



FREQUENTLY ASKED QUESTIONS Catalyst Scheme 2024

Who are the Health Translation SA's (HTSA) Partners?

HTSA's partners are: SA Health Department for Health and Wellbeing and the 10 Local Health Networks (LHNs), Adelaide and Country SA Primary Health Networks, Commission on Excellence and Innovation in Health; Aboriginal Health Council of South Australia, the South Australian Health & Medical Research Institute, Flinders University, University of Adelaide, University of South Australia, Torrens University, and CSIRO.

How do I reimburse consumers?

Information on reimbursement for consumers is available [here](#). Refer to page 8.

Do I need to include a consumer on the Project Team?

Yes, the Project Team must include at least one consumer. Applicants are strongly encouraged to refer to [this document](#) which outlines the principles for consumer involvement in MRFF funded research and guidance on their implementation.

How many team members can be in a Project Team?

The Project Team can include up to 10 members, including the Principal Lead.

Are there requirements for the Project Team?

The project team must contain:

- team members from AT LEAST TWO DIFFERENT health service organisations, of which at least 1 must be SA-based
- team members from AT LEAST TWO DIFFERENT academic research organisations/health and medical research institutes, of which at least 1 must be SA-based
- AT LEAST ONE health consumer/community representative

One Team member must be designated as the Principal Lead who will be responsible for the submitted application.

Inclusion of Early and Mid-Career Researchers (EMCR's) (as post-doctoral researchers or those with equivalent experience) as members of the Project Team are encouraged.

Can a team member be on more than one application?

Yes, as long as they are not the Principal Lead. The Principal Lead can only be listed as a Principal Lead for ONE application to the HTSA MRFF Catalyst Grant Scheme.



Can team members on fixed-term contracts apply?

Yes, as long as the person is salaried for the duration of the project.

What salary should I use for the purpose of the budget?

Please use the relevant salary scale of the organisation through which the person is to be employed when calculating salary requests. Do not use NHMRC Personnel and Support Packages (PSPs). Salary requests must factor in direct on-costs.

Do I need to provide a letter of support from the administering institution?

A letter of support is not required for the purpose of the EOI but will be required at the full application stage for those who progress to this stage.

What is the role of the HTSA MRFF Catalyst Grant Scheme Advisory Group?

The MRFF Catalyst Grant Scheme Advisory Group includes members representing health services, the community, funders, and research administrators. The Advisory Group guides the development and governance of the Catalyst by advising on:

- health service needs and the connection to the scheme,
- how this process can best link to MRFF funding objectives and
- the establishment of the grant administration processes.

What oversight does the HTSA MRFF Catalyst Advisory Group provide?

The HTSA Independent Board Chair, Dr Leanna Read, is Chair of the Advisory Group and will Chair the Review Panel. Some members from the Advisory Group will be members of the Review Panel.

What Intellectual Property (IP) will be requested in this Scheme?

There are no specific IP requirements. Requirements of the Funders – The Hospital Research Foundation Group, the Women's & Children's Hospital Foundation and the Cancer Council SA – and HTSA in relation to appropriate acknowledgements and publicity will be outlined in the funding agreement for successful applicants.

What are direct research costs?

Direct research costs are those directly related to conducting the project and may include research reagents, consumables, services, software, minor equipment (<\$10,000 unit cost), and travel for the purposes of conducting the research program. For clarity, conference attendance, publication, open access fees, patenting and/or IP protection costs are not considered direct research costs and should not be included in proposal budget requests.



Stream Specific Funding Criteria

Funding for the 2024 round of the Catalyst is provided through generous support from three funding organisations: The Hospital Research Foundation Group (THRF Group), the Women's & Children's Hospital Foundation (WCH Foundation) and the Cancer Council SA (CCSA). Please refer to the specific funding criteria relevant to each funding stream.

- **Stream A: Chronic Condition Preventive Health for Priority Populations: Addressing modifiable risk factors to improve health outcomes (Funded by THRF Group)**
Funds provided by THRF Group will support innovative and collaborative approaches in developing primary prevention interventions for chronic conditions that seek to improve health outcomes for priority population(s) by addressing modifiable risk factors. Proposals must address at least one chronic condition in at least one priority population. (Refer to Definitions).
- **Stream B: Maternal/paediatric health and wellbeing (Funded by the WCH Foundation)**
Funds provided by the WCH Foundation will be for projects that address maternal and/or paediatric health and wellbeing, where maternal health and wellbeing includes issues relating to fertility, pregnancy, childbirth, and the postnatal period. Proposals must include at least one Core Project Team member who holds a salaried position at a WCHN service, or who holds a salaried position with a HTSA Partner institution with a WCHN service as their primary workplace. Services under the WCHN include the Women's and Children's Hospital (WCH), the Child and Adolescent Mental Health Service (CAMHS), the Child and Family Health Service (CaFHS), Metropolitan Youth Health, the Cedar Health Service and the Yarrow Place Rape and Sexual Assault Service.
- **Stream C: Cancer (Funded by the CCSA)**
Funds provided by CCSA will be for projects that address bowel, breast, or gynaecological cancers.

Do two medical research institutes within the same University count as different academic research organisations for the purpose of eligibility?

No, the Project Team must include team members from two different academic research organisations/health and medical research institutes.

For example, the Robinson Research Institute and the Australian Institute for Machine Learning both sit within the University of Adelaide, and do not count as separate research organisations. Only one could form part of the Core Project Team, and that project must also have included a Core Project Team member from a different academic research organisation/health and medical research institute, such as the Rosemary Bryant AO Research Centre at The University of South Australia.



In the context of SA Health, a health service organisation refers to an LHN, not a site. For example, two SA Health organisations would be Southern Adelaide LHN and Central Adelaide LHN, NOT the Royal Adelaide Hospital and The Queen Elizabeth Hospital.

Refer to the Guidelines for more information on the requirements of the Project Team.

Do international academic research organisations or health services qualify as suitable collaborative partners?

National and international collaborations are encouraged. As long as they meet the criteria of the Project Team (i.e., at least one SA based health service organisation and at least one SA based academic research organisations/health and medical research institute) national and international collaborators can be on the Project Team. The health service organisation will need to meet the definition provided below.



Definitions

Chronic Conditions

Chronic conditions, sometimes referred to as chronic diseases, are long lasting conditions with persistent negative effects on health and quality of life. Chronic conditions:

- have complex and multiple causes;
- may affect individuals either alone or as comorbidities;
- usually have a gradual onset, although they can have sudden onset and acute stages;
- occur across the life cycle, although they become more prevalent with older age;
- can compromise quality of life and create limitations and disability;
- are long-term and persistent, and often lead to a gradual deterioration of health and loss of independence; and
- while not usually immediately life threatening, are the most common and leading cause of premature mortality.

Common chronic conditions include, but are not limited to, cardiovascular disease, diabetes, chronic kidney disease, chronic respiratory conditions and chronic musculoskeletal conditions. (Adapted from the *National Strategic Framework for Chronic Conditions* (2017)).

Consumer

For the purposes of this Scheme, consumer is defined broadly by encompassing the following definitions from the National Health and Medical Research Council and Consumer Health Forum of Australia's publication [Statement on Consumer and Community Involvement in Health and Medical Research](#) (2016):

- **Health Consumer:** patients and potential patients, carers, and people who use health care services
- **Health Consumer Representative:** someone who voices consumer perspective and takes part in the decision-making process on behalf of consumers. This person may be nominated by, and may be accountable to, an organisation of consumers.

Early- and Mid-Career Researcher

Inclusion of EMCRs (as post-doctoral researchers or those with equivalent experience) as members of the Project Team are encouraged. The definition for each is:

- ECR (within five years post PhD (i.e., within five years of their PhD award date), excluding career disruptions)
- MCR (between five and ten years post PhD (i.e. between five and ten years of their PhD award date), excluding career disruptions)

If the team member does not have a PhD, there is the option to provide information on equivalent experience.



Health service organisation/healthcare service:

For the purposes of this scheme, the terms health service organisation and healthcare service are defined as per the Australian Commission on Safety and Quality in Health Care as “a separately constituted organisation that is responsible for implementing clinical governance, administration and financial management of a service unit or service units providing health care to patients. It can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, patients' homes, community and primary healthcare settings, practices and clinicians' rooms.”

In the context of SA Health, a health service organisation refers to an LHN, not a site. For example, two SA Health organisations would be SALHN and CALHN, NOT the RAH and TQEH.

Priority Population(s)

Priority population(s) is intended to be read broadly as including, without being limited to, Aboriginal and Torres Strait Islander people, people living in rural and remote Australia, people with a disability, the elderly and older people experiencing diseases of ageing (e.g. cognitive decline and dementia), people with rare or currently untreatable diseases/conditions, people from culturally and linguistically diverse communities, those experiencing socioeconomic disadvantage, and LGBTQIA+ communities.

(Adapted from the Australian Medical Research and Innovation Strategy 2021-2026)

Primary Prevention

Primary prevention focuses on reducing risk factors to prevent a disease or disorder before it arises. This includes: behavioural factors such as low physical activity levels and poor dietary intake; biomedical factors such as overweight and obesity and high blood pressure; and specific protective factors such as immunisation.

(National Preventive Health Strategy 2021-2030)

For any enquiries about The Catalyst, please contact enquiries@healthtranslationsa.org.au