Submission to the Public Consultation on the MRFF Cardiovascular Health Mission Roadmap and Implementation Plan

Response to online public consultation questions

Are the priority areas for investment identified in the implementation plan the most effective way for delivering on the Mission's goal and aims? (max 300 words)

Stroke Foundation broadly supports each of the seven priority areas for investment identified in the implementation plan, but believes there are opportunities to strengthen some of these priority areas in order to improve their ability to deliver on the Mission's goal and aims.

Importantly, more than 80 percent of strokes can be prevented. The research activities described under *Priority area 1.2 'Identifying best-practice preventive care for all Australians'* are focused largely on clinical, individual level approaches to prevention, rather than public health population approaches, and where population level activities are mentioned, they are vague and unfocussed. Given the significant reach that public health policy approaches have, and the success they have had in reducing cardiovascular disease and stroke in Australia, it is critical they are appropriately addressed in the Implementation Plan. One example that could be included, is the implementation of existing public health approaches, and the development and implementation of novel public health approaches, to tobacco control, in populations that continue to have a high smoking prevalence, including Aboriginal and Torres Strait Islander people.

Stroke is a leading cause of complex adult disability in Australia, yet survivors of stroke are not receiving the effective physical or behavioural interventions that are needed to drive and optimise recovery. As such, *Priority area 3.2 'Developing new treatments for recovery with better understanding of the biology of recovery, leading to improved monitoring and new treatments'*, could be strengthened by including the following research activities that will address knowledge gaps hampering the ability of researchers to rapidly progress the field stroke recovery:

- Large cohort studies (>10,000 participants) to improve our understanding of the natural history of recovery.

- Studies to improve our understanding of the neurobiology of spontaneous and treatment-induced recovery.

- Rehabilitation trials conducted much earlier after stroke to optimise recovery potential.

Are there existing research activities which could be utilised to contribute to the Cardiovascular Health Mission Roadmap and/or Implementation Plan aims and priority areas for investment? How can these be leveraged? (max 200 words)

There are a large number of existing research activities that could be utilised within the field of population health to contribute to *Priority area 1.2*. For example, Australia is a global leader in tobacco control research and policy, and there are opportunities to partner, or collaborate, with cutting edge

research groups, such as the recently established, *NHMRC Centre of Research Excellence on Achieving the Tobacco Endgame (CREATE)*. This centre will focus research efforts on determining the optimal mix of strategies to eradicate cigarette smoking in Australia, and producing a roadmap outlining how these strategies can be implemented.

The work of research groups such as the *NHMRC Centre of Research Excellence in Stroke Rehabilitation and Brain Recovery*, which is building Australia's research capacity in this area, and working towards the development of game-changing rehabilitation therapies to improve recovery and quality of life for survivors of stroke, could be leveraged to progress *Priority area 3.2*. The Centre's research collaborations and networks could also be utilised. One example is the *International Stroke Recovery and Rehabilitation Roundtable*, a major collaboration, led by Australian researchers, that has demonstrated there is consensus amongst the international community regarding research priorities critical for progressing work in this field.

Are the 'Evaluation approach and measures' appropriate for assessing and monitoring progress towards the mission's goal and aims? (max 200 words)

Stroke Foundation broadly supports the 'Evaluation approach and measures' that have been included for each of the mission's three aims; however, there is an opportunity to strengthen these with the following additions:

Aim 1:

- New, effective, population health approaches targeting key cardiovascular disease and stroke risk factors, including targeted approaches for vulnerable, at risk priority populations, are developed and implemented nationally.

- The prevalence of key cardiovascular disease and stroke risk factors, including smoking and high blood pressure, reduced, including for vulnerable, at risk priority populations, particularly Aboriginal and Torres Strait Islander people.

Aim 3:

- Improved quality of stroke recovery and rehabilitation research, as a result of greater harmonisation and standardisation of terminology, trial design, outcome measures and reporting.

- Improved understanding of the natural history of stroke recovery, and the development of clear biomarkers of recovery to help identify subgroups of patients to target for the development, evaluation, and implementation of new, effective rehabilitation therapeutic interventions nationally.

- A greater proportion of survivors of stroke receive effective rehabilitation therapies, and are helped to avoid significant disability, recover, and live well after stroke, resulting in a reduced burden on survivors of stroke, their families and carers, and the Australian community.