

Strategic Research Development Committee Healthy Ageing Research Program

Call for Expressions of Interest for Research into Healthy Ageing

Supporting documentation

Background

The Strategic Research Development Committee (SRDC) is one of four Principal Committees of the National Health and Medical Research Council (NHMRC). The SRDC is responsible for overseeing the development and implementation of strategic research in areas where the research effort is not commensurate with the magnitude of its importance to health care in Australia.

Following a process of community and stakeholder consultation, ageing was selected as a research priority for the current triennium. The other priority areas selected for the present triennium are:

- Aboriginal and Torres Strait Islander Health
- Oral health
- Chronic disease
- Mental Health

In mid-2001, the Ageing Research Working Committee (a sub Committee of SRDC) commissioned a scoping study to provide an overview of the key research findings on the biology of ageing and to provide an analysis of the current and potential use of this knowledge. The scoping study highlighted a range of gaps in current research, and to cover these gaps, the SRDC is calling for a broad range of research across the following areas.

- 1 Strategic Research** – addressing dementia, neurodegenerative disorders, musculoskeletal disorders, mental health or wound healing
- 2 Developmental Research** – including geriatric pharmacology or nutrition
- 3 Fundamental Research** – addressing the genetics of human ageing, oxidative stress or mitochondrial dysfunction
- 4 Aboriginal and Torres Strait Islander Research** – issues relevant to ageing and premature death in Aboriginal and Torres Strait Islander peoples

Total funding of up to \$2 million over three years is available for projects researching the biomedical and psychosocial aspects of healthy ageing.

The SRDC is particularly interested in research that produces outcomes that have the potential to improve policy and practice.

Format for Expressions of Interest

Expressions of interest should be provided under the following headings:

The proforma cover page (available at www.nhmrc.gov.au/research/srdc/agead.htm) must be attached to the front of the expression of interest. The cover page will include:

1. Title, and synopsis of the proposed research
2. Contact details for the Chief Investigator(s) (including telephone, fax and e-mail address).

The following information, provided under headings 3 to 7, should be **no longer than three (3) pages in total**. (A4, 12 point font, single spacing)

3. Hypothesis, aims and scope of the research
4. An outline of the proposed research method(s) with rationale
5. An indicative budget, with brief budget justification
6. An outline of the anticipated outcomes and their relevance and/or applicability
7. Proposed timeline
8. Qualifications and relevant experience of the investigator/s in use of proposed research techniques (CI's may wish to include a list of their **five most relevant** publications from the last five years (**maximum of ½ page per CI including publication list**)).

Extra material will be discarded.

Expressions of Interest should be forwarded as directed in the advertisement (Attachment A) and be received by **5pm on 1 March 2002**.

Application Process

The process by which applications for research in ageing will be managed is as follows:

- The Ageing Research Working Committee will meet to short-list Expressions of Interest. Committee members will score each Expression of Interest against the following criteria:
 1. Relevance and strategic importance in terms of health outcomes
 2. Scientific quality/merit
 3. Qualifications and evidence of experience of investigator/s in use of proposed research techniques.
 4. Overall project design, method and feasibility
 5. Collaborations and/or multidisciplinary approaches, where appropriate.

Applicants are advised that community participation, sustainability and transferability provide the foundation for Indigenous health research. Applicants whose Expressions of Interest include research with Aboriginal and Torres Strait Islander peoples are directed to the Intervention Based Criteria for Aboriginal and Torres Strait Islander Health Research at Attachment B. Applicants are required to address the extent to which their applications fulfil these criteria in relation to research into the health of Indigenous Australians. Should the applicant be invited to submit a full application, documentation and other relevant written evidence will need to be supplied where appropriate.

- Successful short-listed applicants will be invited to submit full applications.
- Unsuccessful applicants will be advised at this stage.
- Full applications will be peer reviewed by at least three assessors (Australian and/or

- international). Applicants will be asked to advise of peer assessors deemed unsuitable.
- De-identified peer review reports and scores against the criteria will be provided to applicants.
- Applicants will be invited to respond to the peer assessments, and the Working Committee will consider comments by applicants on these reports.
- The Ageing Research Working Committee will reconvene to rank and score the full applications, consider the assessors' reports and applicants' comments where available.
- The Ageing Research Working Committee will make recommendations to the Strategic Research Development Committee (SRDC).
- The SRDC will consider the recommendations, and subject to the approval of the SRDC, pass them to the Minister for Health and Ageing for her approval.
- Funding will be announced when the Minister for Health and Ageing signs approval.
- Successful and unsuccessful applicants will be advised.

Applicants should note that this process could take between eight and ten months from the call for Expressions of Interest to Ministerial approval.

Successful applicants will need to note:

- Funding of approved research proposals cannot commence until all required clearances (including ethics) are received, in line with the standard NHMRC grant process.
- Grants are awarded by SRDC on a one-line basis.
- Where proposals include provision of expertise or equipment by industry or another body, funding cannot commence until written agreement to provide these resources, and in a timely manner, is received from this body.
- Detailed reporting against the criteria and achievements of milestones as outlined in your proposal will be required, at intervals to be advised.
- The Ageing Research Working Committee has the right to undertake site visits or other monitoring, and investigator/s must be willing to participate in these visits, interviews or similar forum.
- You agree to provide the Ageing Research Working Committee with a copy of all conference abstracts or scientific papers, abstracts and articles which result from the research funded by this program, at the time of their acceptance for presentation or publication.

STRATEGIC RESEARCH DEVELOPMENT COMMITTEE



Research into Healthy Ageing

EXPRESSIONS OF INTEREST

The Strategic Research Development Committee (SRDC), a Principal Committee of the National Health and Medical Research Council (NHMRC), develops strategic research capability in areas where the research effort is not commensurate with the magnitude of its importance to health care in Australia. The need for research into healthy ageing was identified during the SRDC's consultative process prior to the new triennium. Total funding of up to \$2 million is available for projects researching the biomedical and psychosocial aspects of healthy ageing. Projects can be up to three years.

A recent scoping study identified ageing as a major risk factor for disease and disability. Ageing has profound effects on a person's response to therapeutic interventions, including pharmacological and surgical treatments.

Expressions of Interest for research under the Healthy Ageing Research Program could address any of the following areas:

- 1 **Strategic Research** – addressing dementia, neurodegenerative disorders, musculoskeletal disorders, mental health or wound healing
- 2 **Developmental Research** – including geriatric pharmacology or nutrition
- 3 **Fundamental Research** – addressing the genetics of human ageing, oxidative stress or mitochondrial dysfunction
- 4 **Aboriginal and Torres Strait Islander Research** – issues relevant to ageing and premature death in Aboriginal and Torres Strait Islander peoples

Contact: Professor Greeley on (07) 4781 6818 with enquiries on matters of content, and Liz Cotton on (02) 6289 9562 for administrative matters.

The proforma cover page should be obtained from: the NHMRC at <http://www.nhmrc.gov.au/research/srdc/agead.htm>

Expressions of interest should be lodged via email to SRDC.NHMRC@NHMRC.gov.au via mail Research Development Section, MDP 100, GPO Box 9848, CANBERRA, ACT, 2601, or via fax (02) 6289 9168 by 5pm on 1 March 2002

Intervention Based Criteria for Aboriginal and Torres Strait Islander Health Research

The following criteria are aimed at increasing both the short and the long-term value of research in order to improve the health outcomes for Aboriginal and Torres Strait Islander peoples.

Sustainability

For an intervention to be sustainable it must be able to be continued in a community after the departure of the research team. Sustainability is dependent on:

- The degree of acceptance of an intervention. This in turn is related to the appropriateness of the intervention within the cultural and social framework of the community and to the way the intervention/research is carried out (this included a measure of quality of relationship between researchers and community). Compliance, the degree to which people comply with an intervention, is affected by degree of acceptance by individuals and community, amongst other factors.
- The resource intensiveness of an intervention. This relates to the relative level of resources (both material and personnel) required to provide an intervention. If the resources required are greater than those that are available, or likely to become available, then the intervention will not be sustainable within the community.
- Benefit to the community from the intervention. If the community can see benefits in the research such as clear health benefits, ongoing resources and/or training/education for workers in the community then the intervention is more likely to be sustainable.

Transferability

Transferability refers to the ability of an intervention that is successful in one community to be applied to other communities. Factors affecting transferability include the degree and effectiveness of community and health infrastructure, effectiveness of partnerships and intersectorial collaboration, along with community participation. If an intervention is not sustainable in one community it has less likelihood of being transferable to other communities.

It follows that research done in a stable community with well-developed health infrastructure may not be sustainable in (and therefore not transferable to) other communities. The research findings from so-called 'captive populations', like those that exist on some island communities, may not prove to be valid for more mobile mainland communities.

A view exists that the current system of health research in Australia provides limited scope or encouragement for researchers to be proactive in the process of facilitating the translation of their research findings into effective and durable service delivery. Intervention research needs to be relevant to the service delivery environment and therefore needs to involve service deliverers, particularly in Indigenous health intervention research.

There is also recognition of the need to work with other sectors such as education and housing in order to improve health. Work is needed on how to effectively translate results of research into effective health service delivery.

Community Participation

This criterion refers to the participation of the community in priority setting, development, implementation and evaluation of research. Challenges exist in enabling and developing the capacity of ABORIGINAL AND Torres Strait Islander communities to participate in all aspects of the research continuum. Important facets are:

- Priority setting capacity. This is the ability of communities to participate in the determining of issues that should be researched, and how this should take place. An issue that affects this ability is the provision of adequate information to the community in a culturally appropriate manner. A second issue is obtaining a balance between research that may increase the understanding of the issue and intervention research that may provide tangible, immediately applicable findings.
- Community consultation. Negotiation and relationship building in Aboriginal and Torres Strait Islander communities takes a long time. Community consultation and community participation in research monitoring, field trips, and in dissemination of information are important. Working with communities is complex and time intensive as it involves consideration of health beliefs, culture and influence of other priorities. Such consultation is often not budgeted for and those involved in the consultation often do not receive appropriate remuneration for the time provided.
- Informed consent. The validity of informed consent in Aboriginal and Torres Strait Islander communities needs to be examined. Community participation from the initial stages of research is required in order to address ethical issues such as the means of, and language used in, obtaining consent, and an understanding of constraints felt by individuals and communities in the consent process.
- Training for Indigenous researchers. Developing and implementing strategies to increase the number of Aboriginal and Torres Strait Islander researchers is likely to increase Indigenous control over the research agenda. Transfer of skills to the community is an important part of intervention sustainability.