

# **Chronic Disease Research Program Unified Systems of Care**

**Call for expressions of interest for projects that propose and investigate unified systems of care for chronic diseases in Australia**

## **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. The need for research targeting systems of care for chronic diseases was identified through a consultative process carried out by the SRDC prior to the present triennium. Chronic diseases, in this context, are broadly defined as illnesses that are prolonged, do not resolve spontaneously, and are rarely cured completely.

Further to the priority setting process, a workshop, 'Tackling Chronic Disease', hosted by the SRDC and the Population Health Division of the Department of Health and Aged Care (now the Department of Health and Ageing) was held in July 2001. The workshop aimed to focus attention on tackling the burden of chronic disease in Australia, through both prevention and more effective management.

The workshop was designed around six topics:

- Consumer participation, social capital and social support
- Access – geographical, socio-economic and cultural
- Economics of health
- Continuum of care, new models of care
- Evidence-based treatment and care
- Health and life course

Indigenous health and information technology were both built in to each of these topics.

As part of the outcomes, the workshop identified several research questions. The NHMRC proposes to call for research in each of these six areas over the period February through to December 2002. This call for research draws on the workshop outcomes under the topic, 'Continuum of care, new models of care.'

The full synopsis on the ‘Tackling Chronic Disease: Exploration of Key Research Dimensions’ workshop is available on the NHMRC website:  
<http://www.nhmrc.gov.au/publications/synopses/ph51syn.htm>

It is suggested that you familiarise yourself with this document prior to preparing your Expression of Interest noting, however, that this call for research does not limit the population for research to those aged over 65 years.

The SRDC is interested in research that addresses questions of chronic disease with a focus on one or more of the following:

- Ageing
- Aboriginal and Torres Strait Islander health
- Rural

Applicants are advised that community participation, sustainability and transferability provide the foundation for Indigenous health research. (Intervention Based Criteria for Aboriginal and Torres Strait Islander Health Research – Attachment A)

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.

### **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/chronad.htm](http://www.nhmrc.gov.au/research/srdc/chronad.htm)) must be attached to the front of the expression of interest. The cover page should include the following information:

1. Title, and synopsis of the proposed research
2. Indicative budget
3. Duration of project
4. Contact details for the Chief Investigator(s) (including telephone, fax and e-mail address)
5. Administering Institution

The following information, provided under headings 6 to 10, should be **no longer than three (3) pages** (A4, 12 point font, single spacing) **in total**.

6. Hypothesis, aims and scope of the research
7. An outline of the proposed research method(s) with rationale
8. An indicative budget, with brief budget justification
9. An outline of the anticipated outcomes and their relevance and/or applicability
10. Proposed timeline
11. Qualifications and relevant experience of the researchers (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).

Heading 11 should be succinct, with only relevant information as requested. Extra material will be discarded, in line with NHMRC practice.

The Expressions of Interest and the full applications will be scored against specific criteria and it is in the applicant's interest to address the following criteria in their application:

- strategic importance of the proposal
- relevance and strategic value of the research in terms of health outcomes
- feasibility
- sustainability
- track record of investigators in techniques proposed
- scientific merit.

Expressions of Interest are to be received by the Secretariat no later than **5pm Friday 15 March 2002** and should be lodged via email to [SRDC.NHMRC@NHMRC.gov.au](mailto:SRDC.NHMRC@NHMRC.gov.au), via mail: Research Development Section, MDP 100, GPO Box 9848, CANBERRA ACT 2601, or via fax on (02) 6289 9168 by 5pm on 15 March 2002. Late applications will not be considered.

### **Application process and indicative timeframe**

- Expressions of interest close - 15 March 2002.
- The Chronic Disease Working Committee will meet to short-list Expressions of Interest –April 2002.
- Short-listed applicants will be requested to provide a full application in a format similar to the standard NHMRC project grant application form. This application form will be available on the NHMRC website.
- Full applications will close June 2002. Exact date to be advised.
- Full applications will be peer reviewed by at least three independent assessors.
- Assessors' reports and scores will be provided to applicants for information and comment - July 2002.
- The Chronic Disease Working Committee will reconvene before the end of August 2002 to consider the applications, assessors' reports and applicants' comments.
- The Chronic Disease Working Committee will make recommendations to the Strategic Research Development Committee – August/September 2002.
- The SRDC will consider the recommendations and, subject to its, approval pass them to the Minister for Health and Ageing for approval – September 2002.
- Funding will be announced.

### **Successful applicants will need to note:**

- The timeframe given above is indicative only
- Funding of approved research proposals cannot commence until all required clearances are received, in line with the standard NHMRC grant process.
- 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 Chronic Disease 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 Chronic Disease Working Committee with a copy of conference abstracts or scientific papers, abstracts and articles at the time of their acceptance for presentation or publication.

Please contact the Chair of the Chronic Disease Working Committee, Dr Chris Brook on (03) 9616 7301 with any enquiries on matters of content. For information on administrative matters, please contact the Secretariat, Ms Julie Taylor on (02) 6289 9145.

## **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.