

Stroke Foundation response - Review of the MRFF Cardiovascular Health Mission: Survey Questions

Q1. How familiar are you with the Cardiovascular Health Mission [Implementation Plan](#)?

- **Very familiar**
- Somewhat familiar
- Not familiar at all

Q2. Do you think the [Implementation Plan](#) has helped to direct cardiovascular disease and/or stroke research in Australia?

- Yes
- **Somewhat**
- No
- Unsure

Q2a. If yes or somewhat, in what way? (max 100 words)

The Implementation Plan has provided a clear overarching strategy to support the Cardiovascular Health Mission's (CVHM's) goals and principles, and has identified priority areas for investment that are both broad enough and specific enough to address current issues in stroke research; however, the execution of the Plan may be overly restrictive in some instances. For example, the last round of the CVHM focussed heavily on Indigenous Health, which meant there were limited opportunities for other research that was broader in scope. A potential consideration could be to have each research focus area allocated a dedicated funding stream each year.

Q3. What do you think are the main contributions of the Cardiovascular Health Mission to cardiovascular disease and/or stroke research in Australia and internationally? (max 100 words)

Generic NHMRC research funding streams are highly competitive and attract applications from a broad range of clinical specialties, and the CVHM has been extremely valuable as the primary dedicated government funding scheme for stroke research. Funding for health services research as part of this scheme has been particularly useful, given that variations in practice is an important issue in CVD and stroke care. The CVHM has elevated the importance of stroke research, and the recognition that stroke is an under-funded area of research in Australia; however, more work is needed to effect significant change in stroke research funding and outcomes.

Q4. To what extent have the Cardiovascular Health Mission, and the MRFF more broadly, identified and addressed evidence gaps in your area of cardiovascular disease and/or stroke research, including areas of emerging priority and/or unmet need?

- **Well**
- Somewhat
- Not at all
- Unsure

Q4a. Please provide a justification for your answer. (max 100 words)

MRFF grant schemes that focus on the various stages of the research cycle have been particularly valuable, as they allow ideas to be explored earlier and more robustly. An example of this is the MRFF incubator grants scheme. This scheme supports early stage research projects that test the potential and feasibility of new strategies and approaches for addressing critical or intractable health challenges, and areas of unmet medical need, as well as the establishment of an evidence base for further research focused on the implementation a proposed solution.

Q5. To what extent has the Cardiovascular Health Mission supported the cardiovascular disease and/or stroke research workforce in Australia in the following areas?

- **Job creation**
 - Well
 - Somewhat**
 - Not at all
 - Unsure

- **Retention and attraction of research talent to Australia**
 - Well
 - Somewhat**
 - Not at all
 - Unsure

- **Built capability in areas specific to cardiovascular disease and/or stroke research**
 - Well
 - Somewhat**
 - Not at all
 - Unsure

Q5a. Please specify if there are other ways in which the Cardiovascular Health Mission has supported the cardiovascular disease and/or stroke research workforce in Australia? (max 100 words)

The CVHM has been more successful in creating career development opportunities for local researchers than attracting researchers to Australia. Importantly, the Personnel Support Package rates need updating, and are insufficient to attract clinical staff into research roles. There is a severe lack of funding for fellowships at all career stages to build stroke research capability. The CVHM could address this by providing stroke-specific research fellowships to build capacity, targeted specifically at early- and mid-career researchers.

Q6. Are you aware of other research grant schemes with innovative or successful funding models or granting arrangements (e.g., seed funding models, staged funding, the MRFF incubator or accelerator schemes), particularly in cardiovascular disease and/or stroke research, that the Cardiovascular Health Mission could learn from?

- Yes
- No

Q6a. If yes, please provide the name of the scheme(s) and which aspects may be useful. (max 100 words)

The NHMRC initiative for addressing the gender imbalance in the Investigator Grants (IG) scheme, focused on introducing even numbers of funded grants, could be used as an example of a structural initiative to address the inequity in funding between stroke and CVD in the CVHM. Many of the issues that underpin the gender imbalance in the IG scheme are mirrored in the imbalance between stroke and CVD research in the CVHM. Pitting applicants for stroke and CVD research funding against each other, when there are vast inequities in access to development opportunities, is unfair, and separate funding calls are needed.

Q7. Are there new emerging priority areas for MRFF cardiovascular disease and/or stroke research investment (gaps identified through your own work or that you know of more broadly)?

- Yes
- No
- Unsure

Q7a. If yes, please list.

- With increasing pressure on our primary care system, research on **services in the community** that address the needs of survivors of stroke, is needed.
- **Prehospital stroke research** is supported by the MRFF, but is still an emerging field requiring ongoing support.
- More research needed to bridge the **metropolitan regional/rural divide** with regard to stroke health outcomes.
- The UK has published its research priorities for improving stroke outcomes (<https://pubmed.ncbi.nlm.nih.gov/35305334/>), which are likely to be similar for Australia. One example is **post-stroke fatigue**, a debilitating issue for >50 percent of survivors of stroke, for which there is no proven effective interventions.

Q8. Given the current cardiovascular disease and stroke research landscape, which of the Cardiovascular Health Mission priority areas should be prioritised for funding moving forward?

Please choose up to three priority areas.

- Priority area 1.1 Improving understanding of cardiovascular disease risk, including biological mechanisms
- **Priority area 1.2 Identifying best-practice preventive care for all Australians through novel diagnostic, therapeutic and health service delivery strategies**
- Priority area 2.1 Optimising evidence-based diagnoses and clinical pathways
- **Priority area 2.2 Discovering new solutions through innovation - technology, drugs and devices, and models of care**
- Priority area 3.1 Identifying and targeting personalised lifelong care approaches, to prevent further stroke or heart events
- **Priority area 3.2 Developing new treatments for recovery with better understanding of the biology of recovery, leading to improved monitoring and new treatments**
- Priority area 3.3 Improving survivorship and reducing morbidity

Q8a. Within each of your chosen priority areas, what are the most important research topics to fund? (max 50 words)

- Priority area 1.2: Behaviour change strategies to address modifiable stroke risk factors.
- Priority area 2.2: Models of care focused on increasing equity of access to stroke treatment and care.
- Priority area 3.2: New treatments for stroke recovery, with a consideration of patients with residual disability who do not receive hyperacute reperfusion therapy.

Q9. How can the Cardiovascular Health Mission more effectively support transformative research that has greater impact? (max 100 words)

In order to support game-changing, transformative research that has greater impact, it is critical that the CVHM has some grant opportunities where longer term, sustainable funding is available. A lot of the time we know what works, but it is just not being delivered, and therefore there needs to be a greater focus on the implementation of known effective interventions. There also needs to be a greater focus on the consumer (lived experience) voice, and consumer representation at the advisory level of the CVHM will ensure the right research is being done for greatest impact.

Q10. Do you have any other comments about how the Cardiovascular Health Mission can be enhanced to improve the impact of funded cardiovascular disease and/or stroke research?

In order for the CVHM to improve the impact of funded stroke research, it is critical that stroke is separated from CVD, and is given its own funding stream, as the issues, unmet needs, evidence gaps and potential solutions are vastly different. This was recommended in the 2020 international review of the CVHM roadmap, but has not occurred, and as a consequence stroke remains underfunded. Of the 85 grants and \$155.5 million in funding awarded through the CVHM to date, only 19 grants (22 percent), totalling \$29.5 million (26 percent) of funding, was awarded to projects with a stroke focus.