

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2013-14, 20 November 2013

Question: E13-166

OUTCOME: 1 – Population Health

Topic: Granting of Preventative Health Care Funding Through Australian National Preventive Health Agency

Type of Question: Written Question on Notice

Senator: Smith

Question:

With regard to the granting of preventative health care funding through the ANPHA, please provide details of the following:

- a) Grants submission applications
- b) Criteria for approval
- c) Approvals process
- d) The number of applications received each financial year with a breakdown by grants programs and applications approved over the last 6 years.

Answer:

a) to d)

Since the inception of the Australian National Preventive Health Agency (ANPHA) in January 2011, four grant programs have been conducted:

- National Binge Drinking Strategy Community Level Initiative – third grants round;
- Disease Prevention and Health Promotion in Medicare Locals Program;
- Preventive Health Research Program; and
- Preventive Health Research Fellowship Program.

All four grant programs were non-recurrent funding rounds and all undertaken in accordance with the Commonwealth Grant Guidelines and with additional probity oversight.

Table 1 and the corresponding Attachments provide a detailed response to the questions outlined above.

Table 1 – Overview of ANPHA grant programs

Grants Program	# apps received	# apps approved	Year grants awarded	Approval criteria	Approval process
Community Level Initiative (CLI) – third grants round	334	26	2011-12	Refer to <u>Attachment A.</u>	Refer to <u>Attachment B.</u> An independent Probity Advisor was present at the assessment meeting.
Disease Prevention and Health Promotion in Medicare Locals Program	36	7	2012-13	Refer to <u>Attachment C.</u>	Refer to <u>Attachment D.</u> A qualified Probity Advisor oversaw the assessment and approval process.
Preventive Health Research Program	207	16	13 in 2011-12 3 in 2012-13	Refer to <u>Attachment E.</u>	Refer to <u>Attachment F.</u> An independent Probity Advisor was present at the assessment meeting.
Preventive Health Research Fellowship Program	34	3	2012-13	Refer to <u>Attachment G.</u>	Refer to <u>Attachment H.</u> A qualified Probity Advisor oversaw the assessment and approval process.

Excerpt from *Community Level Initiative Third Grants Round Grant Guidelines***9. Assessment criteria**

In assessing applications the following criteria will be applied.

Applicants must provide detailed information under each criterion, as this information will form the basis of assessment of their proposal.

1. Evidence of need and approach

- Describe the situation/problem that the project would address.
- How has this unmet need been determined? Provide any supporting analysis, data and evidence of the need.
- Is there evidence that this approach has worked in other communities in Australia or Internationally, or is this an innovative project that you believe will meet the objectives of the Community Level Initiative as described in Section 2 of the Grant Guidelines.
- How will the local community benefit from this project?

2. Project plan and description

- What are your project objectives?
- What are your strategies for meeting these objectives?
- Where will the project be delivered?
- Outline the expected outputs, outcomes and products.
- Outline how the project will be achieved within the timeframe and available funding.
- Is your proposed project an extension of an existing project?
- Is the project receiving funding from other sources, including other Commonwealth Government initiatives?
- Is there any overlap with other currently or previously funded projects?
- Has any previous Commonwealth Government funding been received for the Project?

3. Demonstrated capacity to deliver the project

- Provide supporting information regarding the successful delivery of similar projects.
- Provide brief information regarding the skills of key personnel who would be involved in the project. What position will they hold and what proportion of the time will be allocated to the project?
- Provide details of two referees that the Australian National Preventive Health Agency can contact.

4. Evidence that the project has community support and commitment

- Do you have collaboration plans with other community programs or local government programs? Briefly outline these collaboration plans.
- How did you engage with other organisations, groups or individuals in developing this proposal?
- Who did you consult in developing this proposal?
- For partnership applications, evidence must be provided to show that organisations have agreed to this approach. This documentation must also outline the proposed roles and responsibilities of each of the partnering organisations.

5. Detailed budget

- Provide a realistic budget for the duration of the project ensuring that the cost effectiveness is relative to the gains for the community.

- What contribution in kind will the applicant or community make to the project?
- Ensure that the outcomes of the project justify the funding investment.
- Have all budget items been fully costed and justified?
- Is the budget sufficient to meet the project's proposed outcomes?
- Has evidence of partnership funding, other financial, material and/or in-kind support been provided?

6. Outline the evaluation strategy for the project

- How will benchmark data be collected at the commencement of the funding and how will data be progressively collected to gauge the project's impact and success, in particular, outcomes for young people and 'what worked' and what did not 'work'?

7. Project sustainability or exit strategy

- Funding is time limited for up to two years. What are the plans for the project after the funds have been expended?

The Community Level Initiative Working Group (see Section 10.2) will make recommendations for funding to the Australian National Preventive Health Agency. The Australian Government will make the final decision on the allocation of the funding, and the geographical spread of projects will be a consideration in finalising funding decisions.

Excerpt from *Community Level Initiative Third Grants Round Grant Guidelines*

10. Assessment process

All applications for funding under the Community Level Initiative will undergo a formal assessment process. Applications will be assessed in two stages: ANPHA will undertake an initial **compliance check**. All compliant applications will then be assessed against the assessment criteria by the Community Level Initiative Working Group (see section 10.2 below).

10.1 Australian National Preventive Health Agency compliance check

ANPHA officers will conduct an initial compliance check on receipt of applications to ensure that applications:

- have been submitted on time;
- address the target audience of young people aged 12-24 years;
- have responded to all assessment criteria;
- are eligible to apply for funding, as per sections 4 and 7 of these Guidelines;
- do not exceed the grant limit for single or partnership applications as per section 6 of these Guidelines;
- do not exceed the project duration limit of two years; and
- have submitted all supporting documents identified in the application.

10.2 Community Level Initiative Working Group

A Community Level Initiative Working Group which consists of representatives from key organisations with expertise in alcohol and community interventions, as well as ANPHA representatives, will be established to assess all compliant applications and make recommendations to ANPHA on successful applications.

The Community Level Initiative Working Group will also take into account any comments received from the Department of Health and Ageing State and Territory Offices, in particular comments about any similar activities under way in the locations proposed in the applications.

ANPHA will then make recommendations to the Minister for Health and Ageing.

The geographical spread of projects will be a consideration in finalising funding decisions.

Excerpt from *Disease Prevention and Health Promotion in Medicare Locals Program*

1.1 Assessment criteria

Applications will be assessed against the following criteria:

Threshold criteria are the criteria that an application must satisfy in order to be considered for funding. These are also variously expressed as 'eligibility criteria', 'mandatory criteria', or 'compliance criteria', and often involve the use of expressions such as 'must', 'must not', 'will' or 'will not'. The threshold requirements for funding under the *Disease Prevention and Health Promotion in Medicare Locals Program* are detailed above at 2.4 - *Threshold requirements*.

Assessment criteria are the criteria against which all eligible and compliant applications will be assessed in order to determine their merits against the Program objectives and other competing applications. The assessment criteria and relative weighting (totalling 100%) are detailed below:

2.4 **Threshold requirements for funding eligibility**

All applications must satisfy the following threshold requirements to be eligible for funding:
Medicare Local: All Applicants must be recognised by the Commonwealth as a Medicare Local.

Address the identified priority areas: Applications must address any specified priority areas identified in each funding round. Priorities in the current round are identified above in 2.2 – *Priorities and activities that will be eligible for funding*.

Ineligible activities: Applications must not include any ineligible activities and items as specified above in 2.3 – *Activities and items that will not be funded*.

Grant funding and timeframe requirements: All applications must meet the grant funding and timeframe requirements detailed above in 1.4 – *Grants available*.

Additional funding contributions: Applicants are expected to attempt to match the funding amount provided by ANPHA, e.g. supplemented with some of the Medicare Local's planned funding allocation for their own prevention activities and/or contributions from local partners such as Local Hospital Networks. Some of the funding contribution may be from partners' in-kind resources, e.g. access to staff and expertise, premises, data or enabling technology, or improved/subsidised access to existing preventive programs, etc. In general, in-kind contributions should comprise no more than half of the matched funding contribution.

Partnership and consortium arrangements: As a minimum, proposals for grants under this Program must provide evidence of partnership and active collaboration with the relevant Local Hospital Network/s in the project's governance, planning, implementation, data collection and reporting, and evaluation. Further partnerships, including with universities and/or academic researchers, local government and other key stakeholder groups (where relevant, such as non-government organisations, industry, schools and colleges, private health insurers, etc.) are expected and will be viewed more favourably than proposals which do not involve local collaborations. Applications must provide details of resources to be contributed by the Medicare Local and project partners, including funding contributions, expertise and other in-kind support.

A Medicare Local must be the lead organisation in all applications for funding under this Program which involve local partnership or consortium arrangements. In all cases, Medicare Locals must be actively involved in the development and implementation of the initiative, to ensure that skills and knowledge developed are retained within the organisation.

Medicare Locals and their local partners may wish to consider consortium arrangements with other Medicare Locals to pilot similar interventions and approaches simultaneously, in either neighbouring catchments or within clusters of Medicare Locals with similar communities of

interest across State/Territory boundaries (e.g. mining communities, remote or urban Indigenous communities, ‘sea-change’ communities, people living in large provincial towns or outer-suburban areas, etc.). In the case of consortia of Medicare Locals (and their local partners), one Medicare Local must be nominated as the lead organisation.

Demonstration of need: Proposals for funding under this Program must reflect preventive and population priorities identified in the Medicare Local’s health needs assessment, as submitted to the Department of Health and Ageing. Applicants that have not yet submitted a needs assessment must provide evidence of their community’s need for the proposed preventive activity.

Demonstration of added value: A fundamental appraisal criterion is that a grant funded under this Program must add value by achieving something worthwhile that was not likely to occur without grant assistance. Applicants must detail why their proposed outcomes cannot be met through existing capacity. Retrospective items or activities will not be funded by this Program. ANPHA will not fund activities that duplicate existing activities, resources or initiatives (irrespective of their funding source), or that are inconsistent with any aspect of the *Disease Prevention and Health Promotion in Medicare Locals Program Guidelines* (including items identified above in 2.3 – *Activities and items that will not be funded*). Funded projects must also be consistent with the Medicare Local strategic objectives and the *Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund* priorities and principles (reproduced at Attachment A).

Evidentiary basis for proposal: Applicants must detail the existing evidence or research upon which the project is based, including how the project will add to the evidence base and how their project differs from and/or adds value beyond similar activities.

Assessment Criteria:

1. NEED Demonstrated evidence of the project’s responsiveness to local needs and priorities, including selected population group/s and intervention approaches as relevant.	10%
2. CAPACITY TO DELIVER THE PROJECT as specified, including achieving outcomes.	20%
3. PARTNERSHIPS Demonstrated evidence of high level engagement and productive partnerships with key stakeholders (or at least capacity to develop same through the funded project), including evidence of funding and/or in-kind contribution to the project.*	20%
4. VALUE FOR MONEY**	10%
5. MONITORING AND REPORTING Capacity to contribute to the measurement and collection of, and reporting against, a common set of indicators relating to behavioural risk factors.***	15%
6. CAPACITY OF THE PROJECT TO ADD TO THE EVIDENCE BASE Contribute new or enhanced knowledge for effective preventive health interventions involving primary health care and Medicare Locals.	15%
7. SUSTAINABILITY Likelihood of sustainability beyond the funding period, including of outcomes achieved, partnerships and increased preventive health capability.	10%

Notes on Assessment criteria:

* **Partnerships** – Applications must provide written confirmation of the following from *each partner* in collaborative or consortium arrangements:

- an overview of how the entity will work with the Medicare Local to support the project;
- the roles/responsibilities the entity will undertake, including the financial and/or in-kind resources it will contribute (if any); and

- evidence from a duly authorised person within the organisation that, where the application is successful, the organisation agrees to meeting the commitments given to the collaboration.

** When assessing *value for money*, ANPHA may give preference to those applications that maximise local project outcomes by fully matching ANPHA's funding through partnership contributions.

*** **Indicators** – All successful applicants will be expected to collaborate with ANPHA and the newly announced *NHMRC Partnership Centre on Systems Perspectives on Preventing Lifestyle-Related Chronic Health Problems* on the measurement, collection and reporting on a minimum set of standard indicators (where relevant) and any overall evaluation of the *Disease Prevention and Health Promotion in Medicare Locals Program*. Applications must demonstrate the ways in which these (and any other relevant) data are intended to be collected and reported on locally. The common indicators will be confirmed with successful applicants once the scope of funded interventions is known, however they are likely to relate to some or all of the following:

- Measures of overweight and obesity, including short term and sustained weight loss;
- Measures of current smoking status, including short term and sustained smoking cessation;
- Measures of increased physical activity and positive dietary change;
- Measures of the strengths and value of the organisational partnerships;
- Measures of healthy communities or environments; and
- Differentials in measures across social gradients and/or population groups.

Excerpt from *Disease Prevention and Health Promotion in Medicare Locals Program*

1.2 Approval of funding

Following an appraisal of the applications by the Assessment Panel, advice will be provided to the Funding Approver on the applications' merits.

Applications assessed as suitable will be ranked in order of merit against the assessment criteria. While funding will most likely be offered in this order, ANPHA may also consider a reasonable national spread of grants, including by geographic classification, at-risk populations or priorities identified in 2.2 – *Priorities and activities that will be eligible for funding*.

For those applications that meet the eligibility and assessment criteria and are recommended for funding, ANPHA reserves the right to suggest or broker additional arrangements (e.g. supplementary expertise) where the Assessment Panel agrees that the project and overall Program objectives could be further enhanced by doing so.

The Approver will consider whether recommended proposals will be an efficient, effective and ethical use of Commonwealth resources, as required by Commonwealth legislation, and whether any specific requirements will need to be imposed as a condition of funding. Funding approval is at the discretion of the Approver.

Excerpt from *Preventive Health Research Grants Program Grant Guidelines***5.2 Evaluation Criteria**

The ANPHA Research Committee and peer-reviewers will bring their expertise and experience to the shortlisting and assessment of applications and may draw as appropriate from the research literature and their breadth of knowledge in the relevant discipline(s) and field(s). Therefore, applicants can expect that any matter relevant to the quality and value for money, significance and innovation, and applicant track record(s) may be brought to the consideration of their application. Issues not relevant to the quality and value for money, significance and/or innovation, and track record are not to be considered (see also section 5.5- *Complaint Handling*).

Based on the information provided, eligible applications will be assessed by the peer-reviewers against the appraisal criteria outlined below and described overleaf:

1. Quality and value for money;
2. Significance and/or Innovation; and
3. Track record - relative to opportunity.

1. Quality and Value for Money

This includes consideration of the quality of the application, whether it is consistent with the aims of the National Preventive Health Research Grants Program, the feasibility of the project, and its value for money. Applications may be assessed in terms of, but not limited to:

- a. Are the goals and objectives of the proposed research consistent with the aims of the National Preventive Health Research Grants Program?
- b. Are the goals and objectives achievable within the proposed budget, timeframe and research methodologies?
- c. Is the proposal properly developed, including appropriate consumer involvement and accountability to participants?
- d. Does the proposal adequately address the *Criteria for Health and Medical Research of Indigenous Australians* (if relevant)
- e. Is the plan well informed by knowledge of the literature?
- f. Is the investigating team appropriate – does it have the right skills and expertise to achieve the research goals and objectives?
- g. How will the findings be translated during the research process?
- h. Is the proposed budget reasonable and justified?

2. Significance

This includes consideration of the potential for the proposed research to strengthen the evidence base in the identified priority areas, increase knowledge and inform policy decisions.

Applications may be assessed in terms of, but not limited to:

- a. Is the problem important? Does the problem disproportionately affect disadvantaged populations?
- b. To which population groups will the results be relevant?
- c. How will the proposed research strengthen the preventive health evidence base?
- d. How can the results of the proposed research inform policy?
- e. How will the research relate to forums and debates among policy makers?

3. Track Record – relative to opportunity

Track record is considered in terms of whether an applicant's previous research and/or policy experience demonstrates that the researcher (or team) has the appropriate mix of skills and experience in order to undertake the proposed research project.

Track record may be considered in relation to:

- a. *Research outputs* – recent publications; dissemination of research outcomes; impact or outcome of previous research including effects on health policy; awards or honors in recognition of achievements;
- b. *Contribution to discipline and/or policy area* - invitations to speak at conferences and meetings; contribution to health policy, potentially through committee appointments, policy submissions or provision of advice; and
- c. *Policy experience* – experience working within Government; provision of advice to Government; or other relevant experience in setting and influencing evidence based policies or policy implementation.

New researchers and researchers with policy backgrounds are encouraged to apply. Track record will be considered in relation to opportunity – with regard to factors such as career disruption (such as pregnancy and childbirth, major illness and carer responsibilities), administrative and teaching load, and typical performance for the field in question.

Excerpt from *Preventive Health Research Grants Program Grant Guidelines***5.1 Appraisal process**

All applications will be regarded as new applications for funding. Applications that do not satisfy the eligibility criteria will not be assessed. Applicants are being asked to submit brief application in the first instance. Assessment of applications will follow three main steps, as outlined in the '*Grant Program Process Flowchart*' on page 2 and detailed below.

Shortlisting- All applications will be initially reviewed by the ANPHA Research Committee who will consider the potential for the applicant's proposed research to strengthen the preventive health evidence base in the identified priority areas and inform policy decisions. In doing so the ANPHA Research Committee may seek additional information from applicants if necessary. The ANPHA Research Committee will nominate peer-reviewers who are experts in the field(s) of the application to assess a selected shortlist from the applications.

Peer review- The peer-reviewers nominated by the ANPHA Research Committee will assess shortlisted applications against the criteria listed at *5.2-Evaluation Criteria* and provide an assessment report for the ANPHA Research Committee.

Applicants will have an opportunity to respond to the scores provided by peer-reviewers, and ANPHA may seek further information on any grant application.

Final selection of applications- The ANPHA Research Committee will consider the scores from peer-reviewers and the total funding available under the Preventive Health Research Grants Program and make a recommendation to ANPHA on which projects should be funded, and the amount and duration of such funding.

ANPHA will consider the advice from the ANPHA Research Committee and will make a recommendation to the Funding Approver on which projects should be funded, and the amount and duration of such funding.

The Funding Approver will consider whether ANPHA's proposal will make an efficient, effective and ethical use of Commonwealth resources, as required by Commonwealth legislation, and whether any specific requirements will need to be imposed as a condition of funding. Funding approval is at the discretion of the Approver.

Excerpt from *Preventive Health Research Fellowship Grant Program Guidelines***2.1. Who is eligible to receive funding?**

Contracting Institutions must be able to undertake the roles and responsibilities requirements set out in Section 1.3.(3) in order to receive funding from ANPHA's Research Fellowship Program. The Contracting Institution must nominate a Fellow who meets the Threshold Criteria listed in Section 2.2.

Only researchers who have substantial policy and practice experience in the identified priority areas and who meet the Threshold Criteria (Section 2.2) are eligible to receive funding from the Research Fellowship Program through a Contracting Institution.

2.2. What are the Threshold Criteria for the Research Fellow?

To be eligible, the nominated Research Fellow must have been awarded a relevant PhD from a recognised university or have the equivalent experience and must have demonstrated the ability to achieve research results relevant to policy and practice, either from a research institute perspective or a preventive health system perspective.

The Research Fellow must have the support and commitment from the Contracting Institution in undertaking ANPHA's requirements as set out in Section 1.3. (3) Roles & Responsibilities. If not already affiliated with a Contracting Institution, the prospective Research Fellow must include signed declarations in the application form by a Contracting Institution and a letter of support from the same Contracting Institution indicating affiliation will be formalised should the Research Fellow be successful.

The Research Fellow must demonstrate that they are able to spend 100% of their time undertaking the research while employed by the Contracting Institution unless other commitments are clearly detailed and justified in the application (these other commitments must not amount to more than 20% FTE). The Research Fellow must also inform ANPHA of any new work commitments that emerge during the course of the Fellowship. In such cases, ANPHA reserves the right to adjust the funding accordingly.

The research must be focused on the Australian context and population health and the Research Fellow must be an Australian citizen or have Permanent Residency for the period of the research.

The Research Fellow must complete the application form and submit in electronic form as indicated on the application form.

The Research Fellow must submit a proposed research outline to undertake one of the Fellowship programs that are identified in Section 2.4. The research proposal will need to summarise the proposed methodology and how the outcomes might be achieved.

The Research Fellow must provide a CV (10 pages maximum) and two written referee reports with their application. The referees will also need to address all of the track record requirements as identified in Section 5.1 (3).

The Research Fellow must have experience in one or more of the following –

- social media/social marketing
- the translation of research into policy and practice
- knowledge transfer or translation of preventive health research
- preventive health program implementation
- program evaluation of preventive health interventions
- addressing the social determinants of health

- workforce development (capacity-building) in preventive health
- development of new surveillance or data analysis tools for population-based health data
- working with disadvantaged groups and populations in preventive health activities
- economic or cost-benefit analysis within health promotion, public health or preventive health.

Please note that all the Threshold Criteria must be met by the Research Fellow in order for a Contracting Institution to be eligible for funding from the Research Fellowship Program. The application, including the proposed work program plan (as stipulated in Section 2 of the application form), will be assessed against the Appraisal Criteria as set out in Section 5.1.

5.1 Appraisal criteria

Applications will be initially assessed against the Threshold Criteria (the criteria that an application must satisfy in order to be considered for funding through the subsequent Appraisal process). Applications meeting the Threshold Criteria will then be assessed against Appraisal Criteria to determine their merits in meeting the program objectives and against other applications, including the possible use of peer review.

The ANPHA Assessment Panel will bring expertise and experience to the shortlisting and assessment of applications and may draw as appropriate from the research literature and their own breadth of knowledge in the relevant discipline(s) and field(s). Applicants can expect that any matter relevant to the quality and value for money, significance and innovation, and the prospective Research Fellow's track record may be brought to the consideration of their application.

1. quality and value for money (40%)
2. significance and/or innovation (30%)
3. track record – relative to opportunity (30%).

The relative weighting of the Appraisal Criteria is shown in brackets above.

i. Quality and value for money

This includes consideration of the quality of the application, whether it is consistent with the aims of the Research Fellowship Program, the feasibility of the research project, and its value for money. Applications will be assessed in terms of:

- a. are the goals and objectives of the proposed research consistent with the aims of the Research Fellowship Program?
- b. does the proposal include strategies for knowledge transfer within the methodology for research?
- c. how will the research findings be translated during the research process?
- d. is the proposed project outline properly developed, including relevant stakeholder involvement and accountability to participants?
- e. are the goals and objectives achievable within the proposed budget, timeframe and research methodologies?
- f. does the proposal adequately address *the Criteria for Health and Medical Research of Indigenous Australians* (if relevant)?
- g. is the work program outline well informed by knowledge of the literature?

- h. is the Research Fellow's advisor appropriate – does this person have the right skills and expertise to guide the research goals and objectives?
- i. is the proposed budget reasonable and justified?

ii. Significance and/or innovation

This includes consideration of the potential for the proposed research to strengthen the evidence base in the identified priority areas, increase understanding of knowledge transfer and inform policy decisions.

Applications will be assessed in terms of:

- a. is the research topic important for preventive health?
- b. how will the proposed research strengthen the preventive health evidence base relevant to ANPHA and the preventive health community in Australia?
- c. will this research topic strengthen links between ANPHA and the research community for the transfer of knowledge?
- d. to which population groups will the results be relevant? Does the problem disproportionately affect disadvantaged populations?
- e. will the project provide new results to inform policy or new approaches to difficult policy problems?

iii. Track record – relative to opportunity

Track record is considered in terms of whether previous research experience in translational research demonstrates that the researcher has the appropriate mix of skills and experience in order to undertake the proposed research project.

Track record will be considered in relation to:

- a. research outputs – recent publications; translation of research outcomes; impact or outcome of previous research including effects on health policy; awards or honours in recognition of achievements
- b. contribution to discipline and/or policy area – invitations to speak at conferences and meetings; contribution to health policy, potentially through committee appointments, policy submissions or provision of advice
- c. policy experience – experience working with Government; provision of advice to Government; or other relevant experience in setting and influencing evidence based policies or policy implementation.

The following **track record requirements** will provide specific details against these categories as part of the appraisal process and must be addressed in the application:

1. relevant qualifications, research experience and skills to undertake the research work program
2. the ability to work within a government funded program and meet contractual timelines and deliverables
3. experience in achieving value for money and working within an approved budget
4. the capacity to communicate, network and work cooperatively with academic, community and government partners relevant to addressing health outcomes at a population level
5. a broad understanding of the policy, program and practice context related to the Fellowship focus and the potential role of applied research and evaluation in building capacity in preventive health
6. superior communication skills – both written and oral – to varied audiences including academic, government and consumers

7. high level conceptual and analytical skills
8. a well-developed understanding of preventive health, health promotion and public health approaches and frameworks and an ability to work in an integrated way across these. Also an understanding of the approaches and frameworks of other relevant disciplines.

Researchers who have substantial policy and practice experience in the identified priority areas are encouraged to apply.

Excerpt from *Preventive Health Research Fellowship Grant Program Guidelines***5.2 Appraisal process**

All applications will be regarded as new applications for funding. Applications that do not satisfy the Threshold Criteria will not be assessed. Assessment of applications will follow three main steps, as follows:

- (1) **Shortlisting** – Those applications meeting the Threshold Criteria will be forwarded to the Assessment Panel and will be assessed for quality and value for money, significance and/or innovation and track record and thereby short listed.
- (2) **Further assessment** – The Panel, comprising ANPHA staff and qualified academic experts who are leaders in their field, will provide a detailed assessment of the short listed applications to the CEO of ANPHA. The Panel reserves the option of conducting interviews as part of the review process and/or to seek external peer review to inform its decision.

The Assessment Panel will assess shortlisted applications against the Appraisal Criteria listed under Section 5.1 and will make recommendations to the CEO of ANPHA. In the interests of achieving the objectives of the Research Program and ANPHA's strategic goals, ANPHA reserves the right to award Fellowships that are rated highly suitable (an **overall** score of 75% or more across all criteria combined) even if not strictly based on the ranking of scores. The recommendations for Fellowships will be made to maximise the impact of the Fellowship Program. For example, if the three most highly-ranked applications cover similar research topics, the Panel may agree to recommend funding for one or more Fellowships covering a different research topic.

- (3) **Funding Approver** - The CEO of ANPHA, the Funding Approver, will consider the assessment and recommendations from the Assessment Panel in making a decision on which Fellowship applications should be funded, and the duration of such funding.

6. Decisions**6.1 Approval of funding**

Following an appraisal of the applications by the Assessment Panel advice will be provided to the Funding Approver on the merits of the application/s.

The Approver will consider whether any proposal assessed highly against the selection criteria will make an efficient, effective, economical and ethical use of Commonwealth resources, as required by Commonwealth legislation, and whether any specific requirements will need to be imposed as a condition of funding.

Funding approval is at the discretion of the Funding Approver. If there are no suitable applications ANPHA reserves the right to not award any Research Fellowships.