



Australian Government

National Health and Medical Research Council

NHMRC TARGETED CALL FOR RESEARCH into Healthy Ageing of Aboriginal and Torres Strait Islander Peoples Call-Specific Funding Rules

These Call-Specific Funding Rules must be read in conjunction with the *2018 Funding Rules for NHMRC's Targeted Calls for Research Program* and the *2018 NHMRC Funding Rules*. These documents will be available when the call opens on 20 June 2018.

1 Background and Justification for the Call

This Targeted Call for Research (TCR) focuses on the health and experiences of healthy ageing for Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander peoples aspire to be 'able to live out their lives as active, healthy, culturally secure and comfortably as possible'¹ by developing and maintaining their physical, mental, social and cultural wellbeing.

However, Aboriginal and Torres Strait Islander peoples currently have poorer health outcomes than non-Indigenous Australians. They are more likely to live with chronic and complex conditions that lead to a poorer quality of life and are more likely to die at a younger age with a lower life expectancy of 10.6 and 9.5 years for males and females respectively.²

While the United Nations defines an 'older' person as someone who is older than 60, it has been suggested that 50 may be more appropriate for Aboriginal and Torres Strait Islander peoples because conditions associated with ageing often affect Indigenous peoples at a younger age than non-Indigenous people.³

Life expectancy and risk factors

With Australia's ageing population set to reach 20 per cent of the population by 2026,⁴ and Aboriginal and Torres Strait Islander peoples aged 65 years and over predicted to more than double in this time,³ health risk factors will become increasingly important.

A healthy life expectancy (HLE) combines mortality data with morbidity or health status data to estimate expected years of life in good health for persons at a given age. HLE accounts for quantity and quality of life and can be used to describe and monitor the health status of populations.⁵

A life-course approach is important and should be considered in the context of healthy ageing. Healthy ageing of Aboriginal and Torres Strait Islander peoples starts at pre-conception and continues along the life spectrum. A life-course approach is necessary in order to address the inter-generational mechanisms that impact on health inequalities.¹

¹ National Aboriginal and Torres Strait Islander Health Plan 2013-2023

² Close the Gap : Progress and priorities report (2016)

³ Bernoth, M and Winkler, D. (2017) *Healthy Ageing and Aged Care*, Oxford University Press, South Melbourne, Victoria

⁴ Australian Bureau of Statistics (2012) *Population Projections, Australia 2012 to 2101*

⁵ Centre for Disease Control and Prevention <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a1.htm>

It is important to consider the quality of life (i.e. being disability free) when assessing these risk factors:

- Chronic diseases, which account for two-thirds of the gap in death rates and are more often found among Indigenous Australians at a much younger age.⁶ These might include ischaemic heart disease, cancer, diabetes, and cardiovascular disease. Cardiovascular disease is the single leading disease burden in this population and the largest contributor to the health gap.⁷
- 'Geriatric syndrome' refers to a myriad of issues related to brain ageing including dementia, falls, delirium, frailty, incontinence, hearing impairment, visual impairment, sarcopaenia, malnutrition, immobility, gait disturbance, and pressure ulcers.⁸ Geriatric syndrome often affects Aboriginal and Torres Strait Islander people earlier in life and at a higher rate than non-Indigenous Australians.⁹ It is therefore important to ensure healthy brain promotion and prevention throughout the lifespan.
- Disability among Aboriginal and Torres Strait Islander people over the age of 55 years is close to 50 per cent, which is 2.1 times higher than non-Indigenous Australians.^{10,11}
- Psychological distress is a serious contributor to the social and emotional well-being of Aboriginal and Torres Strait Islander people, who are 2.7 times more likely to experience high to very high levels of psychological distress. This includes trauma throughout the life-course and intergenerational trauma, which contributes to chronic diseases or morbidity.³

While risk factors are important, a strength based approach and resilience also contributes to healthy ageing. Identifying the contribution of strength based approaches to healthy ageing will ensure an understanding of factors that strengthen cognitive, behavioural and social and emotional wellbeing to resilience, such as a connection to country. A connection to country, which is the feeling of a sense of belonging to ancestral lands, can improve the levels of happiness for Aboriginal and Torres Strait Islander people. It is a vital concept when caring for Aboriginal and Torres Strait Islander peoples as they age.³

Understanding health and culturally appropriate services

Aboriginal health means not just the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life.¹² Additional factors to consider are the:

- Recognition of the impact of historical policies on older Aboriginal and Torres Strait Islander people who may need ongoing social and emotional support.¹³
- Increasing numbers of older Aboriginal and Torres Strait Islander people seeking to remain on country who will need appropriate services that maximise their independence.¹³ This might be overcome, in part, by the provision of specialist outreach and telehealth services.¹⁴
- The vital role that Elders play in sustaining strong cultural practices and traditions within their communities with important roles and responsibilities such as passing on knowledge, languages and customs, participating in decision-making ceremonies and 'looking after country.' Older Aboriginal and Torres Strait Islander people also often still have caring responsibilities, sometimes of multiple generations.¹⁵

⁶ Australian Institute of Health and Welfare (2014) *Australia's Health 2014*

⁷ Australian Health Ministers' Advisory Council (2008-2012) *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report*

⁸ Won, C. W et al (2013) Lists of geriatric syndromes in the Asian-Pacific geriatric societies, *European Geriatric Medicine*, 4, 335-8

⁹ Inouye, S.K et al (2007) Geriatric syndromes: clinical, research and policy implications of a core geriatric concept, *Journal of the American Geriatrics Society*, 55, 780-91

¹⁰ *Overcoming Indigenous Disadvantage (2014) COAG Targets and Headline Indicators*

¹¹ First Peoples Disability Network Australia (accessed 7 December 2017) <http://fpdn.org.au/>

¹² *National Aboriginal Health Strategy, 1989*

¹³ *ATSIAAG National Workshop 2015*

¹⁴ *Australian and New Zealand Society for Geriatric Medicine, Position Statement 17, Aboriginal and Torres Strait Islander Ageing in Australia*

¹⁵ *National Aboriginal and Torres Strait Islander Health Plan,*

<http://www.health.gov.au/internet/main/publishing.nsf/Content/natsih-plan>, pg 38

- Diversity and commonalities of Aboriginal and Torres Strait Islander communities across Australia. While there is great diversity of language and cultures, commonalities exist, for example the lifespan of Aboriginal and Torres Strait Islander peoples is the same in urban and rural communities and rates of trauma are also similar.

Educating a workforce that understands, appreciates and responds to the cultural needs of this ageing population is crucial. This includes building cultural capabilities through skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.

It will help ensure a well-informed community driven health workforce and services, including support for families, which practice appropriate, acceptable, affordable and available healthcare for Aboriginal and Torres Strait Islander peoples. It is not merely a matter of the provision of doctors, hospitals and medicines, or the absence of disease and incapacity.

Health for Aboriginal and Torres Strait Islander peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice.¹⁶ This includes palliative care services to ensure Aboriginal and Torres Strait Islander peoples receive culturally appropriate care for the end stages of life, particularly in remote communities.¹⁷

Specific skills, knowledge and behaviours are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner. Evidence shows that Aboriginal and Torres Strait Islander peoples are more likely to access health services where service providers communicate respectfully, build good relationships, have an awareness of the underlying social issues, as well as some understanding of culture and where Aboriginal and Torres Strait Islander peoples are part of the health care team.¹⁶

Diversity of Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander peoples and communities are diverse. This diversity includes distinct language, kinship and cultural traditions, religious beliefs, family responsibilities and personal histories and experiences. Importantly, this diversity also extends to the health needs of Aboriginal and Torres Strait Islander peoples and communities.¹⁶

2 NHMRC Aims in Implementing this Call

The aim of implementing this call is to provide funding for rigorous, culturally-informed research into improving the health and experiences of ageing in older Aboriginal and Torres Strait Islander peoples.

Quality evidence generated from research will allow for better planning, funding and implementation of policies and services to achieve and support healthy ageing for Aboriginal and Torres Strait Islander peoples.

This TCR responds to NHMRC's priorities as outlined in the [NHMRC Corporate Plan 2017-2018](#). The need to 'improve the health of Aboriginal and Torres Strait Islander peoples' has been identified as a major health issue. This TCR follows a public call for research priorities in Aboriginal and Torres Strait Islander health conducted in 2016.

The TCR also addresses the research priority of *healthy ageing* raised during the national consultations to develop *Road Map 3: a strategic framework for improving Aboriginal and Torres Strait Islander health through research*, due to be launched in July 2018.

This TCR also helps to address the [National Aboriginal and Torres Strait Islander Health Plan \(2013-2023\)](#), which identifies evidence-based practice and healthy ageing as priorities. One of the key strategies to address the former is 'Promote best-practice and innovative approaches guided by research, monitoring and evaluation activities'.

The [Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan \(2013-2023\)](#), identifies as an action 'Strengthened evidence base of knowledge across the life-course and care continuum, in particular preventative health, including the factors that impact on the health of older Aboriginal and Torres Strait Islander peoples.'

¹⁶ Australian Health Ministers' Advisory Council (2016) Cultural Respect Framework 2016-2026: For Aboriginal and Torres Strait Islander Health

¹⁷ Palliative Care Australia (2016) Improving access to quality care at the end of life for Aboriginal and Torres Strait Islander Australians: Position Statement

3 Definition and Scope

This TCR aims to support research that addresses the following research question:

Identify novel and culturally-informed approaches to improve the health and ageing experience of Aboriginal and Torres Strait Islander peoples.

Specifically, the scope of this TCR is research into:

- Aboriginal and Torres Strait Islander definitions and concepts of healthy ageing;
- Evidence-based, culturally appropriate and best practice health services and pathways to optimise ageing, including lifestyle factors; community development and life-course events such as maternity, upbringing and education;
- Aboriginal and Torres Strait Islander people's indicators for health and well-being in older age. Factors that impact on their ageing could include geography, language, culture, mental health and social and emotional wellbeing, health literacy, chronic disease, childhood adversity and trauma, removal and social exclusion, social economic status and attitudinal change in the lifespan (such as racism, ageism and sexism).

For the purpose of this TCR, 'older Aboriginal and Torres Strait Islander people' is defined as people over the age of 50 years.

Research Not Supported Under This Call

This TCR does not support research projects that have any laboratory based research, including animal-based research or research based on animal models.

As previous NHMRC TCRs have focused on research into ***Dementia in Indigenous Australians*** and ***Social and Emotional Wellbeing and Mental Health for Aboriginal and Torres Strait Islander Peoples from Early Life to Young Adults*** outcomes (to be announced in 2018), research projects exclusively focused on these topics will not be supported under this call. **Research projects that include aspects of these topics but do not focus on them exclusively are acceptable.**

4 Objectives to be addressed in the Research Proposal

The objectives of this TCR are, for older Aboriginal and Torres Strait Islander peoples, to identify novel and culturally sensitive approaches and initiatives to:

1. Reduce the burden of chronic disease, including 'geriatric' conditions of ageing, and close the gap in life expectancy and healthy life expectancy.
2. Incorporate Aboriginal and Torres Strait Islander peoples' concept of health and well-being, looking at the life-course and the impact of trauma.
3. Increase responsiveness and cultural appropriateness of mainstream, community-controlled health and support services, individually and as a system, to address cultural needs of this ageing population.
4. Research culturally appropriate health and support services that support Aboriginal and Torres Strait Islander peoples to remain on or return to country. Elders and other senior community members should be engaged as key stakeholders to champion culturally appropriate choices and approaches to health and wellbeing.¹⁸
5. Address the role of urbanisation and ageing. The majority of the Aboriginal and Torres Strait Islander population live in urban areas and are overrepresented in poor health statistics. The urban Indigenous population is growing, as are its health and wellbeing needs.¹⁹

¹⁸ National Aboriginal and Torres Strait Islander Health Plan (2013-2023)

¹⁹ Poche Centre for Indigenous Health (2016) *Indigenous in the City*, University of Queensland

To address the aims and objectives of this TCR, applicants should provide a research proposal including details on:

- the research design, including a description of the population, study design, methods for recruiting participants, intervention to be used, what the comparison will be, what outcomes will be measured and how this will occur, statistical rigour and reproducibility of the study
- how the research aligns with the scope, objectives and expected outcomes of the call
- the relevant experience and expertise of the research team
- a description of the disciplines, sectors and policy and practice partners that will be involved in the research and the contributions of each of these
- how the research will address the social determinants of health, where appropriate
- how the research findings would be translated into changes in policy, and/or used to develop new health services or programmes.

International collaborations

As part of this call, NHMRC is encouraging applications that address Aboriginal and/or Torres Strait Islander health, and in particular applications that involve collaborations between groups in Australia, New Zealand and Canada (as all three countries have signed a Tripartite Agreement on International Indigenous Health Research).'

Indigenous Research Excellence Criteria

Qualifying applications must address the NHMRC Indigenous Research Excellence Criteria (see *section 6.3* of the *2018 NHMRC Funding Rules*). This includes:

- Ensuring community engagement that shows how research and potential outcomes are a priority for Aboriginal and Torres Strait Islander communities.
- Demonstrating the potential health benefit of the project by addressing an important public health issue for Aboriginal and Torres Strait Islander peoples.
- Demonstrating how the results of the project have the potential to lead to achievable and effective contributions to health gain for Aboriginal and Torres Strait Islander peoples, beyond the life of the project.
- Demonstrating how Aboriginal and Torres Strait Islander peoples, communities and researchers will develop relevant capabilities through partnerships and participation in the project.

5 Expected Outcomes

The key expected outcomes from funded grants will be:

- The generation of a body of evidence that will identify and improve public policy on the healthy ageing of Aboriginal and Torres Strait Islander peoples.
- Effective interventions to address health and ageing experience of older Aboriginal and Torres Strait Islander peoples.
- An enhanced framework to prevent ill health, manage conditions and reduce consequences, with the aim of working with Aboriginal and Torres Strait Islander individuals, families and communities to live healthy, successful, fulfilling and contributing lives.

6 Budget

A total of \$5 million has been allocated to support a number of research projects identified via this call. Funding will be provided to the top ranked applications until the allocated funding is expended. The number of projects funded is therefore dependent on the size of the grants.

NHMRC reserves the right not to expend the amount allocated to this TCR if, in the assessment of the independent expert Peer Review Panel, applications of sufficient quality are not received.

Funding will be available over the period of five years, unless applications specify a shorter period. Applications must clearly justify the requested duration and budget and how it will support the proposed outcomes of the research. The Peer Review Panel will consider this information and may adjust the duration and budget to ensure the research can be achieved while ensuring value-for-money.

7 Critical Dates

Process	Date
Open for Submissions in RGMS	20 June 2018
Minimum data due in RGMS*	15 August 2018
Close of Submissions in RGMS	12 September 2018
Completion of Peer Review	Early 2019

*Minimum data must be entered into NHMRC's Research Grants Management System (RGMS) by **5.00 pm** AEST on the specified due date to allow the NHMRC to start sourcing suitable assessors. Applications that fail to satisfy this requirement will not be accepted. Applicants are also reminded to complete the recommended fields with correct information. Using placeholder text such as "text", "synopsis" or "xx" etc. are not acceptable as minimum data.

Minimum data for NHMRC TCRs consists of the following:

- General – Application Information: You must complete fields for Administering Institution, Application Title, Synopsis and Aboriginal/Torres Strait Islander Research (yes/no) and Consent to provide information to International Assessors.
- A-RC Research Classification.
- A-RT Research Team and Commitment (core team with other members listed as TBA if not yet known).

Please note: Failure to meet this deadline will result in the application not proceeding (see section 10.7 of the *2018 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 *2018 NHMRC Funding Rules* and section 6 of the *2018 NHMRC Advice and Instructions to Applicants*).

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

8 Assessment of Applications

Applications will be assessed by peer review against: 1) the scientific quality and likelihood of the proposed research project successfully answering the research question(s) posed by the TCR (50%) and, 2) whether the team has all the necessary skills and expertise to achieve the expected outcomes of the TCR (50%). In doing so, assessors will also give consideration to the NHMRC Indigenous Research Excellence Criteria (see *section 6.3* of the *2018 NHMRC Funding Rules*).

Assessment of applications will include the following considerations:

- Relevance of the scientific approach to the scope, aims and objective of the call.
- Strengths and weaknesses of the research design.
- Appropriateness and robustness of the technical and methodological aspects.
- Suitability and calibre of the team to ensure delivery of the TCR, relative to opportunity (outlined in the *2018 NHMRC Funding Rules* at section 6.2), and recognising applicant's industry relevant expertise (outlined in the *2018 NHMRC Funding Rules* at section 6.1) and relevant career disruptions (outlined in the *2018 NHMRC Funding rules* at section 6.2.1).
- Likelihood of successfully completing the proposed research.

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 record of achievement.

Further information on the scoring of applications against the category descriptors is available at [Attachment A](#).

9 Additional Reporting Requirements

Administrative obligations and processes specific to the healthy ageing of Aboriginal and Torres Strait Islander peoples TCR grants team awardees are outlined below. Unless otherwise stated, these are in addition to the general requirements set out in the [NHMRC Funding Agreement](#), section 12 and on the [NHMRC website](#).

Applicants who are successful in receiving funding under this TCR must be willing to provide additional reporting on their completed research at the close of a grant or at any time subsequently at the reasonable request of NHMRC. This may, for example, be in the form of a written report for inclusion on the NHMRC website at any time during or after the conclusion of a grant.

Attachment A: NHMRC Targeted Call for Research Category Descriptors and Assessment Criteria for Health Research Involving Aboriginal and Torres Strait Islander Peoples

The following category descriptors are used to assess an application. Categories 1-3 are considered non-competitive and will not be funded ('unfundable'). Categories 4-7 are potentially fundable, subject to the availability of resources.

Category	<i>Scientific Quality and Relevance to Successfully Delivering the Expected Outcomes of the TCR (50%)</i>	<i>Record of Achievement of the Team in Areas and Disciplines Relevant to the TCR – relative to opportunity (50%)</i>
7 Outstanding	<p>The research proposal:</p> <ul style="list-style-type: none"> • is highly relevant to the call • is without question, highly feasible and will successfully achieve the expected outcomes of the call • has objectives that are well-defined, highly coherent and strongly developed • has a near flawless design • will provide very high quality evidence that addresses the expected outcomes of the call • is highly competitive with the best comparable research proposals internationally • is highly likely to be translated into changes in the practice of clinical medicine, public health or in health policy • will almost certainly result in highly influential publications. 	<p>The applicant team:</p> <ul style="list-style-type: none"> • has a track record that specifically targets the proposed research both in terms of depth and breadth • has all the required skills and expertise to successfully achieve the expected outcomes.
7 Indigenous Criteria	<p>Sustainability and transferability</p> <p>The research proposal:</p> <ul style="list-style-type: none"> • is outstanding in demonstrating how the research and potential outcomes are a priority for the community • will definitely lead to major and effective health gains for Aboriginal and Torres Strait Islander peoples • will have a very high impact on health services delivery or other community priorities. <p>Benefit</p> <ul style="list-style-type: none"> • The outcomes from the proposal will have a strongly significant health benefit for Aboriginal and Torres Strait Islander peoples. <p>Building capability</p> <ul style="list-style-type: none"> • The applicant team has an outstanding track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples. • The research proposal outstandingly demonstrates how Aboriginal and Torres Strait Islander peoples, communities and researchers will develop outstanding capabilities through partnerships and participation in the project. 	<p>Community Engagement</p> <p>The applicant team:</p> <ul style="list-style-type: none"> • demonstrates outstanding levels of community engagement, ensuring that the proposal is highly feasible and will build outstanding capability among Aboriginal and Torres Strait Islander peoples.

<p>6 Excellent</p>	<p>The research proposal:</p> <ul style="list-style-type: none"> • is very relevant to the call • is highly feasible and is highly likely to achieve the expected outcomes of the call • has objectives that are clear, logical and well developed • is excellent in design • will provide high quality evidence that addresses the expected outcomes of the call • is competitive with strong comparable research proposals internationally • is very likely to be translated into changes in the practice of clinical medicine, public health or in health policy • is very likely to result in highly influential publications. 	<p>The applicant team:</p> <ul style="list-style-type: none"> • has a track record that is highly relevant to the proposed research in terms of depth and breadth • has all the required skills and expertise to successfully achieve the expected outcomes.
<p>6 Indigenous Criteria</p>	<p>Sustainability and transferability</p> <p>The research proposal:</p> <ul style="list-style-type: none"> • is excellent in demonstrating how the research and potential outcomes are a priority for the community • will lead to considerable and effective health gains for Aboriginal and Torres Strait Islander peoples • will have a high impact on health services delivery or other community priorities. <p>Benefit</p> <ul style="list-style-type: none"> • The outcomes from the proposal will have a significant health benefit for Aboriginal and Torres Strait Islander peoples. <p>Building Capability</p> <ul style="list-style-type: none"> • The applicant team has an excellent track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples. • The research proposal demonstrates excellently how Aboriginal and Torres Strait Islander peoples, communities and researchers will develop excellent capabilities through partnerships and participation in the project. 	<p>Community Engagement</p> <p>The applicant team:</p> <ul style="list-style-type: none"> • demonstrates excellent levels of community engagement, ensuring that the proposal is highly feasible and will build excellent capability among Aboriginal and Torres Strait Islander peoples.
<p>5 Very Good</p>	<p>The research proposal:</p> <ul style="list-style-type: none"> • is relevant to the call • is feasible and is likely to achieve the expected outcomes of the call • has objectives that are clear and logical • raises a few minor concerns with respect to the study design • will provide some high quality evidence that addresses the expected outcomes of the TCR • may not be highly competitive with comparable research proposals internationally • may be translated into changes in the practice of clinical medicine, public health or in health policy • may result in influential publications. 	<p>The applicant team:</p> <ul style="list-style-type: none"> • has a track record that is very relevant to the proposed research in terms of depth and breadth • has most of the required skills and expertise to successfully achieve the expected outcomes.

<p>5 Indigenous Criteria</p>	<p>Sustainability and transferability The research proposal:</p> <ul style="list-style-type: none"> • clearly demonstrates how the research and potential outcomes are a priority for the community • will lead to effective health gains for Aboriginal and Torres Strait Islander peoples • will have an impact on health services delivery or other community priorities. <p>Benefit</p> <ul style="list-style-type: none"> • The outcomes from the proposal will have some health benefits for Aboriginal and Torres Strait Islander peoples. <p>Building Capability</p> <ul style="list-style-type: none"> • The applicant team has a very good track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples. • The research proposal demonstrates well how Aboriginal and Torres Strait Islander peoples, communities and researchers will develop very good capabilities through partnerships and participation in the project. 	<p>Community Engagement The applicant team:</p> <ul style="list-style-type: none"> • demonstrates very good levels of community engagement, ensuring that the proposal is likely to be feasible and will build very good capability among Aboriginal and Torres Strait Islander peoples.
<p>4 Good</p>	<p>The research proposal:</p> <ul style="list-style-type: none"> • is somewhat relevant to the call • raises some concerns regarding feasibility and likelihood to achieve the expected outcomes of the call • has objectives that are clear • raises some concerns regarding the study design • will provide some evidence that addresses the expected outcomes of the TCR • is not likely to be competitive with similar research proposals internationally • may be translated into changes in the practice of clinical medicine, public health or in health policy • may result in modestly influential publications. 	<p>The applicant team:</p> <ul style="list-style-type: none"> • has a track record that is somewhat relevant with the proposed research in terms of depth and breadth • has some of the required skills and expertise to successfully achieve the expected outcomes.
<p>4 Indigenous Criteria</p>	<p>Sustainability and transferability The research proposal:</p> <ul style="list-style-type: none"> • demonstrates how the research and potential outcomes are a priority for the community • may lead to effective health gains for Aboriginal and Torres Strait Islander peoples • may have an impact on health services delivery or other community priorities. <p>Benefit</p> <ul style="list-style-type: none"> • The outcomes from the proposal may have some health benefit for Aboriginal and Torres Strait Islander peoples. <p>Building capability</p> <ul style="list-style-type: none"> • The applicant team has a good track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples. • The research proposal demonstrates how Aboriginal and Torres Strait Islander peoples, communities and researchers will develop good capabilities through partnerships and participation in the project. Raises some concerns about feasibility. 	<p>Community Engagement The applicant team:</p> <ul style="list-style-type: none"> • demonstrates good levels of community engagement which may build good capability among Aboriginal and Torres Strait Islander peoples—this raises some concerns about feasibility

<p>3 Marginal</p>	<p>The research proposal:</p> <ul style="list-style-type: none"> • is not particularly relevant to the call • raises several concerns regarding feasibility and likelihood to achieve the expected outcomes of the call • is somewhat unclear in its objectives • raises several concerns regarding the study design • may provide limited evidence that addresses the expected outcomes of the TCR • is not competitive nationally or internationally • unlikely to be translated into changes in the practice of clinical medicine, public health or in health policy • may result in publications of marginal influence. 	<p>Community Engagement</p> <p>The applicant team:</p> <ul style="list-style-type: none"> • has limited track record in the field of the proposed research • has minimal skills and expertise required to successfully achieve the expected outcomes.
<p>3 Indigenous Criteria</p>	<p>Sustainability and transferability</p> <p>The research proposal:</p> <ul style="list-style-type: none"> • may lead to limited or short-term health gains for Aboriginal and Torres Strait Islander peoples • may have a moderate impact on health services delivery or other community priorities. <p>Benefit</p> <ul style="list-style-type: none"> • The outcomes from the proposal are likely to have a minimal health benefit for Aboriginal and Torres Strait Islander peoples. <p>Building capability</p> <ul style="list-style-type: none"> • The applicant team has a marginal track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples. • The research proposal minimally demonstrates how Aboriginal and Torres Strait Islander peoples, communities and researchers may develop minimal capabilities through partnerships and participation in the project. This raises several concerns that the proposal is feasible and achievable. 	<p>Community Engagement</p> <p>The applicant team:</p> <ul style="list-style-type: none"> • demonstrates limited community engagement and may build minimal capability among Aboriginal and Torres Strait Islander peoples— this raises several concerns that the proposal is feasible and achievable
<p>2 Unsatisfactory</p>	<p>The research proposal:</p> <ul style="list-style-type: none"> • raises several major concerns regarding feasibility and likelihood to achieve the expected outcomes of the call • is unclear in its' objectives • raises several major concerns regarding the study design • is not adequately relevant to the call • is not competitive nationally or internationally • unlikely to provide evidence that addresses the expected outcomes of the TCR • very unlikely to be translated into changes in the practice of clinical medicine, public health or in health policy • unlikely to result in influential publications. 	<p>The applicant team:</p> <ul style="list-style-type: none"> • has a track record which does not relate well to the proposed research • is deficient in many of the required skills and expertise to successfully achieve the expected outcomes.

<p>2 Indigenous Criteria</p>	<p>Sustainability and transferability The research proposal:</p> <ul style="list-style-type: none"> • is unlikely to lead to any health gains for Aboriginal and Torres Strait Islander peoples • is unlikely to have any impact on health services delivery or other community priorities. <p>Benefit</p> <ul style="list-style-type: none"> • The outcomes from the proposal are likely to have little or no health benefit for Aboriginal and Torres Strait Islander peoples. <p>Building capability</p> <ul style="list-style-type: none"> • The applicant team has an unsatisfactory track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples. • The research proposal is unlikely to build capability among Aboriginal and Torres Strait Islander communities and researchers—therefore the proposal is unlikely to be feasible and achievable. 	<p>Community Engagement The applicant team:</p> <ul style="list-style-type: none"> • has little or no community engagement and is unlikely to build capability among Aboriginal and Torres Strait Islander peoples—therefore the proposal is unlikely to be feasible and achievable.
<p>1 Poor</p>	<p>The research proposal:</p> <ul style="list-style-type: none"> • contains a research plan that does not seem to be feasible and is unlikely to be successfully completed • is very unclear in its objectives • contains a study design that is not adequate • is not relevant to the call • is not competitive nationally or internationally • very unlikely to provide evidence that addresses the expected outcomes of the TCR • no potential to be translated into changes in the practice of clinical medicine, public health or in health policy • very unlikely to result in influential publications. 	<p>The applicant team:</p> <ul style="list-style-type: none"> • does not have a relevant track record in the field of the proposed research • is deficient in most of the required skills and expertise to successfully achieve the expected outcomes.
<p>1 Indigenous Criteria</p>	<p>Sustainability and transferability The research proposal:</p> <ul style="list-style-type: none"> • will not lead to any health gains for Aboriginal and Torres Strait Islander peoples • will not have any impact on health services delivery or other community priorities. <p>Benefit</p> <ul style="list-style-type: none"> • The outcomes from the proposal will have no health benefit for Aboriginal and Torres Strait Islander peoples. <p>Building Capability</p> <ul style="list-style-type: none"> • The applicant team has a poor track record in working with communities and building capability among Aboriginal and Torres Strait Islander peoples. • The research proposal will not build any capability among Aboriginal and Torres Strait Islander peoples, communities and researchers —will not be feasible. 	<p>Community Engagement The applicant team:</p> <ul style="list-style-type: none"> • has no community engagement and will not build any capability among Aboriginal and Torres Strait Islander peoples—will not be feasible.