

Appendix A: Terms of References (ToR)

The board of The faculty of Health Sciences, UiT The Arctic University of Norway, mandates the evaluation committee appointed by the Research Council of Norway (RCN) to assess the Department of Community Medicine based on the following Terms of Reference.

Assessment

You are asked to assess the organisation, quality and diversity of research conducted by the Department of Community Medicine as well as its relevance to institutional and sectoral purposes, and to society at large. You should do so by judging the unit's performance based on the following five assessment criteria (a. to e.). Be sure to take current international trends and developments in science and society into account in your analysis.

- a) Strategy, resources and organisation
- b) Research production, quality and integrity
- c) Diversity and equality
- d) Relevance to institutional and sectoral purposes
- e) Relevance to society

For a description of these criteria, see Chapter 2 of the life sciences evaluation protocol. Please provide a written assessment for each of the five criteria. Please also provide recommendations for improvement.

UiT's strategy towards 2030 emphasizes the development and maintenance of research infrastructure and time series data from the north, as well as production of knowledge that contributes to solve major societal challenges. We ask you to pay special attention to the following four aspects in your assessment:

1) Knowledge production relevant for a diverse population and a society with increasing needs for disease prevention

During the past 10 years, the research at the Department has focused on developing knowledge relevant to current societal trends such as an aging population and increasing health inequalities. Much of our research relates to health behaviours and disease prevention in local, regional, national, and global contexts. One of our major strengths is the innovative use of data from large population-based studies and health registries to generate novel results on early markers of diseases, changing patterns of risk factors, and increasing demand for healthcare services. Another strength of our research is our ability to design and initiate new cohorts and data collections as a response to major societal challenges, as exemplified by the project *The COVID-19 virus and immunity in Norway*. Our thorough methodological knowledge combined with our large multi-disciplinary network allows us to combine various unique data sources and initiate and participate in large research consortiums to further enhance knowledge relevant for current and future disease trends. Furthermore, the Department's researchers are frequently disseminating research findings to the public as well as to local and national stakeholders. Our research is often referred to in national reports and used as benchmarks for population health in Norway. We kindly ask

the committee to evaluate how well our research addresses previous and future needs to solve major societal challenges in terms of health and disease in a diverse population. We also welcome evaluations of the quality, relevance, novelty and impact of previous and existing research projects. Additionally, we are grateful for suggestions for future research directions on how to make further use of our population-based data with repeated clinical follow-up examinations over a time-period of several decades to position the Department for future research funding and enhance the societal impact of our research.

2) Biomarker research

The ERC-Advanced Grant project, *Transcriptomics in Cancer Epidemiology*, that was completed in 2014, gave the Department considerable momentum in biomarker research that we have further accelerated. Over the past 10 years, we have initiated, participated, and completed several large and small biomarker research projects, including an ERC proof of concept in 2015 as a continuation of *Transcriptomics in Cancer Epidemiology*. The projects have novel and complex designs, such as multi-omics studies in cancer research and time-trends of environmental pollutants in relation to disease occurrence. The aim has been to explore the aetiology of lifestyle diseases and to identify early markers of disease, taking advantage of the large biobanks and novel technology in biomarker analysis. The biomarkers have spanned from small molecules as part of the exposome, to proteins and gene expression data, as well as DNA-methylation. Currently, the Department participates in several EU funded biomarker projects and the *Healthy Choices* project that explores the social exposome by combining clinical, self-reported and biomarker data from population-based studies. We ask the committee to evaluate the novelty, quality and focus of biomarker research at the Department. We also welcome suggestions for further direction on how to utilize our available biobanks in best possible way for biomarker research.

3) The impact of the *Healthy Choices* research support (“miljøstøtte”)

In 2019, the Department successfully obtained 50 million NOK in research environment support (“miljøstøtte”) from The Research Council of Norway (RCN) for the project “Healthy choices and the social gradient”, simplified to *Healthy Choices*. This special source of funding was granted by the RCN to strengthen and enhance collaboration within the Department as well as to expand international collaboration on social inequality in health. Nationally, three projects were funded. The *Healthy Choices* project spans broadly and has enhanced collaboration across research groups. It also improves recruitment of early career scientists and strategic professor II positions. Other key efforts of this project are the involvement of students in several student health research projects that are integrated into the curriculum and teaching activities. The students actively participate as co-researchers in the design, implementation and analysis of research projects related to their health and well-being. In accordance with the UiT strategy to “Prioritise knowledge development and innovative dissemination that promotes diversity”, the *Healthy Choices* project includes a work package dedicated to novel science communication that we expect will foster increased societal impacts of our research as well as pave the path for novel dissemination methods accessible to all.

The *Healthy Choices* project has already produced a substantial number of publications, and several larger applications for research funding to the RCN. We ask the committee to evaluate the impact of the *Healthy Choices* research project in terms of advancing and strengthening collaboration in the research environment at the Department, as well as increased national and international collaboration. We also welcome suggestions for further direction on how to position the Department for a future *Norwegian Centre of Excellence* application and EU grants related to the complex connections between individuals' socioeconomic status and their health behaviours.

4) Research infrastructure

As a response to previous RCN evaluations, the Department has recently made significant efforts to enhance the availability of all our cohorts in a similar manner to national and international collaborators. Currently, we host three core facilities which are responsible for research administration, biobanking, and storage and accessibility of data from the population-based cohorts. As part of the national infrastructure project on biobanking, we are currently preparing the genomic data from the Tromsø Study to be available for analysis together with the HUNT genomic data, thereby establishing this as a globally significant dataset. We expect this, together with our core facilities, to increase research collaborations substantially. We ask the committee to evaluate the importance, quality, and use of the available research infrastructure at the Department. We also welcome suggestions for further improvements of research infrastructure to enhance both our competitiveness and data availability for diverse stakeholders.

In addition, we would like your report to provide a qualitative assessment of the Department of Community Medicine as a whole in relation to its strategic targets. The committee assesses the strategy that the administrative unit intends to pursue in the years ahead and the extent to which it will be capable of meeting its targets for research and society during this period based on available resources and competence. The committee is also invited to make recommendations concerning these two subjects.

Documentation

The necessary documentation will be made available by the life sciences secretariat at Technopolis Group.

The documents will include the following:

- a report on research personnel and publications within life sciences commissioned by RCN
- a self-assessment based on a template provided by the life sciences secretariat

Interviews with representatives from the evaluated units

Interviews with the Department of Community Medicine will be organised by the evaluation secretariat. Such interviews can be organised as a site visit, in another specified location in Norway or as a video conference.

Statement on impartiality and confidence

The assessment should be carried out in accordance with the *Regulations on Impartiality and Confidence in the Research Council of Norway*. A statement on the impartiality of the committee members has been recorded by the RCN as a part of the appointment process. The impartiality and confidence of committee and panel members should be confirmed when evaluation data from Department of Community Medicine are made available to the committee and the panels, and before any assessments are made based on these data. The RCN should be notified if questions concerning impartiality and confidence are raised by committee members during the evaluation process.

Assessment report

We ask you to report your findings in an assessment report drawn up in accordance with a format specified by the life sciences secretariat. The committee may suggest adjustments to this format at its first meeting. A draft report should be sent to the Department of Community Medicine and RCN. The Department of Community Medicine should be allowed to check the report for factual inaccuracies; if such inaccuracies are found, they should be reported to the life sciences secretariat within the deadline given by the secretariat. After the committee has made the amendments judged necessary, a corrected version of the assessment report should be sent to the board of The faculty of Health Sciences, UiT The Arctic University of Norway and the RCN after all feedback on inaccuracies has been received from Department of Community Medicine.