

# Annex 2

## The specification of each NPRI call

The NPRI was launched on 12 November 2004 at an Open Meeting attended by approximately 100 researchers. The Call for applications (see below) was published in the national press and appropriate scientific or medical journals. There was an outline application stage and the response was overwhelming (248 outline proposals). A flexible approach was taken to the types of awards funded by the NPRI, to allow pilot or feasibility studies, research grants and trials. Applications were welcome for funding for up to 5 years.

### FIRST CALL FOR APPLICATIONS

The following text is taken from the call details.

The NPRI will provide a source of dedicated funding for high-quality research and appropriate infrastructure support aimed at the primary prevention of cancer, coronary heart disease and diabetes.

Outline applications should:

- Have direct relevance to reducing risk and influencing health behaviours including the translation of formative research and the development, evaluation and implementation of effective and cost-effective interventions.
- Address the following key research areas, individually or in combination, within the context of the gap in health equalities: tobacco use; alcohol misuse; physical activity; and diet and nutrition, in particular, but not solely in relation to weight gain and obesity

The NPRI is looking for innovative approaches and fresh ideas from inter-disciplinary collaboration to support high quality research aimed at identifying effective and cost-effective approaches to reduce risk factors and influence health behaviour, possibly through interventions. These approaches should positively impact upon the incidence of new cases of major preventable diseases or conditions such as certain cancers, coronary heart disease and diabetes.

The NPRI will focus on four areas of risk-related health behaviour (below), which may be examined as single factors or as multiple factors affecting one or more of the above diseases or conditions: physical activity, diet and nutrition, tobacco use, alcohol misuse

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Research applications should consider one or more cross-cutting themes:

- Socioeconomic and other forms of inequality in health, and especially the 'gap' between/among groups.
- The effectiveness of the intervention, and its cost effectiveness, in any eventual implementation.
- The need to identify and address methodologies relating to behavioural change (including: outcome measures; biomarkers; study design, methodological development for naturally occurring experiments), and particularly translation from theory to practice.
- The need to develop better methodologies of assessing and comparing cost-effectiveness of preventive measures

In addition, research applications should consider one or more of the following overarching issues:

- Environment - the wide range of environments within society e.g. open/natural, built, work/school, home, transport, cultural, media and political environments.
- Life course - both inter- and intra- generational issues and transitions between life stages (including foetal, infant, child, adolescent, adult, parent, mid-life, the youngest old and the oldest old).
- Communities and their context - the differences and inequalities experienced by different social, cultural, socio-economic, ethnic and gender groups and how this affects behaviour in different ways

## SECOND CALL FOR APPLICATIONS

The following text is taken from the Call details.

Research must relate to risk reduction and/or health behaviour – specifically tobacco use, alcohol misuse, diet and/or physical activity including their relation to weight management and obesity. The research must aim towards the primary prevention of cancer, coronary heart disease, stroke and diabetes. Applications relating to multiple health behaviours or health outcomes will be received positively, although disease endpoints do not need to be measured or available. In addition, proposals with a particular relevance to deprived communities and/or the differential impact of universal services on different socio-economic groups will be especially welcomed

Applications must specifically focus on one or both of the following:

- Analysis of existing datasets, possibly by the creation of novel linkages, in order to further realise the benefits of past investment and put existing data to new uses relating to health behaviours, their determinants and barriers to change. Proposals may be relevant to policy either by focusing on the evaluation of existing policy or practice, or informing priority policies and practice.
- Role of incentives, including economic incentives, in behaviour or behaviour change of the consumer, retailer, manufacturer or producer in respect of products or services relating to tobacco, alcohol, diet and/or physical activity."

## THIRD CALL FOR APPLICATIONS

The following text is taken from the Call details.

Research funded through the Call will be translational, i.e. based on good science and relevant to practice or policy. It may include studies to develop interventions (including elucidating the underpinning biology), test efficacy, or evaluate effectiveness and cost-effectiveness, and studies to evaluate methods for encouraging the uptake or implementation of interventions known to be effective.

Studies that focus on long-term behaviour change are particularly welcomed, and applicants should be able to indicate they have considered societal factors, health inequalities and the diversity of human culture and condition. Applications relating to multiple health behaviours or health outcomes will be received positively. Disease endpoints do not need to be measured or available.

Researchers are encouraged to involve relevant users in the development of their applications. Partnerships are encouraged where possible, for example between academia, the NHS, LEAs, local government, community groups, and industry. The proposed research must be relevant to multiple funding organisations and meet the strategic aims of the NPRI.

To be relevant to primary prevention, research should focus on healthy individuals or target individuals at particular risk of any of the above health outcomes (e.g. obese individuals, or patients with impaired glucose tolerance). In addition, prevention of a disease or condition within a specific patient group where the preventable disease is either unrelated to or may be a future sequela of the patient's current condition is also within the remit (e.g. prevention of cardiovascular disease in diabetic patients with no current cardiovascular disease diagnosis).

## FOURTH CALL FOR APPLICATIONS

The following is taken from the Call details.

Research funded through the Call will be translational and must be relevant to, or directly impact on, policy and/or practice.

Research will:

- develop interventions (including work to understand the underpinning basis);
- test efficacy of interventions;
- evaluate effectiveness and cost-effectiveness of interventions; and/or
- evaluate methods for encouraging the uptake or implementation of interventions known to be effective.

Interventions with a strong element of joint or communal exposure - characteristic of population-level and community-level interventions - are especially welcome but applications will also be received for individual-level interventions.

In the context of this call, a population-level or community-level intervention is one that is delivered to the entire population or a well-delineated community except where the community is defined by an existing biomarker, health status or health outcome. The key element is that exposure to the intervention is communal. Examples include public bans, legal or fiscal measures such as price increases, advertising restrictions or warning labels, public or community-based education campaigns or the provision of public or community-based guidance.

An individual-level intervention should be considered one where the mechanism of exposure is not communal and is determined by selection on the basis of an existing biomarker or health status. Examples include one-to-one counselling or personalised guidance.

The following multiple example explores differences between intervention types.

- An intervention in which vouchers for healthier food options (from Supermarket X) are posted to everyone in the country would be a population-level intervention;
- An intervention in which vouchers for healthier food options (from Supermarket X) are posted to everyone in a specific city using the postcode address file (say, perhaps to focus on a specific deprived community), would be a community-level intervention;
- An intervention in which vouchers for healthier food options (from Supermarket X) are available to all shoppers at the entrance of outlets in a specific city, would be a community-level intervention; but
- An intervention in which vouchers for healthier food options (from Supermarket X) are offered to any individual, or any family with an individual member, who has been selected because of a specific biomarker (for example, Body Mass Index) or health status (for example, overweight), would be an individual-level intervention.

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Studies that focus on long-term behaviour change are particularly welcomed, and applicants should be able to indicate they have considered societal factors, health inequalities and the diversity of human culture and condition. Applications relating to multiple health behaviours or health outcomes will be received positively. Outcome measures must be clearly stated and justified, although it is not necessary that specific disease endpoints are measured or available. Applicants will wish to reflect on intervention feasibility, replicability, scalability, specificity, acceptability and sustainability as well as comparability with other interventions.

Researchers are encouraged to involve relevant users in the development of their applications. Partnerships are encouraged where possible, for example between or among academia, national government and agencies (for example, the NHS), local government and agencies (for example, local education departments), community groups and industry. Applicants should explain what organisations would be approached and how they would be involved.

The proposed research must be relevant to multiple funding organisations and meet the strategic aims of the NPRI.

To be relevant to primary prevention, research should focus on healthy individuals or target individuals at particular risk of chronic non-communicable diseases or conditions such as some cancers, heart and circulatory diseases, diabetes, obesity, stroke and dementia (for example, obese individuals, or patients with impaired glucose tolerance). In addition, prevention of a disease or condition within a specific patient group where the preventable disease is either unrelated to or may be a future sequela of the patient's current condition is also within the remit (for example, prevention of cardiovascular disease in diabetic patients with no current cardiovascular disease diagnosis).