



Partnership Projects scheme-specific Funding Rules for Applications Received in 2018

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1 INTRODUCTION

The following sections provide additional information about the National Health and Medical Research Council (NHMRC) Partnership Projects scheme including scheme-specific objectives, critical dates, assessment criteria, eligibility rules and funding details, and must be read in conjunction with the following supporting documents:

- the *NHMRC Funding Rules 2018*
- the *Guide to NHMRC Peer Review 2018*, incorporating the *Partnership Projects scheme-specific Peer Review Guidelines*
- the *Advice and Instructions to Applicants 2018*
- the *NHMRC Funding Agreement*.

It is recommended that you read the *NHMRC Funding Rules* before reading these scheme-specific rules.

2 ABOUT THE SCHEME

2.1 Description

Partnership Projects will support connections, within the Australian context, that translate research evidence into health policy and health practice, to improve health services and processes.

The scheme aims to support the work of healthcare policy and service delivery implementation agencies by supporting the translation of research outcomes into policy and practice and the evaluation of current policy and practice to identify gaps in knowledge. This type of research is normally conducted outside of universities and medical research institutes. It is for this reason that universities and medical research institutes are generally not eligible to partner with researchers through the scheme. Universities and medical research institutes can continue to participate as an Administering or Participating institution.

Partnership Projects will address the delivery, organisation, funding and access to services and programs that affect the health of Australians. Research may involve preventative programs, primary and community health care, hospitals, community services, the health workforce and infrastructure. This will include but not be limited to:

In relation to translating research outcomes into policy and practice:

- studies of mechanisms of knowledge transfer and exchange which will lead to improved Australian health outcomes through improved health services
- research involving preventative programs, primary and community health care, hospitals, access to services, workforce, infrastructure and funding
- utilise/apply existing evidence to develop advice
- increase reach and knowledge of how to implement through partnerships.

In relation to evaluating current policy and practice and identifying gaps in knowledge:

- identifying opportunities to improve the performance of programs or services

- the evaluation of new approaches to services and programs, their dissemination and uptake
- monitoring and reviewing current policy and practice to gauge its impact and determine whether change is necessary.

NHMRC Partnership Projects will not fund the evaluation of clinical interventions on individual patients e.g. new treatments, diagnostic techniques, pharmaceuticals or surgical procedures. Such research is supported through NHMRC Project Grants scheme.

Projects which are concerned with investigating the impact of systemic features of health service delivery (e.g. funding, planning, organisation, regulation and performance management) on health outcomes are encouraged.

Applications which address health services and programs to improve health outcomes for Aboriginal and/or Torres Strait Islander people, NHMRC strategic priorities for investment, are also encouraged.

2.2 Objectives

The objectives of the scheme are to:

- meet the need for a more effective integration of research evidence into health policy and service delivery
- create partnerships among policy makers, managers, service providers and researchers
- provide support to answer often complex and difficult questions that policy makers, managers and service providers face when making decisions and implementing policies that affect Australians' health and health care
- be highly responsive to the priorities of government, the community and health professionals
- enable applicants to apply for funding at any time during the year to allow researchers and partner organisations to develop timely collaborations.

3 KEY CHANGES

Applicants should note the following changes to the Partnership Projects scheme-specific Funding Rules for 2018:

- Additional funding is available to support Aboriginal and Torres Strait Islander health research through a Partnership Projects Special Initiative (see section 9).

4 CRITICAL DATES

Applications for Partnership Projects open on 17 January 2018 and can be submitted at any time during the year, up until 5 December 2018. This is to allow researchers and partner organisations to develop timely collaborations.

Peer review of applications will occur in three distinct cycles:

- Peer Review Cycle No. 1 - July 2018
- Peer Review Cycle No. 2 - November 2018
- Peer Review Cycle No. 3 - April 2019.

17 January 2018	Applications open in RGMS
14 March 2018	Administering Institution partner waivers* for Peer Review Cycle No.1
28 March 2018	Minimum data due in RGMS for Peer Review Cycle No.1
11 April 2018	Applications close for Peer Review Cycle No.1
20 July 2018	Administering Institution partner waivers for Peer Review Cycle No.2
1 August 2018	Minimum data due date in RGMS for Peer Review Cycle No.2
15 August 2018	Applications close for Peer Review Cycle No.2
7 November 2018	Administering Institution partner waivers for Peer Review Cycle No.3
21 November 2018	Minimum data due date in RGMS for Peer Review Cycle No.3
5 December 2018	Applications close for Peer Review Cycle No.3

* Refer to section 6.2 of this document.

Application outcomes are announced as peer review processes are finalised and ministerial approvals are obtained. Refer to sections 11.4 and 11.6 of the *NHMRC Funding Rules* for further details.

Minimum data must be entered in Research Grants Management System (RGMS) by 5:00pm Australian Eastern Standard Time (AEST) on the specified due date to allow the NHMRC to commence sourcing suitable assessors. Applications that fail to satisfy this requirement will not be accepted. Applicants are also reminded to complete the recommended fields below with correct information. Using placeholder text such as “text”, “synopsis” or “xx” etc. is not acceptable as minimum data.

Minimum data for Partnership Projects consist of the following:

- A-PA Part A General (specifically the Administering Institution, Application Title, Aboriginal/Torres Strait Islander Research and Synopsis)
- A-RC Research Classification
- A-RT Research Team (add core team members if known, noting that team members may be added or deleted after the minimum data deadline until the close of applications).

Please note: **Failure to meet this deadline will result in the application not proceeding** (see section 10.7 of the *NHMRC Funding Rules* for further information).

Research Administration Officers (RAOs) are **not** required to certify applications for the purpose of minimum data. Applications should only be certified once complete and ready for submission (see section 10.4 of the *NHMRC Funding Rules* and section 6 of the *NHMRC Advice and Instructions to Applicants*).

Completed applications must be submitted to the NHMRC in RGMS by **5.00pm** AEST on the specified closing date. Late applications will not be accepted.

5 ASSESSMENT CRITERIA

Applications will be assessed and ranked against the Assessment Criteria listed below (percentage values of the total score are provided in brackets):

- Track Records of the Chief Investigators, Partner Organisations and Partner Investigators, Relative to Opportunity (25%)

- Scientific Quality of the Proposal and Methodology (25%)
- Relevance and Likelihood to Influence Health and Research Policy and Practice (25%)
- Strength of Partnership (25%).

Applications are assessed relative to opportunity, taking into consideration any career disruptions (see sections 6.2 and 6.2.1 of the *NHMRC Funding Rules*).

The Category Descriptors at Attachment B are used as a guide by the Peer Review Panels (PRPs) to assist with the scoring of an application against each of the assessment criteria.

Criterion One

Track Records of the Chief Investigators, Partner Organisations and Partner Investigators, Relative to Opportunity (25%)

Chief Investigators

It is expected that researchers named as Chief Investigators will have an excellent record of achievement and encompass a broad spectrum of achievements, including but not limited to:

- a record of having worked successfully with policy and/or practice organisations
- demonstrable effects of previous research on healthcare practices and policy
- other related service achievements (such as research development, health or clinical policy or practice and influential advice to health care authorities)
- books and other relevant forms such as government reports
- publications in peer-reviewed journals
- invitations to present work nationally or internationally
- previous funding relative to opportunity (e.g. from NHMRC, other Australian peer-reviewed sources, other Australian funding, international peer-reviewed funding and private sector funding).

Please note a maximum of 10 Chief Investigators (CIA to CIJ) may be entered into your RGMS application.

Partner Organisations and Partner Investigators

Partner Organisations and named Partner Investigators will be assessed by the peer review panel. Up to half of the criterion weighting will be determined by the experience and relevance of the Partner Organisation and Partner Investigators to the research proposal.

Partner organisations will be assessed for relevance to the research proposal. It is expected that partner organisations named on an application have:

- the capacity to use the findings to influence policy decision making and health system performance. This will be assessed by reference to, for example, the roles and/or areas of responsibility of the organisation or the partner organisation's demonstrated record of achievement in effecting such changes
- experience and success in drafting health policy or delivering a health program or health service
- expectations that align with the goals of the Chief Investigator team.

The inclusion of at least one named Partner Investigator from the policy and/or practice partner organisation is mandatory.

The assessment of these Partner Investigators will be on the basis of:

- relevant experience and authority to support the partnership
- demonstrated evidence of leadership in the relevant field
- experience of translating research findings into policy and/or practice
- demonstrated evidence of successfully implementing change in a field relevant to the proposal

Partner Investigators can also be included as Chief Investigators at the discretion of the CIA. In these situations the individual will be assessed against both the Chief Investigator and Partner Investigator criteria.

Note: It is recognised that Aboriginal and/or Torres Strait Islander applicants often make additional valuable contributions to policy development, clinical/public health leadership and/or service delivery, community activities and linkages, and are often representatives on key committees. If applicable, these contributions will be considered when assessing research output and track record.

Criterion Two

Scientific Quality of the Proposal and Methodology (25%)

Assessment of scientific quality will include the following considerations:

- the clarity of hypotheses and objectives
- strengths and weaknesses of the experimental design and/or the appropriateness and the robustness of the proposed methodology
- feasibility
- demonstrated commitment to service delivery
- must be research focused on translating evidence into policy and practice or evaluating current policy and practice or evaluating current policy and practice and identifying gaps in knowledge.

Criterion Three

Relevance¹ and Likelihood to Influence Health and Research Policy and Practice (25%)

Assessment will focus on the extent to which the findings from the research are likely to make a significant contribution to influencing health and wellbeing through changes in the delivery, organisation and funding of services that affect health. This will include consideration of factors such as the extent to which:

- the aims and concepts of the project are innovative
- the project is likely to yield new methods and techniques for addressing issues
- the project has the potential to contribute significantly to health policy and decision making
- the capacity of the partner organisation(s) to use the findings to influence policy decision making and health system performance. This will be assessed by reference to, for example, the roles and/or areas of responsibility of the organisation or the partner organisation's demonstrated record of achievement in effecting such changes
- the application addresses issues which are of national or regional significance in improving health or health care.

¹ Relevance is the extent to which the application addresses the needs of the healthcare system or an affected population.

Criterion Four

Strength of Partnership (25%)

Assessment will focus on the extent to which the application demonstrates the capacity to develop and/or sustain a strong partnership. Factors such as the following will be considered:

- evidence of co-development of the proposal
- the cash and/or in-kind commitment of the partner(s)
- the roles of staff in the partner agency or agencies in the research process
- previous evidence of effective working relationships with partner organisations
- the proposed governance or partnership arrangements
- shared decision making/leadership.

Applications should show how the team will foster and maintain a collaborative approach between the researchers and decision makers, over the course of the initiative.

In evaluating the strength of the partnership, applications will be assessed on the extent to which the proposal is achievable through the provision of skills, linkages, infrastructure and milestones. NHMRC will also take into account value for money in terms of justification for equipment and facilities and other items of expenditure to sustain the partnership.

5.1 Characteristics of strong applications

Applicants must ensure they address the Assessment Criteria described above. The research question or problem that the policy/practice partner(s) need answered or solved must be clearly stated in the application and in the letters of support from partner(s). This is required to aid in the assessment of the application.

Successful applications will demonstrate that an effective partnership between the research agency and the policy and/or practice agency has been or will be established or maintained.

Strong applications will demonstrate many of the following characteristics:

- be of a high scientific quality
- demonstrate that strong relations between researchers and partner organisations exist or will be developed
- address issues which are of national or regional significance² (rather than local-only significance)
- demonstrate that researchers and partner organisations will come together to identify research projects, conduct research, interpret its findings and promote the use of those findings to influence policy and practice for health
- have cash contribution commensurate with partner commitment
- be led by researchers with strong established records of achievement
- have a demonstrated successful pilot if appropriate
- be of sufficient scope to achieve significant outcomes
- be led by researchers who have a history of attending health policy and/or practice orientated events and are familiar with the environment in which the partner operate
- evidence of collaboration with policy and/or practice agencies in the health sector

² Significance is the relative importance of the application to the advancement of health policy in a particular field or in a set of fields.

- long term professional relationships with policy and/or practice agencies in the health sector
- have a demonstrably high chance of success
- that partners will have access to highly skilled research personnel
- an understanding of the needs of the health sector
- that the partnership promotes regular interactions and encourages feedback
- engagement strategies with stakeholders/communities
- examples of time spent with partners
- propose original research likely to generate knowledge that will have an impact on relevant management and/or policy decision-making: impacts can include:
 - improved primary care, hospital care, aged care, management systems and better preventative strategies
 - new or improved health diagnostics, technology, products, health service delivery, processes or applications by end users
 - development of health advice, guidelines and reports targeted at clinicians and end users
 - improved end user accessibility to health services or clinical practice
 - research informed health policy advice to government on public health or health service delivery matters
 - collaboration outcomes such as end user involvement in activities (e.g. establishment of expert committees to provide advice to government)
 - increased evidence-informed educational outputs
 - more effective and safer care
 - the elimination of inadequate and ineffective procedures and treatments
 - better or earlier diagnoses, treatment or cures of diseases
 - enhanced health through relevant capacity building measures (e.g. increased community engagement, increased data linkage measures etc)
 - reduced health risks or enhanced skills base.

5.2 Additional Criteria for applications relating to Aboriginal and/or Torres Strait Islander health

All applications that are accepted to relate to the improvement of Aboriginal and/or Torres Strait Islander health must also address the *Indigenous Research Excellence Criteria* (see section 6.3 of the *NHMRC Funding Rules*).

Any applications that have applied to be considered for relating to Aboriginal and/or Torres Strait Islander health which do not meet the *Indigenous Research Excellence Criteria* will be assessed as a standard Partnership Projects application.

Further information on how these criteria are assessed is provided under ‘Selection Process’ (Section 8).

6 ELIGIBILITY

Partnership Projects have eligibility criteria additional to those identified in section 7 of the *NHMRC Funding Rules*. Applications will be excluded from consideration if eligibility requirements are not met (see section 10.7 of the *NHMRC Funding Rules*).

6.1 NHMRC and Partner Funding

Applications must be joint submissions from a research agency and one or more policy/practice agencies which are able to contribute at least 50% of the total value of the research project in cash and/or in kind. The level of funding requested from NHMRC must not exceed the total contribution from partners. Applications that exceed this will be deemed ineligible.

The maximum level of funding that can be requested from NHMRC is \$1.5 million. Applications that exceed this will be deemed ineligible.

6.2 Who can be a partner organisation?

NHMRC invites applications involving partner organisations whose decisions and actions affect Australians' health, health policy and health care delivery in ways that improve the health of Australians. Organisations that are capable of implementing policy and service delivery and would normally **not** be able to access funding through most NHMRC funding mechanisms are highly valued as partners. They include organisations such as:

- those working in federal, state, territory or local government – in the health portfolio or in other areas affecting health, such as economic policy, urban planning, education or transport
- those working in the private sector such as employers, private health insurance providers or private hospitals
- non-government organisations and charities
- community organisations such as consumer groups
- healthcare providers
- professional groups.

Partnerships with an overseas agency are acceptable provided the objectives of the Partnership Projects funding scheme are fully met.

Each partner must demonstrate, through the application and partner support letter, how they will function as a policy/practice partner for the purpose of the particular application.

There is scope for investigators from the policy and/or practice partner organisation to be included in the applications as members of the applicant team. The assessment of partner applicants will be on the basis of their relevant experience that could support the partnership and facilitate the translation of the research findings.

Consistent with the description and objectives of the scheme, which, inter alia, aims to create partnerships among decision makers, policy makers, managers, clinicians and researchers to improve the translation of research evidence into health policy and health practice, NHMRC Approved Administering Institutions (Administering Institutions) cannot be named as a partner on a Partnership Project application. Applications that name Administering Institutions as partners may be deemed ineligible.

However, Administering Institutions that are **primarily** involved in delivering health policy and/or health services are permitted to be named as a partner organisation, provided they obtain a waiver from NHMRC.

Requests for waivers need to be made through the Research Administration Office of the Administering Institution and must be emailed to help@nhmrc.gov.au by the relevant date (see

section 4). The waiver request must clearly outline why the Administering Institution should be considered as a partner organisation. NHMRC will determine whether a waiver has been granted and will provide written advice concerning the decision.

Administering Institutions that do not obtain a waiver may be listed as a participating institution, if appropriate. However any contributions will not be considered ‘partner funding’ and therefore matched funding will not be provided by NHMRC.

Any entity that falls under the “umbrella” of an Administering Institution who has not obtained a waiver is considered to be part of that Administering Institution and cannot be named as a partner. Such entities include those:

- with the same Australian Business Number/Australian Company Number as an Administering Institution
- under the governance of an Administering Institution
- that are not a legal entity of their own, and fall under the auspices of an Administering Institution.

An Administering Institution cannot partner with themselves (including their own entities), regardless of whether a waiver has been obtained.

It is for each applicant to consider the most appropriate partner(s) for their particular project. The Partnership Projects GRP will assess the appropriateness and value of proposed partnerships. There is no limitation to the number of partners named on a Partnership Projects application.

6.3 Multiple Applications/Grants

Applicants are free to hold, or apply for, other NHMRC grants during the period of funding offered under a current round. However, the time commitments of the Chief Investigators (CIs) will be carefully considered in the review of the application.

Applicants are not allowed to submit the same or a substantially similar application in the same or another round until the outcome of their application is known. Any such application will be deemed ineligible and excluded from consideration. Applicants may apply concurrently with significantly different project plans in the same or following round(s). Letters of support from partners must reflect the new project plan (i.e. not that in the previous application).

6.4 Unsuccessful Applications

Upon receiving advice that an application is unsuccessful, an applicant may re-apply to this scheme at the next available opportunity, including applications under embargo. New letters of support from partners are required. There is no requirement to identify the application as a revision of a previous application.

7 FUNDING

7.1 Level and Duration of Funding

Partnership Projects are for five years or less and the maximum amount of NHMRC funding that may be requested for a single application is \$1.5 million. Refer to section 8.1 of the *NHMRC Funding Rules* for further information on how budgets and duration are assessed and determined.

7.2 Use of Funds

Partnership Project funds may only be expended on Direct Research Costs as outlined in the *NHMRC Direct Research Costs Guidelines* on NHMRC's website, section 8.3.2 of the *NHMRC Funding Rules* and elsewhere in this section.

The Administering Institution must agree to provide basic facilities, where relevant to the project, which will not be funded under NHMRC Partnership Projects.

NHMRC does not provide Chief Investigator (CI) or Associate Investigator (AI) salary support through this scheme. These salaries could be sought from policy/practice partner(s) or participating institutions. However, any salary support contributions made by a policy/practice partner(s) or participating institutions will not be matched by NHMRC. Matched funding can be sought for Partner Investigators (including Partner Investigators who are also listed as a Chief Investigator).

Administering Institutions cannot be named as partners on Partnership Projects applications unless they have obtained a waiver. If no waiver is obtained, their contributions to the project will not be considered as cash or in-kind contributions and they will not attract matched funding from NHMRC (see section 6.2). Please note, Administering Institutions that do not obtain a waiver may be listed as a participating institution, if appropriate. However, any contributions will not be considered 'partner funding' and therefore matched funding will not be provided.

Salaries for research staff must be based on Personnel Support Packages (PSPs). Advice on PSPs can be found on the *Budget Mechanisms for NHMRC Research Funding* page.

Applicants must clearly justify all requested budget items in order to demonstrate value for money. See the *NHMRC Advice and Instructions for Applicants* and *Partnership Projects Grants Scheme Specific Advice and Instructions to Applicants* for a detailed explanation on how to prepare the budget in the application.

PhD students may be named as Chief Investigators on Partnership Project applications, under exceptional circumstances, if appropriate for the proposed research project (see section 7.5 of the *NHMRC Funding Rules* for further information).

7.3 Funding of the Partnership

Under this initiative NHMRC will provide funding to an equal or lesser value of the funding committed by the policy/practice partner(s) identified in the application, provided that it is justified and is consistent with the NHMRC Funding Rules and Partnership Projects Funding Rules. The funding requested from NHMRC should cover research expenses not already paid for by the partner, and not exceed \$1.5 million. NHMRC reserves the right to adjust budgets and to not match partner support where it would be inappropriate or is not justified. Partner funding can be provided as cash and/or in-kind. While there is no mandated ratio of cash vs. in-kind

contribution, cash contributions provide strong evidence of the policy partner's commitment to the research and its eventual outcomes and are strongly encouraged.

Partner organisations must make a combined total contribution of at least the same value (in cash and/or in-kind) as is sought from the NHMRC. Detailed explanation of the purpose of the cash contribution and justification of in-kind contributions will be required. Funding committed by the partner agency must be entered into RGMS and confirmed in a letter of support to be provided as part of the application. A value must be placed on each contribution, for either cash or in-kind. Where no value of support is stated, NHMRC will not list the organisation as a partner in the event that the application is successful. Partner agencies should not offer funding from sources yet to be confirmed, funding that has already been provided prior to the application being submitted and from funding provided by NHMRC under other schemes. For example, the time of an NHMRC Fellow must not be identified as an in-kind contribution.

What can be claimed as a cash contribution?

- The salary costs of *new* staff employed and dedicated to work on the research.
- Funds provided as salary support to the research agency.
- Funds to pay for proposed travel.
- Funds to purchase new equipment.
- Cash to fund direct research costs for the project.

Further information regarding cash contributions, including the Partner Contribution Guidelines, are provided at [Attachment A](#).

What can be claimed as in-kind contributions?

- Salaries or proportions of salaries of established staff who will be released to work on the research.
- Use of existing equipment owned by the partner agency for the project.
- Use of facilities and materials owned by the partner agency in conducting the research.

Further details of how the partner's in-kind contribution can be valued are provided at [Attachment A](#).

It is an NHMRC requirement that partners agree that the findings of NHMRC-funded research will be published and that researchers will adhere to NHMRC policy on the dissemination of research outputs. See the *Australian Code for the Responsible Conduct of Research* on NHMRC's website.

Partners may not enter into agreements that would prevent researchers submitting their research findings for publication in the public domain. NHMRC will maintain a publically available dataset of these grants and expect successful applicants to report annually on the status of publication of results through their RGMS CV.

8 SELECTION PROCESS

NHMRC will establish a PRP to assess applications. The PRP will include researchers from relevant disciplines and people with experience in health policy and service delivery.

The Panel will:

- ensure applications which address Aboriginal and/or Torres Strait Islander health and medical research issues are assessed against the Assessment Criteria and the *Indigenous Research Excellence Criteria*
- review all applications against the advertised Assessment Criteria under section 5
- review budgets for those applications that may be recommended for funding
- provide feedback for NHMRC to supply to applicants.

People with expertise in a specific area (e.g. a special interest area) may be appointed to the panel to provide a specialist assessment of relevant applications (provided there is no conflict of interest).

All applications that are accepted to relate to the improvement of Aboriginal and/or Torres Strait Islander health will be assigned to panel members with specific expertise in Aboriginal and/or Torres Strait Islander health research. The Aboriginal and/or Torres Strait Islander health assessor will use their discretion, experience and expertise to reflect the relative strength of the application in terms of how well it addresses and meets the *Indigenous Research Excellence Criteria*.

Applications in the Partnership Projects scheme are subject to an initial ranking based on five initial scores by the panel. Further information on the initial ranking process and the assessment of applications can be found in the Partnership Projects *Peer Review Guidelines*.

The PRP's review of applications will result in a ranked list of applications. NHMRC will then seek the advice of its Research Committee and Council prior to the NHMRC Chief Executive Officer making funding recommendations to the Minister.

For further information on the peer review process, see the *Guide to NHMRC Peer Review* and Partnership Projects *Peer Review Guidelines*.

9 ABORIGINAL AND TORRES STRAIT ISLANDER RESEARCH SPECIAL INITIATIVE

Special Initiatives are health areas in which NHMRC has received additional research funding from other parties to support research.

In 2018 a Special Initiative in Aboriginal and Torres Strait Islander health is being offered through support from the Department of Health. This Special Initiative will support collaboration between policy makers, program managers, service providers and researchers with experience or interest in Aboriginal and Torres Strait Islander Health.

The Special Initiative provides the opportunity for community organisations that are contributing to health outcomes for Aboriginal and Torres Strait Islander People to develop a relationship with a researcher, to strengthen the evidence in Fetal Alcohol Spectrum Disorder (FASD) and obesity research.

Successful applications will design and conduct research to augment evidence for prevention and appropriate responses to FASD and Obesity Prevention in Aboriginal and Torres Strait Islander communities and families. Grants awarded under the Special Initiative will focus on integrating research evidence into health policy and health practice to improve health services and processes

in one or more of the following key gaps identified in FASD or obesity research within Aboriginal and Torres Strait Islander communities:

- I. Screening for FASD symptoms in health, education or justice settings to offer earliest and comprehensive support.
- II. Implementation of programs in a range of settings for culturally appropriate health promotion to prevent/reduce the incidence of FASD or obesity.
- III. Understanding the correlation between the social and cultural determinants of health and prevalence of FASD or obesity amongst Aboriginal and Torres Strait Islander communities and families.
- IV. Delivery of holistic FASD or obesity-reduction support services within health systems and communities.
- V. Establishment of a nutrition framework gap analysis for Aboriginal and Torres Strait Islander people.
- VI. Development of a National Nutrition Risk Scheme for Aboriginal and Torres Strait Islander people.

As part of building and sharing evidence, and where appropriate, researchers should use the research process itself to be an active agent of change, for example, by utilising the principles of implementation research and through use of participatory action research, developmental, formative or realist evaluation approaches to support learning and adaptation at the organisational, community or broader system level.

Research proposals that have been developed through the Lowitja Institute partnership model, but not funded by the Lowitja Institute, may be eligible to apply.

Applicants will have the opportunity to indicate whether their application addresses this Special Initiative. Such applications will undergo an additional assessment to determine whether they address the requirements as stipulated in Attachment C. This assessment will be taken into consideration when NHMRC determines funding recommendations.

All applications for Partnership Projects support, regardless of whether an application is confirmed by NHMRC as addressing a Special Initiative, are peer reviewed in the same manner. The number of grants awarded through the Aboriginal and Torres Strait Islander Health Research Special Initiative is limited by the total funding available and is subject to receipt of a competitive application. The maximum amount of NHMRC funding that may be requested for a single application under this Special Initiative is \$1.5 million. For further information see Attachment C.

Applications addressing the Special Initiative in Aboriginal and Torres Strait Islander health are required to upload the completed *Supplementary Questions* form which can be downloaded from the GrantConnect website.

10 GRANT ADMINISTRATION

Administrative obligations and processes specific to Partnership Projects awardees are outlined below. Unless otherwise stated, these are in addition to the general requirements set out in the *NHMRC Funding Agreement*, section 12.3 and 12.7 of the *NHMRC Funding Rules*.

10.1 Reporting

The requirements for financial and scientific reporting are as described in section 12.7 of the *NHMRC Funding Rules*.

Note that where a grant commences funding on a date other than 1 January, the annual financial reports will still be due on 30 April for the portion of the previous calendar year in which the grant was active.

10.2 Condition of Funding

In addition to annual financial and any scientific progress reporting requirements, Administering Institutions are to verify on an annual basis (due 30 April) that all partner contributions for the project are being provided in accordance with the original application or any NHMRC approved grant variation. The verification may be provided as a written statement emailed to postaward.management@nhmrc.gov.au. If this is not received, grant payments will cease until the condition is met.

11 ATTACHMENTS

Attachment A - Partner Contribution Guidelines.

Attachment B - NHMRC Partnership Projects Category Descriptors.

Attachment C - Aboriginal and Torres Strait Islander Special Initiative Additional Assessment Requirements.

Partner Contribution Guidelines

Policy/partner contributions can be either cash or in-kind.

The policy/practice partner(s) named on the application must provide at least 50% of the research costs. NHMRC will only fund an amount equal to that of the partner contribution.

These guidelines are to be used in determining the value and adequacy of cash or in-kind contributions from partner organisations.

1. The onus is on the NHMRC approved Administering Institution to establish the merit and value of the in-kind contribution which should reflect current market values.
2. In-kind contributions that are shown to be essential to the project will be given full recognition in evaluating the total value of the contribution.
3. In-kind contributions may include scientific liaison and management, direct technical support, access to equipment, salaries, software, involvement of a consumer representative in research projects, travel and use of facilities.
4. Cash and/or in-kind contributions will only be recognised if they are essential for the project.

Please note that this list is not all-inclusive.

Cash Contributions

<u>Category</u>	<u>Accepted</u> <i>Funding may be matched by NHMRC</i>	<u>Not Accepted</u> <i>Funding will <u>not</u> be matched by NHMRC</i>
Payments for new staff	Payment from the policy/practice partner to employ new staff to work directly on the project.	Payments from partners that are not functioning as policy/practice partners for the purpose of the application.
Salary support (non CI/AI) to the research agency	Funds provided as salary support to the research agency by partners.	Funds from partners that are not functioning as policy/practice partners for the purpose of the application.
Payments for research costs	Payment from the policy/practice partner to fund the direct costs of the research and equipment. These payments must be essential for the project.	Payments for research and equipment that is not required for the project.
Partner Investigators	Payments from partners concerning Partner Investigators	Payments from partners concerning Chief Investigators / Associate Investigators

In-Kind Contributions

<u>Category</u>	<u>Accepted</u> <i>Funding may be matched by NHMRC</i>	<u>Not Accepted</u> <i>Funding will <u>not</u> be matched by NHMRC</i>
Partner Investigators	Salary costs concerning Partner Investigators named as CIs and AIs	
Access to databases not in the public domain	Internal costs of access	Costs of collecting the database
Analytical and other services	Internal rates	Commercial rates
Equipment / materials	Contributed – Used -fair market value Contributed – New -selling price to most favoured customer, if stock item Cost of manufacture if one of a kind Unit cost of production for commercial products	List price or discounted list price Development costs
Patents and Licenses	Licenses acquired from third parties for use by the research team in the project	Patents Licensing acquired from the university
Salaries (non Chief Investigators/Associate Investigators)	Typical salary costs (including on-costs) at internal rates for established staff to work on the project	External charge out or consultant rates Costs relating to administrative support where overheads have been included in salary costs
Contributed software	Copying costs Licensing costs Documentation costs Cost of training and support software	Development costs
Travel	Travel costs associated with field work Travel costs to meet with partners	
Use of facilities	Internal rates	Commercial rates

NHMRC Partnership Projects Category Descriptors

The following table displays the category descriptors used to score an application against each of the four Assessment Criteria. Note that all criteria are of EQUAL weighting. Peer review panel members will provide a score (1-7, whole numbers only), for each of the four criteria listed below, for each grant application.

1. Track records of the Chief Investigators (CIs), Partner Organisations and Partner Investigators (PIs), relative to opportunity. (25%)
2. Scientific quality of the proposal and methodology. (25%)
3. Relevance and likelihood to influence health and research policy and practice. (25%)
4. Strength of the partnership. (25%)

Current

<i>Category</i>	Track records of the CIs, Partner Organisations and PIs, relative to opportunity.	Scientific quality of the proposal and methodology:	Relevance and likelihood to influence health policy and practice:	Strength of the partnership:
7 Outstanding by International Standards	<p>The CI team:</p> <ul style="list-style-type: none"> has a record of achievement that places them in the top 10% of peers/cohort demonstrate extensive experience and success in collaborative research, evaluation and implementation of evidence into health policy, health practice and/or service delivery demonstrate extensive experience working in partnership with health service providers or health policy agencies have been stellar, in terms of publications, grants and other awards/recognition have strong national and international reputations hold leadership positions in highly regarded scientific or professional societies 	<p>The Research proposal:</p> <ul style="list-style-type: none"> objectives are well-defined, highly coherent and strongly developed builds on knowledge gained through previous research is a near flawless design is without question highly feasible introduces major advances in concept of translational research includes rigorous translational research design uses best practice in implementation science methods including: the use of theoretical frameworks, justifiable, robust measures for monitoring and evaluation; best practice models for changing practice and behaviour modification; rigorous engagement plans and identified champions; policy change and influencing mechanisms; and long-term sustainability 	<p>The proposed outcomes:</p> <ul style="list-style-type: none"> address one (or more) health issue(s) of national or regional significance translate demonstrated knowledge will translate into fundamental outcomes in the knowledge-base, policy and/or practice of clinical medicine, public health or fundamental changes in health policy will be the subject of invited plenary presentations at national meetings will almost certainly result in highly influential publications most likely become highly integrated into a health system or clinical practice, with minimal ongoing follow-up have a high likelihood of becoming a highly effective, generalisable model that will prove to be beneficial to the health system will receive high-profile coverage from media and the public in general will generate new researcher capability, mentoring and career development 	<p>The proposed partnership:</p> <ul style="list-style-type: none"> demonstrates that a strong relationship between the researchers and partner organisation(s) already exists or will be developed. demonstrates existing shared governance and decision making capability. can be used as an exemplar for what successful partnerships could achieve in terms of creating leaders, leverage, networking and delivering policy and practice developments in health contributes to a high degree of team integration and cohesiveness shows high probability for excellent collaborative gains in terms of skills and benefits to health in localised areas, Australia and internationally is clearly evident from the conceptual stages of the proposal to the final application, as the partners are highly integrated into the proposal. would see the partners involved at all stages of development in the proposal is shown by shared policy/practice goals

	<ul style="list-style-type: none"> • have track records that are highly relevant to the proposed research <p>The partner organisation(s):</p> <ul style="list-style-type: none"> • is highly relevant to the proposed research. • demonstrates extensive experience and success in drafting health policy or delivering a health program or health service. • has strong national and international reputations. • has clear expectations that align with the goals of the CI team. • is highly likely to integrate outcomes into a health system or clinical practice, with minimal ongoing follow-up. • is well placed to engage support from stakeholders including end-users and the wider community, and facilitate high uptake at all levels. <p>PI(s):</p> <ul style="list-style-type: none"> • demonstrates extensive experience and success in drafting health policy or delivering a health program or health service. • Demonstrates previous strong successful relationships with researchers. 	strategies.		<p>and significant cash and in-kind resource contributions</p> <ul style="list-style-type: none"> • illustrates capacity building, networking and infrastructure building activities that will extend beyond the life of the project
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<p>6 Excellent</p>	<ul style="list-style-type: none"> • has a record of achievement that places them in the top 10-20% of peers/cohort • are recognised for their experiences and successes in collaborative projects focussed on the design, research, evaluation and implementation of evidence into health policy, health practice and/or service delivery • demonstrate experience working in partnership with health service providers or health policy agencies • have track records that are very relevant to the proposed research • are well recognized for their contribution to their field of research • have established national and growing international reputations • have established positions of leadership, or are emerging leaders in their field • hold leadership positions in well regarded scientific or professional societies <p>The partner organisation(s):</p> <ul style="list-style-type: none"> • is highly relevant to the proposed research. • demonstrates experience and success in drafting health policy or delivering a 	<ul style="list-style-type: none"> • has objectives that have clear intent and logic • is appropriate for the experience level of the applicant and team • is excellent in design • is highly feasible • is innovative with respect to the question being addressed and the approach to it • includes most aspects of research translation that will assist the project. These aspects may include: research design using implementation science frameworks, measures, monitoring and evaluation; models of change practice and behaviour modification; engagement plans and champions; policy change and influence; and long-term sustainability strategies 	<ul style="list-style-type: none"> • addresses a health issue of major importance of national or regional significance • is likely to be integrated into a health system or clinical practice, with some level of follow-up, and is integrated into current practice behaviours • will be the subject of invited plenary presentations at national meetings • likely to result in highly influential publications • have a likelihood of becoming a highly effective, generalisable model that will prove to be beneficial to the health system • have high levels of engagement and support from stakeholders • have uptake at all levels and receive high-profile coverage from media and the public in general • contribute to a high degree of involvement of end-users and the wider community • generate new researcher capability, mentoring and career development • contribute to translating knowledge and research output into practice in at least one area of health • will receive some accolades and recognition 	<ul style="list-style-type: none"> • demonstrates that a relationship between the researchers and partner organisation(s) already exists or will be developed. • demonstrates shared governance and decision making capability. • is evident from the conceptual stages of the proposal to the final application, as the involvement of the partners are mostly integrated into the proposal. This proposal is therefore co-developed • shows that the project plan was developed by a collaborative process between the researchers and their decision making partners • is reflected in the likelihood that the project will build capacity to do or use research within the partner or the target decision making organisations • is shown by shared policy/practice goals and appropriate cash and/or in-kind resource contributions • clearly illustrates how the systems established will contribute to a high probability of being sustainable • shows high probability for excellent collaborative gains in terms of skills and benefits to health in localised areas and Australia
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	<p>health program or health service.</p> <ul style="list-style-type: none"> • has strong national reputations. • has clear expectations that align with the goals of the CI team. • is highly likely to integrate outcomes into a health system or clinical practice • is well placed to engage support from stakeholders including end-users and the wider community, and facilitate high uptake. <p>PI(s):</p> <ul style="list-style-type: none"> • demonstrates experience and success in drafting health policy or delivering a health program or health service. • Demonstrates previous successful relationships with researchers. 			
5 Very Good	<ul style="list-style-type: none"> • shows a record of achievement that places them well above average of their peers/cohort • are populated with some expertise in research translation in policy/practice/implementation, health systems and service delivery • have track records that are relevant to the proposed research • are recognized for their 	<ul style="list-style-type: none"> • has clear objectives • raises only minor concerns regarding study design • will likely be successfully achieved • contains at least one innovative idea • includes several aspects of research translation that will assist the project. These aspects may range from: research design using implementation science frameworks, measures, 	<ul style="list-style-type: none"> • addresses a health issue of considerable significance • will most likely be integrated into clinical practice, at least in localised areas • could be the subject of invited plenary presentations at national specialty meetings • may result in influential publications • may become a highly effective, generalisable model that will prove to be beneficial to the localised health arenas • will be feasible, although ongoing support from stakeholders will be required to 	<ul style="list-style-type: none"> • demonstrates that some relationship between the researchers and partner organisation(s) exists or will be developed. • demonstrates potential shared governance and decision making capability. • is evident in the final application, as the partners are involved in some key areas of the proposal, showing some co-development • shows good team integration and cohesiveness in terms of skills and experiences

	<p>contribution to their field of research</p> <ul style="list-style-type: none"> members have growing national reputations and their research appears frequently at national meetings <p>The partner organisation(s):</p> <ul style="list-style-type: none"> is relevant to the proposed research. demonstrates experience and success in drafting health policy or delivering a health program or health service. has national and regional reputations. has expectations that align with the goals of the CI team. is likely to integrate outcomes into a health system or clinical practice will have capacity to engage support from stakeholders including end-users and the wider community, and facilitate uptake. <p>PI(s):</p> <ul style="list-style-type: none"> demonstrates experience and some success in drafting health policy or delivering a health program or health service. Demonstrates previous relationships with researchers. 	<p>monitoring and evaluation; models of change practice and behaviour modification; engagement plans and champions; policy change and influence; and long-term sustainability strategies</p>	<p>ensure sustainability</p> <ul style="list-style-type: none"> will have support from some stakeholders will require ongoing resourcing to ensure that the project is managed effectively will contribute to translating knowledge and research output into practice in at least one area of health 	<ul style="list-style-type: none"> is reflected in the likelihood that the project will build skills and capacity within the partner or the target organisations shows some elements of shared policy/practice goals and resource contributions with an appropriate cash and/or in-kind balance will grow and become sustainable if further resource commitments are found to embed the outcomes of the research for the long term has articulated measures for integrating new researchers into teams shows high probability for good collaborative gains in terms of skills and benefits to health in localised areas and some major centres in Australia
4 Good	<ul style="list-style-type: none"> do show some expertise in 	<ul style="list-style-type: none"> is sound in terms of its objectives 	<ul style="list-style-type: none"> address a health issue of some importance 	<ul style="list-style-type: none"> demonstrates the potential of a

	<p>research translation in policy/practice/implementation, health systems and service delivery</p> <ul style="list-style-type: none"> • have a solid record of achievement • have track records that are relevant to the proposed research • have made contributions to the field of the proposal • have emerging national reputation albeit in a niche area <p>The partner organisation(s):</p> <ul style="list-style-type: none"> • is somewhat relevant to the proposed research. • demonstrates some experience and success in drafting health policy or delivering a health program or health service. • has a regional reputation. • has some expectations that align with the goals of the CI team. • may integrate outcomes into a health system or clinical practice <p>will have some capacity to engage support from stakeholders including end-users and the wider community, and potentially facilitate uptake.</p> <p>PI(s):</p> <ul style="list-style-type: none"> • demonstrates experience in drafting health policy or 	<ul style="list-style-type: none"> • contains several areas of concern in the study design • raises some concerns about successful completion/feasibility • includes a brief mention of at least one aspect of research translation that will assist the project. These aspects may include: research design using implementation science frameworks, measures, monitoring and evaluation; models of change practice and behaviour modification; engagement plans and champions; policy change and influence; and long-term sustainability strategies 	<ul style="list-style-type: none"> • may have some novel aspects while others underpin or extend existing knowledge • may result in some strong publications • will most likely form a pilot study for implementation in the future • will require significant support for its implementation • will need regular relationship management of the stakeholders to ensure that the momentum of the project is kept up • will involve end-users and the wider community, although it may not be highly generalisable • will contribute to the knowledge base of the topic area 	<p>relationship between the researchers and partner organisation(s) will exist</p> <ul style="list-style-type: none"> • Demonstrates some shared governance and decision making capability. • shows some team integration and cohesiveness in terms of skills and experiences • would be reasonably effective in promoting working collaborations and intellectual exchanges • is reflected in the likelihood that the project will build skills and capacity within the partner or the target organisations • shows limited contributions in terms of cash/in-kind support • may become sustainable if further resource commitments are found to embed the outcomes of the research for the long term • has articulated measures for integrating new researchers into teams • shows probability for some collaborative gains in terms of skills and benefits to health in localised areas and some major centres in Australia
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	<p>delivering a health program or health service.</p> <ul style="list-style-type: none"> • Demonstrates previous relationships with researchers. 			
3 Marginal	<ul style="list-style-type: none"> • members have published a number of works in a field relevant to this application in the last five years, but is less productive than might reasonably be expected • show limited expertise in research translation in policy/practice/implementation, health systems and service delivery • is deficient in some areas of expertise that will be required to successfully complete the proposed research • members have limited track records in the field of the proposed research 	<ul style="list-style-type: none"> • is satisfactory in terms of its objectives but may not be successful with all of them • contains several areas of significant concern in the study design • raises several concerns about successful completion/feasibility • is not particularly innovative or novel • did not include any considerations into research translation strategies 	<ul style="list-style-type: none"> • addresses an issue of some importance to health • may extend existing knowledge • may result in some influential published research • will most likely form a pilot study for implementation in the future • will require significant work to engage stakeholders and ensure that the project is successful • will require significant modifications to the framework to ensure that its aims are generalisable other areas of health • has little involvement of end-users and the wider community 	<ul style="list-style-type: none"> • shows minimal team integration and cohesiveness in terms of skills and experiences • shows limited prospects for promoting working collaborations and intellectual exchanges • will provide limited capacity building/career development opportunities • shows limited contributions in terms of cash/in-kind support • is most likely unsuitable to achieve the goals of this project • shows minimal collaborative gains in terms of skills and benefits to health
2 Unsatisfactory	<ul style="list-style-type: none"> • have a weak record of achievement • have not published more than a few works in relevant fields of research • are heavily underpowered in terms of relevant expertise required to successfully complete the research program • do not relate well to the proposed research 	<ul style="list-style-type: none"> • shows several unsatisfactory objectives and is likely to only achieve a few of the objectives • contains many areas of significant concern in the study design • contains a research plan which does not seem to be feasible in several areas • only follows behind previously well documented and studied concepts or previously well used approaches • does not include any considerations into research 	<ul style="list-style-type: none"> • addresses an issue of only marginal concern to health • provides a program of research which will at best, only incrementally advances current knowledge • may result in published research that is unlikely to be influential • may form a pilot study for a larger study in the future • significant work will be required to engage stakeholders and to ensure that the project achieves some of its goals • has virtually no involvement of end-users and the wider community 	<ul style="list-style-type: none"> • is weak in terms of complementary of skills and experiences, and how it would contribute to the success of the project • shows very limited prospects for promoting working collaborations and intellectual exchanges • will provide virtually no capacity building/career development opportunities • shows minimal contributions in terms of cash/in-kind support • is most likely unsuitable to achieve the goals of this project • shows minimal collaborative gains in terms of skills and benefits to health

		translation strategies		
<i>1 Poor</i>	<ul style="list-style-type: none"> • is not productive to any significant extent in relevant fields • does not have the expertise or capacity to successfully complete more than a small fraction of the program of research • members do not have relevant track records in the field of the proposed research 	<ul style="list-style-type: none"> • shows weak objectives and the methodology is unlikely to achieve them • contains a study design which is inadequate in a number of areas • raises major concerns about the feasibility of the research plan • is not innovative or significant • did not include any considerations into research translation strategies 	<ul style="list-style-type: none"> • does not address an issue of concern to health • will not advance current knowledge in the field • is unlikely to result in any publications • has no involvement of end-users and the wider community 	<ul style="list-style-type: none"> • does not show complementarity of skills and experiences, and how it would contribute to the success of the project • does not show prospects for promoting working collaborations and intellectual exchanges • will not provide capacity building/career development opportunities • shows limited contributions in terms of cash/in-kind support • will not achieve the goals of this project • shows no collaborative gains in terms of skills and benefits to health

Rating - The final rating will be determined by calculating the average of each voting member's score for each of the four equally weighted Assessment Criteria. The final rating, as calculated arithmetically to three decimal places, will then be used to give the deemed category.

Category - this will be deemed, based on the calculated rating, as follows:

Rating Range	Deemed Category
6.501 – 7.000	deemed as Category 7
5.501 – 6.500	deemed as Category 6
4.501 – 5.500	deemed as Category 5
3.501 – 4.500	deemed as Category 4
2.501 – 3.500	deemed as Category 3
1.501 – 2.500	deemed as Category 2
1.001 – 1.500	deemed as Category 1

Aboriginal and Torres Strait Islander Special Initiative Additional Assessment Requirements

Promoting health outcomes for Aboriginal and Torres Strait Islander People in Partnership with the Department of Health

This Fetal Alcohol Spectrum Disorder (FASD) and Obesity Prevention Research Special Initiative (Special Initiative) will be available to researchers applying to peer review cycles from 2018 until 2019, unless the allocated funding is exhausted in earlier cycles.

Special Initiative research grants will support collaboration between policy makers, program managers, service providers and researchers with experience or interest in Aboriginal and Torres Strait Islander Health.

The Special Initiative provides the opportunity for community organisations that are contributing to health outcomes for Aboriginal and Torres Strait Islander People to develop a relationship with a researcher, to strengthen the evidence in FASD and obesity research.

Background/Context

As part of the Indigenous Australians' Health Programme, the Department of Health (the Department) is providing support for research aiming to reduce the impact of FASD and obesity for Aboriginal and Torres Strait Islander people through the NHMRC's Partnerships for Better Health – Partnership Projects Scheme.

Further information about the policy parameters underpinning this Special Initiative is available at:

- The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 at <http://www.health.gov.au/natsihp>
- The Department of Health Website at <https://www.health.gov.au/Indigenous>
- The Indigenous Australians' Health Programme Guidelines at [http://www.health.gov.au/internet/main/publishing.nsf/Content/09AEEA5F377AE5B5CA257F1C00159135/\\$File/IAHP-Programme-Guideline.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/09AEEA5F377AE5B5CA257F1C00159135/$File/IAHP-Programme-Guideline.pdf)
- The Department of Health Portfolio Budget Statement relating to Indigenous Health at [http://www.health.gov.au/internet/budget/publishing.nsf/Content/2017-2018_Health_PBS_sup1/\\$File/2017-18_Health_PBS_2.02_Outcome_2.pdf](http://www.health.gov.au/internet/budget/publishing.nsf/Content/2017-2018_Health_PBS_sup1/$File/2017-18_Health_PBS_2.02_Outcome_2.pdf)

Aboriginal and Torres Strait Islander people experience significantly worse health outcomes than non-Indigenous Australians. For example:

- Aboriginal and Torres Strait Islander people have an age standardised mortality rate 1.7 times that of non-Indigenous population, or 992 per 100,000 (compared with 580 for non-Indigenous Australians) between 2011 and 2015 in jurisdictions with adequate quality data (NSW, QLD, WA, SA, and the NT)³.
- In 2008 the Council of Australian Governments made a commitment to Closing the Gap in Indigenous Disadvantage. This commitment included halving the gap in Aboriginal

³ Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report

and Torres Strait Islander child mortality (under 5 years of age) by 2018 and closing the life expectancy gap by 2031.

- Child and infant (children under 1 year of age) mortality rates are established measures of child health. The Indigenous child mortality rate has declined 33% from 1998 to 2015 and the gap has narrowed by 31% with non-Indigenous child mortality rates. The infant mortality rate for Aboriginal and Torres Strait Islander children made up 82% of the Indigenous child mortality rate in the period 2011 to 2015.
- Aboriginal and Torres Strait Islander life expectancy at birth increased between 2005-07 and 2010-12, to 69.1 for males and 73.7 for females. While the life expectancy estimates have improved slightly for Aboriginal and Torres Strait Islander people, the gap with the non-Indigenous population was still 10.6 years for men and 9.5 years for women. The gap is closing at a slower rate as non-Indigenous life expectancy is also increasing. The target to close the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation (by 2031) is currently not on track. Progress needs to gather pace to meet the 2031 target.⁴

Access to effective and comprehensive primary and mental health care services for Aboriginal and Torres Strait Islander people and rural and remote populations, including ensuring accessible and appropriate services for prevention, diagnosis and treatment of ill-health and ongoing chronic disease management, is critical to improving health outcomes. International evidence demonstrates that health systems oriented toward primary health care produce better outcomes, at lower costs, and with higher client satisfaction.

FASD is an umbrella term for the range of physical, cognitive, behavioural and neurodevelopmental abnormalities that result from exposure of a fetus to maternal alcohol consumption during pregnancy. FASD is the most common preventable cause of non-genetic, developmental disability in Australia. Although high rates of alcohol consumption have been reported across all Australian populations, research shows that Aboriginal and Torres Strait Islander women are more likely to consume alcohol at harm levels during pregnancy, thereby greatly increasing the risk of stillbirths, infant mortality, and infants born with an intellectual disability.⁵ The extent of FASD in the community is not known as consistent national data does not currently exist.⁶

High body mass is the second leading risk factor contributing to the health gap between Indigenous and non-Indigenous Australians, accounting for 14% of the gap. High body mass contributed to 64% of the burden of diabetes for Indigenous Australians, 46% of the chronic kidney disease burden and 39% of the coronary heart disease burden.⁷ Dietary factors alone contribute to almost 10% of the Indigenous burden of disease. Improved nutrition and increased

⁴ Closing the Gap Prime Minister's Report 2017

⁵ C. O'Leary, H. Leonard, J. Bourke, H. D'Antoine, A. Bartu & C. Bower 2013, 'Intellectual disability: Population-based estimates of the proportion attributable to maternal alcohol use disorder during pregnancy', *Developmental Medicine & Child Neurology*, 55(3):271-7.

⁶ Closing the Gap Clearinghouse (AIHW & AIFS). (2014). Fetal alcohol spectrum disorders: a review of interventions for prevention and management in Indigenous Communities. Produced by the Closing the Gap Clearinghouse. Resource sheet no. 36. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies. Available at: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129550296>

⁷ Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra.

physical activity will therefore help prevent many of the major causes of ill-health and death in Aboriginal and Torres Strait Islander people.⁸

Aboriginal and Torres Strait Islander people are 1.6 times as likely to be obese as non-Indigenous Australians, with 37% of Indigenous Australians aged 15 years and over being obese, and a further 29% being overweight. The gap in obesity rates between Indigenous and non-Indigenous Australians begins in childhood. Indigenous children aged 2–14 years are significantly more likely than non-Indigenous children to be obese (10.2% compared with 6.5%). Indigenous girls aged 5–9 years are almost twice as likely as non-Indigenous girls to be obese (13% compared with 7%). Obesity is highest in inner regional areas (40%), and lowest in very remote areas (32%)⁹.

Chronic disease (for example, cardiovascular disease, chronic kidney disease, cancer, diabetes, respiratory disease) accounts for two-thirds of the health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. High quality care for people with chronic disease poses significant challenges for health systems as it involves multiple health care providers across multiple settings as well as the effective engagement of the client and their family in self-management of the condition. The cultural competency of a primary health care organisation and the health system more broadly also impacts Aboriginal and Torres Strait Islander peoples' access to health care, the quality and effectiveness of care received, and disparities in health outcomes.¹⁰

Aboriginal and Torres Strait Islander people have higher rates of obesity, higher smoking rates and higher rates of alcohol and drug-related deaths than non-Indigenous Australians.¹¹ Improving the health status of Aboriginal and Torres Strait Islander people and preventing chronic disease requires addressing health risk factors including nutrition and physical activity, smoking non-uptake or cessation and alcohol and other drug use.

The early years of a child's development lay a critical foundation for their health in adult life. The greatest reductions to the burden from chronic disease will come from prevention and population focussed activities such as health promotion. However, there are currently limited methods for assessing the effectiveness and reach of such activities, particularly in terms of achieving long term behavioural change.

Aboriginal and Torres Strait Islander people have a holistic view of health which encompasses "not just the physical well-being of an individual but ... (also) the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being".¹² Research aimed at improving health outcomes and reducing the impact of FASD and obesity in Aboriginal and Torres Strait Islander Australians should consider and incorporate this holistic view of health.

⁸ AIHW (2016) Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011 – summary report

⁹ ABS (2014) 4727.0.55.006 Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results, 2012-13

¹⁰ Lau P., Pyett P., Burchill M., Furler J., Tynan M., Kelahe M., Liaw S. 2012, 'Factors influencing access to urban general practices and primary health care by Aboriginal Australians – A qualitative study', *AlterNative: An International Journal of Indigenous Peoples*, 8(1), 66-84.

¹¹ Australian Indigenous HealthInfoNet (2016). Overview of Australian Indigenous health status, 2015. Retrieved [13 June 2017] from <https://www.healthinfonet.ecu.edu.au/uploads/docs/2015-overview.pdf>

¹² National Aboriginal Community Controlled Health Organisation. <http://www.naccho.org.au/about/aboriginal-health/definitions/>

Research Questions

Successful applications will design and conduct research to augment evidence for prevention and appropriate responses to FASD and Obesity Prevention in Aboriginal and Torres Strait Islander communities and families. Grants awarded under the Special Initiative will focus on integrating research evidence into health policy and health practice to improve health services and processes in one or more of the following key gaps identified in FASD or obesity research within Aboriginal and Torres Strait Islander communities:

- VII. Screening for FASD symptoms in health, education or justice settings to offer earliest and comprehensive support.
- VIII. Implementation of programs in a range of settings for culturally appropriate health promotion to prevent/reduce the incidence of FASD or obesity.
- IX. Understanding the correlation between the social and cultural determinants of health and prevalence of FASD or obesity amongst Aboriginal and Torres Strait Islander communities and families.
- X. Delivery of holistic FASD or obesity-reduction support services within health systems and communities.
- XI. Establishment of a nutrition framework gap analysis for Aboriginal and Torres Strait Islander people.
- XII. Development of a National Nutrition Risk Scheme for Aboriginal and Torres Strait Islander people.

As part of building and sharing evidence, and, where appropriate, researchers should use the research process itself to be an active agent of change, for example, by utilising the principles of implementation research and through use of participatory action research, developmental, formative or realist evaluation approaches to support learning and adaptation at the organisational, community or broader system level.

Research proposals that have been developed through the Lowitja Institute partnership model, but not funded by the Lowitja Institute may be eligible to apply.

Research Focus

The research will inform policy and practice and through this, contribute to improving health outcomes through increasing health system capacity and capability to prevent and reduce FASD and obesity through a range of settings in Aboriginal and Torres Strait Islander communities and families. These may include but are not limited to the following:

Health system and policy focus

Using research to improve system capability to:

- better understand how policies interact at the local level and the implications for policy and practice;
- better support active learning across the health system and in connecting with the needs and aspirations of Aboriginal and Torres Strait Islander communities;
- improve the provision of integrated, patient centred care across the care continuum using primary health care organisations as home points of co-ordination;
- develop effective systems to support the provision of culturally competent care in mainstream settings including sharing good practice examples;
- help support the development of organisational capacity and competence;
- embed quality practice in service systems;
- implement effective models of comprehensive primary health care service delivery that build linkages with multiple sectors including early childhood, education and justice;

- improve health literacy and disease prevention including sharing lessons from what has been learnt in the past;
- assess the comparative value of various health interventions and return on investment;
- identify what types of interventions are most appropriate to scale up and why including how this can best be achieved; and
- develop and share new and innovative methods of building evidence that are embrative of different world views.

Key health challenges

Using research to improve system capability to:

- address specific health challenges faced by Aboriginal and Torres Strait Islander people;
- identify specific types of FASD and obesity prevention interventions in Aboriginal and Torres Strait Islander communities that work, for whom and in what types of circumstances;
- identify specific responses required from non-health settings to enhance ‘upstream’ prevention efforts for FASD and obesity; and
- translate knowledge about what works in the prevention and reduction of FASD and obesity in Aboriginal and Torres Strait Islander communities and families so that it has a positive impact in terms of how frontline services are delivered across a range of settings.

Research Priority Areas

Screening for FASD symptoms in health, education or justice settings to offer earliest and comprehensive support.

Health workers and clinicians have access to a screening tool to support the early identification of Aboriginal and Torres Strait Islander people at risk of FASD in health, education and justice settings.

Implementation of programs for culturally appropriate health promotion to prevent/reduce the incidence of FASD or obesity.

Programs are available in Aboriginal and Torres Strait Islander communities that provide culturally appropriate health promotion responses to prevent FASD or obesity in Aboriginal and Torres Strait Islander communities, and to build understanding on the types of programs that are most effective in preventing/reducing the incidence of FASD or obesity.

Understanding the correlation between the social and cultural determinants of health and prevalence of FASD or obesity amongst Aboriginal and Torres Strait Islander communities and families.

Analysing the association between the social and cultural determinants of health and the prevalence of FASD or obesity amongst Aboriginal and Torres Strait Islander communities and families.

Delivery of holistic FASD or obesity support services within health systems and communities.

Health systems and Aboriginal and Torres Strait Islander communities are provided holistic support services to prevent and reduce FASD or obesity, alongside early support services to manage early diagnosis and treatment services. Research into the advantages and disadvantages of screening Aboriginal and Torres Strait Islander children for overweight and obesity, taking into account Aboriginal and Torres Strait Islander cultural perspectives, and any issues specific to screening in this population group.

Establishment of a nutrition framework gap analysis for Aboriginal and Torres Strait Islander people

Research into key topics such as the barriers and facilitators for healthy eating and physical activity among Aboriginal and Torres Strait Islander people (including sub-groups such as different genders and age groups), and the factors placing some Indigenous Australians at greater risk than others of becoming overweight or obese, to inform the nutrition framework gap analysis for Aboriginal and Torres Strait Islander people outlined in domain one of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

Development of a National Nutrition Risk Scheme

Exploration of the feasibility of developing a National Nutrition Risk Scheme for at-risk mothers, infants and children, as identified in domain one of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

Research Teams

Research teams with experience or an interest in Aboriginal and Torres Strait Islander health are the intended recipients of this funding. Research teams that include researchers, health professionals or people working in the health system who identify as Aboriginal and Torres Strait Islanders are strongly encouraged to apply. Research teams that partner with community organisations, healthcare providers and professional groups who wish to strengthen the evidence in FASD and obesity prevention research relating to key gaps listed under Research Priority Areas are also encouraged to apply. The research team may include personnel that have not previously undertaken formal studies in research and/or evaluation, however they should have knowledge or skills relevant to the research proposal and/or are seeking an opportunity to build their research and/or evaluation capability in order to strengthen how evidence can be used to inform policy and practice.

The Special Initiative may be used to implement research collaborations between policy makers, program managers, service providers and researchers to evaluate the effectiveness of interventions and to use the process to facilitate implementation success in localised settings.

Funding support may be offered for salary support or support for a masters, PhD or post-doctoral study as part of the particular project, provided the position is justified in the application. However, this will not be a requirement of applications. Please note that support for study is only available through this Special Initiative. If an application is unsuccessful through the Special Initiative but is successful as a standard Partnership Project, study support cannot be provided.

Intellectual Property

Under the Partnership Project Scheme for the Special Initiative each Party shall inform the other Party of any materials (documents, records, software (including source code and object code), goods, images, information and data stored by any means including all copies and extracts of the same) in which third parties hold the copyright and of any conditions attaching to the use of that material because of that copyright. The Parties shall use that material only in accordance with those conditions.

Privacy

Subject to the provisions in the Privacy Act 1988 (Cth) (Privacy Act), the Department may request further information on a specific application as it requires.

Assessment Procedure

The call for Special Initiative proposals (applications) and subsequent awarding of grant funding will be managed and administered by NHMRC through the relevant grant funding Schemes. The NHMRC will communicate the availability of the Special Initiative and receive applications which will be provided to the Department. The Department will review the applications and advise the NHMRC of applications which meet the requirements of the Special Initiative policy parameters. The NHMRC will then conduct a peer review of successful applications and provide the Department with a list of applications deemed fundable by the NHMRC. The Department will advise the NHMRC of its recommended list of applications to be awarded funding under the Special Initiative. The Department may choose not to fund research projects deemed inconsistent with the objectives of the Special Initiative.