, but a potential upside is the increasing effort put into commissioned research as a means to increase revenue. This may lead to better relationships with policy agencies.

What is happening in this area? [See Innovation examples: 1, 3, 4, 15, 18 and 19](#)

Forum program

Wednesday 19 February 2014, 9.30 am – 12.30 pm

NSW Trade & Investment Centre

Level 47, MLC Centre, 19 Martin Place, Sydney

9.00 am *Arrival tea and coffee*

9.30 am **Welcome**

Professor Louisa Jorm, Director, Centre for Health Research, University of Western Sydney

9.40 am **Perspectives**

Chair: Professor Debora Picone, CEO Australian Commission on Safety and Quality in Health Care

International perspectives

Professor John Lavis, Director of the McMaster Health Forum and Associate Director of the Centre for Health Economics and Policy Analysis

Policy perspectives

Dr Rohan Hammett, Deputy Director-General, Strategy and Resources, NSW Ministry of Health

Research funding perspectives

Professor Warwick Anderson, CEO National Health & Medical Research Council

CIPHER: Early findings

Professor Sally Redman, CEO Sax Institute

Brief questions and comments

10.55 am *Morning tea*

11.15 am **Discussion**

Facilitator: Dr Nigel Lyons, CEO Agency for Clinical Innovation

12.30 pm *Lunch*

Speaker biographies

John Lavis

Professor John Lavis is the Director of the McMaster Health Forum and professor in McMaster University's Departments of Political Science and Clinical Epidemiology and Biostatistics. His principal research interests include knowledge transfer and exchange in public policy making environments and the politics of health systems. He led the creation and oversees the continuous updating of Health Systems Evidence, the world's most comprehensive free access point for high-quality evidence about how to strengthen or reform health systems, or how to get cost-effective programs, services and drugs to those who need them. He directs the Canadian Cochrane Centre's Program in Policy Decision-Making and oversees its Policy Liaison Office.

Professor Lavis also co-chairs the World Health Organization-sponsored Evidence-Informed Policy Network (EVIPNet) Global Steering Group, is president of the Pan American Health Organization (PAHO) Advisory Committee on Health Research, and a member of the WHO Advisory Committee on Health Research.

http://fhs.mcmaster.ca/ceb/faculty_member_lavis.htm

Rohan Hammett

Dr Hammett is Deputy Director-General, Strategy and Resources, at the NSW Ministry of Health. Prior to this he was the National Manager of the Therapeutic Goods Administration and previously its Principal Medical Adviser. His portfolio responsibilities within the NSW Ministry of Health include the development and implementation of strategic policy initiatives relating to health system funding and sustainability; integration of primary, community and tertiary care to deliver improved patient outcomes; aged care; rural health; service and capital planning; health technology evaluation; inter-government negotiations and Commonwealth-State relations.

Dr Hammett is also a consultant physician in gastroenterology. Over the past two decades he has worked in the Australian, US and UK Health systems and has performed senior clinical and management roles within the NSW and Commonwealth health systems.

Warwick Anderson

Professor Warwick Anderson is the Chief Executive Officer of the NHMRC, Australia's major governmental funding body for health and medical research. Previously, he was Head of the School of Biomedical Sciences at Monash University and Deputy Director of the Baker Medical Research Institute, following research fellowships at The University of Sydney and Harvard Medical School.

Professor Anderson is a member of the Prime Minister's Science Engineering and Innovation Council, a Board member of the Global Alliance for Chronic Disease, a member of Heads of International (Biomedical) Research Organizations and of the National Lead Clinicians Group. He is an Honorary Fellow of the Royal College of Pathologists of Australasia and an International Fellow of the American Heart Foundation. He was made a Member of the Order of Australia in 2005.

<http://www.nhmrc.gov.au/node/26/>

Sally Redman

Professor Redman is CEO of the Sax Institute. The Institute is funded by the NSW Ministry of Health to increase the impact of public health and health services research on policy and practice. It is responsible for the 45 and Up Study, Australia's largest study on healthy ageing, and has developed innovative approaches to increasing the use of research by policy agencies. Professor Redman is a public health researcher with an interest in evaluating programs designed to improve health and healthcare. She has published more than 170 publications in peer reviewed journals and currently leads CIPHER, an NHMRC Centre of Research Excellence in increasing the use of research evidence in policy. Professor Redman was previously the inaugural Director of the National Breast Cancer Centre, funded by Australia's Federal Government to improve evidence-based care and outcomes for women with breast cancer.

Web link to speakers' presentations

[International perspective presented by Professor John Lavis](#)

[Funding perspective presented by Professor Warwick Anderson](#)

[CIPHER: Early findings presented by Professor Sally Redman](#)

Web link to innovations

[Exmaples of innovations provided by agencies participating in the forum](#)

Forum participants

Organisation	Name	Position
ACT Health	Ms Louise Freebairn	Senior Manager, Epidemiology
ACT Health	Ms Irene Passaris	Director, Communicable Disease Control
Australasian Cochrane Centre	Professor Sally Green	Co-Director CIPHER Investigator
Australian Commission on Safety and Quality in Health Care	Dr Michael Smith	Clinical Director
Australian Commission on Safety & Quality in Health Care	Professor Debora Picone	CEO
Australian Department of Veterans' Affairs	Ms Kyleigh Heggie	Director, Research Development and Co-ordination
Australian Department of Veterans' Affairs	Mr Mark Watson	Assistant Director, Research Development and Co-ordination
Australian National Preventive Health Agency	Ms Louise Sylvan	CEO
Australian National University	Professor Emily Banks	Professor, Epidemiology and Public Health Chair of the Advisory Committee on the Safety of Medicines, Pharmaceutical Benefits Advisory Committee
Australian National University	Emeritus Professor Judy Whitworth	Former Commonwealth Chief Medical Officer
Australian Red Cross Blood Service	Dr David Irving	Executive Director, Research and Development
Cancer Council NSW	Dr Libby Topp	Manager, Research Strategy Unit
Cancer Institute NSW	Dr Cynthia Lean	Coordinator, Planning and Evaluation Coordinator NSW Cancer Plan
Commonwealth Department of Health	Ms Erica Kneipp	Assistant Secretary, Medicare Locals & Primary Health Care Policy
Commonwealth Department of Health	Associate Professor Rosemary Knight	Principal Adviser, Population Health Division
Heart Foundation NSW	Ms Kristina Cabala	Director, NSW Cardiovascular Research Network
Heart Foundation NSW	Ms Wendy Oakes	NSW Senior Policy and Advocacy Manager
Independent Hospital Pricing Authority	Mr Luke Clarke	Director, Policy Development

McMaster University	Professor John Lavis	Director, McMaster Health Forum; Associate Director of the Centre for Health Economics and Policy Analysis
National Health & Medical Research Council	Professor Warwick Anderson	CEO
National Heart Foundation	Dr Akiko Ono	Director, Research
Nepean-Blue Mountains Medicare Local	Ms Sheila Holcombe	CEO
NPS MedicineWise	Ms Karen Kaye	Deputy CEO and Executive Manager, Planning and Design
NPS MedicineWise	Dr Yeqin Zuo	Manager, Innovation and Evaluation
NSW Agency for Clinical Innovation	Ms Susan Brownlowe	Manager, Chronic Care
NSW Agency for Clinical Innovation	Dr Nigel Lyons	CEO
NSW Bureau of Health Information	Dr Jean-Frederic Levesque	CEO
NSW Clinical Excellence Commission	Dr Peter Kennedy	Deputy CEO
NSW Department of Family and Community Services	Mr Andrew Lowe	Senior Policy Officer
NSW Department of Family and Community Services	Ms Ruth Jones	Executive Director, Research and Evaluation
NSW Health	Professor Chris Rissel	Director, Office of Preventive Health Professor, University of Sydney, School of Public Health
NSW Justice and Forensic Mental Health Network	Ms Angela Hehir	Manager, Research Operations
NSW Justice Health & Forensic Mental Health Network	Ms Karen Patterson	A/ Executive Director, Strategic Development & Performance; Head, Practice Development Unit
NSW Kids and Families	Ms Joanna Holt	CEO
NSW Kids and Families	Dr Emily Klineberg	Project Coordinator, NSW Research Alliance for Children's Health
NSW Mental Health Commission	Mr John Feneley	NSW Mental Health Commissioner
NSW Mental Health Commission	Ms Sarah Hanson	Executive Officer
NSW Ministry of Health	Mr Tim Burt	Associate Director, External Relations
NSW Ministry of Health	Dr Kerry Chant	Chief Health Officer and Deputy Director-General, Population and Public Health Division
NSW Ministry of Health	Dr Rohan Hammett	Deputy Director-General, Strategy and Resources

		Sax Institute Board Member
NSW Ministry of Health	Mr Andrew Milat	Associate Director, Centre for Evidence and Evaluation CIPHER Investigator
NSW Ministry of Health	Dr Jo Mitchell	Director, Centre for Population Health
NSW Ministry of Health	Ms Anne O'Neill	Associate Director, Office of Health and Medical Research
NSW Ministry of Health	Ms Carmen Parter	Director, Centre for Aboriginal Health
NSW Treasury	Mr Mazen Kassis	Manager, Centre for Program Evaluation
Office of the NSW Chief Scientist & Engineer	Ms Jessica Wharton	Senior Project Officer
Prostate Cancer Foundation of Australia	Dr Miranda Xhilaga	Director, Research Programs
Queensland Health	Ms Colleen Jen	Senior Director, Policy & Planning Branch
Royal North Shore Hospital	Professor Carol Pollock	Professor of Medicine Chair, Northern Sydney Local Health District Board
Sax Institute	Professor Sally Redman	CEO Principle Investigator, CIPHER
Sax Institute	Ms Sian Rudge	Director, Knowledge Exchange Division
Sax Institute	Mr Bob Wells	Policy Head, Research Assets
Sax Institute	Dr Anna Williamson	Director, CIPHER
Sax Institute	Dr George Jessup	Board Member
Sax Institute	Dr Sonia Wutzke	Deputy Director, NHMRC Australian Prevention Partnership Centre
Sydney Children's Hospitals Network	Adjunct Professor Annette Solman	Network Director, Nursing and Midwifery
Uniting Care Aging, NSW ACT	Ms Tracey Osmond	Director Clinical Excellence, Governance & Research
University of Newcastle	Associate Professor Christine Paul	Associate Professor, School of Medicine and Public Health
University of Notre Dame	Associate Professor Lucie Rychetnik	Associate Professor, Translational Clinical Research Head, Synthesis Capacity, The NHMRC Australian Prevention Partnership Centre
University of NSW	Dr Belinda Goodenough	Program Manager, Knowledge Translation
University of NSW	Professor Ken Hillman	Professor, Intensive Care and Foundation Director, Simpson Centre for Health Services Research, Australian Institute of Health

Innovation		
University of Sydney	Emeritus Professor Bruce Armstrong	School of Public Health Senior Advisor, The Sax Institute Chairman, Bureau of Health Information
University of Sydney	Professor Lesley Barclay	Director, University Centre for Rural Health Board Member, Northern Rivers (NR) Board of Regional Development Australia and NR General Practice network Sax Institute Board Member
University of Sydney	Professor Adrian Bauman	Sesquicentenary Professor and Director, Prevention Research Collaboration, School of Public Health
University of Sydney	Professor Louise Baur	Professor, Discipline of Paediatrics & Child Health and Co-Director, Physical Activity, Nutrition & Obesity Research Group
University of Sydney	Associate Professor Fiona Blyth	Associate Professor, Sydney Medical School CIPHER Investigator
University of Sydney	Professor Simon Chapman	Professor, Public Health and Associate Dean of Communications, School of Public Health
University of Sydney	Professor Jonathan Craig	Professor, Clinical Epidemiology, School of Public Health
University of Western Sydney	Professor Louisa Jorm	Director, Centre for Health Research and Foundation Professor Population Health CIPHER Investigator