



**Australian Government**

**National Health and Medical Research Council**



**Canadian Institutes of Health Research**    **Instituts de recherche en santé du Canada**

# **2009**

# **International Collaborative Indigenous Health Research Partnership grant (ICIHRP)**

Reducing the burden of disease and  
inequalities in health arising from chronic  
disease in Indigenous people

## **Request for Applications Framework Document**

**ALL QUESTIONS IN RELATION TO THIS INITIATIVE SHOULD BE  
DIRECTED TO: [icihrp@hrc.govt.nz](mailto:icihrp@hrc.govt.nz)**

**A funding initiative of the Canadian Institutes of Health Research, the Health Research  
Council of New Zealand and the National Health and Medical Research Council of  
Australia**

# **ABOUT THIS DOCUMENT**

This document provides information about the program and the aims and scope of the initiative and should be read in conjunction with the Expression of Interest and Application Guidelines for the program.

To be competitive, applications for funding will need to demonstrate that the research partners clearly understand the context and desired outcomes of the proposed research.

## **1. BACKGROUND**

### **1.1 The Tripartite Agreement**

In 2002, the Canadian Institutes of Health Research (CIHR), the National Health and Medical Research Council of Australia (NHMRC) and the Health Research Council of New Zealand (HRC NZ), entered into a trilateral partnership to support research in the area of Indigenous peoples' health.

In entering into the Agreement, the partner agencies recognise the disparities in health between Indigenous and non-Indigenous people in their respective countries and the desire of Indigenous people for research to support health improvements on terms acceptable to them.

The aim of this partnership is therefore to improve the health of Indigenous people in each of the three countries.

The objectives of the Tripartite Agreement include:

- supporting high quality, innovative research in Indigenous peoples' health;
- developing productive research partnerships;
- enabling information sharing;
- building upon existing networks of researchers; and
- promoting effective and sustainable translation of research findings into policy and practice to address issues affecting the health of Indigenous people.

The text of the Tripartite Agreement can be viewed at the following websites:

CIHR – <http://www.irsc.gc.ca/e/20659.html>;

NHMRC - <http://www.nhmrc.gov.au/media/media/rel02/naidoc.htm> ; and

HRC NZ – <http://www.hrc.govt.nz/assets/pdfs/coopagreement.pdf>.

## **1.2 The International Collaborative Indigenous Health Research Partnership (ICIHRP)**

The International Collaborative Indigenous Health Research Partnership (ICIHRP) is a research funding program established under the Tripartite Agreement. It supports multi-disciplinary, multi-country research teams bringing together Australian, New Zealand and Canadian researchers.

The ICIHRP, through sharing in research methodology, ethical conduct of research, community engagement, transfer of research outcomes, building research capacity, as well as encouraging direct links between researchers and organisations, will assist in the development of collaborative Indigenous health research. This is expected to enable the program of research to achieve its objectives.

The aim of each Request for Applications (RFA) is to focus on priority research areas that have the greatest potential to lead to better health outcomes for Indigenous people in Australia, Canada and New Zealand.

All funding is allocated on a competitive basis following rigorous peer review. Grants are jointly funded by the partner agencies. The focus of RFAs and the total amount of funding available is determined jointly by the partner agencies.

### **First Request for Applications: theme - *Resilience* (2004)**

The first RFA under the ICIHRP was notified in June 2004 and grants were awarded in 2005.

The focus of the RFA was on the theme of “Resilience” which was chosen because it covers all facets of the life cycle from child and maternal health, adolescence to healthy ageing. The purpose was to fund research that would identify factors which form the basis for good health throughout the life span of Indigenous people.

Teams of researchers from Australia, Canada and New Zealand submitted proposals for collaborative, multi-disciplinary research. Three projects received funding. Information on the projects funded is available at:

CIHR – <http://www.cihr-irsc.gc.ca/e/28526.html>;

NHMRC - [http://www.nhmrc.gov.au/funding/funded/\\_files/icihrp.pdf](http://www.nhmrc.gov.au/funding/funded/_files/icihrp.pdf) ; and

HRC NZ – <http://www.hrc.govt.nz/assets/pdfs/news/ICIHRP%20release.pdf>.

## **2. ABOUT THIS REQUEST FOR APPLICATIONS**

### **2.1 Theme and aim of this RFA**

#### **Theme**

The theme for this RFA is *Reducing the burden of disease and inequalities in health caused by chronic disease in Indigenous people.*

#### **Aim**

Through this RFA, researchers will have an opportunity to conduct research about the health of Indigenous peoples. Successful applicants will be supported to collaborate to develop, implement and evaluate specific strategies aimed at reducing the impact of chronic disease. Researchers will need to identify and use methodologies appropriate for Indigenous people which are aimed at improving health outcomes for Indigenous peoples across the lifespan.

The aim of this program is to support high quality Indigenous health and medical research which will:

- create knowledge able to influence policy makers and health practitioners involved in designing and delivering health care to Indigenous people;
- lead to a reduction of the burden of disease caused by chronic disease in Indigenous populations; and
- build capacity in Indigenous health and medical research across the spectrum of the research process.

### **2.2 Rationale behind this RFA**

#### **Why chronic disease?**

Chronic disease contributes significantly to excess morbidity and mortality in Indigenous populations. In all three partner countries the impact of chronic disease on health outcomes is greater for the Indigenous population than for the non-Indigenous population. Chronic diseases also contribute significantly to lower quality of life and life expectancy.

Chronic diseases affecting Indigenous people in New Zealand, Australia and Canada include: cardio-vascular disease, chronic obstructive pulmonary disorder, congestive heart failure, kidney disease, diabetes mellitus, asthma, osteo-arthritis, cancers and depression. Co-morbidity is characteristic of many of these conditions with affected individuals often experiencing one or more conditions.

Research has established that inequalities in health and health outcomes from chronic disease are associated with factors such as socio-economic status, gender, lifestyle and ethnicity. The high levels of ill health among Indigenous people have been linked to lower socio-economic status, poorer educational outcomes, lower rates of home ownership, poorer housing, increased levels of injury, and depression.

There is also a higher prevalence of ‘life stressors’ in Indigenous populations, such as the incidence of bereavement, overcrowded housing, the prevalence of alcoholism or other addictions, serious illness or disability and difficulty in securing employment.

While there are some limitations to the reliability of data and variations in the closeness of the association between low per capita income and ill-health, the trends are clear and the risk factors for chronic diseases well established.

The lower health outcomes and inequalities in Indigenous populations arising from chronic disease have been well documented in each of the partner countries. However there are gaps in evidence about what constitutes effective health care for specific Indigenous populations, in particular where the chronic conditions are inter-generational and limit the productivity and capacity of individuals and communities.

A large proportion of chronic disease in populations throughout the world is considered to be preventable. Therefore, effective primary and secondary prevention through interventions that address the cause and impact of chronic conditions are important.

Effective action to address chronic disease has the potential to dramatically improve health outcomes for Indigenous people and thereby reduce inequalities in health status between Indigenous and non-Indigenous populations.

### **Why fund more research?**

The partner agencies acknowledge the priority which Indigenous communities accord to increasing funding for health services, especially in primary care settings.

While increasing the overall funding available to health service delivery is important, it is also the case that policy makers and practitioners have identified the need for evidence about the interventions that work best, and helps identify where additional investments are likely to have the greatest impact.

The partner agencies believe that there is value to be gained from collaborative research that draws on the particular strengths and experience of research teams from the three partner countries.

### **Supporting high quality research**

The ICIHRP aims to fund the highest quality research. Funded research will be subject to rigorous peer review and will be required to meet stringent criteria for scientific merit.

Applicants must clearly demonstrate that Indigenous communities and researchers from Australia, Canada and New Zealand have been fully consulted to ensure that they are aware of the funding objectives and the selection process and associated criteria of this RFA. This contact is also encouraged because there may be important demographic, institutional, health systems and jurisdictional differences across countries that researchers may need to take into consideration when developing their proposal. Further, applicants are expected to involve Indigenous researchers and communities at all levels of the research process, from design of the research through to the dissemination of findings.

### **Benefit to Indigenous peoples**

Research carried out under the ICIHRP must be conducted ethically, and aim to achieve clear and measurable benefits for the population groups studied.

Research proposals must clearly demonstrate that Indigenous partners and communities have been fully consulted in the design of the research. Proposals should also encourage involvement by Indigenous people in both the conduct of the research and the dissemination of findings to health care policy makers or practitioners.

### **Indigenous research methodologies**

The ICIHRP aims to support research that uses conceptual models and methods for health research which reflects Indigenous health paradigms and respects Indigenous thought, culture and world view.

The ICIHRP also encourages research that contributes to the knowledge base of Indigenous people, and which assesses and critically evaluates Indigenous health paradigms and methodologies and their linkages to mainstream health care provision.

### **Evaluating and reporting on outcomes of research**

To ensure that funded research projects do provide some tangible benefits, proposals will be required to include an evaluation component that measures the success of knowledge translation and collaboration with end users.

Research proposals will have to include some performance indicators and outcome measures and a plan for how the outcomes of the research will be evaluated.

In addition, researchers funded under this initiative will be expected to present their findings to at least one appropriate public Indigenous health forum.

## **2.3 Scope of this RFA**

The partner agencies recognise that the theme for this RFA covers a very broad and diverse area of possible research activity and that there are important demographic, institutional, health systems and jurisdictional differences across individual countries.

Each country has its own national approaches, strategic frameworks and priorities for Indigenous health. It will therefore be important that applicants demonstrate the active involvement of research teams from each of the three countries in the design and implementation of research proposals.

### **What kind of research?**

The partner agencies wish to fund research that will be able to generate the kind of evidence which policy makers, health service funders and health professionals will be able to use to improve the design and delivery of effective health care and/or guide more effective allocation of resources.

Proposals covering a wide spectrum of health and medical research are welcome. Research focussing on establishing the effectiveness of interventions, models of health care delivery, preventative research and health services research are encouraged.

In particular, research proposals that holistically address the role and effectiveness of traditional Indigenous health practices and their interaction with mainstream medicine are encouraged.

Research proposals should be based on multi-disciplinary teams and cross-sectoral approaches.

The focus of research proposals should be on those chronic diseases, or aspects of chronic disease, which are the main causes of excess morbidity and mortality within Indigenous populations. Research proposals should focus on interventions that have the potential to make a significant difference. The fact that chronic disease affects Indigenous people disproportionately is well established. Additional descriptive research is not the intended focus of this RFA and will only be considered to support a proposed intervention.

In addition, research proposals could incorporate, in an integrated manner, one or more of the following approaches related to reducing the burden of disease associated with chronic disease within Indigenous populations:

- health services research to identify effective preventable, diagnostic and treatment based health services and interventions;
- research on shared Indigenous global health priorities;
- research that leads to evidence-based prevention/intervention initiatives based on a holistic health approach; and
- initiatives that will decrease morbidity and mortality and reduce inequalities arising from chronic disease.

### **Capacity building**

Building the capacity of an Indigenous workforce both in research and in the health sector will be needed if health outcomes and inequalities are to be addressed. The ICIHRP aims to support capacity building as part of the funded research projects.

Capacity building has both human and institutional elements. These include:

- Research Workforce Capacity Building - increasing the number and diversity of Indigenous health and medical researchers; and
- Professional Capacity Building - enabling Indigenous health researchers to gain skills and experience and the ability to *develop* and *implement* their own research plans.

It is expected that funded projects will contribute to capacity building of Indigenous people working in Indigenous health research by providing research opportunities at Masters, Doctoral and post-Doctoral levels as well as encouraging the Indigenous leadership of the research projects.

Proposals should include clear, achievable strategies for capacity building.

## **2.4 Expected attributes of proposals**

Research proposals should:

- be responsive to the needs and aspirations of Indigenous people;
- be beneficial to, and safe for, Indigenous people;
- be of the highest scientific quality in their design and execution;
- address those aspects of chronic disease that contribute most to the excess morbidity and mortality experienced by Indigenous people in Australia, Canada and New Zealand;
- be cross-country, multi disciplinary and cross-sectoral;
- generate evidence that can be readily translated to policy and/or practice;
- build individual and institutional capacity in Indigenous health research;
- demonstrate consultation with the Indigenous people to be involved in the research;
- create opportunities for knowledge transfer and be able to be communicated to Indigenous communities and other key stakeholders; and
- establish or strengthen productive inter-country research partnerships.

## **2.5 Selection criteria**

Research proposals will be assessed against criteria for scientific merit, Indigenous health significance, benefit to Indigenous people, track record of investigators, collaboration, capacity building and knowledge translation.

### **Category 1: Scientific merit and collaboration (Total 34%)**

#### **Scientific merit**

This criterion assesses scientific merit of an application in terms of the originality of the hypothesis, feasibility of the research proposal (particularly in terms of ability to offer preventative or intervention strategies to address the cause and impact of chronic diseases), robustness of the methodology and analytical framework of the research (including Indigenous analytical frameworks).

#### **Collaboration between research partners**

This criterion assesses an application in terms of the quality and extent of the research partner collaborations intra- and inter-country, including commitment to the research project by partner organisations that will also stand to benefit from the research process or research outcomes. Applicants will have to clearly define the quality and nature of the collaborations to ensure that the objectives of the proposed research are met. Applicants are encouraged to provide detailed descriptions of how their teams would operate including strategies, meetings and decision making arrangements which would assist assessors when making judgements about the strength of the team collaborations.

Applicants must also show the added value of the Tri-country (Canadian-Australian-New Zealand) collaboration, particularly in terms of how the collaboration has the potential to produce a better scientific outcome (product) than would emerge from research carried out by one (the Canadian, Australian or New Zealand) side alone.

## **Category 2: Benefits to Indigenous people (Total 33%)**

### **Health significance for Indigenous people**

Applicants should describe why the proposed research should be supported by the NHMRC, CIHR, and HRC. The relevance and contribution to Indigenous peoples' health within each of the countries of this research application must be clearly addressed. For example, what is the significance, intra- and inter-country of this research to the health of the people and where does the proposed research fit from an international Indigenous perspective? Where relevant, applicants should explain the way in which the research could impact on health policy and/or the provision of health services.

As previously advised, applicants are strongly encouraged to discuss their research proposals with Indigenous researchers from Australia, Canada and New Zealand to ensure that they are aware of the funding objectives and the selection process and associated criteria of this RFA. This contact is also encouraged because there may be important demographic, institutional, health systems and jurisdictional differences across countries that researchers may need to take into consideration when developing their proposal. Further, applicants are expected to involve Indigenous researchers and communities at all levels of the research process, from design of the research through to the dissemination of findings.

### **Knowledge translation**

This criterion addresses how well an application links the development of new knowledge or interpretation of existing knowledge to the implementation of new activities, models, strategies or policy. This criterion focuses on the translation of new knowledge into Indigenous specific policy development and/or healthcare practice that ensures that the health needs of Indigenous peoples are adequately and appropriately met.

### **Benefit for Indigenous people**

This criterion assesses the scale and magnitude of potential health benefit for Indigenous people from the successful completion of the research. An application may address other areas but must convincingly demonstrate it is addressing a strategic issue of key importance for Indigenous people.

### **Category 3: Research Team (33%)**

#### **Composition and track record**

This criterion addresses the ability of the applicants to deliver the research objectives in terms of:

- quality of the team;
- Indigenous people's participation in leadership roles and as core research team members;
- the track records of the individual researchers;
- the team's reputation, track record and previous successes; and
- commitment of resources.

#### **Capacity building**

This criterion measures the extent to which the proposed research will:

- contribute to the development of Indigenous people's skills as researchers, and/or
- the development of future Indigenous researchers; and
- the link between senior research mentorship and capacity and capability development of future Indigenous research leaders.

## **2.6 Eligibility**

### **Who should apply?**

The RFA seeks proposals from teams of researchers drawn from Australia, Canada and New Zealand.

While teams are not required to have a track record of working together, they must demonstrate the ability to work effectively, collaboratively and productively. Teams are expected to be multi-disciplinary and cross-sectoral.

Researchers from the Aboriginal or Torres Strait Islanders people of Australia, the First Nations, Inuit and Metis people of Canada and the Maori people of New Zealand are strongly encouraged to apply.

## 2.7 The application process

The RFA will be a three-stage process. Stage one will be a Registration of Intent requiring a brief submission indicating an overview of proposed themes and research teams. In stage two, short-listed applicants will be invited to submit a more detailed Expression of Interest. Applicants will be given four weeks to prepare this documentation. In the third stage, short-listed teams will be invited to submit full applications. The expected process and timeline are:

<b>Application Process – Phase</b>	<b>2009–2010</b>
Pre-advertisement	January 10-11, 2009
RFA posted on web	February 10-11, 2009
<b>Registration</b>	<b>April 11, 2009 (NZ time)</b>
<b>Expression of Interest Close</b>	<b>May 11, 2009 (NZ time)</b>
Expression of Interest Notice of Decision	June 24-25, 2009
<b>Full Application Close</b>	<b>October 15, 2009 (NZ Time)</b>
Review Panel Questions sent to Applicants	Nov 25-26, 2009
Applicants' Rebuttals Due	December 16-17, 2009
Full Application Notice of Decision	January 27-28, 2010
Funding Start Date	Feb 1, 2010

## 2.8 Peer review process

An ICIHRP Review Panel composed of Indigenous researchers from Australia, Canada and New Zealand as well as non-Indigenous researchers with expertise in Indigenous health and health research will conduct the peer review process.

### **Stage one: Registration of Intent**

Registrations of Intent will assist the agencies to identify and appoint Review Panel members with appropriate expertise.

### **Stage two: Expressions of Interest**

Expressions of Interest (EOIs) will enable applicants to present an outline of their proposed research and will be assessed by the Review Panel.

The Review Panel will assess all EOIs and invite those short listed to submit a full application.

### **Stage three: Full Applications**

Submission of Full Applications is by invitation only.

Each full application will be assessed by external assessors and the Review Panel. Applicants will have a right of reply to questions from the external assessors and the Review Panel. Based on the external assessor reports, applicant's rebuttal and the assessment of individual Review Panel members, the Review Panel will rank applications and make funding recommendations through their respective partner agency's processes.

### **Comparative review**

All members of the Review Panel will review all the applications submitted. In this way, each application's individual assessment will be considered relative to the entire field of competitive applications.

Comparative review provides an additional degree of rigour to the peer review process by ensuring consistency across individual approaches to assessment and scoring as well as the identification of strengths and weaknesses of the individual applications.

Comparative review will also assist the Review Panel in assessing which applications respond best to the theme and aims of the RFA as well as reducing ambiguity for the Review Panel when trying to make funding decisions on the basis of a (sometimes) broad range of proposed methodologies and research approaches.

The comparative review will require the primary spokesperson from each country for each application to formulate their own assessments of the applications. This process will be undertaken via teleconference and the comparative review will be provided to the lead applicant along with the External Assessor's report.

Full details on the peer review process are available in the *Peer Review Guidelines* document which is available at:

<http://www.nhmrc.gov.au/funding/apply/granttype/strategic/icihrp.htm>

## **2.9 Funding available**

Each partner agency has committed \$5 million in their respective currency to fund successful proposals. A total of \$15 million is available to fund grants. There are two types of grants available, these are the:

- Proposal Development Grant; and
- ICIHRP Grant.

For New Zealand and Canadian applicants, each successful short listed EOI will receive a Proposal Development grant. These funds are provided to support consultation and collaboration between countries in the preparation and submission of a full application.

Each funded ICIHRP grant will have three individual contracts. Each will be signed by the Administering Institution that will be responsible for managing that country's component of the research project.

To be eligible full applications must contain three country components.

Each application must conform to all applicable research ethics requirements. Information pertaining to research ethics is available at:

CIHR – <http://www.pre.ethics.gc.ca/english/policystatement/policystatement.cfm>;

<http://www.cihr-irsc.gc.ca/e/29134.html>;

NHMRC - [http://www.nhmrc.gov.au/health\\_ethics/human/conduct/guidelines/index.htm](http://www.nhmrc.gov.au/health_ethics/human/conduct/guidelines/index.htm); and

HRC - [http://www.hrc.govt.nz/root/Ethics/Guidelines\\_and\\_Publications.html](http://www.hrc.govt.nz/root/Ethics/Guidelines_and_Publications.html).

### **3. OBJECTIONS AND COMPLAINTS**

As set out in section 2.9 above, each funded ICIHRP grant will have three individual contracts and will be awarded and managed in accordance with the legislative and administrative arrangements pertaining to the respective funding agency.

In the first instance, complaints or objections about the application and or peer review process should be sent by country teams to their respective funding agency in accordance with the details provided below. The partner agencies will, if necessary, jointly consider any matters that are related specifically to the joint assessment process.

#### **3.1 For Australian teams:**

##### **a. Objections**

Please address all objections in the first instance to the Complaints Manager at:

Complaints Manager

National Health and Medical Research Council

GPO Box 1421

CANBERRA ACT 2601

Or via email to: [complaints@nhmrc.gov.au](mailto:complaints@nhmrc.gov.au)

For further information, please visit <http://www.nhmrc.gov.au/contact/complaint.htm>.

**b. Formal Complaints to the Commissioner of Complaints**

Complaints to the Commissioner should be addressed to:

Dr Kerry Breen  
NHMRC Commissioner of Complaints  
GPO Box 1421  
CANBERRA ACT 2601

For further information, please visit <http://www.nhmrc.gov.au/contact/complaint.htm>.

**3.2 For Canadian teams:**

Please contact the Canadian team lead for questions concerning this process.

**3.3 For New Zealand teams:**

Group Manager  
Maori Health Research and Health Sector Relationships  
110 Stanley Street  
Auckland  
New Zealand  
[ahaggie@hrc.govt.nz](mailto:ahaggie@hrc.govt.nz)